MILESTONE REPORT

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From: Waleed Alkhateeb  
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Date: November 01, 19

| Task Number: | 3 |
| Task Description: | Private Sector Role in Service Delivery Expanded and Enhanced |
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| Comments: | |

MileStone
ANNEX 1.1

Completed Strategy Document
EXECUTIVE SUMMARY

The goals of the Private Sector Program of Pathfinder are to:
- contribute to increased use of family planning services, and
- contribute to the sustainability of the national family planning program.

Strategically, the Private Sector Project (PSP) plans to achieve these goals by developing public and private partnerships to introduce consumer orientation in the marketplace, diversify the method mix, and improve method use of existing products in the commercial marketplace.

During POP/FP III, the private sector project had advertising, market research, but no sales force. At the same time, the pharmaceutical industry had a sales force, but no advertising capability and inadequate market research. In POP/FP IV, the Private Sector Project will implement a program model that combines the assets of both groups in order to increase contraceptive prevalence and continuation rates. The key to making this happen is to identify common interests between the pharmaceutical industry and the PSP. Based on the identified common interests, the two groups will enter into co-marketing agreements to involve consumers in the decision process, diversify the method mix and improve method use.

The power of a consumer focus is to achieve a greater commitment to their method choice and thus increased continuation rates. Diversifying the method mix will result in more users since no single method can adequately serve the contraceptive needs of married couples in Egypt.

The two goals and supporting strategies and activities are shown below.

Goal 1: Contribute to increased use of family planning services

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<thead>
<tr>
<th>Strategy</th>
<th>Introduce consumer orientation</th>
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<tr>
<td>Diversified method mix (injectables, progestin-only pills, IUDs for limiters, mid-priced combined OCs)</td>
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<tr>
<td>Improved method use of existing products in the commercial marketplace.</td>
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Activities to Support Expanded Availability of Private Services and Products:
- Continuing Education (Task 3.1)
- Specialized Continuing Education Courses (Task 3.1)
- CE within the Pharmacist and Physician Networks (Task 3.1)
- CE for Pharmaceutical Sales Forces (Task 3.1)
- Communications to Provider Networks (Task 3.1)
- Product Promotion with Tie-ins to Pharmaceutical Companies and Distributors (Task 5/Task 3.3)
Goal 2: Strengthened sustainability of family planning systems.

Activities to Support Increased Demand for Private Sector Services and Products:

- Brand (Ask/Consult) Promotion (Task 5/Task 3.3)
- Sales Promotion (Task 5/Task 3.3)
- Mass Media, Outdoors Advertising (Task 5/Task 3.3)
- Point of Sale Advertising (Task 5/Task 3.3)
- Client Interaction Support (Task 5/Task 3.3)
- Continuing Education (Task 3.1)
- Specialized CE Courses (Task 3.1)
- CE within Pharmacist and Physician Networks (Task 3.1)
- CE for Pharmaceutical Sales Forces (Task 3.1)
- Communications to Provider Network (Task 3.1)
- Advocacy/Constituency Building (Task 3.5/6)

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- Product Promotion with Tie-ins to Pharmaceutical Companies and Distributors (Task 5/Task 3.3)

Activities to Support Increased Private Sector Family Planning Market:

- Cooperation with Task 14/Policy and the POLICY Project (Task 3.2)
- Market Planning (Task 5/Task 3.3)
The POP/FP IV Private Sector Project (PSP) will conduct a series of broad-based activities to contribute to an increase in contraceptive usage in Egypt and the sustainability of the national family planning program. The first phase of the Private Sector Project will continue the successful program elements begun under the Private Sector Initiatives of POP/FP III. In the first months of POP/FP IV, the continuing education and the communications programs will be continuations of POP/FP III. During this time, new continuing education and communications programs will be developed. These new programs will be implemented during second phase of the PSP.

In addition to these new programs, the PSP will develop a broad strategy to implement public and private sector partnerships. Using this approach, the PSP gains the capabilities of a sales force without the cost of having one while the pharmaceutical sector gets access to advertising and market research. The planned result of this is to maximize the contribution of the private sector investment.

The goals of the Private Sector Project (PSP) of Pathfinder are to:
- Contribute to increased use of family planning services, and
- Contribute to the sustainability of the national family planning program.

Strategically, the Private Sector Project plans to achieve these goals by developing public and private partnerships by:
- Introducing consumer orientation in the marketplace,
- Diversifying the method mix, and
- Improving method use of products in the commercial marketplace.

The PSP includes five basic tasks in order to accomplish its overall goal. They are:
- Continuing Education and Training Activities (Task 3.1)
- Supporting the Pharmaceutical Sector (Task 3.2)
- Marketing and Communication (Task 5/Task 3.3)
- Market Research and Audit Tools (Task 3.4)
- Private Sector Constituency and Advocacy (Tasks 3.5 and 3.6)
A. Continuing Education and Training Activities (Task 3.1)

Supported strategies under Goal 1: 

*Introduce consumer orientation*

**Diversified method mix (injectables, progestin-only pills, IUDs for limiters, mid-priced combined OCs)**

**Improved method use of products in the commercial marketplace**

In order to have programs in family planning that contribute to increased usage and sustainability of the national family planning program, it is important that the private sector provider (pharmacists and private physicians) give their clients accurate information concerning the clients' contraceptive choice. This consumer orientation has been shown to lead to increased contraceptive continuation rates. To do this, the provider must understand and accept the importance of constructive provider/client interactions that involve the client, not just the provider's opinion of what is best for the client. Towards this end, the PSP will offer Continuing Education (CE) courses concerning family planning methods and improved provider/client interaction techniques. Continuing education activities to the provider network will take three forms. These are the basic CE POP/FP III type course, the specialized CE course, and CE to the provider networks via mailings and personal interactions.

1. **Basic Continuing Education (Cairo and Giza)**

The basic CE course will be offered to private sector physicians and pharmacists in the Cairo and Giza area. The included methods are IUDs, oral contraceptives, injectable contraceptives, and barrier methods. With modifications, the format of the CE course is similar to the basic course offered in POP/FP III. It represents the final step to the USAID funded, nationwide, private sector CE course in family planning methods and appropriate client interactions.

The CE program modifications were made to include sections on the one month injectable, the progestin-only pill, postpartum contraception, and contraception for the newly married woman. Also, the scenarios in the program have been altered to reflect real life situations the physician or pharmacist might encounter.

2. **Specialized Continuing Education Courses**

The specialized CE modules are a part of the continuing education program designed to introduce a consumer orientation among providers, and to increase the level of information among private physicians and pharmacists concerning the use of contraceptives. Four specialized courses that are to be developed in the first year are contraceptive updates, injectable contraception, the progestin-only pill, and strategies to diversify the contraceptive method mix. Other courses will be developed based on a needs assessment conducted through a mailing to previous CE participants as well as those now participating in the Cairo/Giza CE program. These courses will support the strategies of diversifying the method mix and development of a consumer orientation among the provider networks.
Improving provider/client interactions has been particularly difficult to incorporate in the practices of physicians and the pharmacists. Appropriate techniques to improve provider/client interactions are an important element in the objective to increase contraceptive prevalence by expanding the contraceptive method mix. Among physicians, both public and private, there is some research-based evidence that clients are steered to accept the IUD. This is an example of a potentially counter-productive client interaction technique. Accordingly, fostering client interaction strategies aimed at expanding the contraceptive method mix in Egypt will be designed and tested during POP/FP IV.

Another obstacle to better method use has been the belief that long term use of IUDs, oral contraceptives, or injectables, a rest from that method should be taken. Special attention will be taken to address this belief within each of the specialized courses.

3. **Pharmacist and Physician Networks**

A major objective of the pharmacist and physician network is to help providers understand the importance in improving method continuation by supporting the consumers' method choice as well providing clear and accurate information concerning a couple's contraceptive options. The network of previously trained pharmacists and physicians forms a “promotion” network through which specialized messages can be given either in the form of training, a newsletter or personal contact. The proposed networks of pharmacists and physicians will build on the extensive continuing education work begun under POP/FP III and continuing under POP/FP IV. The networks will be used to support new contraceptive product entries through mailings, detail pieces, and direct contact where appropriate.

This promotion network will be developed during the course of the Private Sector Project and a list of pharmacists and physicians will be provided to all pharmaceutical companies and distributors in a format consistent with their needs.

4. **Continuing Education Programs for Pharmaceutical and Distribution Company Sales Persons**

Worldwide, physicians and pharmacists obtain much of their information from medical representatives. The PSP will pilot a program to utilize medical representatives to reinforce advertising messages. This activity will support the strategy of increasing contraceptive prevalence and continuation by diversifying method mix and improving use of existing methods.

5. **Other Activities Supporting Task 3.1**

a. The specialized continuing education programs are to be developed based on the articulated needs of the pharmacists and private physicians. The articulated needs are to be obtained through a questionnaire completed by current or previous participants in the POP/FP III or POP/FP IV basic courses. Those being trained under the aegis of POP/FP IV will be asked to complete a short questionnaire detailing their interests in a variety of course offerings. Time availability will also be collected. A sample of previous CE participants will be asked complete the questionnaire via a mailing.
b. A stakeholder analysis is to be completed early in the project in order to identify common interests of the public and private sectors.

**B. Supporting the Pharmaceutical Sector (Task 3.2)**

Supported strategies under Goal 1: *Introduce consumer orientation*

- *Diversified method mix (injectables, progestin-only pills, IUDs for limiters, mid-priced combined OCs)*
- *Improved method use of products in the commercial marketplace*

Supported strategies under Goal 2: *Increased private sector family planning market.*

1. **Pharmaceutical Sector Support Activities**

An important strategy is to build public/private sector partnerships in order to increase contraceptive prevalence among those who can afford to pay for their contraceptive services, and maintain or increase the private sector's share of the contraceptive market in Egypt. The PSP will assist both the public and private sectors in determining areas of common interest, and in leveraging the programs in both sectors to increase the contribution of the private sector in achieving the goals of the Government of Egypt. Coordination of advertising and training programs in the public sector with special promotions of the sales forces of individual companies in the private sector is one example of this leveraging principle. The first step to building public/private sector partnerships is to identify common interests through a stakeholder analysis. At the same time, an understanding of the commercial marketplace and the role each stakeholder plays in the marketplace will allow the PSP to capitalize on these common interests.

a. Information about the marketplace will be provided to interested stakeholders through a series of dissemination meetings. The objective of these meetings is to identify new and existing market opportunities that will lead to co-marketing agreements between the PSP and individual pharmaceutical companies. These meetings will include discussions of the distribution system, consumer and provider attitudes towards contraceptive, and product pricing. Prospectively, the pharmaceutical and distribution sectors will be invited to gain marketplace intelligence about their products through selected market research and pharmacy audits.
b. Public/private sector cooperation in the areas of advertising and physician training will be encouraged. During POP/FP III the advertising program had a positive effect on the uptake of the progestin-only pill. In the private sector, advertising programs of the PSP will be closely coordinated with new contraceptive product launches in order to increase its uptake. A successful new product entry always grows the served market. Where possible and appropriate, product-specific messages directed to the public sector physician community will be given, particularly when a new product or new information about an existing product is involved.

c. Finally, Upper Egypt remains a particularly difficult area in which to expand contraceptive services through the private commercial sector. In the second year, NGO-based initiatives will be proposed and tested in order to explore ways to open the private sector market in Upper Egypt.

2. Cooperation with Task 14/Policy and the POLICY Project

The Private Sector Project will work with the Task 14, policy advisor and the POLICY project to address key policy areas affecting the ability of the private commercial sector to work effectively to increase contraceptive usage in Egypt. Interactions will be primarily in the areas of research and advocacy. While PSP will focus its attention on the day-to-day business of empowering the pharmaceutical sector to diversify the method mix, POLICY will address topics that are likely to have effects on the ability of the private commercial sector to expand their business over the long term. Examples of these topics are issues related to importation and production, methods of pricing of pharmaceutical products, the impact of government activity in the public and commercial marketplace, contribution of the private commercial pharmaceutical sector, and registration. The potential effects of GATT on the pharmaceutical sector as a whole will be investigated.

C. Marketing and Communication to Create Demand for Private Sector Services (Task 5/Task 3.3)

Supported strategies under Goal 1: *Introduce consumer orientation*

*Diversified method mix (injectables, progestin-only pills, IUDs for limiters, mid-priced combined OCs)*

*Improved method use of products in the commercial marketplace*

Supported strategies under Goal 2: *Increased private sector family planning market.*

The communication strategy of PSP will be developed in cooperation with the pharmaceutical sector and will be based on the market plan and market research through POP/FP IV initiatives. Wherever possible, specific contraceptive method promotions will be linked with promotions by individual pharmaceutical companies. Under this task, the Private Commercial Sector Advisor acts in an advisory role to the Communications and Marketing Advisor whose responsibilities are outlined in Task
5. Innovative Marketing Communication Activities Generating Increased Demand for Specific Market Segments (Attached).

The public and private sector communication programs follow a “life stage” approach; young married women and men less than 25, women over 25 who have not completed their desired family size, and women who do not wish to have any additional children. As part of the role of advisor, the Private Commercial Sector Advisor will commission a series of market segmentation studies designed to target specific markets within these groups that the commercial sector can serve. These analyses will be based on DHS data sets wherever possible.

1. Market Planning to Support the Communication Plan

As previously mentioned, the Private Sector Program will develop a situation analysis of the commercial marketplace. This analysis will describe the current commercial market situation and will include a description of the consumer market, the provider network, the distribution network, and the critical role of the pharmaceutical sector.

2. Brand Identity/Equity

Through the PSI project within POP/FP III, a brand identity was created for private sector providers through the development and promotion of the “ASK-CONSULT” logo. Other programs have also established “corporate” brand identities with substantial consumer equity.

POP/FP IV will market family planning services in the public, private commercial, and NGO sectors, building upon these widely recognized “brand identities” of service offered by each sector. These include 1) Gold Star quality services available through the MOHP public sector; 2) the Ask-Consult services available in the private commercial sector, and 3) Contraceptive Services International’s (CSI) “Distinguished Services at an Affordable Price” in the NGO sector. These three branded choices have established “equity” with Egyptian consumers and reflect different market segments based on economic and other demographic variables. For example, the primary audience for the private sector is middle and upper socio-economic classes while CSI is focused on the middle and lower socio-economic classes, and the public sector remains focused on reaching the socio-economic lower class and those with limited resources to pay for services.

Under POP/FP IV, demand generation will be based on this branding strategy allowing each sector to maximize its potential. However, crosscutting approaches following the reproductive life stage of families will be used to build demand for services in the private sector. At the same time, these approaches will advance key initiatives such as the introduction of new contraceptive products, and the expansion of program activities to meet unmet needs among the urban and rural poor, and the difficult to reach couples in Upper Egypt.
3. **Product Promotion with Tie-ins to Pharmaceutical Companies and Distributors**

Heretofore, the emphasis has been to establish brand identities as they apply to categories of service providers and categories of family planning methods. Under POP/FP IV, the PSP will utilize ways to extend these brand equities into the promotion of specific methods, and will explore the possibility of identifying brand by name. One plan is to showcase contraceptive brands in association with a PSP method-category advertising.

Additionally, the use of the PSI logo ("The Mark of Confidence") as a "seal of approval" to identify participants in joint promotions will be explored.

4. **Communication Channels**

Communication channels and activities used to increase demand in the private sector will include:

- Mass media (radio, television, press advertising as well as public affairs programming).
- Point of sale (counseling support materials as well as point of sale display items)
- Public relations
- Sales promotions

**D. Market Research and Retail Audits (Task 3.4)**

Supported strategies under Goal 1: *Introduce consumer orientation*

- **Diversified method mix**: (injectables, progestin-only pills, IUDs for limiters, mid-priced combined OCs)

- **Improved method use of products in the commercial marketplace**

Supported strategies under Goal 2: *Increased private sector family planning market.*

In POP/FP III, considerable effort was utilized to better understand the provider network in Egypt. In POP/FP IV, the market research program of the PSP will be consumer focused since method continuation improves with choice. The market research will focus on consumer attitudes concerning the use of family planning products. The PSP will also work with RMU to plan, solicit, and fund market research for the PSP initiative.

Pharmacy retail audits will be used to monitor product outages in the pharmacy sector. The result of this will be to provide an early warning system for any systematic outages and provide the basis for any corrective action. Additionally, a Geographical Information System (GIS) is proposed for development and will be used to support the PSP network by providing current information about the distribution of contraceptive supplies, promotional materials, and providers with a high volume.
contraceptive product business. A first step for GIS development is to convene user workshops with GIS stakeholders.

1. **Market Research**

The research program within the PSP will be designed to meet the need for research, monitoring, and evaluation of the private sector project. The objective of the research is to improve continuation rates and diversify the method mix. Special emphasis will be on the area of consumer attitudes toward hormonal contraception, and changes in the provider network in terms of prescribing them. Studies will also be conducted as needed to evaluate the effectiveness of PSP programs.

Results from the market research will be disseminated to the public and private sectors on a periodic basis during the project. As part of this information dissemination program, the PSP will provide also a quarterly information sheet to interested stakeholders on regional and national trends as well as any outages of brands.

2. **Monitoring of Sales and Product Availability**

Understanding the dynamics of the source of contraceptives in the provider network will assist in assessing the adequacy of the distribution network. During POPIFP III, three monitoring instruments were used to provide information on sales trends, the range of available contraceptives, and product availability. These three instruments were the IMS, the EPTC Distribution Monthly Report, and periodic audits conducted by Wafai & Associates and CDC. Prior to initiating the first quarterly audit, a review of all available data to track sales and product availability will be made. Based on this review, the audit system will be modified in order to achieve a better return on investment. In addition, any other systematic data needs that may be obtained through the pharmacy audit mechanism will be articulated. Key to this effort is to determine the source of contraceptives by the pharmacy and private physician network.

3. **Geographical Information System (GIS)**

A Geographical Information System (GIS) will be developed to support the PSP network by providing current information about the distribution of contraceptive supplies, promotional materials, recruitment of providers, etc. Given the complexity of linking address specific data to maps, this task is to be divided into two parts. The first part is to develop a database that includes current and up-to-date information about each provider. The second part of this activity is to assess the capability of current mapping technology in Egypt to link maps to the existing database.

An important use of the GIS will be to provide information to the private commercial sector in order to maximize the return on investment of the family planning product sales and distribution force. For example, analysis based on geographical information can be used to direct resources to high performance pharmacies and physicians in a given governate. Given the confidentiality of the information needed by each individual company, a company specific database may be considered in order to augment the database developed to support PSP activities.
4. **Performance Monitoring and Results Evaluation**

PSP will design and implement an internal performance monitoring and evaluation system that will serve to monitor program activities, and assist in the definition of intended results for external evaluators.

E. **Private Sector Constituency Building and Advocacy (CB/A)**

Supported strategies under Goal 2: *Increased private sector family planning market.*

To expand the role of the private sector in Egypt, effective mechanisms for public-private partnership need to be developed. This will take place in 3 principal ways: a) development of a constituency group (Task 3.5), b) strengthening advocacy skills of private sector stakeholders (Task 3.6) and c) in conjunction with Task 14, support for public-private sector policy dialogue (Task 3.5). The PSP will catalyze a self-sustaining family planning coalition (or network) to promote reforms affecting the private commercial sector and will arrange opportunities for representatives of the private sector to meet with the public sector and discuss topics of common interest. PSP will also organize sessions to strengthen the advocacy skills of coalition members, in such areas as advocacy, use of data, media training and communication with policy makers. In this component, PSP will make use of valuable data and research findings shedding light on private sector contribution to the national family planning. PSP will disseminate these data in useful formats (fact sheets, briefs, and presentations) to support the development of the coalition and the ongoing policy dialogue.

Building sustainable coalitions is a special challenge. Accordingly, an important first step is to explore existing institutions as possible "homes" for these networks. This includes an assessment of the types of networks that would be of benefit to each provider group.
Contribution of Private Sector Project to USAID/Egypt Strategic Plan
Private Sector Stakeholders

- Prof/Trade Association
- Client
  - Communication channels
- NGOs
- Provider
  - Distributor
  - Training
- Manufacturer

- Establish
  - Client orientation
  - Client empowerment

- Strengthen
- Introduce new information
- No intervention
Information needs for PSP Monitoring and Evaluation

The Private Sector Project will require ongoing data collection to measure progress towards achievement of its objectives. Four criteria will be applied to the selection of indicators and data sources:

1. **Validity**: Are we measuring what we want to measure?
2. **Reliability**: Does replication of the measure yield the same finding?
3. **Feasibility**: Are the costs of measurement commensurate with their purpose, and does the measurement technique itself not interfere with or bias project results?
4. **Sustainability**: Is the measure useful for the private sector, such that it would be continued after PSP assistance has terminated?

To the extent possible, PSP will seek out and utilize existing data sources, provided that they meet the tests of validity and reliability. Selecting appropriate, *existing* data sources will enhance the feasibility and sustainability of private sector monitoring and evaluation.

Expanded availability of private services and products

Availability of family planning in the private sector means that whenever a consumer enters a private sector facility during its normal operating hours, s/he should find a variety of methods appropriate to that facility, affordably priced, and a knowledgeable provider who is neither positively nor negatively biased towards any particular method or methods. The degree to which this result has been achieved will be assessed through independent observations of the facilities themselves and interviews with providers and clients.

**Indicators:**

- **Consumer orientation**
  
  Consumer orientation is a composite index constructed from responses to interviews and observation of provider behavior. The components of the index will be developed during the first year of the project, and will capture the degree to which the provider is sensitive to the consumer's needs and interests as opposed to attempting to steer the consumer towards or away from a specific method or methods.

- **Number of products/brands in private market**
- **Number of mid-priced brands in private market**

The first two indicators are a simple count of the number of products and brands, along with their prices, present in the Egyptian market over the life of the project. The information can be obtained from distributor records and independently verified through the International Marketing Survey (IMS). Of course, the mere *presence* of these products neither assures nor measures how widely they are available to consumers throughout the country.

- **Number and type of outlets in private market offering mid-priced family planning**
- **Consistency of supply**

These indicators assess how widely a variety of methods are available through private sector outlets, or what will consumers encounter when they enter private sector outlets. To collect this information, we need the following data:

1. **Universe of outlets** - a listing of outlets by type, size, and locations
2. **Independent observations** of conditions in a sample of outlets which can be extrapolated to the universe

The universe of registered pharmaceutical retail outlets will be obtained by POP/FP IV. It may be desirable to supplement this listing with information provided by distributor(s), such as physical
location, pharmacist’s name, relative size of the outlet, etc. A one-time data collection sweep by one
or more pharmaceutical distributors may be required.

Independent observations of conditions in outlets, such as stock on hand, recent stock-outs
experienced, display of promotional and point-of-sale materials, etc., will be collected during
quarterly retail audits. To ensure the reliability of these data, the retail audits should be conducted
by an organization experienced in fielding research teams; to ensure feasibility, the selected
organization should not be one of the PSP market partners. PSP will review and/or develop the retail
audit sampling frame, data collection instruments, and data analysis plans with the research
organization. The results of the retail audits will be shared with the PSP market partners.

- Provider knowledge of and attitude towards products/brands

Correct provider knowledge of methods and brands can be assessed through interviews conducted at
the same time as the retail audit. However, having correct knowledge does not guarantee that
providers will transmit that information to their clients, or that they will not bias the consumer’s
choice towards or away from a specific method. Provider behavior vis-à-vis clients will be assessed
only after an acceptable level of provider knowledge has been demonstrated. The method of choice
in collecting data on provider behavior is through interviewing clients immediately following their
interaction with the provider (client intercept surveys); in some cases it may be necessary to
complement client intercept surveys with focused mystery client surveys.

Increased demand for private sector services and products

Expanding availability of family planning in the private market is only half of the picture. Current
family planning users and potential family planning consumers must be aware of their options and
where they can find them, be favorably disposed towards acquiring methods from the private sector,
and have appropriate knowledge to deal with side effects and to use their methods correctly. These
are factors which predispose consumers to seek out and continue using family planning from the
private sector.

Indicators

- Consumer empowerment

Consumer empowerment is a composite index constructed from responses to interviews. The
components of the index will be developed during the first year of the project, and will capture
whether the current method used is indeed the consumer’s preferred method and the degree to which
the consumer feels that s/he chose the method and whether s/he encountered barriers to receiving the
preferred method.

- Consumers’ correct understanding of “Ask/Consult”
- Consumers’ knowledge of new methods and brands
- Consumers’ attitudes towards methods/brands
- Consumers’ correct knowledge of methods
- Consumers’ knowledge of outlets
- Consumers’ communication with private sector providers on family planning

Data for these indicators come from direct interviews with consumers and potential consumers. The
DHS provides periodic updates for the population at large, and many consumer awareness items are
already included in the questionnaire. PSP will collaborate with DHS for secondary analysis of the
data set and possibly to include new or modified items to the questionnaire. From time to time, more
focused data collection may be needed. For example, a baseline round of consumer intercept surveys
may be useful to collect information on pharmacy clients in general – who makes pharmacy
purchases, how do they select the pharmacy they use, how often do they make purchases, for whom
do they purchase, are they aware of family planning methods in the pharmacy, etc. Focused
intercepts may also be used before and after a specific promotional activity, to assess the diffusion of the intervention. “Omnibus” surveys conducted by commercial market research companies may also be used to track exposure to and awareness of promotional activities.

Increased private resources to family planning

Private resources for family planning include expenditures made by individuals (e.g., purchase of contraceptive methods), by private organizations operating on their behalf (e.g., private health insurance), and/or investments by private organizations in contraceptive manufacturing, distribution, and infrastructure. PSP will track only private resources expended in the private sector; thus fees collected for family planning services provided in the public sector will not be tracked by PSP. Similarly, NGO activities financed by donor resources (which are public funds) will not be included as an indicator of this achievement.

Indicators

- Private sector sales of methods and brands

Private sector sales can be tracked at the retail outlet, in terms of purchases made by or for end consumers (retail sales). However, given the tight credit constraints under which most retailers operate in Egypt and the fact that distributors provide product only upon the retailer’s request, wholesale sales are a valid proxy for retail sales, especially if collected on a regular (monthly, quarterly) basis. Simply put, pharmacists do not repeatedly buy product which they do not sell.

Two data sources are available for wholesale sales. These include the quarterly IMS and distributor sales reports. EPTC, which accounts for approximately 85 percent (?) of wholesale pharmaceutical distribution in Egypt, has been providing monthly sales figures by brand, disaggregated by type of outlet and at the level of more than 64 warehouses. Not only do these data provide total sales figures, but they also give an indication of regional sales, which can then be correlated with other regional information (e.g., population size, number of outlets). The quarterly retail audits can provide external validation of the wholesale sales reports.

- Private sector market size of contraceptive users

These data will come from the DHS and be validated against the sales figures, using standard conversion factors and method-specific continuation rates.
# Indicators and Data Sources

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<th>Indicator</th>
<th>Data Sources</th>
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<td>1.1 Consumer orientation among providers</td>
<td>DHS, EPTC, Consumer intercept, Omnibus surveys, Public records, Special studies</td>
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<td>1.2 Number of products/brands in private market</td>
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<td>1.3 Number of mid-priced brands in private market</td>
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<td>1.4 Number and type of outlets in private market offering mid-priced family planning</td>
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<td>1.5 Consistency of supply</td>
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<td>1.6 Provider knowledge of and attitude towards products/brands</td>
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<td>2.1 Consumer empowerment</td>
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<td>2.2 Consumers’ correct understanding of “Ask/Consult”</td>
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<td>2.3 Consumers’ knowledge of new methods and brands</td>
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<td>3.1 Private sector sales of methods and brands</td>
<td></td>
</tr>
<tr>
<td>3.2 Private sector market size of contraceptive users</td>
<td></td>
</tr>
<tr>
<td>4.1 Inclusion of family planning/contraception in CME of medical and pharmacy syndicates</td>
<td></td>
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<tr>
<td>4.2 Health sector reform</td>
<td></td>
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<tr>
<td>4.3 Number and type of legal and regulatory obstacles removed or diminished</td>
<td></td>
</tr>
<tr>
<td>4.4 Number and type of positive legal and regulatory measures enacted</td>
<td></td>
</tr>
<tr>
<td>4.5 Public sector market segmentation, targeting of subsidies</td>
<td></td>
</tr>
<tr>
<td>5.1 Number and type of public/private co-marketing initiatives implemented without PSP financial support</td>
<td></td>
</tr>
<tr>
<td>6.1 Number of public/private policy dialogue fora conducted without PSP financial support</td>
<td></td>
</tr>
<tr>
<td>6.2 Proportion of invited participants attending policy dialogue for a</td>
<td></td>
</tr>
</tbody>
</table>
Marketing Communication Strategy and Plan for The Private Sector Program

(July 1999 - June 2002)

INCREASED DEMAND
-- Task 5 --

USAID Population Family Planning IV Project No. 263-0267
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Attachments:  
1. Schematic Diagram: *Increased Demand: Strategic FP/RH Communication Campaigns*
I. BACKGROUND

The POP/FP IV Private Sector Program (PSP) will conduct new communication initiatives to increase demand for family planning services within the private commercial sector in Egypt. It will capitalize on the momentum created by the POP/FP III Private Sector Initiative (PSI), conducted from July 1994 through December 1998. The PSI program enhanced the role of the private sector service providers (primarily pharmacists, pharmacist assistants, and physicians) through continuing medical education, advertising and marketing, and research and evaluation.

The first phase of the PSI program promoted entire categories of providers who had participated in specialized continuing education seminars to improve the quality of their services. In the second phase of the project, the PSI began promoting categories of contraceptive products, in which the private sector had an interest and for which there was a consumer need. Unlike early social marketing programs which competed against the pharmaceutical sector by promoting subsidized products, the PSI project initiated a dialog with pharmaceutical companies to explore areas of common interest within the existing marketplace. In 1998, this strategy was employed successfully to support the introduction of the progestin-only pill (POP) into the market. The leading contraceptive manufacturer, Schering AG, attributed the accelerated introduction of its POP product, Microlut, directly to the Private Sector Initiative’s advertising of ‘the progestin-only pill for breast-feeding women.’

The current Private Sector Program (PSP) will take this dialog to the next step, and enter into innovative partnerships with pharmaceutical companies to expand the universe of clients further, thus leveraging support for MOHP Population Sector goals.

Marketing communication will play a key role in forging partnerships with the private sector by offering pharmaceutical firms a service they dearly need: direct-to-consumer advertising of contraceptive products.
II. GOALS & OBJECTIVES

The broad goals of the Private Sector Program are to:
1. contribute to increased use of family planning services, and
2. contribute to the sustainability of the national family planning program.

Based on recent population projections (Market Segmentation:97), with CPR staying at current levels, the market for all services and methods will increase by 23% between 1997 and 2007. With CPR growing to the desired 60% by 2007, the market size will increase by up to 50%. According to EDHS-98 data, the public sector is currently providing 48% of all FP services. This represents an increase from 1995 levels by 4 percentage points (44 to 48), primarily attributable to a dramatic increase in IUD user reliance on the public sector from 45% in 1995 to 56% in 1998, with the largest shift occurring in rural Upper Egypt. The question arises whether the public sector can handle not only a further shift in percentage of FP services delivered, but an increase in consumer demand of 23-50% over the next 10 years.

The intent is for PSP to help the private sector assume a greater portion of the burden of this projected increase.

Communication Objectives

The specific communication objectives of the PSP are to increase demand for private sector family planning services and products by:

a) identifying participating providers to build client traffic, and by
b) increasing consumer adoption of contraceptive products available through the private sector

III. MARKET SEGMENTATION

Family Planning “Advanced Phase”
The Family Planning program is at an “Advanced Phase” in Egypt, with 52-54% of MWRA currently using family planning and almost 75% having used it at one time. Demand for modern contraceptives is relatively robust. Unmet need has declined from 20% MWRA in 1992 to 14.5% in 1998 (EDHS:92,98), with most of the improvement represented by less unmet need for spacing. In general, Egypt’s young low parity women are implementing their family planning decisions with greater confidence and success: they are increasingly becoming ‘expert’ family planners (see age segment analysis below). Psychosocial obstacles are less daunting than in the past and practical questions relating to services and correct method use have taken center stage.
Therefore, Pop IV will follow a mature country strategy to increase demand. The Public, NGO and Private Sectors will focus mainly on marketing their FP services and products intensively to their respective consumer segments. The consumer segments served by each of these sectors are differentiated socio-economically, with the private sector serving the middle and upper classes, the fee-for-service NGOs, like CSI, serving the middle and lower middle classes and the Public Sector serving those least able to pay.

Within each sector and tying them all together, Pop IV communication programs will also employ a cross-cutting "life-stage" approach, addressing women and men at different natural life stages with messages on age-appropriate RH/FP information and services. For example, the natural audiences of young mothers and older women may need age-appropriate RH/FP information, such as spacing and post-partum information for the younger groups, and successful limiting strategies for the older groups. The private sector program will address age-segmented audiences to market the special products and services available through the private sector.

In addition to communication campaigns addressing consumers, expanding FP demand in the private sector will target leaders as well as service providers. Special initiatives will be undertaken to build program support among industry leaders as well as to improve consumer-oriented communication among service providers.

Key Audiences:

- **Young married women and men:**
  Due to demographic momentum, the sheer size of the MWRA market is expected to grow by 23% in 10 years (1997-2007). An ever-increasing portion of this market is young. Young marrieds represent the point of market entry for family planning. To increase demand among young marrieds and enable them to become 'expert' family planners -- spacing their children successfully -- is the path to securing long-term users and to achieving Egypt's population goals in the future. Although unmet need for spacing is declining and trends in parity of first use, timing of use after delivery and length of birth interval are increasingly positive among young couples, the Private Sector Program will intensify efforts to serve this group.

  Communications on methods and services for spacers and post-partum women will be addressed primarily to young married women and men.

- **Mid-aged and older women**
  This group represents the largest 'remaining' market for family planning, but is the most difficult to reach. Most of the unmet need for family planning is the need to limit births (of 14.5% total unmet need, 10.8% is unmet need to limit, EDHS:98). The populations in greatest need to limit births are the older, the poor, and the uneducated. Their numbers are especially high in Upper Egypt, though they are also to be found in districts throughout Egypt's governorates. Due to age
and socio-economic status, their health is often poor and they frequently do not use FP because of side effects and health concerns.

Generating demand for adoption and continued use of family planning among those with unmet need to limit is a critical population and public health challenge. The Private Sector Program will seek to address this group through promotion of successful limiting strategies using a broadened method mix as well as through the promotion of special clinical services and/or provider groups (e.g., promotion of General Practitioners).

- **Leaders**
  In addition to the key public audiences above, the PSP will work intensively with leaders at all levels -- with an emphasis on pharmaceutical industry, pharmaceutical distributors, pharmacist and medical leaders as well as program planners from the public sector and donor community -- to build support for an expanded role for the private sector.

- **Providers**
  Pharmacists and physicians represent the front line providers building demand among consumers and will, therefore, be a key focus of coordination, internal communication and motivational activities in the Pop/FP IV Private Sector Program. The advertising and communication component will seek to enhance the quality and frequency of client-provider interactions, providing counseling materials and point-of-sale displays to communication.

### IV. STRATEGIC APPROACHES

#### A. Brand Identity/Equity

The PSI project created a brand identity for private sector providers through the development and promotion of the “ASK-CONSULT” logo. Other programs have also established “corporate” brand identities with substantial consumer equity.

Pop/FP IV will market family planning services in the public, private commercial as well as NGO sectors, building upon these widely recognized “brand identities” of service offered by each sector. These include: Gold Star quality services available through the MOHP public sector; the Ask-Consult services available in the private commercial sector; and CSI’s “Distinguished Services at an Affordable Price” in the NGO sector. These three branded choices have established considerable “equity” with Egyptian consumers and reflect different market segments based on economic and other demographic variables. For example: the primary audience for the Private Sector is the middle and upper class, while CSI is focused on the middle and lower middle class and the Public Sector remains focused on reaching the lower classes and those families with limited resources to pay for services.
Under POP IV, demand generation will be founded on this branding strategy, allowing each sector to maximize its potential. But in addition, new cross-cutting approaches — such as the “life state” approach — will be used to build demand for services across all sectors simultaneously, while advancing several key horizontal initiatives including Reproductive Health, the introduction of new contraceptive products, and the expansion of program activities to meet unmet needs among the urban poor, rural poor, and hard-to-reach in Upper Egypt. (see Attachment 1: Increased Demand: Strategic FP/RH Communication Campaigns)

B. Product Promotion with Tie-ins to Pharmaceutical Companies and Distributors

Under Pop/FP III, the Private Sector marketing communication campaigns established a brand identity for participating service providers and promoted categories of FP methods. Under POP/FP IV, the PSP will explore ways to extend this brand equity into the promotion of individual products — associating specific brand-name products with the Private Sector Program. The Program’s advertising campaign will thus serve as an important direct-to-consumer channel, increasing the public’s exposure to the diversity of products in the marketplace. The first part of the plan is to develop collective advertising of pharmaceutical brands in association with PSP contraceptive method advertising. All legal brands will have an equal chance to participate. Permission to introduce brands will be negotiated with the media authorities; early indications are positive that the Ministry of Health will support this initiative. Pharmaceutical firms have stated their interest in gaining brand exposure for their products in association with “Ask-Consult” method advertising.

Another plan which will be explored is to use the PSP logo in product packaging. Subject to acceptance by all parties concerned, the “Ask-Consult: Mark of Confidence” may be awarded to any product that participated in joint promotions as a “seal of approval.” This seal could be affixed to packages via stickers individually, or actually included on the original printing.

The PSP branding of service outlets will occur intensively throughout the country providing a high, ‘critical mass’ visibility to participating private sector FP providers. New point-of-sale display materials will be produced, such as window stickers, door-signs, and counter display units.

The goal is to expand PSP recognition into the service delivery outlets, and ultimately into the client’s home through the “Ask-Consult” identification marker. Furthermore, the “Ask-Consult: Mark of Confidence” should come to stand for a symbol of product quality.
V. IMPLEMENTATION PLAN & SCHEDULE

The PSP will conduct intensive, integrated media campaigns, phased in association with pharmaceutical product promotion/introductions and linked to waves of CME mini-courses. Media schedules will maintain approximately a monthly Reach of 80% and a Frequency of 15 (average exposures per viewer). These are the levels maintained during the last two years, with an interruption only during in the first quarter of 1999. The Government of Egypt has supported the program’s marketing effort considerably, approving a 50% discount on media airtime in the public interest.

The integrated campaigns will use a full complement of communication channels, including:

- Point of Sale Promotional Materials
- Counseling Support Materials
- Media Advertising & Placements (Radio, TV, Outdoor)
- Promotional Activities (Sales promotions, newsletter, direct mail, radio/TV partnerships)
- Pretesting materials
- Public Relations

The activities detailed in the accompanying Marketing Communication Plan will be implemented by local subcontractors.
<table>
<thead>
<tr>
<th>Task</th>
<th>Deliverable</th>
<th>Units/yr</th>
<th>PY1</th>
<th>PY2</th>
<th>PY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Point-of-Sale Promotional Materials</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Large Stickers</td>
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<tr>
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<td>Small Stickers</td>
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<tr>
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<td>Pocket Calendars</td>
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<td>PSP brochure</td>
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<td>X</td>
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<tr>
<td></td>
<td>Calendar</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>Certificates</td>
<td>10,000</td>
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<td></td>
<td>Pharmacy Bags</td>
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<td></td>
<td>Promotional Giveaways</td>
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<td>Counseling Support Materials</td>
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<td></td>
<td>Pill Brochure (combined OC)</td>
<td>1,000,000</td>
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<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>Pill Brochure (progestin-only)</td>
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<td>X</td>
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<tr>
<td></td>
<td>Injectable Brochure (progestin-only)</td>
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<td>Injectable Brochure (combined)</td>
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<td>Providers' Contraceptive Guide</td>
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<td>Counter Display (modular)</td>
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<td>3.</td>
<td>Media Advertising</td>
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<td>Product Tag on TV spots</td>
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<td>TV Spots (methods)</td>
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</tr>
<tr>
<td></td>
<td>Radio Spots</td>
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<tr>
<td></td>
<td>Outdoor / transit advertising</td>
<td></td>
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## PRIVATE SECTOR PROGRAM
### MARKETING COMMUNICATION PLAN
**July 1999 - June 2002**
*(Illustrative)*

<table>
<thead>
<tr>
<th>Task</th>
<th>Deliverable</th>
<th>Units/yr</th>
<th>PY1</th>
<th>PY2</th>
<th>PY3</th>
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<td>Promotional Activities</td>
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<td>Sales promotions in pharmacies</td>
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<td>Radio partnerships</td>
<td>4</td>
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<td></td>
<td>Newsletter</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>Direct mail</td>
<td>4</td>
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<td>Trade Journal Advertising</td>
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<tr>
<td></td>
<td>Television Partnerships</td>
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<td>5.</td>
<td>Pretesting Materials</td>
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<td>Pretest Product tags</td>
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<tr>
<td></td>
<td>Pretest TV Spots</td>
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<td>X</td>
</tr>
<tr>
<td></td>
<td>Pretest client support materials</td>
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<td>X</td>
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<tr>
<td>6.</td>
<td>Public Relations</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Launch Event</td>
<td>1</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Press briefing events</td>
<td>1</td>
<td>X</td>
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<td>X</td>
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<tr>
<td></td>
<td>Local Launch Events</td>
<td>4</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>7.</td>
<td>Monitoring &amp; Documentation</td>
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<td></td>
<td>Campaign monitoring report</td>
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<tr>
<td></td>
<td>Campaign photo/video services</td>
<td>varied</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Media Airtime/Placement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TV Air</td>
<td>80% Reach</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Radio Air</td>
<td>80% Reach</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Outdoor Placements</td>
<td></td>
<td>X</td>
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<td>X</td>
</tr>
</tbody>
</table>
VI. COMMUNICATION RESEARCH & EVALUATION

PSP Communication campaigns will be designed, produced and evaluated using a proven, research-driven, marketing-based communication approach: JHU/yCCP’s “P” Process. The process entails the following key steps:

- Program Analysis
- Program Design
- Development and Pretesting
- Implementation, Monitoring & Evaluation
- Program Re-planning

The PI team will evaluate the Private Sector Project contribution, as a whole, and the marketing communication components, in particular, using a variety of instruments. Process evaluation, or measurement of outputs, will be conducted through consistent monitoring and documentation of activities. Impact evaluation, or measurement of outcomes will be conducted using the EDHS, population-based surveys, provider-based surveys, Omnibus surveys, and pharmaceutical sales data.

The major indicators which will be used to evaluate marketing communication impact among consumers are listed in the accompanying table. These trace the important predictors of behavior change:

- recognition of private sector campaign messages (e.g., ‘brand recognition’)
- knowledge/understanding of product and service messages
- positive attitudes toward private sector products and services
- communication with providers about FP “Ask-Consult”; receiving FP counseling
- communication with others (e.g., family members) about FP “Ask-Consult”
- visits to participating private sector providers
- purchase of private sector contraceptive products
### Intermediate Result: Increased Demand for FP Services from Private Sector

<table>
<thead>
<tr>
<th>Key Audiences</th>
<th>Indicators</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consumers</td>
<td>Knowledge/Awareness of Services and Methods</td>
<td>BASELINE SOURCE: various</td>
</tr>
<tr>
<td>(includes potential consumers)</td>
<td>Increased recognition of “Ask, Consult” brand-of-service</td>
<td>IMPACT EVALUATION: Media monitoring firms</td>
</tr>
<tr>
<td></td>
<td>Correct understanding of “Ask-Consult” services</td>
<td>Omnibus surveys</td>
</tr>
<tr>
<td></td>
<td>Increase in reported exposure to “Ask, Consult” by channel (tv, radio, outdoor, etc.)</td>
<td>2000 EDHS</td>
</tr>
<tr>
<td></td>
<td>Increased knowledge of ‘new’ methods (e.g., 1-mo Injectable, POPs, PPIUD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased knowledge of correct method use / appropriate conditions for use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased knowledge of alternative sources of service (does public-sector client know of a private-sector source for her method?)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attitudes</td>
<td>BASELINE: Gold Star, 1997 &amp; 1998 EDHS</td>
</tr>
<tr>
<td></td>
<td>Increased / sustained positive attitude toward “Ask, Consult” service providers</td>
<td>IMPACT: omnibus surveys, 2000 EDHS</td>
</tr>
<tr>
<td></td>
<td>Increased approval of fp methods, specifically hormonals (injectables, OCs, incl POPs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased spousal or intra-family communication on “Ask-Consult” related messages</td>
<td>IMPACT: omnibus surveys, 2000 EDHS</td>
</tr>
<tr>
<td></td>
<td>Increased consumer-provider communication in private sector</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change in use patterns</td>
<td>BASELINE: Gold Star, 1997 &amp; 1998 EDHS, IMS</td>
</tr>
<tr>
<td></td>
<td>Increased client visits to pvt sector provider for fp information or services</td>
<td>IMPACT: 2000 EDHS, EPTC, IMS</td>
</tr>
<tr>
<td></td>
<td>Increased sales volume of pvt sector contraceptives</td>
<td></td>
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<tr>
<td></td>
<td>Reduced “Unmet Need” for Spacing and Limiting (PSP contribution to...)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased use of private-sector services (CPR)</td>
<td></td>
</tr>
<tr>
<td>Key Audiences</td>
<td>Indicators</td>
<td>Data Source</td>
</tr>
<tr>
<td>--------------</td>
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<td>-------------</td>
</tr>
<tr>
<td>1. Providers</td>
<td>Knowledge/Awareness of Services and Methods</td>
<td>BASELINE SOURCE: various</td>
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<tr>
<td></td>
<td></td>
<td>IMPACT EVALUATION: Media monitoring firms Omnibus surveys 2000 EDHS</td>
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<tr>
<td></td>
<td>Attitudes</td>
<td>BASELINE: Gold Star, 1997 &amp; 1998 EDHS</td>
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<td></td>
<td>Communication</td>
<td>IMPACT: omnibus surveys, 2000 EDHS</td>
</tr>
<tr>
<td></td>
<td>Increased communication with consumers on FP</td>
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<td></td>
<td>Change in use patterns</td>
<td>BASELINE: Gold Star, 1997 &amp; 1998 EDHS</td>
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<td>Increased client visits to pvt sector provider for fp information or services</td>
<td>IMPACT: 2000 EDHS, IMS</td>
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<tr>
<td></td>
<td>Increased use of private-sector services (CPR)</td>
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<td></td>
<td>Increased sales volume of pvt sector contraceptives</td>
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Schematic Diagram

*Increased Demand:*
*Strategic FP/RH Communication Campaigns*
INCREASED DEMAND: STRATEGIC FP/RH COMMUNICATION CAMPAIGNS

1) Market "Brands" of service in public, NGO and private sectors
2) Develop cross-cutting initiatives: eg, "Life-stage" approach

UNMARRIED YOUTH:
Prepare the Market

YOUNG MARRIED COUPLES:
Capture the Market
(Spacers)
(Post-partum)

OLDER MARRIED COUPLES:
Sustain the Market
(successful transition to limiting)
Expand the Market (meet Unmet Need to Limit)

Public Sector
NGO Sector
Private Sector

GOLD STAR
CSI
ASK-CONSULT
ANNEX 1.2

CE Subcontractor SOW Through May 31, 1999
Part 1

Task 1. **Production of training materials for physicians in Cairo and Giza areas** MEDTEC will provide 300 copies of training material sets required for the initial continuing education program. The training material sets, which are to be modified by a team of experts from MEDTEC and reviewed by resource persons designated by the Private Sector Project (PSP) of Pathfinder will include the following:

- 300 copies of Physicians Curriculum and Materials
- 300 copies of Contraceptive Safety and Technology Guidelines for Physicians
- 300 copies of Physicians Training Needs Assessment
- 300 copies of invitation cards and other materials for training

The needs assessment format will be developed jointly by the PSP and MEDTEC.

Time: To be completed by October 1999.

Task 2. **Training of physicians in Cairo and Giza areas**

MEDTEC will conduct 10 continuing education courses in order to train 250 private physicians in the Cairo and Giza areas. At the time of invoice for each training course, MEDTEC will provide a summary of the number of physicians participating in each course as well as a complete list of names and addresses.

Time: To be completed by October 1999.

Task 3. **Production of training materials for pharmacists in Cairo and Giza areas**

MEDTEC will provide 1700 copies of training material sets required for the pharmacist's initial continuing education program. These materials will include the following:

- 1700 copies of Pharmacists Curriculum and Materials
- 1700 copies of Contraceptive Safety and Technology Guidelines for Pharmacists
- 1700 copies of Pharmacists Training Needs Assessment
- 1700 copies of invitation cards and other materials for training.

The needs assessment format will be developed jointly by the PSP and MEDTEC.

Time: To be completed by October 1999.

Task 4. **Training of pharmacists in Cairo and Giza areas**
MEDTEC will conduct 26 continuing education courses in order to train 1600 pharmacists in the Cairo and Giza areas. MEDTEC will provide a summary of the number of pharmacists participating in each course as well as a complete list of names and addresses at the time of each invoice based on the completion of a continuing education program.

Time: To be completed by October 1999.

**Task 5. Training of trainers for CME program in Cairo and Giza areas**

MEDTEC will implement a Training of the Trainers session for trainers who will participate in the training of private physicians (See Task 2) and pharmacists (See Task 4). MEDTEC will provide bio-data on each of the trainers selected as well as an approved training plan.

Time: To be completed by July 1999.

**Task 6. Training needs assessment for physicians**

In cooperation with the PSP, MEDTEC will implement a training needs assessment within the existing training programs described in Task 2. MEDTEC will enter the data in a format consistent with the needs of the PSP. Within two months of completion of the training, MEDTEC will provide a data set in a format specified by Pathfinder.

Time: To be completed by November 1999.

**Task 7. Training needs assessment for pharmacists**

In cooperation with the PSP, MEDTEC will implement a training needs assessment within the existing training programs described in Task 4. MEDTEC will enter the data in a format consistent with the needs of the PSP. Within two months of completion of the training, MEDTEC will provide a data set in a format specified by Pathfinder.

Time: To be completed by November 1999.

**Task 8. Implementation plan**

MEDTEC will provide a draft implementation plan to POP/FP IV for their review and approval. Prior to initiation of the first training course, MEDTEC will submit a final implementation plan to POP/FP IV for their review and approval.

Time: To be completed by August 1999.

**Task 9. Development of specialized CME program for private physicians**
In cooperation with the PSP, MEDTEC will develop (three) specialized continuing medical education modules for private physicians as specified by POP/FP IV. MEDTEC will submit each developed module as it is completed to the Private Commercial Sector Advisor for review by medical advisors designated by Pathfinder International. Comments from the reviewing medical advisors will be incorporated and a final version of the developed modules will be submitted to the Private Sector Resident Advisor for review and signed approval prior to any production of training materials.

Time: To be completed by November 1999.

**Task 10. Production of specialized CME materials for private physicians**

MEDTEC will produce 500 copies of the training materials of each CME module for private physicians. This will include subject or brand oriented source book, invitation cards, forms for registration as well as other promotional and audiovisual materials as will be proposed for the CME program.

Time: To be completed by January 2000.

**Task 11. Implementation of specialized CME program for private physicians**

MEDTEC will implement 10 contraceptive update meetings to be addressed by senior OB/Gyn faculty members on selected topics in governorates designated by the POP/FP IV Private Commercial Sector Advisor. Each meeting is to be attended by 50 participating physicians based on a selection criteria agreed on by the POP/FP IV Private Commercial Sector Advisor. MEDTEC will provide a complete list of names and addresses of the attendees at the time of invoice.

The number of attendees and illustrative location of the meetings will be as follows:

<table>
<thead>
<tr>
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Time: To be completed by May 2000.
Task 12. Development of specialized CME program for pharmacists

In cooperation with the PSP, MEDTEC will develop (four) specialized continuing medical education modules for pharmacists as specified by POP/FP IV. MEDTEC will submit each developed module as it is completed to the Private Commercial Sector Advisor for review by medical advisors designated by Pathfinder International. Comments from the reviewing medical advisors will be incorporated and a final version of the developed modules will be submitted to the Private Sector Resident Advisor for review and signed approval prior to any production of training materials.

Time: To be completed by November 1999.

Task 13. Production of specialized CME materials for pharmacists

MEDTEC will produce 1000 copies of the training materials of each CME module for pharmacists. This will include subject or brand oriented source book, invitation cards, forms for registration as well as other promotional and audiovisual materials as will be proposed for the CME program.

Time: To be completed by December 1999.

Task 14. Training of Trainers for specialized CME program for pharmacists

MEDTEC will implement a Training of Trainers (TOT) Program for each specialized CME program for pharmacists. MEDTEC will provide a written report of all questions raised concerning the specified module.

Time: To be completed by January 2000.
**Task 15. Implementation of specialized CME program for pharmacists**

MEDTEC will implement 50 courses on selected topics in governorates designated by the POP/FP IV Private Commercial Sector Advisor. Each meeting is to be attended by 40 participating pharmacists based on a selection criteria agreed on by the POP/FP IV Private Commercial Sector Advisor. MEDTEC will provide a complete list of names and addresses of the attendees at the time of invoice.

The number of attendees and illustrative location of the meetings will be as follows:

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Time: To be completed by May 2000.
Part 2

Task 16. Point of Sale Promotional Materials

Subtask 16.1 Certificate of Promotion

MEDTEC will provide 3000 certificates to acknowledge completion of each PSP Continuing Medical Education Course. The purpose of the certificate is to acknowledge the completion of PSP CME course. The certificate will be suitable for framing. Specifically, MEDTEC is to:

a. develop concept, written copy in Arabic, and the artwork.
b. submit to PSP for review and approval
c. develop to camera ready stage
d. obtain written approval of camera-ready product from PSP
e. provide copies to PSP training personnel for dissemination during training sessions.

Time: To be completed by December 1999.

Subtask 16.2 Private Sector Program Brochure

MEDTEC will provide a 10,000 copies (9000 in Arabic and 1000 in English) of a brochure to describe and market the PSP Continuing Medical Education program. Specifically, MEDTEC is to:

a. develop concept, written copy in Arabic, and artwork for Pocket PSP Brochure
b. submit to PSP for review and approval
c. develop to camera ready stage
d. obtain written approval of camera-ready product from PSP
e. produce agreed number of copies according to specifications provided by the PSP.
f. provide copies to PSP training personnel for dissemination during training session.

Time: To be completed by December 1999.

Task 17. Counseling Support Materials

Subtask 17.1 Provider’s Contraceptive Reference Guide

MEDTEC will provide 10,000 each of modular binders for use with ready reference contraceptive guides for providers on essential contraceptive information. Ten thousand cards each will be provided for a combined oral contraceptive, a progestin only pill guide, a progestin only injectables contraceptive, a combined injectables, and IUDs. Specifically, MEDTEC is to:

a. develop concept, written copy in Arabic, and artwork for Pocket PSP Brochure
b. submit to PSP for review and approval
c. incorporating comments of PSP, develop to camera ready stage

d. obtain written approval of camera-ready product from PSP

e. produce agreed number of copies according to specifications provided by the PSP.

f. provide copies to PSP training personnel for dissemination during training session.

Time: To be completed by December 1999.

Task 18. Promotional Activities

Subtask 18.1 Newsletter

MEDTEC will develop three newsletters to disseminate program or trade relevant information to providers who have participated in the PSP CME courses. For each newsletter 10,000 copies will be printed. Specifically, MEDTEC is to:

a. develop concept, written copy in Arabic, and artwork for Pocket PSP Brochure

b. submit to PSP for review and approval

c. incorporating comments of PSP, develop to camera ready stage

d. obtain written approval of camera-ready product from PSP

e. produce agreed number of copies according to specifications provided by the PSP.

f. provide copies to PSP training personnel for dissemination during training session and to pharmacists who previously participated in project activities.

Time: To be completed by May 2000.

Subtask 18.2 Sales Promotion Support

MEDTEC will provide detail staff to visit 7000 selected pharmacies on a quarterly basis for three quarters. Specifically, MEDTEC is to disseminate and place sales promotion material as specified by the PSP.

Time: To be completed by May 2000.

Task 19. Public Relations Support

MEDTEC will organize and conduct four local events in four governorates agreed upon in cooperation with the Communication and Marketing Advisor. The local events will be attended by approximately 200 participants such as pharmacists, physicians as well as government representatives and opinion leaders. MEDTEC will provide quality venue, decorations, mutually agreed upon promotional materials and evening dinner program. Photo and video coverage of the event and guests as well as public relations media coverage will also be arranged by MEDTEC.
Other requirement such as simple giveaways are sought to be provided through sponsorship. Commercial pharmaceutical companies stands may be exhibited outside the meeting room for distribution of materials and samples under separate arrangement.

Time: To be completed by May 2000.
ANNEX 1.3

Training Plan through May 31, 1999
MEDTEC TRAINING PLAN
Through May 2000

Phase 1

Under POP/FP III, the Private Sector offered a basic family planning education program for over 10,000 pharmacists and 1,000 private physicians. The first step in POP/FP IV will be to complete the Cairo and Giza segments of this program. The program will be similar to that of the POP/FP III program except that four new sections will be included: postpartum contraception, progestin-only pills, one month combined injectable, and newly married women. This training program is to be completed in the first three quarters of POP/FP IV. Approximately 1600 pharmacists in 26 courses and 250 private physicians in 10 courses will complete this course.

Phase 2

Specialized Private Physician Modules

In cooperation with the PSP, MEDTEC will develop (three) specialized continuing medical education modules for private physicians as specified by POP/FP IV. One course has been identified by the PSP; a program on postpartum contraception. The other two will be developed based on a needs assessment program conducted during 1999 and the promotional needs of the PSP.

Private Physician Updates

In addition, will implement 10 contraceptive update meetings to be addressed by senior OB/Gyn faculty members on selected topics in governorates designated by the POP/FP IV Private Commercial Sector Advisor. Each meeting is to be attended by 50 participating physicians based on a selection criteria agreed on by the POP/FP IV Private Commercial Sector Advisor.

The number of attendees and illustrative location of the meetings will be as follows:

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Specialized Pharmacist Modules

In cooperation with the PSP, MEDTEC will develop (three) specialized continuing medical education modules for pharmacists as specified by POP/FP IV. Based on current promotional needs, two modules are to be developed, one on the progestin-only pill and the second on the one month combination injectable. One additional course will be identified during this time period based on a needs assessment and promotional needs of the PSP.

MEDTEC will implement 50 courses on the selected topics in governorates designated by the POP/FP IV Private Commercial Sector Advisor. Each meeting is to be attended by 40 participating pharmacists based on a selection criteria agreed on by the POP/FP IV Private Commercial Sector Advisor.

The number of attendees and illustrative location of the meetings will be as follows:

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