



Commercial Market Strategies

Year Four Annual Report

**Deloitte
Touche
Tohmatsu**

IN PARTNERSHIP WITH
Abt Associates, Inc.
Population Services International
Meridian Group International, Inc.



FUNDED BY:
US Agency for International Development

COMMERCIAL MARKET STRATEGIES
1001 G Street NW, Suite 400W
Washington DC 20001-4545
Telephone: (202) 220-2150
Fax: (202) 220-2189
www.cmsproject.com

August 2, 2002

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

This publication was made possible through support provided by the Office of Population, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development, under the terms of Contract No. HRN-C-00-98-00039-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Contents

Tables	v
1.0 Introduction	1
1.1 Overview of the CMS Project.....	1
1.2 Strategic Objective.....	1
1.3 Annual Report.....	3
2.0 Summary	4
3.0 Technical Areas	8
3.1 Introduction	8
3.2 Social Marketing.....	8
3.3 Provider Networks	11
3.4 NGO Sustainability.....	13
3.5 Health Financing Alternatives	15
3.6 Corporate Social Responsibility.....	16
3.7 Policy Alternatives	18
3.8 New Initiatives	19
3.9 Cross-Cutting Themes	20
4.0 Country Programs	23
4.1 Overview	23
4.2 Existing Country Programs	24
4.3 Technical Assistance Activities	55
4.4 New Country Programs	57
5.0 The Summa Foundation	58
5.1 Goals for Year Four	58
5.2 Activities and Tasks	58
6.0 Research, Monitoring and Evaluation	63
6.1 Impact Assessments	63

6.2	Country Research Support.....	67
7.0	Communications and Dissemination	68
7.1	Activities and Deliverables	68
8.0	Management	76
8.1	Management and Staff Resources	76
8.2	Managing Short-term Technical Resources	1
Appendix A	Data Collection on Core Indicators	2
Appendix B	Country Research Activities.....	1

Tables

1. CMS Year Four Goals.....	4
2. New Initiatives Status	20
3. Countries in which CMS Worked.....	23
4. Ghana Program Timetable.....	27
5. Morocco Product Sales	30
6. Protec Sales	33
7. Sales in Uganda	37
8. Monthly Loan Activity, October 2001 – June 2002	38
9. India Program Timetable.....	43
10. Nepal Program Timetable	46
11. Jordan Program Timetable	49
12. Dominican Republic Program Timetable.....	51
13. Jamaica Program Timetable	53
14. Nicaragua Program Timetable.....	54
15. Summa’s Outstanding Investments (as of June, 2002)	Error! Bookmark not defined.
16. Summa Timetable.....	Error! Bookmark not defined.
17. Impact Assessment Studies	63
18. Communications Timetable.....	75
19. Use of Consortium Staff and Subcontractors	1
20. CMS Annual Funding Summary	Error! Bookmark not defined.
21. Country Program Funding and Expenditures	Error! Bookmark not defined.
22. Core Budget Allocations (in \$000)	Error! Bookmark not defined.

1.0 Introduction

1.1 Overview of the CMS Project

The Commercial Market Strategies (CMS) Project is a five-year contract (1998 to 2003) of the United States Agency for International Development (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 redress this resource gap, CAPS looks to the private sector (defined as the commercial, for-profit sector and the non-governmental organization (NGO) sector) to meet the health care needs of low-income consumers in developing countries.

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, 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

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:

- Information, Education, and Communication (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 (TA) 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) and tapping financial resources to increase the availability and affordability of health products and services. These actions support the opening 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 family planning (FP)/reproductive health (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 Annual Report

This annual report covers October 1, 2001 to June 30, 2002, a nine-month period, to coincide with the shortened work plan period that was put into effect by USAID's Office of Population.

The report is a status report against the Year Four work plan and, as such, is organized according to the sections of that work plan. The intent of the report is to highlight key accomplishments and results, and to draw attention to any important challenges or constraints in meeting the objectives of the work plan. Accordingly, the report will not be as detailed in documenting all activities and results in country programs or core-funded initiatives.

2.0 Summary

Table 1: CMS Year Four Goals

Proposed Goals	Programs/Initiatives	Timing	Status/Comments
Develop new CMS country programs in three countries	<ul style="list-style-type: none"> Conduct assessments in up to three countries. Design three new CMS programs for USAID approval 	<ul style="list-style-type: none"> Three assessments conducted by June 2002 	<ul style="list-style-type: none"> Country assessments conducted in Honduras and Philippines; segmentation assessment conducted in Armenia New program proposed for Afghanistan (accepted, but did not go forward due to funding issues) New program support proposed for Pakistan; pending USAID approval
Implement social marketing programs and initiatives	<ul style="list-style-type: none"> Implement and expand programs in <ul style="list-style-type: none"> Morocco Uganda Senegal India Nepal Jordan Identify and develop a new social marketing program through country assessment for USAID approval Address sustainability of social marketing programs Develop/implement three new pharmaceutical partnerships (Latin America/ Centro Latinoamericano Salud y Mujer (CELSAM); Africa Emergency Contraception(EC) initiative; Pan-African injectable program) Develop new initiative on hotline 	<ul style="list-style-type: none"> Sales/market share measured each quarter Products/services launched per country work plans Program sustainability issues documented by June 2002 Africa EC program launched by January 2002 Injectable partnership implemented by June 2002 CELSAM initiative implemented by March 2002 	<ul style="list-style-type: none"> Programs implemented in Morocco, Uganda, Senegal, India, Nepal, and Jordan New social marketing programs proposed and accepted in Honduras and the Philippines Africa EC program being implemented in Cameroon; to be expanded to second country Injectable partnership proposed in India; to be implemented in Year Five CELSAM initiative developed and proposed in Mexico Hotline initiative dropped
Implement provider network and service delivery models	<p>Implement/expand provider networks in</p> <ul style="list-style-type: none"> Nicaragua: finalize clinic network with Profamilia Nepal: provide TA to Pariwar Swastha Sewa Network (PSSN) providers, launch paramedic/nurses network Morocco: implement provider/general practitioner (GP) training, launch pilot network Jordan: private providers 	<ul style="list-style-type: none"> Nicaragua clinic operational and transferred by year-end 2001 Nepal: PSSN training provided by March 2002, new network launched by March 2001 Morocco training completed by June 2002, network launched by March 2002 	<ul style="list-style-type: none"> Nicaragua clinic network completed, transferred to Profamilia; to be expanded in Year Five PSSN TA completed December 2001 New Nepal network launched October 2001 Morocco training underway, first group practice to be launched in calendar year 2003 Jordan provider training

Proposed Goals	Programs/Initiatives	Timing	Status/Comments
	<ul style="list-style-type: none"> training, outreach efforts • Uganda: assist private hospital in Lacor • Implement Adolescent Reproductive Health (ARH) initiative in El Salvador • Conduct network model evaluations (Nepal, Nicaragua) • Implement new initiatives on <ul style="list-style-type: none"> • Private sector quality of care • Pilot test of Primary Care Centers 	<ul style="list-style-type: none"> • Network study completed by June 2002 • New initiatives approved by March 2002 	<ul style="list-style-type: none"> conducted • Uganda Lacor TA resumed • ARH initiative being implemented in El Salvador • Network evaluations underway; to be completed in Year Five • Private sector quality of care initiative designed; not accepted • Pilot test of primary care centers (Armenia) dropped
<p>Expand technical assistance to NGOs regarding capacity strengthening or sustainability</p>	<ul style="list-style-type: none"> • Provide technical assistance to NGOs in Ghana, Nepal, Dominican Republic, Senegal, Uganda, Nicaragua, Paraguay, Peru, Cambodia, Bangladesh • Organize regional workshop for African NGOs • Organize two NGO Best Practices workshops • Complete and disseminate review of USAID endowments for NGOs • Develop/implement new initiative for NGO service provision to maquiladoras (Mexico) 	<ul style="list-style-type: none"> • TA to NGOs delivered per work plans by June 2002 • Regional workshop held by June 2002 • NGO seminars held in February/May 2002 • Endowment study completed February 2002 • New initiative (maquila) approved by April 2002 	<ul style="list-style-type: none"> • TA to all NGOs delivered, except Cambodia due to funding issues; Peru TA re-scheduled for Year Five • African NGO regional workshop with FRONTIERS to be held September 2002 • Best practice workshop re-oriented to focus on skill building; held in Dominican Republic • Lessons learned case based on GSMF completed; to be issued in Fall 2002 • Endowment study completed; findings presented to USAID and disseminated • New initiative with maquilas and NGOs developed; dropped due to funding constraints
<p>Implement Corporate Social Responsibility (CSR) initiatives</p>	<ul style="list-style-type: none"> • Conduct research on CSR approaches and motivations among corporations • Develop systematic models for identifying and pursuing CSR interventions • Document findings and disseminate to USAID • Implement on-going CSR initiatives in Ghana, Namibia • Identify one global CSR initiative for implementation through the Global Development Alliance (GDA) 	<ul style="list-style-type: none"> • Research completed by March 2002 • Pipeline developed by June 2002 • Global initiative identified April 2002 • Dissemination initiated April, completed in September 2002 • Country tasks in Ghana completed by June 2002 	<ul style="list-style-type: none"> • CSR Research completed, findings and models presented to USAID in May • New CSR work plan presented for Year Five • Ghana CSR initiatives continuing; Namibia activities cancelled at USAID/Namibia's request

Proposed Goals	Programs/Initiatives	Timing	Status/Comments
Develop health insurance or third party payment programs	<ul style="list-style-type: none"> • Provide TA to insurance plans in Ghana, Uganda and Namibia • Explore social insurance coverage for NGO services • New initiative proposed for Armenia to develop primary care financing • New initiative to link RH networks and financing 	<ul style="list-style-type: none"> • Country TA provided by June 2002 • New Armenia initiative approved by March 2002 • Networks/financing initiative approved by May 2002 	<ul style="list-style-type: none"> • TA to community-based programs delivered in Uganda and Ghana • Namibia activities cancelled at USAID/Namibia's request • Armenia initiative proposed; not accepted by USAID/Armenia • New initiative developed for social insurance program and private providers (Nicaragua)
Pursue policy initiatives in support of CMS goals	<ul style="list-style-type: none"> • Market segmentation analysis completed in one country • Document experience introducing controversial products • Address policy barriers in two countries • Public-private dialogue promoted in one or more countries • Implement new initiatives on policy improvements for paramedics and pharmacists to certification 	<ul style="list-style-type: none"> • All initiatives completed by June 2002 	<ul style="list-style-type: none"> • Segmentation analysis underway for Armenia, completed in June 2002 • Desktop review on controversial products initiated; to be presented in Year Five • Policy barriers addressed in Senegal, Morocco • New initiative for paramedic certification cancelled • Activities to promote public-private dialogue proposed and accepted for the Philippines
Implement New Initiatives	<ul style="list-style-type: none"> • Design and implement minimum of five proposed New Initiatives 	<ul style="list-style-type: none"> • Minimum of five initiatives started by June 2002 	<ul style="list-style-type: none"> • Six initiatives designed and proposed (CELSAM; Nicaragua social insurance; Kenya CFW; Maquilas/NGO service provision; Tanzania franchise; Armenia primary care centers); two have been approved for implementation (CELSAM, Nicaragua); Tanzania franchise is being developed in Year Five
Conduct Summa investments in support of CMS goals	<ul style="list-style-type: none"> • Summa Team conducts assessments of potential investments • Three new investments presented for USAID approval. 	<ul style="list-style-type: none"> • Summa investments approved by USAID by June 2002 	<ul style="list-style-type: none"> • Four appraisal visits were conducted (Ghana, Uganda, Nicaragua, South Africa) • Five investments submitted: MUDE (Dom. Republic), C&J Medicare (Ghana), Salud Integral, SuMedico (Nicaragua), and Bemba (Uganda). Investment for Dominican Republic and Ghana approved; others were pending USAID review.

Proposed Goals	Programs/Initiatives	Timing	Status/Comments
<p>Conduct global research to inform technical areas and to support country-specific research</p>	<ul style="list-style-type: none"> • Complete five global research studies • Up to seven additional global studies initiated • Implement research component in CMS country programs • Disseminate findings and all global research studies (five) 	<ul style="list-style-type: none"> • Five Global research studies implemented by June 2002 • Seven new studies underway by March 2002 • Country Research implemented by June 2002 • Five global studies disseminated by June 2002 	<ul style="list-style-type: none"> • Four studies completed • Five additional studies underway • Country research on track • Three studies disseminated
<p>Monitor and evaluate CMS programs</p>	<ul style="list-style-type: none"> • Complete population-based surveys in Senegal, Morocco, Nicaragua, Uganda, Nepal • Track monitoring data • Disseminate CMS program results 	<ul style="list-style-type: none"> • Impact surveys completed by June 2002 	<ul style="list-style-type: none"> • Four studies completed • Five additional studies underway • Country research on track • Three studies disseminated
<p>Communicate and disseminate the results of CMS activities</p>	<ul style="list-style-type: none"> • Produce print materials (including newsletters, brochures, technical papers, and global studies) • Convene a technical advisory group (TAG) • Convene a Lessons Learned round table conference • Hold up to six presentations for USAID • Disseminate information through CMS web site 	<ul style="list-style-type: none"> • Materials produced per schedule • TAG convened by April 2002 • Lessons Learned round table by June 2002 • Web site current 	<ul style="list-style-type: none"> • Senegal baseline near completion, Nepal mid-term survey completed, tracking survey in India completed. • Uganda health financing baseline near completion. • Impact assessment of BCC campaign in India completed. • Impact assessment of Micro-Enterprise Loans to Private Midwives in Uganda completed.

3.0 Technical Areas

3.1 Introduction

There are eight technical areas in which CMS implements country programs and core-funded initiatives:

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

In this chapter, key activities and accomplishments for each technical area are summarized, except for the Summa Foundation, which is covered in Chapter 5. In addition, we will report on progress in developing new core-funded initiatives, and on key cross-cutting efforts in the areas of contraceptive security and adolescent reproductive health.

3.2 Social Marketing

CMS has social marketing programs in seven countries in the form of product distribution and promotion, pharmaceutical partnerships, or technical assistance. The principal aim this year was to expand the sales of products and launch new products that met the health needs of consumers in these countries. Key accomplishments for each country program are summarized and then specific strategies undertaken to expand the scope and effectiveness of our programs are discussed. Details for each country program are provided in the country section.

Program Accomplishments

India: A new TV ad campaign to promote the benefits of OCs in Northern India was implemented in the spring of 2002. In addition, CMS continued its training and detailing program with private providers (expanding these activities to include beauticians) and piloted an outreach program through NGOs in three cities. Although pill sales are up 44 percent since the start of the project, sales data in recent months show a smaller increase than in previous periods – indicating a possible leveling-off in demand. CMS also has expanded its social marketing activities to oral rehydration salts (ORS), in partnership with six manufacturers of WHO-approved ORS brands in India. Participating companies expanded their distribution and brand detailing to over 8,000 doctors; five companies incorporated the campaign logo in their promotional material. Initial monitoring and evaluation results indicate that more than one-third of chemists had WHO-approved ORS in stock and were able to advise customers on correct use. ORS sales are up significantly over 2001 and the availability of WHO-approved ORS brands has increased.

Upcoming activities for CMS/India include a campaign to promote dual use messages for condoms (the proposal is currently awaiting mission approval), technical input on the IFPS project in the area of rural marketing of essential health products, and a pilot project to promote injectables in one Indian state.

Nepal: CMS' involvement in Nepal consisted in providing technical assistance (TA) to a USAID-supported program. The project concentrated on launching a social marketing program focusing on HIV prevention. Although the mission was pleased with this TA and prepared to provide additional funds for scaling up CMS activities in Nepal, it eventually opted for channeling funding new through AIDSMARK.

Uganda: CMS/Uganda continued to promote its extensive portfolio of social marketing products, which include condoms, pills, injectables, sexually transmitted infection (STI) treatment kits, clean delivery kits, and nets. The project also developed the communication campaign for an HIV voluntary counseling and testing (VCT) project and continued its research on the feasibility of introducing malaria treatment kits. All products experienced sales increases in year four. In addition, the project developed a draft plan and budget for a malaria coupon program and proceeded with the data analysis of its recently completed malaria treatment distribution study. Regrettably, the project's new emergency contraception product, Vikelal, failed to obtain the approval of the solicitor general and was taken off the market.

Senegal: CMS expanded its distribution system and partnered with Family Health International (FHI) in the organization of roadshows designed to target HIV/AIDS prevention messages to high-risk groups. The estimated reach of these activities amounted to 101,824 people. A mass-media campaign was implemented during the 2002 Soccer World Cup, offering considerable exposure to Protec condoms and contributing to the 8 percent increase in condom sales in year four. The program also improved its distribution capacity by adding three new wholesalers to its network and creating 715 new non-traditional points of sales. Plans to revamp the Protec condom brand had to be postponed for lack of funding. CMS also launched Securil, the project's new OC brand, in April 2002 with a special focus on public relations, distribution, and detailing activities. Sales of Securil amount to 6,297 cycles, which represents four months of sales to the trade.

Morocco: The new advertising campaign for OCs launched in March 2002 was specifically targeted to rural women. This new focus was in response to market saturation in urban areas and identified unmet demand among rural women. The production of new TV spots for Hoqnat Al Hilal injectable contraceptives had to be postponed for budgetary reasons but a public relations campaign is being finalized with the objective of changing provider attitudes toward injectable contraceptives. Finally, CMS is negotiating a licensing agreement that will mark the graduation of Biosel ORS from donor support.

Jordan: Activities implemented by CMS Jordan included a mass-media campaign addressing misconceptions about hormonal methods, a counseling and referral program for women in low-income neighborhoods, and an in-reach family planning (FP) referral program at private sector hospitals. Supply-side interventions focused on provider training, a quality improvement program for pharmacies, and increasing detailing work in partnership with pharmaceutical suppliers. To date, the project has broadcast 17 public service announcements (PSA) and produced 15 additional spots addressing rumors about modern methods; trained over 1,316 pharmacists; enrolled 361 pharmacies in the quality assurance program; and expanded the in-reach program to six hospitals.

Philippines: A new project designed to meet contraceptive security needs and advise the USAID mission on a commodity phase-out plan is underway. Among potential activities included in the work plan are social marketing campaigns including partnerships with local and international contraceptive manufacturers.

Strategic Focus

More targeted brand positioning

The repositioning of Protec condoms in Senegal was planned for the second half of the year, pending approval of a relaunch budget by the mission. Although the need for repositioning and repackaging the brand has been acknowledged, budget constraints forced a postponement of this initiative.

Plans to reposition and repackage Protektor in Uganda have been approved and included in the year five work plan.

Cost-efficient and sustainable distribution

Uganda completed a distribution survey in the first half of the year and found that distribution needed to be made more cost-effective. Strategies have been developed to streamline activities, increase the use of wholesalers, and develop qualitative approaches to non-traditional distribution. Senegal has added three wholesalers to its consumer base and is working to reduce the project's reliance on direct sales calls to outlets.

Strategies to address sales plateaus in condoms and pills

Morocco: CMS and its pharmaceutical partners have agreed on a strategy to generate demand for OCs beyond urban areas. This strategy was designed to address that while demand for OCs appears to have peaked in urban areas, many women in rural areas have an unmet need for modern methods.

Uganda: Condom sales registered a 55 percent increase in sales in period of October 2001 to June 2002 compared to the previous year. This increase was the result of more aggressive marketing efforts and a more efficient distribution system.

Core activities: CMS Washington began a study of the factors that can help social marketing programs address a sales plateau. This research activity, which documents the experiences of two country programs that have faced and surmounted a plateau in the recent past, is scheduled for completion and dissemination in year five.

Technical Papers and Dissemination

CMS produced a paper summarizing findings from an assessment of a past social marketing program in Turkey. This paper was presented to UASID and is scheduled to be presented at the American Public Health Association conference in November 2002.

Development of long term methods

Plans to address the factors affecting the development of long-term contraception methods in the private sector have been dropped as a result of decreased available core funds for new initiatives.

Partnerships with Pharmaceuticals

Africa Emergency Contraception Initiative

The launch of Norlevo in Cameroon was completed as planned. All those who attended the launch event – including regional representatives of USAID, leading private sector physicians, and representatives from non-governmental organizations (NGOs) and the Ministry of Health (MOH) – considered it a success. CMS is fielding a market research study that will measure the awareness, knowledge, and attitudes of private sector service providers in Cameroon. Plans to introduce emergency contraceptives (ECs) in Morocco and Senegal were shelved for lack of mission support.

CELSAM

Plans to develop a series of radio programs about reproductive health in partnership with CELSAM were abandoned as a result of programming changes at the BBC. A proposal by CMS to create Youth Friendly Pharmacy Networks in Latin America, however, was favorably received and will be implemented in Mexico through a CMS/CELSAM partnership. This project, which is expected to increase access to counseling and contraceptive methods for adolescents in Mexico, will be gradually expanded to at more Latin American countries by the end of the CMS project.

This initiative is still pending approval by USAID/Mexico.

Pan-African Partnership with Pharmacia

CMS planned to enter into discussions with Pharmacia to leverage its support for training and detailing assistance for Depo-Provera in Uganda (which relies on donated products). While this is still the case, because of the delay of Pharmacia's activities in Morocco, it was decided to wait until the Morocco program was more fully developed before pursuing the Uganda negotiations. It is expected that CMS will begin dialogue with Pharmacia by the third quarter 2002.

3.3 Provider Networks

In Year Four, CMS planned to complete the network in Nicaragua, continue to work with the two networks in Nepal, and launch a pilot network in Morocco and Uganda. CMS also proposed to evaluate the results of the Nepal Paramedic Network and the Nicaragua network and develop at least one new initiative in this area. This section contains a summary of activities towards those objectives. Greater detail is provided in each of the country programs descriptions.

Nicaragua

CMS opened the last of its six clinics and transferred the project ownership and management to its local partner, Profamilia, where they will become part of the existing network of 12. By the time of the transfer period, the CMS network was providing access to health and FP services to approximately 250,000 people in six municipalities in Nicaragua that were affected by Hurricane Mitch. The next step is to assist Profamilia adapt its clinics to the model utilized by the CMS clinics, which places greater emphasis on integrated health services and financial sustainability. CMS submitted a proposal to USAID for additional TA to facilitate this transition, which is already underway.

Also, CMS will evaluate the Nicaragua clinic network to assess the impact of the clinics on the health of residents in those six municipalities. CMS is completing the baseline survey data

analysis and plans to disseminate the findings in Nicaragua and issue a final report by early August. The follow-on survey will be implemented in fiscal year (FY) 2003.

Nepal

The nurse/paramedic network pilot project involves creating a branded network of 90 nurses, paramedics, and midwives in one district in Nepal. Working in partnership with three local organizations, CMS is supporting all aspects of this network, including training of the 70 providers, implementation and monitoring, and marketing and promotion, as well as the final evaluation. Promotional activities include radio and print advertising, door-to-door campaign, participation by network providers in local farmers' markets etc. Quality monitoring activities include monthly visits by community coordinators, as well as mystery client survey. CMS has conducted a mid-term assessment of the project to identify any problems and make adjustments. A baseline on the network was completed in FY 2001 and the post-intervention survey and evaluation should be completed in early Fall 2002 – contingent on the political situation.

CSM also has been involved in the marketing of a private provider network of doctors (PSSN) via subcontracts. An assessment determined, however, that the network's impact on generating FP visits to doctors was minimal. Hence, CMS has reduced funding and the Mission will stop supporting the marketing of this network.

Uganda

The original project envisioned recruiting and helping midwives enter private practices and creating a network among these clinics. This goal has changed, as many providers already in private practice are struggling because of so much competition. Our focus is now working with private health providers (not just midwives, but all health providers who offer FP services). Several of these providers have initiated their own network. CMS will monitor progress on this new network and assist as needed.

Morocco

In Morocco, private general practitioners are underused compared to specialists. CMS is developing and promoting a pilot group practice as a precursor to the launch of a network. This endeavor, however, has been complicated because of legal and policy constraints. CMS analyzed the legal feasibility of establishing multi-specialist group practices and the ability to promote clinical practices. The remainder of FY2002 will be spent conducting the steps to set-up the group practice. CMS plans to launch the first one in the first quarter of calendar year 2003

New Initiatives

A CMS team visited Kenya in April 2002 to conduct an assessment of the CFW Foundation's franchise of pharmacy shops. The objective was to determine the viability of the franchise and the TA that CMS could provide to support expansion of the franchise. The team found that the major issue facing CFW is funding to cover its operating costs. Given the financial uncertainties of CFW and competing priorities for CMS core funds, the decision was made not to proceed with this initiative.

In looking for an opportunity to do more work on franchises, CMS began discussing collaborating with PSI/Europe to establish a franchise of primary care providers in Tanzania. The franchise will provide training, branding, and marketing for franchise members; in return the

franchisees will offer a menu of reproductive health services that will include FP, HIV prevention, STI management, and maternal-child care. The franchise also will work closely with several medical associations. The scope of TA to be provided by CMS has not been finalized but is likely to include conducting a cost analysis and developing a business plan for the franchise, strengthening the management capabilities of the medical associations, business skills training for the medical associations and the franchise members, and research and evaluation. The Summa Foundation will determine the feasibility of providing loans for upgrading clinic facilities and equipment required for RH services. PSI has requested that CMS document the process and resources used to set up a franchise based on existing franchises in Myanmar and Cambodia and the adaptation of the model in other countries such as Tanzania, Mali, Cameroon, and Nepal. A toolkit that can be used to guide future franchise efforts also is being considered. Once discussions about PSI's TA needs are finalized, CMS will develop a new initiative proposal for submission to USAID in year five.

3.4 NGO Sustainability

Technical Assistance

CMS has continued to provide TA on long-term sustainability in response to requests from USAID Missions. During the reporting period, TA was provided to NGOs in Dominican Republic, Ghana, Paraguay, Uganda, Nepal, and Nicaragua. Funding issues beyond CMS' control, however, caused TA to two Cambodian NGOs was cancelled.

Dominican Republic

CMS continues to provide TA to four NGOs working on reproductive health. TA has been tailored for each one of the NGOs. In three of them, emphasis has been given to institutional development and cost recovery. The largest NGO is receiving TA in the preparation of a proposal to USAID/Washington for an endowment fund and financial management. CMS' local representative has been working closely with all the participating NGOs on revising and reviewing their current handbooks on internal control and procedures.

Ghana

GSMF is in the final stages of revising its sustainability plan. Once the necessary changes are made, the final version will be presented to the local USAID Mission. Assistance will continue in the pursuit of new products, services, and partnerships to diversify GSMF's sources of income.

CMS is helping GSMF with a contraceptive pricing/willingness to pay survey for GSMF, the MOH, and Planned Parenthood Association of Ghana. The study will provide information to guide decision-making on appropriate and optimum prices in terms of cost recovery and users' willingness to pay for contraceptive products. GSMF would like to increase the price of certain contraceptives to improve cost recovery without eroding or significantly decreasing coverage or CYP. The study was supposed to have started in February 2002, but has been delayed and will be done the first quarter of year five.

Nepal

CMS supplied TA to Contraceptive Retail Sales (CRS), a local social marketing company, for organizational development, strategic and business planning, fortifying its sales and distribution

system, the design of qualitative and quantitative studies to develop a behavior change communication strategy, and improving the positioning of its existing brands. CMS also performed an assessment of the NGO's capacity to contribute to national social marketing endeavors, which was provided to the Mission.

Nicaragua

As planned, the six CMS franchise clinics were turned over to PROFAMILIA. By June 2002, the average rate of sustainability for the six clinics was over 73 percent. The high level of cost recovery reached by the CMS franchise clinics motivated the local USAID mission to request CMS' TA to help PROFAMILIA adapt the CMS franchise clinics model to the current regional clinics. CMS sent guidelines on how to proceed and gather the information that would be needed for future projections and managerial decisions. Fields visit by a CMS team will start this summer. The CMS team will review the clinics' operational, marketing and service delivery capacity to transition to the CMS-franchised model. This task will take at least than seven months.

Senegal

ADEMÁS' local board initiated its expansion process – a recommendation of a December 2000 CMS assessment. Other recommendations have not been fully implemented, as the organization has focused on other technical areas, predominantly the launch of the OCs and the baseline research. In terms of donor diversification, ADEMÁS is contacting UNFPA continuously to follow up on the proposal for additional funding for the Securil campaign. ADEMÁS also has submitted proposals to KfW and the World Bank for funding of HIV/AIDS activities.

Cambodia

CMS no longer has a role in NGO sustainability in Cambodia, because of funding constraints.

New Initiatives

Paraguay

TA has been provided to a USAID-PSI funded NGO, PROMESA. In mid-February, CMS assisted PROMESA draft a contingency plan that, once implemented, will allow it to reduce its operational and personnel costs while retaining all of its key activities. PROMESA has been successful in getting extra funding from the local USAID mission in Paraguay for FY 2002-03, as well a donation of 1 million condoms. This donation will represent savings of approximately \$60,000 for the NGO.

Working with Maquilas was a new initiative presented and initial development approved by USAID. Mexican consultants visited Profamilia in the Dominican Republic for a week and assessed the possibilities of starting working with Maquilas for the provision of health services, with emphasis on sexual and reproductive health. Their main conclusions were there is a high-unsatisfied demand for health services, which the public sector is filling. Hence, it is a good opportunity for Profamilia to market and sell its health services. Also, Profamilia needs to demonstrate to the employers the economic benefits of using its services instead of those of the social security. It was also recommended to carry out a pilot study and implement it in one company for a year.

Unfortunately, although the project seems attractive and with lots of potential for the diversification of sources of income and use of underutilized services, it was decided to allocate funds elsewhere.

3.5 Health Financing Alternatives

Strategy for Year Four

The strategy for the year was to continue Mission-supported programs in community health insurance that already have been initiated, while seeking core-funded opportunities that provide valuable precedents for evaluation.

In two countries, Uganda and Ghana, CMS continued with Mission-funded health financing activities.

Uganda

This year, CMS established a new insurance plan based at the Lacor Hospital, while supporting existing insurance schemes based on cooperatives and student and teacher groups. Total enrollment in all plans is now 2,575, compared to 2,250 one year ago. In the spring of 2002, National Public Radio in the United States aired a favorable 20-minute primetime news report on one of the Uganda health schemes. Research was initiated to evaluate the impact that plan membership has on service utilization and impoverishment caused by medical bills.

During the year, evaluations by other parties showed that only one of the plans (covering a substantial number of secondary school students) generates enough income to cover its costs. CMS continues to support the plans and the Uganda Community Health Financing Association. However, the long-term future of the plans is uncertain, as DFID has withdrawn its stop loss guarantee to the service providers. This pledge effectively reinsured the association against losses resulting from benefit costs in excess of premium payments. The longer term future of financial support for these community health plans must be resolved within the large USAID health and social services support contract now being bid.

Ghana

CMS continued its support for the Nkoranza health plan (one of the largest such community finance efforts in Africa) to determine if coverage for normal deliveries can be added to the existing benefit package. In March, a local subcontractor completed a study of unit costs at Nkoranza Hospital and delivery volumes at different providers in Nkoranza. In May, CMS finished a computer model to project the added premiums required for a normal delivery benefit. In June, the design of the market research questionnaire was completed, and fieldwork for the market survey is beginning. The final market report will be available by mid-August and CMS will work with the board to make a decision on the inclusion of a normal delivery benefit prior to the next annual enrollment cycle in the fall of 2002. The Nkoranza work is an important precedent for other community health financing schemes, as many do not cover deliveries because they fear adverse selection of expectant mothers and do not have the ability to project the premium required to cover the benefit or the impact on enrollment.

The Goi clinic subproject has ended. This project combined elements of corporate social responsibility and health financing. A major Ghanaian firm was to sponsor a primary care clinic at a remote site, run under contract by a medical services firm. Contract negotiations between the

parties stalled in fall 2001, although CMS revised the draft contract to meet concerns that had surfaced. The employer (Frandesco) appears unable to purchase the necessary equipment and incur the full operating subsidy that the clinic will require at its onset, because of financial considerations.

Another opportunity that mixes health financing and corporate social responsibility (CSR) has arisen, as a Dutch NGO (Pharmaccess) expressed an interest in working with CMS to establish a program to provide HAART (Highly Active Retroviral Therapy) for AIDS-afflicted employees and dependents of companies working in Ghana. Pharmaccess is launching such programs (notably for Heineken Breweries) elsewhere in Africa. Discussions will take place in early September if the Mission is interested; however, any resulting initiative will be reported in the future under the CSR rubric.

Namibia

The proposed CMS program to develop private health insurance programs for HIV/AIDS care was suspended because of USAID funding cutbacks across all projects.

Core Funded Initiatives

CMS submitted a core funded new initiative to work with capitated providers of services for social security (INSS) beneficiaries in Nicaragua. These private and NGO providers (EMPs) offer primary care (including FP), basic hospital services, and payment of maternity and short-term disability benefits in return for a monthly capitation. CMS will also provide TA to the EMPs in evaluating a parallel policy of basic health insurance to be marketed by individuals in the informal sector not covered by INSS. This initiative will be implemented in year five.

Research

CMS completed a review of the literature on the link between insurance coverage of FP benefits and contraceptive use. The evidence is limited outside of certain employer-sponsored FP programs dating to the TIPPS and Enterprise projects. Some link between coverage of FP benefits and contraceptive use has been established in U.S. Medicaid and low-income health insurance programs, but there is no literature substantiating the assumed positive relationship between coverage and use in developing country health insurance schemes (social, private, or community based). The literature review, however, identified one study that used DHS data to link insurance coverage and the use of pre-natal services (in Turkey). Several DHS studies do record the health insurance status of the respondent and CMS is now analyzing these data sources for quantitative evidence of a positive link between the coverage and use of FP benefits.

3.6 Corporate Social Responsibility

CMS has completed research as part of a re-evaluation of CSR activities to develop and launch an expanded, more targeted approach to CSR and the creation of public-private partnerships. CMS' CSR efforts focus on reproductive health (RH) and the social investment activities related to reproductive health that corporations undertake to serve the interests of key stakeholders. The broad objectives are to

- Add to the body of knowledge through research, information gathering, analysis and dissemination
 - Products useful for the commercial sector to encourage CSR in the RH field

- Models for partnering with corporate sector
- Demonstrate the opportunities that exist through CSR for USAID to create RH-focused public-private partnerships by co-designing project concepts with companies and exploring the implementation of new projects

CMS is on track to meet its objectives and timetable. The following paragraphs provide a status update on research, model development, and project implementation activities.

Conduct Research

Secondary research

CMS contacted leading international organizations such as the Business for Social Responsibility, The Copenhagen Centre, Prince of Wales Leadership Forum, World Council for Sustainable Development, Indian NGOs, UNAIDS, UNDP, Harvard School of Public Health, and the World Bank. Other USAID funded projects (including Catalyst, Advance Africa, and YouthNET) were reviewed to be sure that the CMS' research did not duplicate other CSR research efforts. A review was also undertaken of USAID partnership research using USAID's on-line research database. Based on secondary research, a list of target companies for primary interviews was assembled and a research questionnaire tool was developed and tested.

Primary Research

As of April 2002, 52 one-hour interviews had been conducted with 34 companies. The companies represent 14 industry sectors including pharmaceuticals/medical devices, mining, oil/gas, financial, consumer business, food/beverage, electronics, apparel, construction, transportation, and agriculture. The research sample included multinational corporations (headquarters, field sites, and CSR projects) and large national companies located in the United States, Latin and Central America, Europe, Africa, India, and China.

Companies were asked to provide information on

- motivation for engaging in CSR
- processes for selection, design, implementation, of CSR activities
- criteria surrounding selection of partners (processes for managing public-private partnerships (and associated challenges)
- benefits and impact
- interest in health and reproductive health

Based on the interview data, a set of nine models was established that describe the arrangements corporations use to implement CSR initiatives. CMS identified models that are relevant to reproductive health, as well as locate points where CMS or USAID has the opportunity to influence motivation, selection, design, or implementation of CSR projects.

A comprehensive report on the research and models was delivered to USAID in June 2002. The report included best practices and emerging trends in CSR, with points of intervention for CMS/USAID to influence the development of partnerships, along with a detailed description of the six models most relevant to reproductive health. Models described the CSR process framed by motivation; project selection and design; roles, services and implementation; and impact (to communities and the company). The report also included basic guidance for USAID in

developing public-private partnerships with the corporate sector. Guidance focuses on understanding which model is most appropriate for a specific situation, so USAID resources can be most effectively leveraged.

A formal presentation of the research and models was presented at USAID in June 2002.

CSR Strategy/ Next Steps

CMS completed the strategy for its remaining CSR activities. These ideas were presented in CMS' year five work plan. The core of the strategy consists of developing bundling concepts that integrate FP into other CSR activities and support a company's CSR objectives. Understanding common objectives will provide a platform for CMS to package FP/RH in a way that is palatable to companies, diminishing the challenges corporations face in embracing FP/RH programs. The first approach to bundling includes the integration of FP activities into CSR programs involving HIV/AIDS. The second is the integration of FP into non-RH, health, CSR activities as well as non-health areas such as education, micro-enterprise development, human rights, and environment.

Once bundling concepts have been developed, CMS will begin to contact companies (initially from the CSR research data sample) to identify a short-list of those that are willing to enter into a project concept co-design process. Project concepts will be assessed based on human and financial resource requirements related to implementation.

CMS will document the dialogue and concept/project design processes for working with companies to create FP/RH linkages in CSR projects. This information will be documented for the purpose of describing, educating, and promoting the opportunities that exist for USAID and for corporations in the area of CSR and FP/RH. Documentation will highlight lessons learned in establishing a platform of mutual interest between USAID and corporate objectives, communicating with companies, and the benefits and challenges of bundling FP/RH into broader focus areas. In cases where concept design is followed by project implementation, CMS will assist in monitoring and evaluating the project and its impact.

3.7 Policy Alternatives

The policy strategy for year four contains four elements:

- Implement market segmentation
- Explore mechanisms to address the political consequences of controversial products
- Address specific policy issues
- Promote public-private dialogue

Implement market segmentation

Market segmentation is an analytical approach to dividing a market into subgroups of the population, coupling people with similar characteristics and needs who are likely to respond in the same way to marketing efforts. CMS completed a market segmentation analysis for Armenia. CMS hopes to discuss the results and recommendations of the report with the USAID Mission in Armenia in July. Also, CMS is looking for additional opportunities to disseminate the report.

A draft of the CMS proposal to Honduras for market segmentation and contraceptive security work is being reviewed internally, but a draft should be delivered to USAID for its review this quarter.

CMS is working on a paper on market segmentation that will focus on implementing a market segmentation strategy tailored to the needs of each sector. The market segmentation paper has been pushed back to year five.

Explore political consequences of controversial products

Occasionally, social marketing programs are considered controversial. The source of this debate may be the product, environment, target audience, or promotional venue. CMS has completed a draft literature review about managing controversy, especially in the private sector. Findings, country examples, and specific recommendations are included. The draft is circulating for review.

Address specific policy issues

CMS field programs encounter a variety of policy challenges. CMS tries to change specific policy barriers to improve the broader policy environment.

In Senegal, CMS was instrumental in obtaining an exemption from the value added tax (VAT), which was 18 percent, for all condoms. Successful advocacy efforts included mobilizing supporters in the MOH, USAID, Ministry of Finance, and an Association of French investors.

In Morocco, CMS continues to work to improve the environment for the establishment of group practices. Results of the studies examining the legal and regulatory issues are being disseminated and guidelines are being drafted. Activities also are underway on quality assurance and development of a family medicine curriculum.

Promote public-private dialogue

Dialogue between the public and private sectors improves the policy environment, highlights important policy issues for consideration, and is necessary to negotiate collaborative efforts such as market segmentation.

At the Segmenting Markets to Maximize Contraceptive Security workshop in December 2001, CMS facilitated the participation of representatives from commercial contraceptive manufacturers. This workshop was one of the first times that these companies have addressed a USAID audience on contraceptive security. This gathering was the first step in the process of encouraging others in the USAID and CA community to consider the private sector as partners.

Based on the recent assessment in the Philippines, USAID/Philippines requested CMS' help in establishing a private sector-led coalition on reproductive health. Although there is much interest in the private sector in the Philippines, no one has engaged private representatives in dialogue. A private sector coalition would be able to interact with existing NGO groups, government-sponsored initiatives, and donors.

3.8 New Initiatives

Considerable progress has been made to implement the initiatives described in the Year Four Work Plan. The CMS Deputy Director is responsible for the internal review process and

coordination with USAID. A process for developing and vetting new initiatives provides more scrutiny and rigor. Other initiatives are solicited regularly from CMS staff. The following table contains a status summary of the new initiatives that were considered for development in year four.

Table 2: New Initiatives Status

New Initiatives	Status	Comments
1. Youth Hotline in Sub-Saharan Africa	Cancelled	CMS staff determined that similar projects have already been done.
2. Private Sector Quality of Care	Reprogrammed	CMS staff decided this was an appropriate topic for a TAG rather than a new initiative.
3. Linking Reproductive Health Network and Third Party Payment Mechanisms	Cancelled	This concept was folded in to the Nicaragua initiative (10).
4. Pilot Test of Private Primary Care Practices	Cancelled	Proposed to several Missions but did not receive concurrence.
5. Certification of Paramedics and Pharmacists for Provision of Injectable Contraceptives	Cancelled	CMS staff determined that this would not be feasible.
6. Microfinance and Business Skills Training	Cancelled	Being conducted through other mechanisms.
7. Reproductive Health Service Provision in the Maquiladoras (textile factories)	Approved for assessment	Consultant identified; not being implemented because of funding constraints.
8. CELSAM: Regional Initiative for Youth-Friendly Pharmacy Network	Assessment completed; implementation plan drafted. Approved	Waiting for USAID/Mexico concurrence.
9. Pan-Africa Partnership with Parmacia	On hold	
10. New: Nicaragua Social Security Private Providers TA	Assessment conducted; project plan drafted. Approved	Project approved in conjunction with Summa loans to providers.
11. New: CFW/Kenya Medical Shops	Assessment conducted. Not being implemented because of funding constraints.	Final decision on whether or not to proceed with this initiative pending CFW securing funding to cover operating expenses for two to three years.
12. New: Tanzania Provider Franchise	Under discussion	To be developed in year five, pending availability of funds.
13. Ghana PAC Services for Adolescents	Concept paper drafted	Submitted for ARH funding; To be considered for new initiative pending availability of funds.

3.9 Cross-Cutting Themes

3.9.1 Contraceptive Security

Contraceptive security ensures the sustained supply of contraceptive products to populations that need and want them. As promised in the Year Four Work Plan, CMS is playing a key role in discussions on this topic and championing the potential contribution of the private sector. CMS is completing the activities described in the work plan and other initiatives

Conduct interviews with representatives of contraceptive manufacturers

For the December 2001 meeting on Segmenting Markets to Maximize Contraceptive Security, CMS secured the participation of representatives from three major contraceptive manufacturers of pills, injectables, and condoms (beforehand, CMS interviewed the representatives and ensured that their perspectives were relevant).

Delineating the Role of the Commercial Sector: Using Market Segmentation as a Tool

CMS co-sponsored the Segmenting Markets to Maximize Contraceptive Security meeting and made key presentations on market segmentation and the role of the commercial sector.

Assist with meetings that follow-up on the Istanbul Conference

CMS did not focus too much attention to this endeavor, as USAID Cognizant Technical Officers indicated it was low priority (USAID was not directly involved in planning the follow-up events). CMS, however, made a presentation to members of the International Initiative on Reproductive Health Commodities (formerly the Interim Working Group that organized the Istanbul conference).

Develop and implement contraceptive security pilot activities

Significant efforts were undertaken to establish pilot activities. Based on the assessment in the Philippines, USAID/Philippines has asked CMS to provide assistance developing and managing its contraceptive security strategy. The market segmentation analysis for Armenia proposed specific follow up activities. CMS hopes to collaborate with the DELIVER project to conduct a market segmentation analysis and consultative process in Bangladesh. CMS has received funds from the mission in Honduras, but have not received guidance on specific activities.

Disseminate findings from CMS contraceptive security research

The three contraceptive security studies were disseminated at the December 2001 meeting and were highlighted in the February 2002 issue of *New Directions*. Concerted dissemination activities are underway as the final versions were published recently. The brown bag presentation of the *How Much is Enough?* study was postponed until year five.

TA – Armenia

In June, CMS completed the segmentation analysis of the contraceptive market in Armenia. The analysis showed almost complete reliance on government facilities for intra-uterine devices (IUDs) and sterilization, but extensive use of the private sector for the dominant resupply method – condoms. This trend is consistent with the observations of the CMS market assessment team that visited Armenia in September 2001. Based on this analysis, CMS recommended that donors be prepared to meet the current needs of the lowest two income quintiles for resupply methods, as well as providing IUDs for all users. The annual requirements were quantified (about 11,000 IUDs, less than 1 million condoms). CMS also projected possible demand for modern contraception based on two different scenarios for adoption of modern methods (Armenian women rely heavily on traditional methods).

A draft final report was submitted to the Mission at the beginning of July. The report suggests modest efforts to help the private sector develop the contraceptive market, including a reproductive health hotline. The report concludes that the small size of the market, well established commercial distribution system, and pro-natalist attitudes in the government do not support establishing a full-scale social marketing program for branded FP products.

Other Activities

In addition, CMS has

- completed a case study on Turkey that assessed the contraceptive market and impact of USAID-funded activities on contraceptive availability. CMS presented the study at USAID.

- devoted the February issue of *New Directions* to contraceptive security
- been involved in the development of the Strategic Pathway for Reproductive Health Commodity Security (SPARHCS), formerly called the Common Assessment Framework for Contraceptive Security. CMS was the primary author for the modules on policy, finance, and the private sector and the primary reviewer of the demand module and process steps.
- drafted a paper on the role of the private sector in contraceptive security that is being reviewed internally. It will be revised and shared externally for comment.

3.9.2 Adolescent Reproductive Health (ARH)

El Salvador

Using USAID's special initiative fund for ARH, CMS is implementing a pilot project to create a network of youth friendly pharmacies that provide contraceptives to youth in a confidential environment, respecting their privacy, and take the embarrassment factor into consideration. According to the June 2001 assessment report on El Salvador produced by CMS, there is a substantial unmet need for reproductive health services among adolescents.

CMS is working in collaboration with a local NGO, the Asociación Demográfica Salvadoreña (ADS), to involve pharmacists in a project that increases access to contraceptive products and counseling in a country where existing NGO activities targeting adolescents can be leveraged for optimum results. The project will use two principle strategies to increase the use of contraceptives by youth in the commercial sector:

- training of pharmacists and clerks (improving the supply and environment of products and services available to youth)
- a communications campaign (to increase demand for contraceptives in the private sector)

Eight focus groups were conducted with adolescents 14 to 19-years-old from San Salvador. The results of this research were presented to USAID in mid-March 2002.

Once the research report has been presented, a local coordinator will be hired to manage the project. In April, the pharmacies and schools will be selected to participate and IEC materials will be developed for the interpersonal communications in the schools. In May, training for the pharmacists will begin, with the launch of pharmacies to take place in June.

Jamaica

The CMS country program in Jamaica is largely devoted to improving the reproductive health status of youth. CMS completed and presented a large-scale research study on condom use among youth, and developed a strategy for USAID/Jamaica to promote abstinence, condom use and emergency contraception. In addition, seminars and promotional activities are being prepared as part of the campaign, to be conducted over the next few months.

CELSAM

CMS worked previously with CELSAM, a non-profit organization established by Schering for Central and Latin America, on a New Initiative in Guatemala. Based on that experience, CMS and CELSAM discussed other collaborative opportunities and agreed to work on setting up a regional network of youth-friendly pharmacies.

4.0 Country Programs

4.1 Overview

During this reporting period, CMS worked in 15 countries. While CMS primarily provided in-depth support via country programs, it also supplies stand-alone TA when asked by USAID/Washington or USAID field missions. The following table lists the countries in which CMS has established a country program or performed TA in year four. In addition to continuing to support existing programs, CMS proposed establishing programs in new countries (the candidates include Armenia, Honduras, and the Philippines), as well as performing three new assessments

Additional changes that should be noted include the termination of activities in Cambodia because of funding issues.

Also, Appendix B contains information regarding CMS's research efforts broken down by country.

Table 3: Countries in which CMS Worked

Country	Full Program	Technical Assistance
Armenia		X
Bangladesh		X
Dominican Republic	X	
El Salvador		X
Ghana	X	
India	X	
Jamaica	X	
Jordan	X	
Morocco	X	
Nepal	X	
Nicaragua	X	
Paraguay		X
Senegal	X	
Turkey		X
Uganda	X	

4.2 Existing Country Programs

4.2.1 Africa

Ghana

Program Description

The main focus of CMS' program in Ghana is workplace and community HIV/AIDS prevention and management programs. CMS also provides TA to GSMF International to improve that organization's institutional, programmatic, and financial sustainability. The Summa Foundation continues to monitor repayment of a loan to GSMF, while exploring other possibilities for lending in Ghana. Finally, CMS is completing activities with the Nkoranza Community Health Insurance scheme, thus phasing-out its support for health financing activities in Ghana.

CMS initiatives in Ghana respond to USAID/Ghana's Strategic Objective No. 3, "Improving Family Health." The indicator to which the CMS project is expected to contribute most directly is

IR 1: Increased use of reproductive health services, including family planning, safe motherhood and HIV/AIDS/STD prevention.

CMS has helped GSMF make major strides towards financial sustainability. This assistance has included helping GSMF launch a deluxe condom that will subsidize other GSMF products and services, assisting GSMF enhance several aspects of its management and administration (including managing its endowment fund, training on proposal writing, introducing timesheet use, and modifying its cost accounting system), conducting a Latin America study tour for GSMF middle level management, assisting GSMF develop a sustainability plan, and documenting the GSMF experience.

CMS' CSR activities focus on workplace and community HIV/AIDS prevention and management programs. Interventions are guided by a strategic plan and include activities in

- innovating approaches to CSR as it relates to reproductive health/HIV/AIDS, including state-of-the-art models and guidelines
- creating commercial sector demand for CSR related HIV/AIDS programs
- building capacity of NGOs to provide services to the commercial sector
- researching to assess commercial sector willingness-to-pay for HIV/AIDS services and cost-effective approaches to working with businesses

CMS is providing assistance to Nkoranza Community Health Insurance Scheme – a plan that covers nearly 48,000 beneficiaries - in analyzing the options for adding a normal delivery benefit and determining the cost and market acceptability of such an enhancement. With the completion of this activity, CMS will phase-out health financing assistance in Ghana but will continue to monitor this intervention, document the process, and draw lessons from it.

Activities

NGO SUSTAINABILITY/GSMF

GSMF presented the first draft of its sustainability plan (covering 2002 to 2004) to CMS in November 2001. It was finalized by GSMF for their purposes and marketing in April 2002.

The contraceptive pricing/willingness to pay survey for GSMF, the MOH, and Planned Parenthood Association of Ghana (PPAG) began in February 2002 with the development of a sampling framework. The study will provide information to guide decision-making on appropriate and optimum prices for cost recovery and users' willingness to pay for contraceptive products (pills, condoms, and injectables). Research International is conducting the survey that should be completed in the summer of 2002.

A CMS core-funded consultant conducted interviews for the GSMF Best Practices Report in January 2002. The first draft of the report was submitted to CMS in early March 2002 and extensive revisions were made in the document. The document is slated to be reviewed by CMS' technical editor in early August 2002 and will be ready for publication and dissemination shortly thereafter.

CORPORATE SOCIAL RESPONSIBILITY

CMS contracted a Ghanaian firm, BDC Consulting, to conduct a short-term research project to identify companies that are the best prospects to work with (those whose employees are at high risk for HIV infection, that have the interest/capability to undertake HIV/AIDS programs, and are willing to pay for them). The document and survey results were presented to CMS and its partner NGOs (see below) in May.

In February 2002, CMS contracted a South African firm, NMG-Levy Consultants and Actuaries, to carry out a series of advocacy activities, including developing a simple model to estimate the cost versus benefit for companies of investing in HIV/AIDS prevention programs. Having visited several companies and based on its assessment of the epidemic, NMG Levy and CMS selected Ashanti Goldfield Mining as the company to be costed due to its openness and the type of data available. CMS and NMG Levy, however, encountered difficulties in obtaining the data from AGM. (Data was finally transmitted in mid-July to NMG Levy.) It is now expected that the costing analysis will be finalized in early September and that the AIDS Calculator, a deliverable of the contract, will be presented to CMS then

Starting in February 2002, CMS identified and initiated discussions with potential local Ghanaian organizations to train to provide TA to businesses to implement HIV/AIDS workplace programs. CMS trained GSMF, the Private Enterprise Foundation, C&J Medicare, Family Health International, and the PPAG in May 2002. Once the AGM data has been analyzed and is ready for presentation, CMS and NMG Levy plan to conduct a second round of training on advocacy using the actual case of AGM as the example. The training also will involve the handover of the AIDS calculator and how to use it for other companies in Ghana. The providers will use the tools to convince companies to invest in HIV/AIDS prevention programs targeting their workforce.

In January 2002, the CMS Ghana representative conducted research on the Ghana Chamber of Mine's membership to determine the member companies that are interested in participating in the program, their ownership structure, number of employees, financial position, and what they have in place in terms of HIV/AIDS prevention programs. Since January 2002, CMS has been organizing an inception workshop for itself, CARE, and the Chamber to define the vision and

strategies for the program and the roles and responsibilities of each alliance member. The workshop was held in March 2002 with other service providers (GSMF, FHI, PPAG, and Private Enterprise Foundation, which has a grant from USAID to conduct workplace HIV/AIDS prevention programs).

The Frandescio clinic in Goi did not open towards the end of 2001, because of financial problems faced by Frandescio and the consequent closing of the salt plant. Frandescio's owner/chairman is optimistic the salt facility will re-open and he will establish the clinic, but until that happens, activities towards opening the clinic (including CMS' contract with EngenderHealth) have been put on hold. No further TA will be provided to Frandescio and CMS will end this activity through a documentation of the experience and the reasons for its non-completion.

CMS continues to monitor its contract with GSMF (started in August 2001), through which it provides TA to Unilever for its HIV/AIDS workplace program in advocacy, training of peer educators, IEC activities, and condom promotion and distribution. The implementation period for the project has been extended through December 2002 (it was initially supposed to conclude in March 2002). A baseline of the workforce and the community surrounding Unilever's sites was conducted. GSMF reviewed and reproduced IEC materials and conducted IEC sessions to the workforce, Unilever's communities, and tribal leaders. A follow up survey will be conducted during the first quarter of FY03 to measure the impact of these activities.

HEALTH FINANCING ACTIVITIES

CMS has contracted Ghanaian consultants to estimate the cost and service impact of adding a delivery benefit to the Nkoranza Community Health Insurance Scheme, to perform market research to predict the response of existing and potential insureds to a policy including normal delivery benefits, and to support CMS train the community board of the Nkoranza plan (on health insurance principles) and the plan's enrollment/marketing agents before the marketing of any new benefit. The first/costing portion of the exercise started in October 2001 and was completed in March 2002 (after because of problems with access to data) and Nkoranza Hospital accepted the recommendations of the benefit design and costs. CMS awarded a contract to Research International to conduct the study. It developed the sampling frame for the market research in January 2002. CMS research staff, however, found the questionnaire deficient and the survey has not been fielded. The survey (testing of acceptability of the new benefit and its premium) is expected to be completed by August 2002 and the results presented to Nkoranza by September.

SUMMA FOUNDATION

The Summa Foundation continues to monitor repayment of the loan (provided in January 2001) to GSMF to purchase the deluxe Aganzi condom. Two presentations of Aganzi were launched by GSMF in October 2001. By the end of February 2002, GSMF had sold 59,760 units representing 60 CYPs. The revenue from the sales totaled \$25,617, with a net income of \$6,261.

The Summa Foundation is at the early stages of discussing a potential new loan of \$700,000 to GSMF for developing a pharmacy franchise under the guidance of the MSH-managed and Gates Foundation-funded SEAM Project. The loan would assist GSMF establish itself as the franchiser. USAID/Ghana has issued concerns about the loan collateral and GSMF has submitted a new loan application for a smaller loan amount of \$150,000. Summa is reviewing the loan.

The Summa Foundation also will make a loan to the C&J Medicare Center for construction and equipping a new clinic and headquarters. Summa completed the assessment of C&J in January

2002 and USAID approved the loan in March 2002. \$200,000 (total amount of the loan) was disbursed in June 2002.

Table 4: Ghana Program Timetable

Key Activities (by Technical Area)	Implementation Timeline			Completion Status	Comments
	Q1	Q2	Q3		
NGO Sustainability					
Assist GSMF finalize its sustainability plan	X			Completed	Final draft submitted to USAID in March 2002
Assist GSMF in conducting a WTP study for GSMF, the MOH, and PPAG	X	X		Delayed. On going	Issues on the sampling frame identified by the CMS research staff and contract with selected firm had to be revised
Assist GSMF explore new products and services	X	X		On going	
Assist GSMF train for a newly hired research manager			X	Delayed	GSMF has not refilled the Research Manager position
Document lessons learned and record GSMF's growth process	X			First draft completed	Final draft end March 2002
Corporate Social Responsibility					
Contract consultant to work with local firm and use a costing model/calculator to conduct advocacy presentation for business groups	X	X		On going	
Contract consultant to identify best prospects businesses to work with on HIV/AIDS workplace programs		X		Completed	Draft report submitted in April and final report in June 2002.
Identify and contract a local firm to conduct on-going advocacy activities		X	X	Completed	GSMF, C&J, and BDC. Identification process initiated February 2002
Identify 2-3 local NGOs interested in providing TA to businesses in developing HIV/AIDS programs		X	X	On going	GSMF, C&J Medicare, PEF, PPAG and FHI. Identification process initiated February 2002
Develop NGO training package			X	On going	
Contract consultant to work with local firm and train NGOs in packaging services			X	On going	
Link trained NGOs with interested businesses as opportunities arise			X	On-going	First training conducted in May; second training scheduled with completion of AIDS calculator
Research Chamber of Mines companies		X		Completed	January 2002
Hold inception workshop for CMS, CARE, and the ChoM		X		Completed	Workshop conducted in March with planned and new stakeholders
Develop HIV/AIDS policy framework for ChoM			X		Document written and provided to CoM
Link ChoM member companies to NGOs and other resources to help them implement HIV/AIDS programs			X	On going	An implementation committee has been formed comprised of local NGOs and the CoM
Hold periodic conferences and workshops to capture and document lessons and share these with other members			X	Delayed	Planned for the period July 02- June 03
Organize meeting between Coke and GSMF to share lessons		X		Terminated	Coke has mentioned that they were happy with their current arrangement with C&J Medicare and that they would not need TA from other providers
Capture and document lessons learned from GSMF/Unilever collaboration		X	X	Delayed	To be done in September 2002. Awaiting results of survey of Uniliver staff and surrounding communities
Health Financing Activities (MHOs)					
Estimate the cost and service impact of adding a benefit for normal deliveries to the Nkoranza Plan	X			Completed	
Perform market research to predict the response of existing and potential insureds to a policy including normal delivery benefits		X		Delayed	Sampling framework finalized in June 2002 and market research to be implemented in July 2002
Assist Nkoranza decide on adding delivery benefit		X		Delayed	September 2002

Conduct community governance and health insurance principles training for Nkoranza Board		X		Delayed	September 2002
Train Nkoranza marketing/enrollment staff for 2002-2003 policy year		X		Delayed	September 2002
Monitor Nkoranza intervention and capture and document lessons learned		X		Delayed	Schedule for Fall 2003
Summa Foundation Assistance					
Finalize assessment of C&J Medicare Center's application for a Summa loan		X		Completed	Loan approved March 2002/ Loan disbursement in June 02
Monitor repayment of Summa loan to GSMF	X	X	X	On going	
Continue considering other opportunities for loans as they arise (including a possible additional loan to GSMF)	X	X	X	On going	

Morocco

Program Description

The CMS program in Morocco responds to USAID/Morocco's Special Objective No. 7, "Key Interventions to Promote Sustainability of Population, Health and Nutrition Programs." CMS works specifically toward the following Intermediate Results associated with SO 7:

IR 7.1: *Maintained modern contraceptive prevalence rate at or above 49% of married women of reproductive age*

IR 7.2: *Increased proportion of family clients served by the private sector*

IR 7.3: *Improved policy environment to support sustainable reproductive and child health services.*

The objective of the CMS Project in Morocco is to increase availability of and access to family, maternal, and child services in the private sector nationwide.

Activities

SOCIAL MARKETING AND PARTNERSHIP WITH PHARMACEUTICAL COMPANIES

CMS/Morocco social marketing activities are implemented through partnerships with three contraceptive manufacturers (Wyeth and Schering for two pill brands, Pharmacia for injectables) and one distributor (Reacting for the IUD). The partnerships are based on memoranda of understanding between CMS and the manufacturers. Whereas CMS continues to support the communication campaigns for the IUDs and the injectables, CMS has negotiated with Wyeth and Schering to set aside return to project funds at a rate of 5 percent of gross sales that are used for advertising the pills. These MOUs also outlined the participation of the pharmaceutical partners in detailing activities, with a focus on the three regions targeted by CMS/M.

Declining sales of injectables are attributed to a stock outage (from February 2001 until February 2002) incurred because of internal issues within Pharmacia. There was also a stock outage from October to mid-December 2001 for Wyeth's Minidril. In addition, a short stock outage also occurred in December 2001 with Schering's Microgynon. Whereas Wyeth imports seems to have suffered because of an ordering mistake, Schering's outage of Microgynon occurred because the product replaced Wyeth's product in pharmacies and Schering did not have time to adjust their imports to reflect higher sales volume. Since the first quarter of FY2002, CMS has worked to improve the continuous supply of contraceptives. CMS/W and CMS/M staff has been talking daily with all pharmaceutical partners about the need to reintroduce pills and injectable stocks in Morocco. As a result, the pill supply was re-established in December 2001. Despite the stock outage, sales increased by 7.6 percent from October 2001 to June 2002, compared to the October 2000 to June 2001 period.

On March 18, 2002 the new Kinat Al Hilal advertising campaign was launched. Spots targeting rural women were aired on TV and various radio stations for two months. The second wave of this campaign will be aired soon.

A creative brief for the development and production of a new advertising campaign for Hoqnat Al Hilal was developed and an RFP for the production and the media placement of this campaign

was sent out. CMS selected the agencies for the production of the TV and radio spots, and for the media placement of these spots. The production of the new Hoqnat Al Hilal spots has been postponed, however, because of budget constraints.

An RFP for the media placement of Lawlab Al Hilal spots also was sent to advertising agencies and an agency was selected. The media placement has been postponed – again because of budget constraints.

CMS contracted a local consultant and is finalizing a public relations plan targeting primarily private providers, with the objective of changing their attitudes towards long-term methods.

CMS is negotiating the terms and conditions of a drafted licensing agreement that would mark the final milestone in the graduation of Biosel oral rehydration salts.

IEC AND FIELD ACTIVITIES

CMS developed an IEC activity to supplement the media campaign, which targets private practitioners as well as potential contraceptive users (from Pakistani Green Star client focused mahalla meetings). Based on some specific selection criteria, CMS chose three targeted provinces where IEC activities are being conducted. An evaluation plan of these activities is expected during the year 2003. CMS conducted six meetings with 212 private providers and 45 mahalla meetings with 1,735 women during this reporting period.

Other IEC efforts were focused on GPs, through ad inserts in specialized magazines and participation in medical conferences where CMS set up booths promoting its contraceptive products to attending physicians.

DEVELOPMENT OF FORTIFIED FOOD, FORTIFIED FLOUR AND IODIZED SALTS CAMPAIGN

At the request of USAID, CMS was tasked to develop a logo and TV and radio campaign. CMS was the lead in the development of this campaign, which involved cooperating with the MOH, the MOST Project, and the Federation of Millers.

In December 2001, CMS presented the final materials to the MOH. The campaign started to be aired in May 2002.

PRODUCT SALES

Table 5: Morocco Product Sales

Product	Oct 00-June 01	Oct 01- June 02	% change
Kinat (pill)	2,055,080	2,212,410	+ 7.6
Hoqnat (injectable)	12,580	10,086	- 19.8
Lawlab (IUD)	4,030	3,940	-2
Biosel (ORS)	160,578	185,138	+15.3

RESEARCH

CMS conducted a quantitative KAP/baseline survey among consumers, private as well public health providers, on long-term FP methods and health-seeking behaviors and also presented the baseline results to its partners.

CMS finalized the pretest for the fortified food TV and radio spots.

Provider Network/Group Practice and Associated Policy Change activities

In Morocco, private general practitioners (GPs) are underused compared with specialist physicians, hospitals, and pharmacies. In response to this problem, CMS adopted a strategy based on three components: group practice development, an assurance quality program, and the development of continuing training curriculum for family medicine.

- Group Practice development

CMS is working to encourage the creation of group practices, which would offer quality family health services, including FP. To assess the legal feasibility of a multispecialty group practice, CMS conducted a review of group practices and provided practical information on

- potential legal and organizational structures of group practices
- the promotion of group practices and their services

The study was completed and presented to stakeholders in November 2001 who gave CMS the green light to continue towards implementation of pilot group practice. CMS is disseminating the results of this study to private GPs and partners. In the meantime, CMS is looking into funding sources (such as the Development Credit Authority and the Summa foundation) to support the creation of group practices.

- Development of a continuing family medicine training curriculum

To complement the group practice regulatory study, CMS conducted a feasibility study for a family medicine curriculum for general practitioners. The concept of family medicine goes beyond increasing the skills and training of GPs. For potential clients of family medicine practitioners and GPs interested in pursuing family medicine training, it is critical to consider the repositioning of family medicine versus other specialists (Ob-Gyns, pediatricians) and other practitioners (GPs, pharmacists, nurses).

This study was presented in November 2001 to those who supported the institutionalization of a family medicine curriculum.

Discussions are underway with the Medical School of Marrakech, which is interested in implementing this curriculum with an overseas faculty of medicine, to provide the technical support to implement this activity.

- Quality Assurance

This intervention will introduce quality assurance in the private sector. There is no institution in Morocco that has the mandate to monitor or control quality assurance in the private medical sector. USAID/Morocco has asked CMS to establish a system to address this issue.

CMS' initial strategy was to expand a previous group of general practitioners, based in Casablanca, trained by USAID in peer education during the introduction of the socially marketed IUD. CMS had discussions with the peer group and prepared a contract to extend the peer group concept and activity nationally. MOH resistance to the idea (they felt that the Casablanca group did not have enough qualification in training) caused CMS to shift gear and identify a Belgian QA/general medicine consultant to conduct QA training in general medicine. A contract was signed with this consultant in June 2002. On the provider side, working together with the General

Association of General Practitioners and their regional affiliates, CMS identified and selected 26 general practitioners (opinion leaders in their regions) practicing in the three targeted provinces who are interested in quality assurance training.

CMS will follow up with this activity in the upcoming months by conducting the following activities through September 2003:

- two training workshops (in July 2002 and November 2002) in QA techniques
- creation of QA lead groups in the three regions
- institutionalization of QA activities in the regions
- monitoring and evaluation to measure the impact of the activity on provider's practice

Senegal

Program Description

The CMS Program in Senegal responds to USAID/Senegal Strategic Objective No3, “Increased and sustainable use of reproductive health services (child survival, maternal child health, FP, and STD/AIDS in the context of decentralization in targeted areas” and to its intermediate results:

KIR 3.1: Improved access to quality reproductive health services

KIR 3.2: Increased demand for quality reproductive health services

The program consists of several components, including social marketing activities through a local NGO (ADEMAS) for condoms and OCs, NGO sustainability to ADEMAs, policy and health financing initiatives to establish a new health insurance scheme.

Activities to Date

SOCIAL MARKETING

CMS continued working with its local partner, ADEMAs, to expand the social marketing of Protec condoms by strengthening the distribution sales system and conducting promotional activities. CMS/ADEMAs has expanded its distribution system and partnered with FHI in the organization of roadshows designed to disseminate HIV/AIDS prevention messages; change behaviors; and promote voluntary testing, HIV/AIDS health providers, and condom points of sales. Additional proximity activities targeting at-risk groups were organized simultaneously. The estimated audience for the road shows and proximity activities that took place in October and November 2001 amounted to 101,824 people. In addition, radio shows and radio spots, along with games, tea-debates, and other activities organized by ADEMAs’ detailing team supported the campaign. The closing ceremony took place in Dakar on November 15, 2001 and was chaired by Mrs. Awa Marie Coll Seck, Minister of Health, and in presence of the USAID Director, and featured a march that gathered approximately 3,000 people.

In addition, a mass-media campaign was implemented during the 2002 Soccer World Cup. From May 30th to June 30th 2002, 181 TV spots, 360 radio spots and 25 games/contests were aired on two TV channels, four radio stations and two giant screens.

Protec sales increased over 8 percent, as shown in the following table.

Table 6: Protec Sales

Product	Oct.00 to Jun. 01	Oct. 01 to Jun. 02	% change
Protec (condom)	2 616 255	2 833 440	+ 8.3

The program also succeeded in increasing the market share of non-traditional POS from 31.9 percent in June 2001 to 33 percent in June 2002.

ADEMAs added three new wholesalers to its distribution system and created 715 new non-traditional points of sales, bringing the total of non-traditional POS to 2,866 (up 23.9 percent comparing to June 2001) and the total of POS (traditional and non-traditional) to 3,416 (+ 23.5

percent compared to June 2001). ADEMÁS also conducted 17 training sessions and trained 359 non-traditional POS agents on STI/AIDS and condom use.

The sales increase is also attributable to various other promotional activities, in addition to those described above, which included

- 30 Protec radio spots, six games/contests, and 430 spots related to the roadshow campaign were aired
- 19,592 detailing visits were conducted by ADEMÁS' promoters
- 140,545 persons were reached through 98 Protec sensitization activities

During this reporting period, CMS and ADEMÁS were engaged in preparing the launch of Securil, the low-dose OC. ADEMÁS received approval from the MOH to sell Duofem by the commercial name Securil. All promotional supports were reviewed and approved by the technical committee. A professional editor reviewed these promotional supports, then ADEMÁS pre-tested them and proceeded to the final stage of production.

The product coordinator and five medical detailers were hired and trained and developed a detailing launch plan. Additionally, ADEMÁS met with its partners, other CAs, and private provider associations to keep them informed of the progress and build political support for the OC program. Placement in the Dakar pharmacies began on February 25.

Prior to the official launch and to prevent possible adverse reactions to the launch and promotion of the first socially-marketed OC, ADEMÁS conducted the following PR activities: organization of a panel attended by representatives of the Population and Development Journalist Network and organization of a press conference chaired by an Islamic leader, a legal expert, and a clinical practitioner.

By April 26 (the date of the official launch), the ADEMÁS detailing team had visited 90 percent of the capital's pharmacies and had begun visiting outlets in semi-urban areas.

ADEMÁS is organizing smaller-scale launch ceremonies in other cities such as Thiés, Saint Louis, and Kaolack. Also, a team of consultants is developing a training curriculum targeting private providers (doctors, nurses, and midwives) and pharmacists.

6,297 cycles of Securil have been sold.

NGO SUSTAINABILITY ASSISTANCE TO ADEMÁS

A local consultant developed a draft strategic plan, which is being reviewed. ADEMÁS followed up on proposal sent to UNFPA, seeking additional funding to support the launch of Securil. ADEMÁS also submitted proposals to KfW and the World Bank, for funding of HIV/AIDS activities.

HEALTH FINANCING ACTIVITIES

CMS and PHR Plus completed the feasibility study for establishing a mutual health organization for UNACOIS, a large trade union. Results from this study, which included a consumer and provider survey, as well as recommendations pertaining to the implementation of a pre-paid health plan scheme, were presented in October to the UNACOIS board. PHR Plus will provide the TA for the implementation of this activity.

POLICY

The CMS-commissioned report on legal restrictions pertaining to the prescription, delivery/storage and promotion of OCs in Senegal was finalized and an action plan was drafted.

In October 2001, a new law removed the VAT exemption (18 percent) for condoms. ADEMÁS mobilized USAID, its contacts at the MOH, and the Association of French investors to help advocate reestablishing the VAT exemption on condoms, which occurred in November 2001.

MALARIA PLUS

Upon request from USAID, ADEMÁS drafted a technical and financial proposal in support of the National Malaria Program. ADEMÁS also participated in a workshop and in meetings, during which it was decided that ADEMÁS' role would be to support the activities to be implemented by BASICS, MSH (development and mass media dissemination of household and community-level behavior-change messages), and Netmark (pilot-test of subsidized ITN distribution via NGO and community-based organizations, using the ADEMÁS distribution network). ADEMÁS has begun an extensive literature review to develop a marketing strategy.

RESEARCH

CMS/ADEMÁS selected a local research firm to conduct the household baseline survey and reviewed the questionnaires. The baseline study (field work) began in March 2002.

Uganda

Program Description

The CMS program in Uganda responds to USAID/Uganda's Strategic Objective No. 4, "Increased Service Utilization and Changed Behaviors Related to Reproductive, Maternal and Child Health." The four SO4 indicators to which the CMS project is expected to contribute most directly are

R4.a: Family Planning: Couple-years of protection distributed through social marketing in target districts.

R4.h: Sexual Behavior: Annual number of social marketing condoms sold to distributors.

IR4.3: Enhanced sustainability of reproductive/maternal/child health services.

IR4.2: Improved quality of reproductive/maternal/child health services.

Activities

SOCIAL MARKETING

CMS/Uganda continued to implement its social marketing program, providing support (management, sales and distribution, brand advertising and behavior change communication, new product introduction, innovating in product development, creating partnerships with private and public sectors, building staff capacity, and conducting research) for Protector condoms, Pilplan OCs, Injectaplan three-month injectable contraceptives, Clear 7 STD treatment kits, SmartNet insecticide treated nets, Vikela emergency contraception (ECP), and New Maama Clean Delivery Kit (CDK). The project has developed the communication campaign for an HIV Voluntary Counseling and Testing (VCT) project and is continuing with research on the feasibility of introducing malaria treatment kits. Clear 7 also was approved and given registration by the National Drug Authority in May 2002. Of note is that Clear 7 continues to be bought in huge numbers by the Uganda People's Defence Force.

The sales increase is attributable to a more aggressive marketing stance. Protector was heavily marketed in the southwest by the Choice of Champions World Cup promotional tour. A new SmartNet campaign also was launched and further contributed to increase sales. A good amount of effort has been directed towards launching the VCT Campaign (scheduled for late July 2002). Design concepts, radio ads, drama training, and memorandums of understanding with the AIDS Information Center, MOH, and local government officials also were also negotiated and signed to launch the VCT campaign.

A draft plan and budget for the malaria coupon program also was presented recently to USAID for approval. Work continued on the malaria treatment research as the data analysis for the anti-malarial distribution study was completed.

There was a steady increase on sales from a year ago during this reporting period, especially for SmartNet and Clear 7. Unfortunately, in May 2002, CMS/U was informed that the Solicitor General was of the opinion that Vikela was an abortifacient and should be removed from the market. Stocks for Vikela were about to expire, so it was decided to take Vikela off the market. While disappointed, CMS/U is working with USAID/U to explore future options for this important product.

The sales strategy was modified to include a more distributor-based focus (now with 8 distributors in the CMS network). Other changes included the hiring of two new salespersons. Other important events were the reducing in cost and size of the New Mamma Kit that has seen sales improve (price remains the same).

Table 7: Sales in Uganda

Product	Oct. 00 - June 01	Oct. 01 – June 02	Percent change/notes
Protector	5,056,548	7,861,920	+55
Injectaplan	346,060	386,290	+11.6
Pilplan	687,180	740,280	+7.7
SmartNet	21,777	59,820	+174
Clear 7	14,266	24,418	+71
Maama Kit		5,286	Launched Nov. 2001

RESEARCH

Other significant research plans took place. They included a contraceptive distribution study, an impact study of a revolving loan fund on the delivery of FP and reproductive health services by private sector midwives, Straight Talk School Visit Program Evaluation, and starting the CMS product tracking study and the malaria treatment provider-consumer interaction study.

NGO SUSTAINABILITY

CMS provides NGO sustainability TA including marketing assistance and management guidance to the Uganda Private Midwives Association (UPMA). CMS worked closely with UPMA to improve financial reporting and budgeting processes. CMS also counseled the organization on how to stem losses from Kansanga Health Centre by renting it out to earn rental income. UPMA has leased the building to a subgroup of committed midwives at a market rate rent.

CMS helped produce two quarterly newsletters over this period and published the first ever directory of UPMA members that is sold to the membership to generate income. CMS also completed training for regional representatives and officially reintroduced this program in which members provide facilitative support supervision visits to each other.

PROVIDER NETWORKS

Through PURSE, CMS works directly with private providers to enhance business skills, offer access to credit, and provide practice tools and advice. Through the Summa Foundation, CMS has developed a micro-loan program, the Uganda Private Health Providers Loan Fund. This program makes loans available to private clinics for the purchase of drugs, equipment, and renovations.

In addition, CMS conducted a business skills training program for 36 providers in Jinja and surrounding districts, as well as a separate training for 21 participants in Mbarara. CMS staff conducted follow up site visits to 37 clinics in the Jinja area that received business skills training two months after the training.

During this same period, CMS produced and distributed three issues of the Best Practices Bulletin. Featured topics included immunizations, FP outreach services, and community sensitization.

The Uganda Private Health Providers Loan Fund continued in a growth mode. The table below records the number and amount of loans made each month.

Table 8: Monthly Loan Activity, October 2001 – June 2002

Month	Number of Borrowers	Amount of Loans Disbursed (Ugshs)
October 2001	27	38,400,000
November	31	33,950,000
December	23	38,100,000
January 2002	38	45,650,000
February	44	77,750,000
March	35	32,550,000
April	35	48,000,000
May	44	62,100,000
June	34	45,000,000

Over the time period, 311 loans were made. Many borrowers are participating in the program for their second or third loan.

CMS collaborated with the DISH II project to make training in Integrated Management of Childhood Illnesses available to members of the Diamond Group. The Diamond Group is comprised of 50 private health providers that came together as a result of the business skills training program.

HEALTH FINANCING ALTERNATIVES

- **Uganda Health Cooperatives (UHC)**

CMS/Uganda continued providing assistance to 15 community-based health insurance schemes that are covering 2,500 enrollees.

The health cooperative grew in size with four new groups joining. Most important was the addition of two new groups from FINCA, a large micro-credit group in Uganda with 250,000 loan recipients. The FINCA/HealthPartners plan in Mukono District was launched in June 2002. UHC was able to install the Uganda Health Information System (UHS) that tracks health insurance clients at Bushenyi Medical Center and Ishaka Hospital.

- **Lacor/MUCH**

The Mothers Uplifting Child Health (MUCH) Project at Lacor Hospital was restarted in fall 2001. The objective of the project is to improve maternal and child health outcomes in Gulu District of Northern Uganda, where Lacor Hospital is located. This goal will be achieved through the packaging of maternal and child health services, implementing community financing options, and improving the management and operations of Lacor Hospital through management training and systems installations.

Since January 2002, 1,129 people have enrolled in the new Lacor Hospital Health Plan. The United States Ambassador, Martin Brennan, recently toured the health plan operation and hospital. The Uganda Health Information System (UHS) also was installed at Lacor. CMS and Health Partners staff made a presentation at a Lacor-based sustainability conference attended by officials from the Italian Embassy and Uganda Catholic Medical Bureau.

Three computers were also purchased for the new Navision computerized management system that tracks payroll, fixed assets and general ledger inputs in an integrated fashion. The Navision system was installed with appropriate training during the quarter. First rounds of data will be entered July 2002.

- **Mother Child Rescue Project (MCRP)**

CMS has set up an office in Buhweju sub-country, Bushenyi District to focus on the Igara Tea Growers who are the premium payers for the MCRP. A new taxi driver was contracted to provide radio-linked emergency services to the MCRP. At the same time, the radio network between the taxi driver, Buhweju satellite clinic, and Bushenyi Medical Center was strengthened.

SUMMA FOUNDATION

In addition to the Uganda Private Health Providers Loan Fund, CMS has identified other organizations that are interested in seeking larger loans through the Summa Foundation. These include two large private physician clinics and an NGO involved in adolescent health issues.

SYNERGIES BETWEEN ACTIVITIES: THE IN-NET PROGRAM

In collaboration with PSI/Europe and the Department for International Development, CMS has started a unique program combining sales of one of its social marketing products (SmartNet) to health plans that work with CMS.

In-Net sales for the period totaled approximately 2,500 nets to five providers that are now in the In-Net Program. In addition, posters, tee shirts, caps, and other promotional items were distributed to potential consumers. Parents of school children enrolled in almost 15 schools in the School Health Made Easy Program have been informed of the inexpensive manner in which to buy nets to protect their children through the In-net Program.

4.2.2 Asia/Near East

India

Program Description

The CMS program in India responds to IR 2.2, “increased use of family planning services.” under USAID/India’s Strategic Objective No. 2. “Reduced fertility and improved reproductive health in North India.” It also addresses IR 3.1, “Increased use of key child survival interventions,” under that Mission’s Strategic Objective No. 3, “Improved child survival and nutrition in selected areas of India.” The goal of the CMS Project in India is to increase supply and demand for temporary methods (OCs and condoms) of contraception devices and of WHO-formulation ORS through the commercial and private sector in urban and rural areas of Northern India.

Under the Innovations in Family Planning Services (IFPS) Project, CMS is providing TA to SIFPSA, a local NGO in Uttar Pradesh responsible for implementing the IFPS Project. SIFPSA is implementing a statewide rural social marketing program for OCs and condoms through a performance-based subcontract with Hindustan Latex Limited. As part of its TA to SIFPSA, CMS contracts out an ongoing, statewide contraceptive retail audit to measure these results and to assist USAID in development of IFPS performance benchmarks.

Under the Program for Advancement of Commercial Technology – Child and Reproductive Health (PACT-CRH) project, CMS supports the Goli Ke Hamjoli (Friends of the Pill) campaign in urban areas of four northern states and one union territory (Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh, and Delhi). The purpose of the campaign is to expand the market for low-dose OCs, thus encouraging pharmaceutical companies to take interest in a growing market. The mass media communication campaign is targeted at urban couples; the public relations activities are funded directly through ICICI under a contract with Ogilvy & Mather.

CMS provides the technical direction for the program, monitors its effectiveness, and serves as coordinator between ICICI, O&M, and the industry participants – Wyeth, Infar/Organon, and German Remedies/Schering. CMS also manages a field force to train and detail pharmacists and traditional doctors.

Also under the PACT-CRH Project, CMS India was requested to develop a campaign to increase the sales and use of the category of WHO-formulation ORS brands. With limited lead-time, CMS/India in early 2002 was able to launch a comprehensive generic social marketing campaign for ORS in urban areas of all eight states of North India, including Delhi. CMS enlisted the support of the Indian Academy of Pediatrics (IAP) to promote the use of WHO- ORS, which is the most effective formulation of ORS on the marketing in India (78 percent are non-WHO). ICICI under the PACT-CRH project contracted McCann Erickson for communications activities. Six leading ORS manufacturers agreed to join the campaign, with provisions for increased product detailing and distribution, use of a campaign logo and donation of samples as outlined in Memorandums of Understanding. CMS provides technical direction for the communications and PR campaign, supports all training and detailing of chemists and ISMP’s, and conducts the research needed to track distribution, sales and provider training.

Activities

PACT-CRH - GOLI KE HAMJOLI

As of the end of June 2002, CMS has trained 33,308 chemists (visiting approximately 21,000 outlets); 27,821 traditional doctors; and 6,707 beauticians in the eight states of northern India. Detailing teams are now in place in 26 towns, plus three teams for Delhi. Beauticians have been the most recent target group for this training, starting in late 2001. In March, a blitz program of detailing to beauticians distributed materials including consumer brochures, lists of free counseling doctors, posters, and Goli ke Hamjoli signs.

CMS began a new TV ad campaign in January, which will run in bursts through June 2002. The theme for this year of the campaign is The Benefits of OCs. The primary land TV channel eliminated social advertising rates, which will impact GkH when the advertising contract comes up for contract again in July. The impact of the new media campaign will be evaluated in a tracking survey in July.

Sales figures in recent months show a smaller increase than previous periods. Sales are still up 44 percent from the start of the project. It may be that the early adopters have already started the pill and later adopters will be harder to convince. Sales of commercial low-dose OC brands have grown by 22 percent. Growth of the commercial brands' share, in an already-expanding sales market, is the ideal result of this campaign, as it will lead to more investment from the industry. However, the subsidized brands, with their lower prices and donor funding for brand promotion, appear to be increasing faster than the commercial brand sales. The MOUs with commercial OC manufacturers ended in March 2002, but they are continuing to work with the program and have indicated their intention to continue. USAID and ICICI have agreed to extend the project for one last year and do a one-year contract with the ad agency. There will be a slight shift in focus to middle and higher income users to give one last push to the commercial market.

The program also pilot tested an outreach program through NGOs in three cities. Hamjoli (Friend) centers were established, from which local outreach workers for other projects began to counsel about OCs. The CMS team trained the outreach workers, while a division of O&M managed the project. While sales of one commercial brand, Bandhan of German Remedies, increased through this effort, the subsidized OC brands benefited even more. The project will look for other opportunities for consumer outreach, but to middle income consumers.

Public relations efforts have focused on Hindi print media and magazines. There have also been joint promotional efforts with the manufacturers to blue collar workers in factories, with some success. The free doctor counseling program continues with over 480 doctors in 18 cities and the program now has 20 prominent Ob-Gyn specialists in seven states acting as spokespeople for the project locally.

ORS

The Mission identified ORS social marketing as a priority activity for CMS, which CMS incorporated into its work plan. This campaign covers the same northern Indian states as the Goli ke Hamjoli OC campaign. CMS/India assisted ICICI under the PACT-CRH project to select and contract a major advertising and PR agency in time to develop and launch a campaign under a major time constraint. The advertising campaign was launched to coincide with the diarrhea season of April to September and used a unifying logo of WHO recommended ORS. Messages promoted the use of WHO ORS as soon as diarrhea begins and also showed how to mix the two sizes of sachets properly. The PR firm developed and placed over 204 articles on diarrhea

treatment and ORS and also staged a national launch event and four state events for a national ORS day. The Indian Academy of Pediatrics assisted with technical messages and support of local chapters.

The on-ground activities are proceeding extremely well. The participating ORS firms have expanded their distribution chains and detailed their brands to over 8,000 doctors each. Five of the six participating manufacturers have incorporated the campaign logo into their detailing materials and one has put it on their new packs. With over 150,000 samples donated by the firms, the CMS field staff has demonstrated the use and importance of WHO ORS to the 55,000 chemists and doctors who they regularly visit. Initial results of a mystery consumer contest show that over one-third of chemists contacted had WHO brands in stock and were able to recommend and instruct on how to use ORS for a mystery client with a child with diarrhea. As a final note of successful leverage of the private sector, Hindustan Levers through a joint promotion effort developed and printed 50,000 posters with WHO ORS messages for CMS field staff to distribute.

Total and WHO ORS sales are up significantly over 2001 and there is increased availability of WHO ORS brands. The participating firms have been enthusiastic about the campaign and have produced and distributed generic and brand materials at their expense. In the category of ORS, there are no subsidized products and the commercial sector is able to amply fulfill the role of providing affordable accessible ORS with the assistance of a generic campaign.

A tracking survey will be conducted in August 2002 and next year's campaign will be revised accordingly.

CONDOM DUAL PROTECTION CAMPAIGN

USAID, through the PACT-CRH project, asked CMS to develop a strategy for promotion of condoms for FP and protection from HIV/AIDS for North India. Meetings were held with potential commercial condom partner firms to discuss the needs of the commercial market. A review of sales for the last 4 years showed a market increase of 23 percent, but a degrowth of commercial brands, even in urban areas. A review of recent HIV/AIDS data and FP data and discussions with BBC World Trust who will be conducting a HIV awareness campaign have shown several areas where a new dual purpose condom campaign could provide a significant synergy to increase condom use. CMS developed a draft strategy for dual protection and then revised after discussions with USAID. The final strategy is now with the Mission and ICICI for further action. It is anticipated that there will be a campaign similar to Goli ke Hamjoli, but with major emphasis on increased condom accessibility.

IFPS

CMS provides technical advice to SIFPSA in managing its contract with HLL and also regularly monitors the growth of OC and condom sales in rural Uttar Pradesh. Recently, CMS contracted with an accounting firm in UP to conduct two audits of sales invoices of HLL to NGO's. CMS also was asked to perform a back check on the accuracy of the ORG village survey (July 2002). These serve as the basis for performance payments to marketing/distributor HLL and also to SIFPSA.

CMS led a marketing working group, including SIFPSA and USAID, to develop additional marketing activities for the IFPS project. The first to materialize is a pilot project to be implemented by PSI India in one division of the state. The three-year project will focus on rural marketing of OCs, condoms, ORS, disposable delivery kits, and IFA tablets. The innovative part

of the project will be the development of rural salespeople to market commercial health products to cross-subsidize distribution costs. CMS helped develop the contracting parameter.

All parties involved with this UP project, including CMS, are concerned with the lack of progress on key performance indicators. USAID and CAs met in late February to review performance findings and look for solutions. An extension of the IFPS project from 2002 to 2004 has been negotiated to allow sufficient time for SIFPSA to extend its activities to all districts in the state and for USAID to consider a possible redesign of its follow-on activities. The project extension also provided for activities in two new states – Uttaranchal and Jharkand. CMS has been assisting with development plans for private sector activities in these states. CMS presented the opportunities for private-public partnership at a policy workshop in Uttaranchal.

INJECTABLES

The concept of a pilot marketing project for injectables in one or more states has finally been approved. Under the new IFPS extension, the GOI will allow the launch of a pilot marketing of injectables through the private sector. CMS had developed a pilot project proposal for three cities in Madhya Pradesh, but these will most likely now be changed to Uttar Pradesh or one of the new states in IFPS. CMS conducted a demand estimation study of consumers, chemists and doctors for injectables in Uttar Pradesh. The results of this study show that there is a significant interest among consumers and providers in use of injectables, preferably Depoprovera. Key side effect concerns are of course spotting and amenorrhea. Price is not a major issue, but more consumers were willing to pay the lower prices. USAID has not presented this data to the MOH.

The design for the pilot project, MOU with Pharmacia or other firms, sites for the pilot and key contracts will be put in place in the next year.

Table 9: India Program Timetable

India - Key Activities	Implementation Timeline				Status	Comments
	Q1	Q2	Q3	Q4		
IFPS						
Develop final strategy and timeline to add products to rural UP	X				Completed	
Develop RFPs for geographic social marketing of OCs, condoms, ORS, delivery kits and IFA	X	X	X		Pending	SIFPSA has not yet agreed
Add ORS to statewide rural HLL contract	X				Pending	SIFPSA declined
Continue monitoring sales of OCs, condoms, and ORS statewide	X	X	X		Ongoing	
Design monitoring plan and baseline surveys for SIFPSA to monitor contracts		X			Completed	
Assist in selection, scope of work, and contracting for geographic multi-products social marketing		X			On-going	PSI completed, but others on hold pending SIFPSA agreement
Design and monitor benchmarks for USAID for IFPS regarding above and other activities			X		Completed	
PACT-CRH – Goli ke Hamjoli						
Develop workplan and strategy for communications Year 4	X				Completed	
Continue mass media TV advertising	X	X	X		Completed	
Conduct local outdoor advertising 20 cities	X	X	X		Completed	
Expand free doctor counseling to 25 cities	X	X			Completed	Stopped at 18 major cities
Launch GKH weeks in 27 cities	X	X	X		Finished	Limited to 18 major cities

India - Key Activities	Implementation Timeline				Status	Comments
	Q1	Q2	Q3	Q4		
Train beauty parlor staff in 27 cities	X	X			Completed	Trained 7,000 as of March 2002: then postponed to focus on ORS
Train remaining chemists and doctors in 27 cities	X	X	X		On-going	Trained 55,000 as of March 2002: further training postponed to focus ORS
Detail beauty parlors, chemists and doctors 27 cities	X	X	X		On-going	Both OC's and ORS
Coordinate with GKH pharmaceutical partners in brand promotion (their cost)	X	X	X		On-going	
Monitor sales of OCs	X	X	X		On-going	
Campaign tracking survey			X		On schedule	Results pending
PACT-CRH - New Initiatives						
<i>ORS</i>						
Assist ICICI select and contract ad agency	X				Completed	
Market research for communications development	X				Completed	
Develop and finalize MOUs with ORS firms	X	X			Completed	MOUs signed with six companies
Develop training program for chemists and doctors	X				Completed	
Launch ad and PR campaign		X	X		On schedule	Launched April
Train and detail chemists and doctors ORS		X	X		On schedule	Began late March and continues
Monitor ORS sales	X	X	X		On-going	
Communications tracking survey				X		
<i>Injectables</i>						All injectable activities are on hold, pending funding (from core, field support, or non-USAID source)
Review consumer and provider demand study		X			Completed	Pending USAID release
Develop work plan and budget with USAID			X		On-going	Revised
Develop and finalize MOUs with pharmaceutical firm(s)	X				Delayed	Delayed because funding just recently announced
Conduct communications and develop research	X	X			Delayed	
Perform national public relations and promotion to medical community	X	X	X	X	Delayed	
Pilot market training of doctors and chemists		X	X	X	Delayed	
Product distribution and detailing (pharma firm)		X	X	X	Delayed	
Local advertising of service points				X	Delayed	
Sales monitoring – local, North India, and national	X	X	X	X	Completed	
<i>Condoms for dual protection</i>						These activities are pending allocation of funding by USAID to both PACT-CRH and CMS projects.
Develop North India strategy	X				Completed	
Develop MOUs with condom firms		X	X		Discussed	
Conduct communications development research		X	X		Delayed	
Select an ad agency			X		Delayed	
Develop campaign and marketing activities				X	Delayed	
Monitor sales			X	X	Delayed	

Nepal

Program Description

The CMS program in Nepal contributes to USAID/Nepal's IR2.1, "Increased use of quality family planning services," under SO2, "Reduced fertility and improved MCH."

CMS's objectives in Nepal program have been to 1) expand access to FP services through networks of private providers, 2) strengthen the capacity of private sector institutions in providing family planning and reproductive health products and services, and 3) assist the Mission with planning social marketing programs for family planning promotion and HIV/AIDS Prevention.

Activities

SOCIAL MARKETING PROGRAM DEVELOPMENT ASSISTANCE

The most notable development during this reporting period was CMS's response to the Mission's request for TA with social marketing efforts in FP and HIV prevention. Following initial analysis of the environment, CMS consultants assisted the Mission by developing strategic plans for both areas and then undertaking a rapid and sizeable launch of the HIV prevention social marketing effort. Mission Field Support funded this work. The Mission requested CMS develop work plans and budgets for future years, with the understanding that the Mission would provide additional funds for considerably scaling up programs.

In February, after considerable development work by CMS consortium members (including the placement of a 2.5 month consultant on the ground and the recruitment and securing of a long-term resident advisor for social marketing), the Mission changed its mind and decided to program its future funding with AIDSMARK rather than CMS. CMS will expend the balance of Mission Field Support funds by September 2002.

PROVIDER NETWORKS

- PSSN Physicians Network

As noted in past reports, CMS has supported the promotion of a private provider network of doctors (PSSN) through subcontracts – initially with two advertising agencies, Prisma and Thompson-Nepal, and later just with Prisma. This network had been initiated by AVSC. Later, marketing support was requested of and provided by the SOMARC Project. CMS conducted an assessment of service statistics in 2001 that suggested the marketing of PSSN network doctors was having a limited effect on our efforts to generate an increase in FP visits to these doctors. As such, CMS has reduced funding for this effort to maintenance levels. CMS staff visited Nepal in October and met with the local subcontractors involved with implementing this activity. Based on these discussions, CMS has recommended to the Mission that it cease marketing support to this network following completion of the pending subcontracts in December 2001. The Mission agreed to this recommendation and CMS has followed through. The more significant factors affecting the performance of this network were the training and management oversight provided to the physicians by other CAs earlier in the initiative. When those inputs ended, the physicians became less engaged in the activities and objectives of the network and failed to maintain regular or accurate reporting of service statistics. The marketing efforts of CMS appeared to be unable to sway the response of providers or their services in the face of cessation of these other inputs.

- SEWA Nurses and Paramedics Network

During this reporting period, the SEWA Nurses and Paramedics Pilot Project continued its operations. Building on the lessons learned from the physicians network, CMS created this pilot network consisting of a branded network of nurses, paramedics, and midwives in one district (Rupandehi) of the country. CMS supported additional training in reproductive health and family planning to these providers; and then supplied promotion and management oversight. Approximately 70 providers are participating in this network.

The network provides an integrated package of reproductive health services, including family planning (OCs, injections, Norplant, IUDs, and referrals to PSSN for sterilization), antenatal care, STI management, and HIV/AIDS prevention. This project was conceived and designed in 2000, with a planned launch for the beginning of 2001 and completion in December 2001. A number of delays, however, prompted the timeline to be modified.

When CMS staff visited Nepal in October 2001, a revised timeline was developed and agreed to by the three subcontractors and the USAID Mission. The new timeline calls for the promotion to begin in October 2001, the midline assessment to be done in early March of 2002, and the completion of activities and conducting of the final assessment in late September/early October 2001, with the final report due in November 2002. The launch and promotion have held true to this new timeline. Marketing promotion began shortly thereafter, including local FM radio, print ads, billboards, and newsletters. A two-day Services Marketing training was conducted in January that was attended by 64 of the 70 providers. The midline assessment, which included the use of mystery clients to gain insights on provider quality and clients' satisfaction, has been completed and CMS are now discussing the results with local project partners.

Responsibility for the majority of implementation is with the Nepal Fertility Care Center (NFCC). Marketing activities were subcontracted to Prisma Advertising so that there is continuity with its earlier PSSN activities. Operations research (including conducting the baseline, midline, and final assessments) is being performed by CREHPA, a local Nepali social research organization. This research will provide information for decisions regarding possible revamping, scaling up, or replication when the pilot is complete. Implementation of this pilot project continues to be complicated and delayed by the civil unrest in Nepal.

NGO SUSTAINABILITY

During this reporting period CMS provided only limited and occasional TA to the local social marketing company, Contraceptive Retail Sales (CRS). Consultants and the newly fielded CMS Resident Advisor, who arrived in Kathmandu for continuous support beginning in early January, provided this TA.

Table 10: Nepal Program Timetable

Key Activities (by Technical Area)	Implementation Timeline			Comments
	Q1	Q2	Q3	
Promote services of PSSN doctors' network	X	X	X	Recommended ceasing further support of this activity. Support stopped 12/01.
Sign subcontract with advertising agency to promote nurse/paramedic network		X		Completed
Provide TA with FP and HIV social marketing program assessment and design.	X	X	X	Provided multiple ST consultancies; recruited and fielded two LT advisors.
Promote services of nurse/paramedic network	X	X	X	Start planned for July 2001; actual start was October 2001.
Complete training of providers	X			Training completed October 2001.

Key Activities (by Technical Area)	Implementation Timeline			Comments
	Q1	Q2	Q3	
Promote SEWA Network Providers	X	X	X	Promotion began October 2001, post-completion of training.
Implement pilot project	X	X	X	Original end date revised from December 2001 to October 2002
Conduct operations research		X		Baseline completed; midline underway; final assessment revised to October 2002.
Assist CRS with business operations and planning.	X	X	X	CMS provided limited and intermittent TA during reporting period.
Advise Mission on role and potential complement of CRS to national social marketing efforts.	X	X	X	Ongoing. CMS responds to occasional requests for TA on this matter.

Jordan

Program Description

The CMS program in Jordan contributes to USAID/Jordan's IR 3: Private Sector Family Planning Initiative, under Strategic Objective No. 3: Improved Access to and Quality of, Reproductive and Primary Healthcare. The main objective of the CMS Project in Jordan is to increase the use of high quality FP products and services. To achieve this objective CMS is implementing a number of activities aimed at increasing demand, and strengthening supply of high quality FP products and services.

On the demand side, the mass media advertising focuses on addressing method specific misconceptions, endorsement by religious figures, benefits of birth spacing etc. The door-to-door educational campaign targets women in low- income neighborhoods with the objectives of providing FP counseling, information on modern methods, and referral for services. The in-reach program that is being implemented in six hospitals employs counselors/social workers to contact women in the waiting rooms and wards and make FP referrals within the same facility.

The supply side interventions include training of pharmacists, and GPs, quality improvement program for pharmacies, agreements with pharmaceutical companies for promotion of OCs, and detailing of pharmacies/physicians.

Activities

Seventeen TV Public Service Announcement (PSA) spots have been broadcast over 250 times since May 2001. Production of another 10 humorous and five animated PSAs has been completed. An additional 13 animated PSAs are in production and seven PSAs addressing rumors will be produced this month.

Given the earlier success of door-to-door educational activities in low-income areas of East Amman (resulting in a 10 percent increase in CPR in that area), the initiative was scaled up to cover 30 percent of target population in Jordan.

MOUs on cost sharing of detailing expenses reached with Pharmacia for promotion of progestin only contraceptives. Detailing started in December 2001.

Over 1,316 of 1,472 targeted pharmacists have been trained to better counsel customers on contraception.

CMS subcontracted with a popular women's monthly magazine *Sharqiyat* to print articles on FP. Each article is reprinted (3,000 copies) for distribution to beauty salons, dormitories, women's associations/unions, and physicians' waiting rooms.

Quality assurance program for pharmacists was launched. Out of 375 pharmacies invited to participate in the pilot program, 361 agreed to participate. It was found that often times the pharmacist receives the training but it's actually the assistant who attends most of the clients at the pharmacy. To train the pharmacy staff on quality standards, the program employs two quality surveyors who conduct assessments of service quality and then provide in-store tutorials to correct errors. Initial results show an improvement in adherence to quality standards.

Hospital In-reach program expanded to five more hospitals bringing the total to six. As of June 2002, over 2,502 referrals had been made for different services including 639 referrals for family planning.

Table 11: Jordan Program Timetable

Key Activities (by Technical Area)	Implementation Timeline				Comments
	Q1	Q2	Q3	Q4	
Social Marketing					
Production of 7 TV spots		X	X		In-progress
Produce ten humorous spots		X			Completed
Air ten humorous spots			X	X	
Air ten animated spots			X	X	Pre-test completed
Broadcast TV spots		X	X	X	
Sign subcontract with Subeh (popular comedian) for script writing for a TV series on RH/ FP primary health care issues	X				Signed
Sign subcontract with CCA, GFJW, GUVS, and SCF for community-based health education		X			Completed
Implement door-door canvass and promotion. (CCA, GFJW, JUVS, SCF)		X	X	X	In-process
Implement in-reach activities in 6 hospitals		X	X	X	
Train pharmacists	X	X	X	X	1,316 of 1,472 pharmacists trained
Sign contracts/MOUs with Pharmacia		X			Signed
Medical Reps detailing to doctors		X	X	X	
Implement QA program in pharmacies		X	X	X	
Research					
Costing study of 4 providers in Amman	X				Completed
Audience testing of spots	X	X	X		
Complete media effectiveness survey				X	Completed

4.2.3 Latin America/Caribbean

Dominican Republic

Activities

The CMS program is to provide technical assistance supporting the Sustainability Initiative of four local NGOs: ADOPLAFAM, INSALUD, MUDE, and PROFAMILIA.

This support consists of developing sustainability plans, defining clear organizational structures and developing plans to diversify their funding base. In addition, from August 2001 through March 2002, CMS provided institutional and marketing TA to six HIV/AIDS NGOs.

TECHNICAL ASSISTANCE TO INCREASE ORGANIZATIONAL CAPACITY

During year four, the local CMS coordinator worked with two consultants to provide TA to MUDE and ADOPLAFAM. PROFAMILIA had already made the changes to its structure based on the CMS recommendations, so CMS decided to focus on the remaining two NGOs in year four. The TA consisted of reviewing the organizational structure of these NGOs, reviewing job responsibilities and position descriptions, and ensuring that the organizations were effective in carrying out their programs.

Another outcome of this TA was to assess the institutional capacity of the NGOs to determine whether they could market new health and hygiene products.

STUDY TOUR

In May 2002, two representatives from PROFAMILIA made a study tour of APROFE in Ecuador. The purpose of the study tour was for PROFAMILIA to observe how APROFE manages their endowment fund, their costing centers, and decentralized systems to accommodate clinics in other regions.

FEASIBILITY STUDY FOR SOCIAL MARKETING OF A MULTIVITAMIN

CMS contracted the research agency, AlConde, to carry out the feasibility study to evaluate the health need, demand, and target market for a variety of health, hygiene, and beauty products in the Dominican Republic. The principle findings of this study were that there were several hygiene products with market potential, but a great deal of capital, a distribution network and very skilled personnel are needed to compete with the recognized name brands. In addition, AlConde's recommendations emphasized that marketing health, hygiene and beauty products requires a great deal of institutional investment, especially financial capital, logistical support and transportation. Before embarking this endeavor, the NGOs need to be fully prepared and have enough financial capital to cover not only sales, but also promotion and P.R.

Based on the results of the exploratory study and the recommendations from the CMS staff member working closely with the two NGOs, CMS did not recommend that a full market study be conducted. The CMS Coordinator believed that the two NGOs needed to re-focus on ongoing projects and their own institutional development before attempting a project of even larger scope.

REVOLVING FUNDS FOR HIV/AIDS NGOS

The local CMS Coordinator worked closely with five HIV/AIDS NGOs to prepare them institutionally to be able to set up and manage a revolving fund. Although they appreciated the technical assistance in institutional and organizational capacity building, the NGOs did not want to set up revolving funds for their social marketing programs.

Although the NGOs were getting the condoms free of charge, the quality and the price were not competitive with the Pante condoms that people get from Haiti. Thus, the NGOs did not believe that they could make enough of a profit margin to merit setting up a revolving fund.

Furthermore, after working with the NGOs, the CMS Coordinator felt that they needed to change their accounting, MIS and reporting systems before they could manage a revolving fund. These recommendations were provided in writing to USAID/DR.

SUMMA CREDIT

The Summa Foundation contacted the NGO ADOPLAFAM regarding its interest in submitting a loan application, but the NGO decided to postpone this process until October 2002.

INVESTMENT FUND

USAID, based on a recommendation from CMS, set up an investment fund for new projects. During the first round, three NGOs presented proposals for projects that will increase their financial sustainability. USAID has not awarded any of the funds yet.

Table 12: Dominican Republic Program Timetable

Key Activities (by Technical Area)	Implementation Timeline			Status	Comments
	Q1	Q2	Q3		
NGO Sustainability					
Provide technical assistance to NGOs to increase organizational capacity		X	X	Completed	
Provide technical assistance to develop 5-Year strategic plans		X	X	In-process	
Study Tour			X	Completed	
Summa Fund					
Summa Foundation loan disbursed to MUDE				Completed	
Summa loan application received from PROFAMILIA		X		Delayed	It is very unlikely that Profamilia will request a summa loan
Summa loan application received from ADOPLAFAM		X		Decided not to apply	Since the investment fund has been established, ADOPLAFAM will try to get a grant rather than a loan
Social Marketing					
Perform a Distribution Study		X		Not completed	
Set up revolving funds with HIV/AIDS NGOs	*			T.A. Completed	
Conduct a Feasibility Study for social marketing of multivitamins		X		Completed	

* This activity was modified to include only institutional technical assistance to the NGOs. None of the six NGOs was prepared to set up revolving funds during this year.

Jamaica

Program Description

In response to research findings, CMS is implementing an integrated social marketing strategy in Jamaica that promotes abstinence, condom use and emergency contraceptive pills as sequential options for sexually active adolescents at-risk for STI/HIV infections and unwanted pregnancies. The CMS program in Jamaica will contribute directly to USAID/Kingston's

SO #3: Improved Reproductive Health for Youth

IR #1: Increased availability of reproductive health and HIV/AIDS/STI services –

IR #2: Improved knowledge and skills in reproductive health, contraception and HIV/STI prevention.

Activities

RESEARCH

CMS and the National Family Planning Board (NFPB) facilitated a joint research dissemination seminar involving representatives from the MOH, USAID, FHI, researchers, and stakeholders in adolescent reproductive health issues. The seminar provided a forum for the dissemination of findings from a number of research studies that could provide a framework for project planning, implementation and evaluation in the area of reproductive health, with a focus on youth. Seminar working groups used the research findings to examine their implications in programs that address family planning, STI/HIV/AIDS and adolescent reproductive health needs, with a focus on risk perception, behavior change interventions, and training as well as quality of care issues.

COMMUNICATIONS CAMPAIGN DEVELOPMENT

CMS contracted an advertising agency to develop and execute campaigns for the 1-2-3 behavior change communications strategies and dedicated ECP promotion strategy. The strategy will promote abstinence, condom use, and ECP use among sexually active adolescents. Several communications concepts were developed by the ad agency and approved for pre-testing by CMS. Pre-testing commenced in June among focus groups of adolescents ages 15 to 19 and parents and will be completed in July 2002. The pretest results will be analyzed and communications modifications will be made if necessary to prepare the campaign for launch. Prior to launch, CMS must gain MOH standards and regulations approval for (radio) broadcast advertising. CMS plans to launch the campaign by early August 2002.

PUBLIC AND PHARMACIST EDUCATIONAL SEMINARS

CMS sponsored a public seminar on adolescent reproductive health at the Medical Association of Jamaica's annual symposium in Kingston in June.

CMS secured one-and-a-half hours continuing education credit from the Jamaican Pharmacy Council for an educational session on ECPs for pharmacists. CMS conducted an educational seminar for pharmacists at the Pharmacist Society of Jamaica's annual retreat in early July 2002. The educational seminar included an adolescent reproductive health overview, government policy review (including the change of ECPs from prescription-only to "List II," which allows them to be dispensed by a pharmacist without a doctor's prescription), an ECP educational presentation, and information regarding the planned CMS campaign.

YOUTH OMNIBUS SURVEY

CMS developed questions and will participate in a youth omnibus survey (called “Youth Trak”) conducted by a local research firm. The survey will provide additional baseline data on youth attitudes and behavior for CMS program interventions. CMS plans to obtain tracking data through “Youth Trak” in the Fall 2002 in order to evaluate the impact of communications campaign. This survey will be conducted again in July 2003 for a final impact evaluation of the communications campaign after a year.

Table 13: Jamaica Program Timetable

Key Activities (by Technical Area)	Implementation Timeline			Status	Comments
	Q1	Q2	Q3		
Integrated Abstinence-Condom-ECP Youth Campaign					
Conduct Joint Research Dissemination Seminar	X			Completed	
Develop activities/work plan to, in partnership with private/commercial sector	X			Completed	
Contract advertising agency to develop communications campaign		X		Completed	
Design and develop training seminars for pharmacists			X	Completed	
Conduct Focus groups to test communications messages			X	Completed	
Develop baseline questions for omnibus survey				Completed	
Conduct baseline omnibus survey					July 2002
Develop and produce advertising and communications materials		X			
Finalize advertising and communications materials					July 2002
Obtain MOH approvals for advertising					July 2002
Launch campaign					Will be launched in July-August 2002

Nicaragua

Program Description

CMS completed the implementation of the Franchised Clinic Network Project in Nicaragua in December 2001. The project was implemented to contribute to USAID/Nicaragua's Special Objective, *Rapid Reconstruction and Sustainable Recovery in Mitch-Affected Areas*, by improving the health status of families impacted by Hurricane Mitch and increasing access to health services in those areas.

The overarching goal of delivering essential health care services through the private sector was achieved by CMS through the creation of a franchised, and largely self-financed network of six private sector clinics. The clinics currently offer high quality, low cost preventive and curative care to approximately 250,000 lower to middle income Nicaraguans who live in the Mitch-affected regions. The network of clinics was implemented in collaboration with PROFAMILIA, a Nicaraguan NGO that operates a network of clinics throughout the country, and which is the leading provider of family planning services in the country. The latest reports have shown the network as a whole to be 73 percent sustainable.

In addition, CMS was requested by PROFAMILIA and USAID/Nicaragua to provide additional assistance to help transition the remaining 10 PROFAMILIA clinics to the new model of operations. USAID/Nicaragua provided CMS with \$200,000 to implement this project during the latter part of years four and five of the project.

Activities

DOCUMENTING LESSONS LEARNED FROM TRANSITION OF ESTELI CLINIC

As one of the selected CMS sites, Esteli, was also a site with an existing PROFAMILIA clinic, CMS and PROFAMILIA agreed to transition this clinic to the CMS model. CMS constructed a new clinic in a different location from the old clinic, offering many more services in a totally different physical setting. The staff was transferred over from the original clinic and trained in the CMS model of service delivery, cost recovery, demand creation, monitoring and information management. CMS traveled to Nicaragua and interviewed the clinic staff to document the lessons learned from this transition. The other activities associated with the transition of the PROFAMILIA clinics will be completed in year five of the project.

Table 14: Nicaragua Program Timetable

Key Activities (by Technical Area)	Implementation Timeline			
	Q1	Q2	Q3	Year 5
Documentation of lessons learned from transition of first PROFAMILIA clinic to undergo transition (Esteli)			X	
Assessment of service delivery capacity of 10 PROFAMILIA clinics				X
Assessment of infrastructure and equipment capacity of 10 clinics				X
Assessment of medical personnel training in clinics				X
Information management, monitoring, and reporting systems in place at all clinics				X
Marketing plan completed for activities in 2003				X
Local partner, PROFAMILIA, will implement clinic sustainability strategies and systems according to technical assistance provided by CMS				X

4.3 Technical Assistance Activities

Bangladesh

At the request of the USAID/Dhaka Mission, CMS has provided TA to Social Marketing Company (SMC) in the areas of institutional restructuring and marketing management. SMC is a significant and long-time contributor of FP and health products and services in Bangladesh. The organization's sales and distribution reach has grown substantially over the years. Now, USAID, the long-time source of the contraceptives for SMC, hopes to move the organization towards greater organizational independence and sustainability. Additionally, the primary agreements within which SMC operates with the government, USAID and other donors will all require review within the next twelve months. Where and when possible, CMS hopes to collaborate with the DELIVER project to assist the Mission with the larger issues of contraceptive security that are complementary to this work with SMC.

During this reporting period CMS provided a consultant who worked with SMC leadership to develop an organizational restructuring strategy that would help move the organization into a structure more appropriate for these new expectations and environment. The restructuring strategy proposed by the CMS consultant was well received by the Mission and SMC Board. With that approval, the consultant will be working with SMC to facilitate the organizational changes.

In the upcoming year, the Mission has asked CMS for additional assistance to meet the challenging on-going and future needs of SMC. In response, CMS has initiated work with SMC on the following specific activities:

- develop a five-year strategic and business plan for SMC
- undertake market segmentation analyses to form a better understanding of current and potential brand development, pricing, feasibility analysis for new products etc.
- marketing training for SMC management as the organization gets more involved with the marketing of less/non-subsidized products in the commercial sector

Paraguay

Since October 2001, CMS has been providing TA to a local Paraguayan NGO, PROMESA. The CMS TA is designed to promote long-term sustainability in PROMESA and thereby increase access to information and education regarding reproductive health issues, as well as increase demand for reproductive health products and services. By making this local NGO more viable and stimulating the private sector in Paraguay, CMS believes this project will contribute to improving reproductive health in the country.

Activities

A local sustainability coordinator working for CMS was recruited and hired in December 2001. CMS and the local coordinator work together to implement the strategy that has included the following activities:

DIVERSIFICATION OF SOURCES OF REVENUE AND DONORS

After CMS provided a fundraising workshop to PROMESA and other NGOs, PROMESA has succeeded in obtaining four grants (worth \$121,700), and has two other contracts pending (worth \$90,000). The CMS Coordinator and the Executive Director of PROMESA have worked together to diversify their funding base. PROMESA has networked with local companies and organizations and obtained one grant through this process.

SUSTAINABILITY PLANNING

CMS provided in-country TA to PROMESA that included working with the executive director of PROMESA to revise the emergency plan to include scenarios that would increase PROMESA's sustainability. These scenarios were presented to the board of directors and USAID.

The challenge for CMS through June 2002 was to ensure that PROMESA implemented the Emergency Plan and put into place immediate cost containment measures. These measures included changes to the personnel policies and structure, elimination of certain personnel positions, and implementation of a resource mobilization strategy to obtain funding from donors besides USAID. Specifically, PROMESA accomplished the following:

- relocate offices to less expensive locale
- reduce number of vehicles available for office use
- reduce number of staff members to only those who are essential to income generating projects (20 percent decrease)
- standardize salary system so that employees are paid by level of position
- reduce all salaries by 40 percent, but in gradual increments
- reduce overall costs by 18 percent

In addition the TA mentioned above, CMS works closely with PROMESA with overall strategic planning, monitoring their cash flow, and assisting them with proposal writing. Despite the budgeting and cash flow challenges that PROMESA has faced, the NGO managed to have some significant successes:

- PROMESA founded the Network of NGOs working with HIV/AIDS in Paraguay
- "Arte y Parte" was selected among thousands of projects to present at the International AIDS Conference in Barcelona
- PROMESA presented the 2001 KAP Survey at the II Congreso Latinoamericano de Salud Sexual y Reproductiva
- PROMESA is the only Paraguayan NGO to be part of the Iberoamerican Health Marketing Network

Peru

USAID/Peru approached CMS in March 2002 and requested marketing TA to the MaxSalud clinic in Lambayeque. CMS developed a scope of work and identified a consultant who will provide the TA in August 2002.

4.4 New Country Programs

Philippines

Program Description

The CMS program in the Philippines responds to IR 3.3 “increased private sector provision of contraceptives and FP/MCH services” under USAID/Philippines’

SO No. 3: Reduced fertility rate and improved MCH

Activities

Prior to February 2002, CMS’s work in the Philippines was intermittent and limited to specific technical assistance activities requested by USAID/Philippines. In February that Mission requested CMS conduct a comprehensive private sector assessment. Three CMS professional staff visited the Philippines for this assessment and provided the Mission with a full private sector assessment report shortly thereafter.

Subsequent to this Assessment, CMS received \$900,000 of new Field Support funds from USAID/Philippines for new initiatives. The Mission has expressed interest in CMS assisting it with the following general topics:

- developing a contraceptive security (CS) action plan
- managing implementation of the CS plan
- increasing demand for private sector family planning
- increasing the supply of providers and services
- improving the environment for private sector provision of family planning services.

At the end of this reporting period, the Mission had begun to provide some details on the one topic it presented as of most immediate concern, developing the CS action plan and CMS staff have begun to develop a work plan in response. CMS and Mission staff will address the other topics later in the upcoming year. The Mission notes it has made a new and expanded commitment to engaging with the private sector to expand its role in helping meet the country’s family planning needs. Indicative of this, the Mission reports it will likely provide a total of \$1.8 million over the next two years for private sector work.

Timetable

The one CMS project activity that took place during this reporting period was the private sector country assessment, that took place during the second half of February 2002 and the writing and submission of the assessment report, one month later.

5.0 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 an emphasis on RP and reproductive health.

5.1 Goals for Year Four

The primary goal for year four is to continue the implementation and monitoring of existing investments and to submit three new investments for approval. Consequently, during year four, the Summa team's activities have been focused on achieving this goal.

5.2 Activities and Tasks

Summa's main activities fall into six categories:

- new investments
- investments management
- management of corpus
- technical assistance
- research and education
- institutional structure
- new investments

Tasks under the new investments activity are geared towards expanding the pipeline of investment opportunities and appraising those that have been identified. Summa has an investment pipeline of more than 35 opportunities. The specific goals and accomplishments to date under the new investments activity include

Opportunity Identification

Conduct at least four project identification trips

The Summa Foundation conducted eight project identification trips to Uganda; Ghana; Nicaragua; Kenya; South Africa and a regional assessment trip to Ukraine, the Balkan, and the Baltic Countries.

Regular follow-up with CMS Country Teams

The Summa team worked with CMS representatives in Uganda, Ghana, Nicaragua, the Dominican Republic, and Morocco to identify potential opportunities. In addition, Summa worked with CMS' regional managers to follow-up on potential opportunities in Ghana, Uganda, South Africa, and Nicaragua.

Provide information to and hold discussions with USAID missions and USAID/Washington

The Summa Foundation held meetings and/or briefings with representatives of USAID/ Nicaragua, Uganda, Kenya, South Africa and Ghana. During this time, Summa also initiated

contact and discussions with USAID/Bolivia and the Philippines. Summa plans to continue to inform USAID/Washington and missions about its work through presentations, dissemination of technical and research documents, and information on its website.

Expand contacts with potential co-funders/collaborators

Summa was very active in its marketing efforts. Summa conducted meetings and presentations with the following organizations and projects:

- presentation to the Advanced Africa Project
- presentation to the Youth Net Project
- presentation to network of NGOs in Paraguay
- presentation at PSI's Francophone Africa Retreat
- meeting with Development Finance International
- meeting with PSI's Franchising Team
- presentation to Bay International Group in San Francisco
- meeting with PROCOSI and PROSALUD in Bolivia
- presentation to Abt Associates' ILA Group
- meeting with Fonemed
- presentation to USAID's Bureau of Global Health
- meeting with the Mozambique Foundation
- meeting with Johns Hopkins International
- meeting with IPPF's Endowment Fund for Sustainability
- meeting with Frontier Finance International
- meeting with IPPF Affiliate in Ghana

Appraisal

Initiate appraisal of at least five investment opportunities

Summa initiated appraisals of nine investment opportunities. These opportunities are located in Uganda (four potential borrowers), Nicaragua (three potential borrowers), South Africa, and Ghana.

Conduct Appraisal Trips

Appraisal trips are conducted for investments that have high potential for approval. Year four, appraisal trips were conducted in Ghana, Uganda, South Africa, and Nicaragua.

Approval

Submit three investments to USAID for approval

Summa submitted five investments for approval, including loans to Mujeres en Desarrollo Dominicana (MUDE), C&J Medicare in Ghana, SuMedico and Salud Integral in Nicaragua, and Benba Enterprises in Uganda. MUDE and C&J Medicare have been approved and disbursed.

Investments Management

Investments management includes implementing newly approved investments, managing current ones, monitoring them, and reporting the outcomes and success to USAID. The Summa Foundation has nine approved investments and eight outstanding ones. Specific tasks for approved investments include:

Loan Closing and Disbursal

Summa closed and disbursed three investments (including MUDE, ICAS, BMC and C&J Medicare), disbursed the remaining funds to the Clinica San Pablo, and continued disbursing the Loan Fund to the Uganda Private Providers.

Logistical Support and Supervision

Summa provided logistical support and supervision to close and implement its new investments. Specifically, the Uganda Private Providers Loan Fund required a significant amount of program management support to coordinate partners and training. The loan in Peru required multiple disbursals and the monitoring of construction of a new clinic.

Monitoring and evaluation

Monitoring and/or evaluation plans for each investment are designed during the appraisal process and appropriate systems are implemented after a loan is closed. Summa collects and reviews financial and health data from each borrower. This information is condensed and submitted to USAID semi-annually in a monitoring report. In October 2001 and May 2002, Summa submitted monitoring and evaluation reports to USAID. During year four, monitoring visits were conducted in Ghana, Nicaragua, and Uganda.

Technical Assistance

In addition to financing, the Summa Foundation also provides TA to its borrowers to ensure the success of a project. Specific tasks under the TA activity include:

Provide investment related TA to at least two approved investments

CMS/Uganda continued to implement the training program in basic business skills as part of Summa's Uganda Private Providers Loan Fund. During the year, over 100 providers were trained in six districts of Uganda, including Kampala, Jinja, Iganga, Mukono, Mayuge, and Kamuli. During year four, Summa continued to coordinate TA in sustainability to RHAC, planned TA to C&J Medicare to increase corporate coverage of FP services, and supplied TA in implementing family planning and VCT programs. Summa also conducted an assessment of the Cry for the World Foundation (CFW) in Kenya and provided TA in financial sustainability, strategic planning, and feasibility of implementing a microfinance program.

Provide TA to all potential borrowers

The Summa Foundation provided TA to various potential borrowers, including C&J Medicare in Ghana and four private providers in Uganda. In addition, in January 2002, Summa participated in an assessment trip to Nicaragua to develop a potential CMS new initiative with the Nicaraguan Social Security Institute (INSS). During the assessment, Summa provided TA to nine private providers on business planning, cash flow forecasting, and completing Summa's loan application.

Conduct workshops for potential borrowers

In December 2001, the Summa Foundation, in collaboration with the International Finance Corporation, conducted a workshop entitled "Financing Options for Private Healthcare in Emerging Markets" as part of the International Summit on the Private Health Sector.

Research and Education

The Summa Foundation undertakes research and education activities to increase knowledge about how financing can be used to support positive public health outcomes. Summa disseminates this information to USAID/GPHN, USAID missions, CAs, and the broader public health community. During year four, Summa conducted the following activities:

Continue to prepare case studies for publication

In Year Three, an outside consultant prepared and submitted two cases studies on AAR Health Services in Kenya and the Indonesian Midwives Loan Fund to peer-reviewed journals for publication. Summa continues to collaborate with the consultant to make final edits.

Global research

Summa continues to work with CMS research in the design of a global research study on Summa investments.

Prepare research reports

Summa continues to work with CMS/Uganda in preparing reports based on findings from client exit interviews conducted in Uganda as part of the Uganda Private Providers Loan Fund.

Continue to develop Summa website

Summa continues to assist the CMS communications team in updating and improving the Summa website.

Participate in conferences

The Summa Foundation participated in the Annual International Summit on the Private Health Sector held in Florida. Summa also took part in the Small Enterprise Education and Promotion Network (SEEP) annual meeting (which focused on HIV/AIDS and micro enterprise development) and in USAID's seminar on the Development Credit Alliance program. The Summa Foundation presented an abstract at the Global Health Conference in May 2002.

Prepare private sector tools

In February 2002, Summa published the *Business Handbook for Private Health Providers*. This handbook is designed as a tool for providing training to private health providers (such as midwives, nurses, and doctors) who operate small clinics and have limited business skills.

Summa is disseminating this handbook to CMS country programs and exploring ways to replicate the training. Summa prepared and disseminated an Investment Profile of the loan to Reproductive Health Association of Cambodia (RHAC).

Institutional Structure

Summa continued to follow USAID's guidance on the institutional structure of the foundation. The following task was completed:

Follow-up to submission of 501 C (3) Application

In Year Three, the Summa Foundation submitted an application to the Internal Revenue Service (IRS) to change its legal status from a 501c(4) to 501c(3) organization in order to accept tax-free contributions. The application was accepted and Summa was granted 501(c)3 status as a publicly supported organization under an advanced ruling period that will be reviewed again on September 30, 2005.

6.0 Research, Monitoring and Evaluation

CMS is on schedule with the majority of its monitoring, evaluation, and research activities.

With respect to results monitoring, the follow-up survey to monitor the impact of Summa loans to midwives in Uganda was completed, the mid-term client exit interviews to monitor the quality and use of provider network services in Nepal was completed, the fifth round of the tracking survey in India was completed, and the baseline survey in Senegal is near completion. Other country-specific core indicators are being monitored, as described in Appendix A.

In terms of global research, CMS finalized three global studies on contraceptive security and the study on prior use of MCH services on FP use. CMS also produced a second draft of the services marketing study and a first draft of the study of the impact of RH Health Insurance Coverage. The status of each global study is summarized in the tables that follow.

Last, with respect to impact assessment, CMS completed the study on the impact of behavior change communications on FP use in India and anticipates publishing the final report in the first quarter of year five. CMS has also completed a first draft report on the impact of micro-enterprise loans to private midwives in Uganda. Details regarding the status of these and other impact assessments are provided in the following table.

6.1 Impact Assessments

The following table summarizes progress on the development of four planned impact assessment studies.

Table 15: Impact Assessment Studies

Planned Assessments	Progress
Impact of Behavior Change on FP Use: India	Completed. Anticipate publication in 1 st quarter of Year 5.
The Impact of Micro Enterprise Loans to Private Midwives in Uganda	Draft report completed. Final report anticipated in 1 st quarter of Year 5.
The Impact of CMS-Supported Clinic Network in Nicaragua	Baseline data received in October 2001. Report writing was delayed due to LAC/RME staffing changes. The new LAC/RME manager completed review of the data set in March 2002. The local research firm was subsequently asked to do minor data cleaning, which was completed in May 2002. A baseline report will be available in the 1 st quarter of Year 5. A follow-up survey is planned for the 1 st quarter of Year 5.
The Impact of CMS-Sponsored Nurse and Paramedic Network	The implementation of CMS program activities (e.g., training and marketing) is behind schedule due to interruptions caused by political unrest in the country. Therefore the follow-up survey has been delayed until the 1 st quarter of Year 5.

Global Research

In this section, progress on each of the global studies is summarized.

The Impact of Prior Use of MCH Services on Family Planning Use

Using data from the Demographic and Health Surveys (DHS), this study examines the association between prior use of MCH services and current family planning use in five countries: Morocco, Tanzania, Bolivia, Guatemala, and Indonesia.

Present results for Bolivia and Guatemala at American Public Health Association (APHA) (1 st Quarter of Year 4)	Completed
Finalize results for Indonesia (1 st Quarter)	Completed
Complete first draft of entire study (1 st Quarter)	Completed
Complete final draft of entire study (2 nd Quarter)	Completed. Scheduled for publication in the 1 st quarter of Year 5.

Moving Beyond the Four “Ps:” Emerging Lessons in Reproductive Health Services Marketing

This study synthesizes published findings related to best practices in reproductive health services marketing, drawing on the experiences of developed and developing countries.

Planned Activities	Progress
A final draft was planned for 1 st quarter	A second draft was completed in the 3rd quarter. CMS will add three case studies offering lessons learned about services marketing in developing countries. A final draft is expected in the 1 st quarter of Year 5, with the completed report to follow in the 2 nd quarter.

What Influences the Private Provision of Contraceptives?

This study presents case studies of five countries and cross-national regression analyses to identify factors that contribute to private sector share in contraceptive provision. Understanding these factors will aid policy makers in their efforts to meet contraceptive security challenges by encouraging greater private sector participation.

Planned Activities	Progress
This paper was completed in September 2001. CMS planned to produce a condensed version of the paper by the end of the 1 st quarter of Year 4.	Condensed version completed during the 1 st quarter and published during the 2 nd quarter.

Broadening Commercial Sector Participation in Reproductive Health: The Role of Public Sector Prices on Markets for Oral Contraceptives

This paper focuses on OCs and addresses whether the commercial sector would be capable of serving some of the users currently receiving their supplies from the public sector. A variety of published reports and data sources are examined, including national demographic surveys and commercial pharmaceutical market surveys.

Planned Activities	Progress
Complete draft in September 2001. Produce final version of the paper by the end of the 1 st quarter of Year 4.	Final draft completed in 1 st quarter and published in the 2 nd quarter.

How Much is Enough? Estimating Requirements for Subsidized Contraceptives

Using data from Demographic and Health Surveys for 10 countries, this paper provides an alternative perspective to Ross et al.’s (1999) recent estimate of the need for donated OCs and condoms. The paper takes into account the possibility that public sector and social marketing programs can be encouraged to better target distribution of public sector and other donated supplies to those most in need. The paper also demonstrates the extent to which the commercial sector’s potential to meet contraceptive needs may be better tapped if distribution of subsidized products were better targeted to the poor and the near poor.

Planned Activities	Progress
Complete draft in September 2001. Produce final version of the paper by the end of the 1 st quarter of Year 4.	Final draft completed during the 1 st quarter and published during the 2 nd quarter.

The Role of Provider Networks in Increasing Reproductive Health Service Access and the Quality

This paper examines the strengths and limitations of different provider network models, including the approaches that CMS has used in Nicaragua and Nepal, for increasing reproductive health service access and quality. The paper will contribute to refining CMS's existing networks in Nicaragua and Nepal and inform the development of future provider networks.

Planned Activities	Progress
Complete literature review (1 st quarter)	Delayed until 2 nd quarter of Year 5, in part due to LAC/RME staffing changes.
Analyze baseline data from Nepal and Nicaragua (1 st quarter)	Analysis of baseline data for both countries will be completed by the 1 st quarter of Year 5. Follow-up surveys for both countries are scheduled for 1 st quarter of Year 5. Analysis of all data should be completed by 2 nd quarter of Year 5.
Draft of selected sections (3 rd quarter)	Draft report due 3 rd quarter of Year 5.

The Impact of Development Loans on the Delivery and Sustainability of Reproductive Health Services in Developing Countries: CMS Experience in Uganda, Peru, and Cambodia

This paper presents three country case studies of the impact of development loans to expand and increase the quality and viability of reproductive health services offered by members of the Uganda Private Midwife Association, the Clinic San Pablo in Peru, and the Reproductive Health Association of Cambodia. Although originally organizations in Ghana and Nicaragua were under consideration as case studies, programs in Peru and Cambodia have replaced them.

Planned Activities	Progress
Complete literature review (1 st quarter)	Completed in 3 rd quarter.
Analysis of baseline and follow-up client exit interviews for Uganda (2 nd quarter)	Expected completion in 1 st quarter of Year 5.
Baseline data collection for Peru (2 nd quarter)	Programmed for 2 nd quarter of Year 5.
Follow-up data collection for Peru	Scheduled for 4 th quarter in Year 5.
Analysis of Peruvian data	Scheduled for 4 th quarter in Year 5.
Collect clinic-based data for Cambodia	Programmed for 1 st , 2 nd and 3 rd quarters in Year 5.
Analysis of clinic data for Cambodia	Programmed for 4 th quarter in Year 5.

Meeting the Needs of Adolescents through the Private Sector

Existing research suggests that adolescents prefer to obtain reproductive health products from the private sector. Using data from the demographic and health surveys, CMS consumer and provider surveys in Jamaica, and PSI's KAP surveys, this study examines reasons for preferring the private sector, barriers to greater private sector use, and differences between boys and girls and younger and older adolescents in their use of the private sector.

Planned Activities	Progress
Complete literature review (1 st quarter)	Completed
Analysis of data (2 nd quarter)	Completed
First draft completed (3 rd quarter)	Planned for 1st quarter of Year 5.

Does Including RH Coverage in Private Health Insurance Increase the Use of RH Products and Services?

Health insurance has the potential to increase the use of high quality RH products and services in developing countries by reducing financial barriers for clients and potential clients. This research will first review existing evidence regarding the impact of removing financial barriers to clients or potential clients on RH service use. Using case studies, it will then address the specific question of whether health insurance mechanisms in developing countries remove financial

barriers enough to significantly alter RH utilization patterns. AAR Health Services in Kenya and Healthsaver in the Philippines have been identified as potential cases. In addition, DHS data for selected countries will be used to explore the potential relationship between insurance schemes that include family planning benefits and reported use of FP methods.

Planned Activities	Progress
Complete literature review (1 st quarter)	Completed
Identify case studies (1 st quarter)	Completed
Analysis of data (2 nd quarter)	Scheduled for 1 st and 2 nd quarters of Year 5
Final draft completed (3 rd quarter)	Expected completion in 3 rd quarter of Year 5

Growing the Market after FP Product Sales Plateau: An Assessment of Approaches

Most product brands, whether socially marketed or commercial, go through a well-recognized product life cycle of growth and stabilization or even decline. Social marketers rely on a variety of tools to reverse sales declines or grow the market after sales plateau, including the introduction of new brands and the re-positioning of old brands. However, there is little published evidence of the success or limitations of these various strategies. This research will present case studies of different strategies for overcoming sales decline or plateau. CMS has identified two appropriate cases for the study. These are CMS' experience with moving beyond sales stagnation in India and PSI's experience with brand repositioning in Nigeria. Experiences of social marketing organizations in Bangladesh and Zambia are under consideration for a third case.

Planned Activities	Progress
Complete literature review (2 nd quarter)	Completed
Identify case studies (2 nd quarter)	Two have been identified; a third case will be identified by the 1 st quarter of Year 5.
Complete Nigeria case study	Planned for 1 st quarter of Year 5.
Complete India case study	Planned for 2 nd quarter of Year 5.
Complete third case study	Planned for 2 nd quarter of Year 5.
Summary report completed	Due 3 rd quarter of Year 5.

Perceived vs. Technical Quality in Reproductive Health Care in Developing Countries: Private and Public Sector Differences

One of the paradoxes in health service delivery is that clients frequently state that private and NGO services are preferable to public services because they offer higher quality of services, but empirical research does not validate this perception. Underlying this paradox are differing definitions of quality. Various studies have indicated the importance of interpersonal behavior and communication, issues related to access and a priori expectations in clients definitions of quality while the medical definition is centered on service protocols and other "technical" issues.

CMS will study these issues, comparing perceived quality to technical quality in both the public and private sectors (using primary and secondary data). The results of the study will enable CMS to develop interventions in two key areas: the implementation of quality assurance programs for the private sector and the development of private provider models that build on the capital inherent in the public's perceptions of the private sector.

Planned Activities	Progress
Develop scope of work for the study (1 st quarter)	Completed
Complete literature review	Completed

(2 nd quarter)	
First draft completed (3 rd quarter)	More extensive primary data collection will be needed to complete this study than originally envisioned. Therefore the completion date for this study has been re-scheduled for the 3 rd quarter of Year 5.

Marketing Emergency Contraception: Lessons Learned

CMS is providing TA in Cameroon and Jamaica to market emergency contraception. The focus of technical assistance in countries is on ensuring availability of the product, accurate provider knowledge about the product, and supportive provider attitudes. This study will present related results and place them in the context of findings from previous studies.

Planned Activities	Progress
Develop scope of work for the study (1 st quarter)	Completed
Complete literature review (2 nd quarter)	On-going
Collect data -- Cameroon (2 nd quarter)	Survey in the field.
Collect data -- Jamaica (2 nd quarter)	Scheduled for 1 st quarter of Year 5.

The Role of Context and Long Term Objectives in Determining Appropriate Models for Social Marketing

In addition to the aforementioned twelve studies, CMS began another global study during the 2nd quarter of year four: "The Role of Context and Long Term Objectives in Determining Appropriate Models for Social Marketing." This study was included on CMS' research agenda, but was not included in the year four work plan because of uncertainty about the availability of selected authors.

Planned Activities	Progress
Complete literature review	Completed
Collect data	Programmed for 2 nd quarter of Year 5.
Final report	Expected to be completed by 3 rd quarter of Year 5.

6.2 Country Research Support

Appendix B provides details on country research supported through core staff time and direction.

7.0 Communications and Dissemination

In year four, communications disseminated project information and publications using a combination of meetings, presentations, electronic media, and traditional mail. To support our dissemination efforts, we developed articles that distilled and documented CMS's achievements and research findings – with a focus on promoting the role of the private sector in addressing cross-cutting reproductive health issues.

7.1 Activities and Deliverables

Meetings and Presentations

CMS increased its use of meetings and presentations as a tool for disseminating the project's achievements and findings to USAID and CAs. The following is a list of meetings and presentations held in Year Four.

Presentations to USAID

- November 2001, presentation to USAID/Washington, Ruth Berg, *Expanding the OC Market in North India: Mid Project Results*
- November 2001, presentation to USAID, CAs, and other stakeholders at the Common Assessment Framework Meeting in Washington, DC, Susan Scribner, *The Policy Process for Contraceptive Security*
- December 2001, presentation to USAID/Jamaica, Kelly Wolfe, *Condom Needs Among Jamaican Youth*
- December 2001, presentation to USAID/Ghana, Eben Aryee, *CMS's Role in the Workplace — HIV/AIDS Activities in Ghana*
- December 2001, *Segmenting Markets to Maximize Contraceptive Security* — one-day conference at the National Press Club in Washington, DC, for USAID and CAs (co-hosted with John Snow's DELIVER project). In addition to hosting the conference, CMS made three presentations
 - *Commercial Market Strategies and its Contribution to Contraceptive Security*, Lizann Prosser
 - *Segmentation Theory and its Use in Policy Making*, Susan Scribner
 - *Forum: Private Sector Perspective*, Françoise Armand and Vicky Baird (moderator)
- January 2002, presentation to USAID/Washington, Pilar Sebastian, *Overview of the PROFAMILIA Clinics in Nicaragua*
- February 2002, presentation to USAID/Washington, Mohamed Oubnichou, *Group Practice Activities in Morocco*
- March 2002, presentation to USAID/Washington, Amy Javaid, *Funding for the Future? Lessons from the Past: A review of USAID Dollar-Denominated Endowments*
- May 2002, presentation to the USAID/Washington, Dana Hovig, *Overview of the Green Star Franchise Network in Pakistan*

- June 2002, presentation to USAID/Washington, Françoise Armand, Engaging the Private Sector in Turkey: Can Public-Private Partnerships Help Achieve Contraceptive Security?
- June 2002, presentation to the USAID/Washington Pakistan work group, Kevin Kingsfield, *Overview of the Key Social Marketing Program in Pakistan*
- June 2002, presentation to USAID/Washington, Dan O'Brien, Understanding Commercial Sector Models for Corporate Social Responsibility
- April 2002, presentation at MAQ Mini-University, Rita Leavell

Other Presentations

- November 2001, Common Assessment Framework (CAF) for Contraceptive and Reproductive Health Commodity Security Workshop, Washington, DC, Susan Scribner, *Policy Process for Contraceptive Security*
- December 2001, workshop at International Summit on the Private Health Sector, Miami, FL, Meaghan Smith and Carlos Carrazana, *Financing Options for Private Health Care in Emerging Markets*
- January 2002, presentation to the Bay Area International Group (BIG), San Francisco, CA, Alvaro Monroy and Barbara Addy, *The Private Sector and Health Impact*
- March 2002, presentation to Schering/CELSAM, Cancun, Mexico, Kelly Wolfe, *Partnership Opportunities Between CMS and CELSAM*
- April 2002, presentation to CELSAM Mexico (audience also included representatives from the Mexican MOH and Social Security, as well as the UNFPA) Zacatecas, Mexico, Kelly Wolfe, *Youth-Friendly Pharmacies*
- April 2002, presentation to Population Action International, Washington, DC, Susan Scribner and Françoise Armand, Private Sector Role in Securing Reproductive Health Supplies: How the Commercial Market Strategies Project Can Contribute
- June 2002, presentation to the SPARHCS (Contraceptive Security) committee, Washington, DC, Susan Scribner, Private Sector Role in Securing Reproductive Health Supplies: How The Commercial Market Strategies Project Can Contribute

Technical Meeting

In June 2002, CMS hosted a technical meeting entitled *What Drives Quality of Care in the Private Sector?* The purpose of the meeting was to share information about quality of care in the private sector and present examples of various approaches being used by CMS and other organizations to institute and monitor quality improvement.

Speakers and topics included

- Duff Gillespie (USAID), Lizann Prosser, Barbara Jones (opening remarks)
- Client Rights and Provider Needs: A Quality of Care Framework. Erin Mielke, EngenderHealth
- Private vs. Public Sector Quality of Care: What Do We Really Know? Ruth Berg, CMS/Washington

- Quality in Private Sector Services: The Goli Ke Hamjoli Program, North India 1998–2002. Dr Rita Leavell, CMS/India
- The Gold Star Quality Program in Egypt: Symbols, Strategies, and Other Lessons Learned in Breaking the CPR Plateau. Gary Saffitz, JHUCCP
- Quality Assurance in Private Pharmacies in Jordan. Hanan Sbouh, CMS/Jordan
- Twelve Ways to Improve Private Sector Quality and Access. Jim Shelton, USAID
- Experience with Accreditation and Standardization to Promote Quality in the Marie Stopes Partnership. Claire Morris, Marie Stopes International
- A Nurse-Midwife Peer Review Process to Promote Quality in Uganda. Beth Fischer, CMS/Uganda
- Going for Gold: South Africa's Approach to Quality Adolescent Health Services. Dr Diana Silimperi, Quality Assurance Project

Conferences: Global Health and APHA

In October 2001, CMS attended the APHA Conference in Atlanta and made four presentations:

- Does Contact with MCH Services Lead to Subsequent Contraceptive Utilization? Evidence from Bolivia and Guatemala, David R Hotchkiss
- Are private general practitioners being bypassed in Morocco? Implications for the private medical sector, Daniel Kress
- Understanding how to improve youth's access to family planning products: Exploring commercial sector barriers to the supply and sale of condoms in Jamaica, Ratha Loganathan (presented by Daniel Kress)
- Knowledge, Attitudes and Practices Related to Malaria and Insecticide Treated Nets in Uganda, Francis F. Okello-Ogojo

In May 2002, CMS attended the GHC Conference in Washington and made six presentations:

- An Evaluation of the Effectiveness of a Peer Sexual Health Intervention Among Secondary School Students in Zambia, Sohail Agha
- Nurse and Paramedic Network in Nepal, Asma Balal
- Leveraging Private Sector Clinics to Meet Health Needs in Uganda, Elizabeth Fischer
- Can the Commercial Sector Contribute to Contraceptive Security? Susan Scribner
- Rebuilding Cambodia's Health Services: A Private Sector Case, Meaghan Smith
- PROFAMILIA-Nicaragua: Franchising, Partnerships, and Branding — Commercial Market Strategies Used in the Wake of a Natural Disaster, Kelly Wolfe

Electronic Media

CMS Web Site

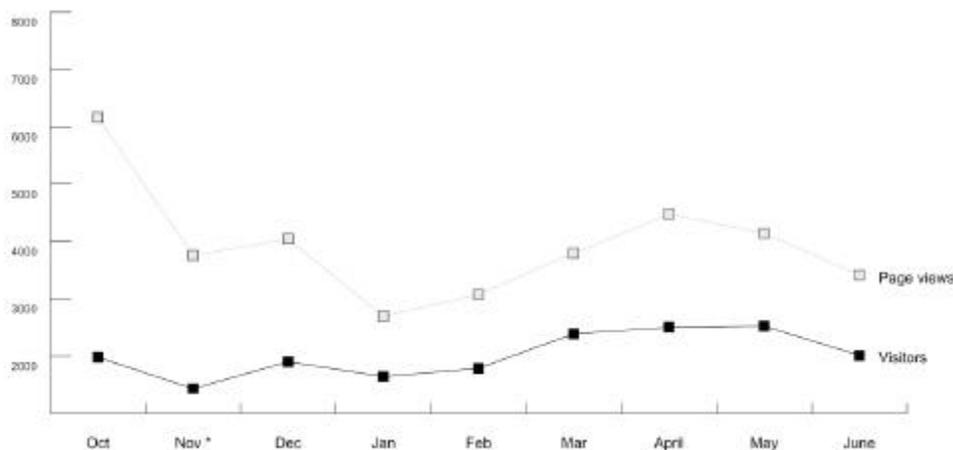
The CMS web site is a usable and accessible repository for project information. The site is used in conjunction with our other dissemination tools to effectively promote project activities,

achievements, and findings. Hyperlinks embedded throughout the text encourage users to explore related topics and download CMS publications.

In Year Four, we continued to receive positive feedback regarding the CMS web site. Users regularly submitted their contact information and requested to be included on both our mailing and electronic distribution lists. New articles were posted on the home page on September 28, March 12, and June 28 that aligned with the content of the current newsletter. The rest of the site was updated on an as-needed basis.

CMS tracks usage statistics (visitors and page views¹) as well as the most requested publications.

Figure 1: CMS Web Usage Statistics (October 2001 – June 2002)



* Note: Drop is due to the filtering out of CMS IP addresses in November 2001.

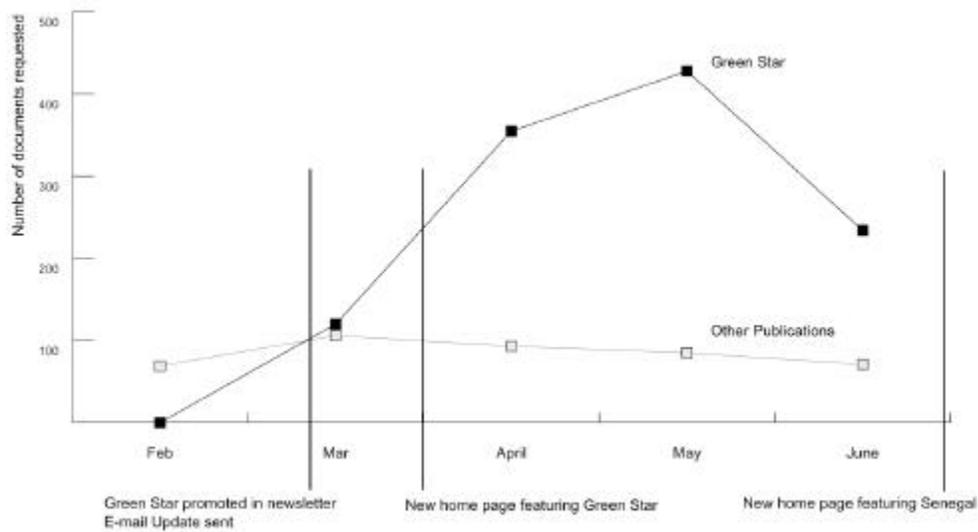
CMS analyzes this data and compare it to our dissemination activities (newsletter, e-mail updates, new home page) to assess their impact. For example, in February 2002 we promoted a new CMS publication, *Social Franchising as a Strategy for expanding Access to Reproductive Health Services: A Case Study of the Green Star Service Delivery Network in Pakistan*, in our newsletter and subsequent e-mail update. Then, in March we put up a new home page featuring *Green Star* and giving users the option to download it directly from the home page (that is, without first going to the publications page). As the graph below depicts, the results were dramatic: *Green Star* is the most-ever requested document on the CMS web site.²

¹ **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 (1) an automated browser; (2) **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 (3) an individual PC user.

Page Views: Page views are the number of entire pages requested from the server. (Page views do not include the supporting graphic files.)

² Like all of our publications, *Green Star* was submitted to USAID's DEC, where it was featured on their home page in April and May.

Figure 2: Impact of strategic promotion on the number of Green Star documents requested from the CMS web server



Due to the technological limitations of web statistics, Communications also tracks and documents

- Unsolicited requests and comments (sent to *info@cmsproject.com*)
- Responses to our E-mail Updates (see below)
- Input from interactive web pages (“Join the CMS Mailing List” and “Receive E-mail Updates”)

The web statistics, combined with this informal feedback, shows that people visit the CMS web site to learn about the project and download publications.

E-mail Updates

Communications maintains an electronic distribution list that includes USAID, CAs, donors/foundations, researchers, and private and commercial sector representatives. Short, compelling e-mail updates are sent out regularly to promote CMS publications, presentations, findings, activities, and new home page articles. These updates contain hyperlinks to prompt users to visit CMS web site, read more, and download publications.

The e-mail updates have been well received. Recipients occasionally write us with comments and CMS consistently get requests from people who wish to have their name added to our electronic distribution list. For example, the Johns Hopkins University Population Information Program’s *The Pop Reporter*, regularly picks up publications promoted in our E-mail Updates and disseminates them to the broader reproductive health community.

Year four e-mail updates include

- October 2001, *Teenagers are Listening!* Promoted the new web article on CMS/Uganda’s radio shows, *Capital Doctor* and *Triple-S*.
- October 2001, *CMS to Attend the APHA Conference in Atlanta*. Announcement linked to CMS Upcoming Events page, which included a summary of our presentations.

- October 2001, *New Directions in Reproductive Health — India*. Promoted of the India newsletter with links to more information and publications on the CMS web site.
- November 2001, *The Summa Foundation*. Promoted Summa and its updated web site.
- December 2001, *New Maama Kit: A Perfect Public-Private Partnership*. Announced the launch of the *New Maama* clean delivery kit in Uganda and highlighted the activity's private sector component.
- December 2001, *Nicaragua Presentation*. Promoted Pilar Sebastian's presentation on the PROFAMILIA clinics in Nicaragua; encouraged users to review press clippings on the web.
- February 2002, *Green Star — A Case Study of Social Franchising in Pakistan*. Update summarized key findings and promoted the publication.
- February 2002, *New Directions Spotlights Contraceptive Security*. Summary of the Contraceptive Security newsletter; prompted users to visit the CMS publications page and download the newsletter and the Green Star case study.
- March 2002, *Contraceptive Security and the Private Sector*. A summary of the findings of three CMS Technical Papers with links to electronic versions on the web.
- May 2002, *CMS Presents at the GHC*. Summary of CMS's GHC presentation. Promoted the CMS booth and included links to abstracts, panel descriptions, and time/location.
- June 2002, *New Directions Spotlights Senegal*. Summary of the Senegal newsletter; prompted users to visit the CMS publications page and download the newsletter.
- June 2002, *Rebuilding Cambodia's Health Services: A Private Sector Case*. Promoted a new Summa foundation Investment Profile. Included links to the CMS and Summa web sites.

Summa Web Site

Updates to the Summa site were made in January and February 2002. Summa regularly receives requests for more information via their web site (and has noted an increase in requests over the last few months).

Resource CD-ROM

In Year Four, CMS produced a resource CD-ROM with electronic versions of all marketing materials, work plans, reports and current publications. The CD-ROM was disseminated to field staff at the CMS Annual Retreat in June 2002.

Development Experience Clearinghouse

To promote and archive CMS's lessons learned, experience and research CMS submits electronic versions of all publications and deliverables to USAID's Development Experience Clearinghouse (DEC).

Print

CMS publications are promoted using the newsletter, web site, and E-mail Updates. They are also disseminated during presentations, meetings, and conferences. In addition, Communications submits all publications to the USAID's DEC and Monthly Mailing.

Newsletter: New Directions

The newsletter provides a general overview of our programs, activities, findings, and achievements while emphasizing the role of the private sector in improving health. The target audience is broad and our dissemination list currently includes USAID/Washington, USAID field missions, CAs, public healthcare professionals, and other interested parties. Electronic versions of all newsletters are available on the CMS web site.

- October 2002, India: Friends of the Pill: Expanding the Market for Oral Contraceptives in North India
- February 2002, Contraceptive Security
- May 2002, Senegal: CMS and ADEMAs Launch a New Pill

Country Research Series

- Prestataires des Soins de Santé du Secteur Privé au Maroc: Attitudes et caractéristiques en matière de planification familiale. Chadi Abdelhadi, Majda Bessaih, M. Brahim Boubkry, Mona Steffen & William Winfrey, March 2002.
- Indicateurs de Base sur l'Utilisation des Méthodes de Longue Durée du Projet CMS au Maroc. Majda Bessaih, M. Brahim Boubkry, Kimberly Smith & William Winfrey, April 2002.

Occasional Paper Series

- Engaging the Private Sector in Turkey: Can Public/Private Partnerships Help Achieve Contraceptive Security? Françoise Armand and Cindi Cisek, April 2002.

Technical Paper Series

- *Social Franchising as a Strategy for Expanding Access to Reproductive Health Services: A case study of the Green Star service delivery network in Pakistan.* Julie McBride, MPH, Rehana Ahmed, MD, September 2001. (Revised version.)
- *What Influences the Private Provision of Contraceptives?* Rodolfo Bulatao, February 2002.
- *Broadening the Commercial Sector Participation in Reproductive Health: The Role of Prices on Markets for Oral Contraceptives.* Karen G Fleischman Foreit, February 2002.
- *How Much is Enough? Estimating Requirements for Subsidized Contraceptives: Results from Ten Country Analysis.* Jeffrey Sine, February 2002.

Working Paper

- *Jamaica Youth Survey Results.* Hope Enterprises, 2001.

Briefings

- *Using the Private Sector to Improve Health — CMS Presentations the GHC's Annual Conference.* Two-page briefing outlining CMS presentations at the May 2002 Global Health Conference in Washington, DC

Summa Promotional Materials, Booth, and Publications

Communications redesigned Summa's brochure and produced a trade show booth. In December 2001, Summa used its materials in Miami at the International Summit on the Private Health Sector. There, Summa conducted a workshop, *Financing Options for Private Health Care in Emerging Markets*, in collaboration with representatives from the IFC's Department of Health.

Summa produced and disseminated two publications in year four:

- *Business Handbook for Private Health Providers*. Developed in collaboration with CMS/Uganda — targets private providers operating small health care practices who have limited training in business management and finance. (New edition.)
- Direct Loan to the Reproductive Health Association of Cambodia –A private sector intervention to increase the sustainability of reproductive health services. Investment Profile 2, May 2002.

Table 16: Communications Timetable

Activity	Q1	Q2	Q3	Status	Comments
Meetings & Presentations					
Presentations to USAID	X	X	X	Complete	14 presentations; hosted Contraceptive Security conference with DELIVER
Technical Meeting			X	Complete	Quality of Care in the Private Sector
Regional Workshops and Presentations				Upcoming	Scheduled for September 2002 in Nairobi, Kenya
Attendance at APHA and Global Health Conference	X		X	Complete	Exhibited at both conferences; four presentations at APHA, six at GHC
Electronic Media					
CMS web site: maintained, new articles posted	X	X	X	Complete	
Summa web site: maintained, new web articles posted		X		Complete	
Electronic updates sent promoting new activities, publications, findings, and events	X	X	X	Complete	Twelve updates sent out
Resource CD-ROM produced and disseminated			X	Complete	Disseminated to field staff at CMS's Annual Retreat
Publications submitted to USAID's DEC	X	X	X	Ongoing	<i>Green Star</i> featured on DEC's home page in April and May
Print					
<i>New Directions</i> newsletter produced and disseminated	X	X	X	Complete	October: India; February: Contraceptive Security; May: Senegal
Technical and Country Research Reports produced and disseminated		X	X	Ongoing	Four Technical Series papers published. Two County Research Reports published
Occasional Paper Series produced and disseminated		X	X	Ongoing	One Occasional Paper published
Summa promotional materials developed and disseminated; publications and reports produced and disseminated	X	X	X	Complete	New brochure complete. Two publications produced and disseminated.
Other					
Summa Booth	X			Complete	

8.0 Management

8.1 Management and Staff Resources

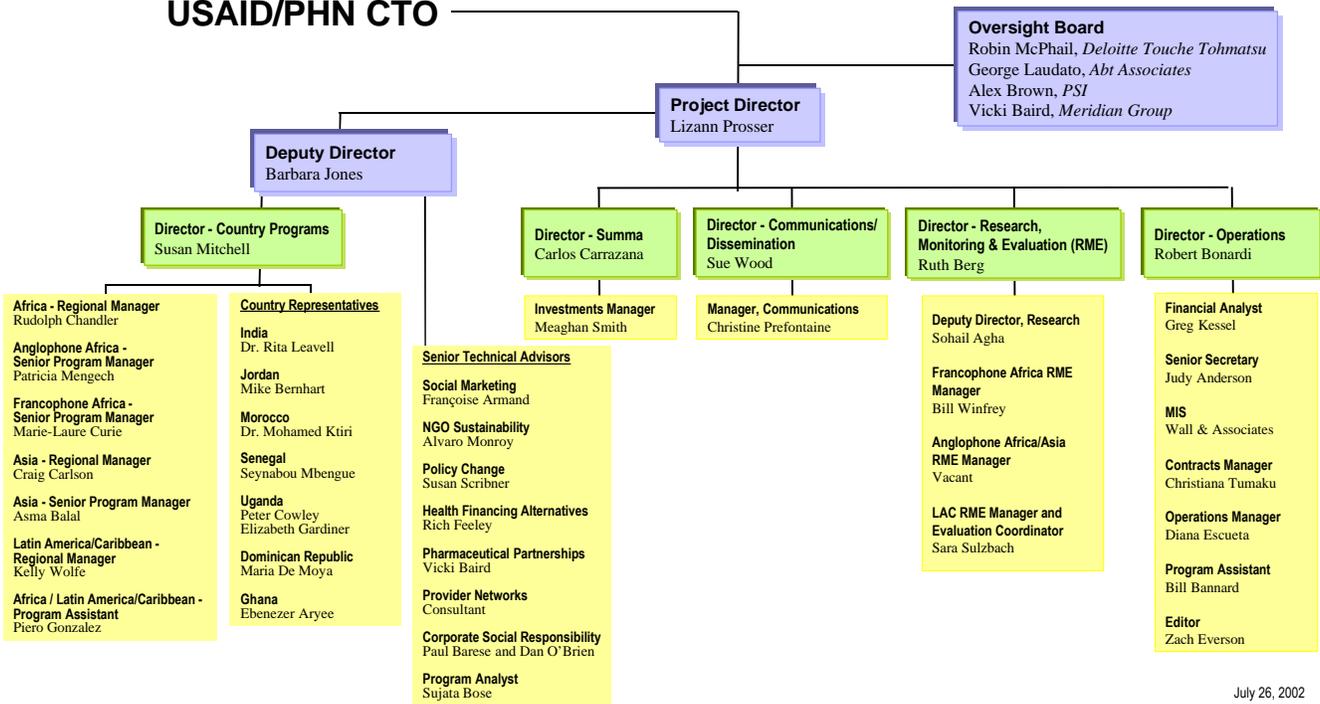
During year four, CMS made significant investments to increase its management and staff resources. The additions are detailed below, and are depicted on the organization chart, shown on the following page.

- Our deputy/technical director (Barbara Jones) joined the project in November 2001 bringing expertise in reproductive health and family planning services to the skill mix of the CMS team.
- A full-time researcher (Paul Barese) was engaged to implement the CSR research effort. A part-time technical adviser (Dan O'Brien) also was tasked with implementing current initiatives, primarily in Ghana, and with overall technical oversight for the research.
- A program analyst (Sujata Bose) was recruited in November to support the technical advisers in designing and implementing new initiatives.
- An M&E manager for Latin America (Sara Sulzbach) was recruited in January to carry out M&E and research activities for that region.
- A program assistant (William Bannard) was recruited in December to manage the project's library and to support core reporting and logistical functions.
- A technical editor (Zach Everson) was hired March 11 to assist with the production of CMS research studies and some key dissemination products.

We deferred our plan to recruit a full-time technical advisor for the provider networks area, as we did not have needs that could not be met with short-term technical resources.

As described in the year four work plan, CMS provides country program oversight and technical/functional lines of authority and management through its core team based in Washington, DC, while the in-country field staff is responsible for most of the implementation and day-to-day management of country programs.

USAID/PHN CTO



July 26, 2002

8.2 Managing Short-term Technical Resources

During the year, CMS used short-term resources from consortium firms and independent consultants for short-term assignments. The table below summarizes these assignments.

Table 17: Use of Consortium Staff and Subcontractors

Tasks	Consortium Firm/consultants
Global Research Impact of Social Marketing on RH Services Marketing Study Market Sales Plateau Impact of Health Insurance on RH	Futures Group/Tulane University Cathy Forte Tulane University Rich Feeley/Sara Alkenbrach
Country tasks/programs Bangladesh TA Jamaica ECP El Salvador Youth Program Nicaragua Baseline study Nepal HIV/Social Marketing campaign Ghana CSR tasks Armenia assessment Uganda Midwives training	Futures Group Futures Group ADS Alva, S.A. Earle Duncan Dan O'Brien & Assoc. Rich Feeley Agriculture Cooperation Development International (ACDI)/Volunteers in Overseas Cooperation Association (VOCA)
Dissemination tasks Greenstar study	PSI/Holley Stewart (editor)
Technical reviews Endowment review GSMF review CSR Review	DTT (A. Javaid/others) Ilse Meingalis (consultant) Dan O'Brien & Assoc.

Appendix A Data Collection on Core Indicators

Data Collection for Year Four	Progress
Dominican Republic CYPs # Visits Net Revenue	Collected Quarterly Collected Quarterly Collected Quarterly
Ghana CYPs	Collected Quarterly
India CYPs % Heard of CMS Supported Method % Intend to Use CMS Supported Method % of CMS Trained Providers who Answer all RH Questions Correctly	Collected Monthly Survey completed June 2002 Survey completed June 2002 Survey scheduled April 2002
Jamaica No core indicator monitoring planned for Year 4	
Jordan CYPs % Heard of CMS Supported Method % Knows Source for CMS Supported Method % of CMS Trained Providers who Answer all RH	Collected Quarterly Collected 3 rd quarter Collected 3 rd quarter Collected 3 rd quarter
Morocco CYPs Policies, Plans, Guidelines that support the private sector adopted/approved	Collected Monthly Milestones tracked through regular reports
Nepal CYPs	Social Marketing program to be transferred to PSI.
Nicaragua # Visits Net revenue % Heard of CMS Supported Service % Knows Source for CMS Supported Service % Perceives CMS Services as Good Value % Using Private Sector Services	Collected Quarterly Collected Quarterly Survey scheduled for 1 st quarter of Year 5 Survey scheduled for 1 st quarter of Year 5 Survey scheduled for 1 st quarter of Year 5 Survey scheduled for 1 st quarter of Year 5
Senegal CYPs Source Mix % Use Private Sector % Heard of CMS Supported Products % Know Source for CMS Supported Products % Intend to Use CMS Supported Product % With Access to Private Source within 30 Min. % Perceive CMS Products to be Good Quality	Collected Monthly Survey in the field as of June; expected completion in 1 st quarter Year 5 Survey in the field Survey in the field Survey in the field Survey in the field Survey in the field
Uganda CYPs # Visits	Collected Monthly Collected February 2002

Appendix B Country Research Activities

Planned Activities	Progress
Armenia Market segmentation analysis planned for 3 rd quarter	First draft completed in 3 rd quarter. Final report anticipated in 1 st quarter of Year 5.
Cameroon Add questions to PSI Adolescent survey 1 st quarter Pre-test insert 2 nd quarter Evaluation of provider training for EC	Completed Completed Survey in the field
Ghana Feasibility study for introducing new benefit in the Nkornaza pre-paid health scheme 2 nd quarter Baseline HIV/STI KAP survey of Unilever employees by GSMF (CSR initiative) 1 st quarter Condom pricing study for GSMF 2 nd quarter GSMF-case study 2 nd quarter	Subcontract under negotiation; scheduled to begin data collection 1 st quarter of Year 5. Completed Due 2 nd quarter of Year 5 Due 1 st quarter of Year 5
India IFPS – UP Oral contraceptive and condom sales audit for UP quarterly Independent back-check of distribution survey 2 nd quarter PACT – OCs Oral contraceptive sales audit for Urban North India quarterly Beautician training assessment 2 nd quarter OC Consumer Tracking survey #5 3 rd quarter PACT – Injectables Injectables demand estimation – consumer segment 1 st quarter Pilot injectables project evaluation 4 th quarter PACT – ORS ORS Sales tracking in urban North India quarterly ORS Communication Development and Testing 1 st quarter ORS Consumer tracking 3 rd quarter ORS Assessment of Provider KAP 3 rd quarter	Completed Completed Completed Due 1 st quarter of Year 5 Due 1 st quarter of Year 5 Completed Due 1 st quarter of Year 5 Completed Completed Due 2 nd quarter of Year 5 Due 1 st quarter of Year 5
Jamaica Omnibus survey 2 nd quarter Distribution check 2 nd quarter Mystery client 3 rd quarter	Delayed until 1 st quarter of Year 5 Delayed until 1 st quarter of Year 5 Delayed until 1 st quarter of Year 5
Jordan Advertisement pre-testing quarterly Cost analysis of private GP services 1 st quarter Training assessment, GPs, 1 st quarter Training assessment, pharmacists, 1 st quarter Service quality, pharmacies, 1 st quarter Replicate study on GP treatment practices, 2 nd quarter Post advertising audience research, 2 nd quarter Morning after, condom PSA, 2 nd quarter Media tracking (IPSOS), quarterly Product Sales, quarterly Omnibus 2 nd quarter	Completed Completed Completed Completed Completed Completed Completed Completed Completed Completed Completed On-going
Morocco Pre-test of OC spot, 2 nd quarter Evaluation of "IEC" work with physicians in 3 districts/provinces	Completed Developing scope of work to implement in 1 st and 2 nd quarters of Year 5
Nepal Follow-up survey for SEWA Provider network operations research. Mid point mystery client survey, 2 nd quarter Qualitative research with FP users and non-users (CRS) FP KAP survey to help inform CRS marketing strategies	Due 1 st quarter of Year 5 Completed Transferred to PSI Transferred to PSI
Senegal Baseline data collection 1 st and 2 nd quarter	In-field during 3 rd quarter; expected completion 1 st quarter of Year 5

Uganda	
Pilplan/Injectaplan consumer study, 1 st quarter (Cancelled)	Cancelled
Pilplan/Injectaplan provider study, 1 st quarter	Due 1 st quarter of Year 5
Pre-test of Pilplan/Injectaplan communication campaign, 2 nd quarter	Due 1 st quarter of Year 5
Tracking/Omnibus for Protector, Pilplan, Injectaplan, quarterly	Due to start 1 st quarter of Year 5
Protector product perceptions study, 3 rd quarter	Delayed
Protector post launch evaluation, 3 rd quarter	Delayed
Summa Loan Monitoring and evaluation, bi-annual	Completed
Follow on client exit interviews Summa Loan M & E	Ongoing
Impact study for the New Maama Kit, 3 rd quarter	Delayed until 1 st quarter of Year 5
Evaluation of the School visits program by Straight Talk, 1 st quarter	Completed
Campaign pre-test for SmartNet, 3 rd quarter	Delayed
Consumer attitudes towards malaria treatment, 3 rd quarter	Delayed
Consumer/provider exchange about malaria treatment, 2 nd quarter	Delayed
Anti-malarials distribution study - Availability and price of malaria treatment, 2 nd quarter	Ongoing
Perceptions on quality of private sector health-care, 3 rd quarter	Delayed
Evaluation study of prepaid health schemes (baseline) (In-Net socio-economic survey in Bushenyi)	Cancelled due to small sample
Feasibility study on Community Based Health Insurance scheme in Gulu	Delayed
	Cancelled due to small sample
	Baseline completed; draft report due 1 st quarter of Year5.