NEW DIRECTIONS
IN REPRODUCTIVE HEALTH
v:2 n:1 October, 2001

Spotlight — India

Friends of the Pill

Expanding the Market for Oral Contraceptives in North India

The Commercial Market Strategies project (CMS) has a dynamic social marketing program in India. *Goli ke Hamjoli* — Hindi for *Friends of the Pill* — is a mass media campaign that promotes the use of oral contraceptives. *Goli ke Hamjoli* focuses on increasing the use of oral contraceptives (OCs) among women in Northern India, where OC use is very low. The campaign strategy is to address deep-rooted myths about oral contraceptive use.

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COMMERCIAL MARKET STRATEGIES
NEW DIRECTIONS IN REPRODUCTIVE HEALTH

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Deloitte Touche Tohmatsu

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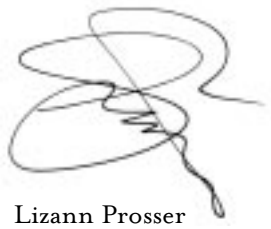
From the Director

CMS operates in over 15 countries and in the course of working through the ongoing implementation challenges of a project of this breadth it is always satisfying to pull back and look at the actual health impact of our work. How are we changing people's lives? What works? What doesn't?

Our *Goli ke Hamjoli* campaign promoting the use of oral contraceptives in India is an example of research, management and creativity working at their best. The campaign is ever-changing to meet the needs of the community and address the issues uncovered in monitoring and evaluating our work. When I visited the program office this spring I was impressed with the enthusiasm of the CMS team. Since that trip we have continued monitoring and evaluating the campaign and are pleased to spotlight *Goli ke Hamjoli* in this issue of *New Directions.*

Also, in Morocco, the *Kinat Al Hilal* campaign was given a boost with the re-commitment of partner pharmaceutical companies to maintain low prices and contribute return-to-project funds for the continued advertising of oral contraceptives. A Memorandum of Understanding was signed in June between CMS and the participating manufacturers. This event went practically un-noticed…until we really thought about what a re-commitment from a pharmaceutical company says about our work. The partnership is working and more Moroccans have access to affordable contraceptives as a result of it. So, in this last quarter of the third year of our project, I can honestly say we are having a positive impact on the health of people in our project areas.

On page seven of this issue of *New Directions* we are offering you an opportunity to order CMS publications. These documents are free of charge and you can use the enclosed insert to mail in your request. You can also read about our programs on our web site at *www.cmsproject.com.* I hope you will enjoy this fourth edition of *New Directions.* I welcome your comments and suggestions for upcoming editions.



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Project Director, Commercial Market Strategies
Deloitte Touche Tohmatsu
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Continuing a Strategic Partnership with Pharmaceutical Companies

Keeping the Pill Accessible in Morocco

Since 1992 the Moroccan *Kinat Al Hilal* (*Pill of the Moon*) brand of oral contraceptives has been successfully sold through a social marketing arrangement with the Wyeth and Schering pharmaceutical companies. In May of 2001 both manufacturers signed a Memorandum of Understanding (MOU) with CMS establishing the terms and conditions for the continued social marketing of their low-dose brands, *Minidril* (Wyeth) and *Microgynon* (Schering), under the *Kinat Al Hilal* brand. This re-commitment by the pharmaceutical companies demonstrates the success of the partnership. Both manufacturers agreed to continue to sell their pills at a rate of 8.8 Moroccan Dirhams per cycle (80 cents US). In fact, Wyeth and Schering have not raised the price of these products since 1998. Additionally, the manufacturers agreed to continue setting aside five percent of their gross sales in a return to project fund (RPF) used for advertising and promoting the *Kinat Al Hilal* umbrella brand.

The new MOU also allows CMS to use the return to project funds from 1999 and 2000 sales to develop a new advertising strategy and purchase media for the current *Kinat Al Hilal* campaign.

For more information about the pharmaceutical partnerships in Morocco or within the CMS project please contact Vicki Baird at *v.baird@meridian-group.com* or Dr Mohamed Ktiri (in Morocco) at *mktiri@cms.org.ma.*

To overcome advertising restrictions — the brand-specific advertising of pharmaceuticals is not permitted in Morocco — an umbrella name, Kinat Al Hilal *(Pill of the Moon), and logo were created. The moon provides a symbolic link with the monthly cycle and serves as a reminder for taking the pill.*

New Clinics Making Positive Impact in Nicaragua

CMS is working with PROFAMILIA, a Nicaraguan family planning NGO, to upgrade and expand their services with six new primary care clinics in Hurricane-Mitch affected areas. In March 2001 CMS opened the first clinic in Tipitapa. Since then, two more clinics have opened: one in Esteli and another in Sebaco. (See the June 2001 edition of *New Directions* for the full story.) The new state-of-the-art facilities — constructed with the same interior layout, exterior design, signage and services — offer a broad range of services and complement the existing 12 PROFAMILIA clinics.

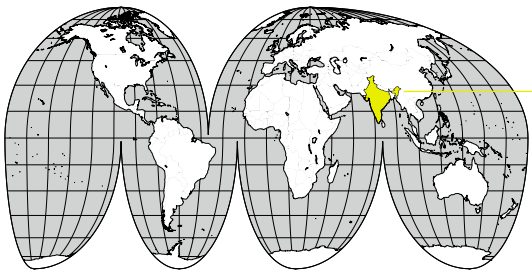
In the first six months over 4,000 patients received health care in the three new PROFAMILIA clinics — over 2000 patients in Tipitapa alone! While operating costs have varied, the overall cost recovery ratio for all three clinics has exceeded expectations.

CMS is aggressively promoting the brand equity of PROFAMILIA and uses a franchise model for marketing services — so every time a person enters a PROFAMILIA clinic they know exactly what high quality services they can expect. Marketing efforts have focused on "promoters" who visit families in their homes, collect information about health needs and encourage clinic visits when needed. Additional promotion through radio jingles, television spots, outdoor video and special "combo" packages familiarize the community with the PROFAMILIA brand name and services.

We will update you on further developments of the PROFAMILIA clinics as they open. If you'd like information about CMS's work in Nicaragua please contact Kelly Wolfe at *kwolfe@cmsproject.com* or Pilar Sebastian (in Nicaragua) at *cms@cablenet.com.ni.*

PROFAMILIA

The PROFAMILIA clinic in Tipitapa. Based on a franchise model, all of the new PROFAMILIA clinics have the same layout, design, signage and services.



Friends of the Pill *(continued from front cover)*

To put the CMS *Goli ke Hamjoli* campaign in a historical context, it should be noted that social marketing has been going on in India since the 1960s. The first social marketing campaign used a government-subsidized brand of condoms sold through a variety of outlets. At that time, most Indian family planning programs focused on sterilization and efforts to promote birth spacing methods met with limited success. Consequently, the use of methods such as IUDs and OCs were extremely low. But in 1998 a National Family Health Survey indicated that even though the use of oral contraceptives in India was very low (2.1 percent in 1998) the propensity to try oral contraceptives was very high. And a few years earlier (1992), the government of India had reclassified low-dose OCs as over-the-counter drugs. This suggested both a strong barrier to behavior change with respect to oral contraceptives as well as an opportunity for marketing them.

India's ICICI bank — under the USAID-funded Program for Advancement of Commercial Technologies (PACT) - Child Reproductive Health (CRC) project — engaged CMS to assist in the expansion of the private sector market for oral contraceptives in eight states: Madhya Pradesh, Bihar, Rajasthan, Jharkhand, Uttaranchal, Uttar Pradesh, Chattisgarh and Delhi.

To do this CMS developed a campaign plan to promote "generic" use of low-dose OCs through advertising, public relations and training. In the campaign plan, commercial and social marketing firms could promote their own brands under the umbrella of this campaign. The leading pharmaceutical firm, Wyeth Lederle agreed to intensify promotion and distribution of their own brand in North India as a partner to the campaign.

Initial Steps in Developing the Oral Contraceptive Promotion Campaign

The first step in the CMS/India project was to conduct research among OC users and potential users. To understand the needs and fears regarding OCs and identify the target audience, CMS used a mix of one-on-one interviews and focus group discussions with married women, their husbands, their mothers-in-law and

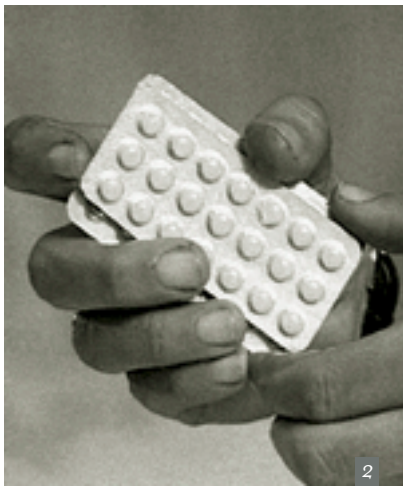
Goli ke Hamjoli

According to the Memorandum of Understanding with partner pharmaceutical companies, the campaign "overbrands" low-dose oral contraceptive packaging with the Goli Ke Hamjoli *logo (above). This provides consumers with an important visual link to the mass media campaign while increasing sales and brand equity for the manufacturers.*

1 *Focus groups were used at each step to understand needs, fears and barriers to OC use, identify the target audience, test advertising concepts and prototypes, and monitor the campaign.*

2 *A* Goli Ke Hamjoli *representative holds generic packages of contraceptive pills during a training session for pharmacists. The program was developed to increase oral contraceptive use in Northern India by promoting the entire category of low-dose pills and not just one specific brand.*


1


2

Country Name: Republic of India
Population: 1033 million (mid-2001 estimate)*
Capital: New Delhi
Area Comparative: Slightly more than one-third the size of the United States
GNI PPP per Capita: $2,230 (USD, 1999)*◊
Total Fertility Rate: 3.2*
Infant Mortality Rate: 70 per 1,000*
Contraceptive Prevalence Rate: 48 (all methods, married women)*
Percent of Population with HIV/AIDS: 0.7*

Source:
* Population Reference Bureau: 2001 World Population Data Sheet
◊ Gross National Income per capita adjusted for purchasing power parity (PPP). For more information see *www.prb.org*.

gynecologists. The advertising firm, Ogilvy & Mather, observed all of the focus groups sessions via closed-circuit cameras. Focus groups revealed two primary barriers to OC use. First, *fear of short-term side effects* such as nausea, weight gain and dizziness were identified as irritants in daily life. Second and more serious was *concern about long-term side effects* such as infertility and permanent physical damage. These fears were in part due to the side effects of high-dose OCs previously available on the Indian market. Another finding that was instrumental in shaping the initial campaign was articulated during the focus group sessions: *"...a woman who enters a new house after marriage experiences many changes and needs time to adjust to her environment and the roles she is expected to adopt...."* Based on this insight, CMS and Ogilvy & Mather then developed advertising concepts and prototypes that were tested on other focus groups before the initial launch. The new campaign, targeted to women between age 18–29 in urban areas, positioned the pill as a companion to women and couples and called itself *Goli ke Hamjoli,* which in Hindi means *Friends of the Pill.*

To augment the mass media consumer campaign, a series of public relations and training activities were targeted at pharmacists and doctors. These health care providers were identified as the key opinion leaders and gatekeepers for oral contraceptive use in Northern India.

Monitoring the Advertising Campaign

The first *Goli ke Hamjoli* mass media/advertising blitz in 1998 used television ads aired on government television channels as well as satellite, Sony, Zee, Star and local cable TV networks. The ads used the themes of *safety* and *reassurance* to address anxiety about side effects and the role of a new bride and her decisions about family planning. However, follow-up research on the campaign revealed that married couples were making family planning decisions, not just women. Based on this finding the ads were modified to include a young urban couple.

In mid-1999, the campaign used celebrity endorsements to raise awareness of the new generation of low-dose pills. The celebrities addressed side effects such as weight gain and highlighted the reversibility and ease of oral contraceptive use.

3 *A television ad targeting young urban couples. Follow-up research on the first round of* Goli Ke Hamjoli *mass media ads revealed that family planning decisions were being made by couples rather than just women.*

4 *An Indian celebrity talks about* Goli Ke Hamjoli *— televised celebrity endorsements address side effects and raise awareness of the ease of use of the new generation of low-dose contraceptive pills.*

5 *Doctors attend a* Goli Ke Hamjoli *conference. Public relations activities like conferences and training sessions support the mass media campaign.* Goli Ke Hamjoli *is cast as a "movement" involving doctors, pharmacists, opinion leaders, civic groups, health organizations and the media to help educate couples interested in oral contraceptives.*


3

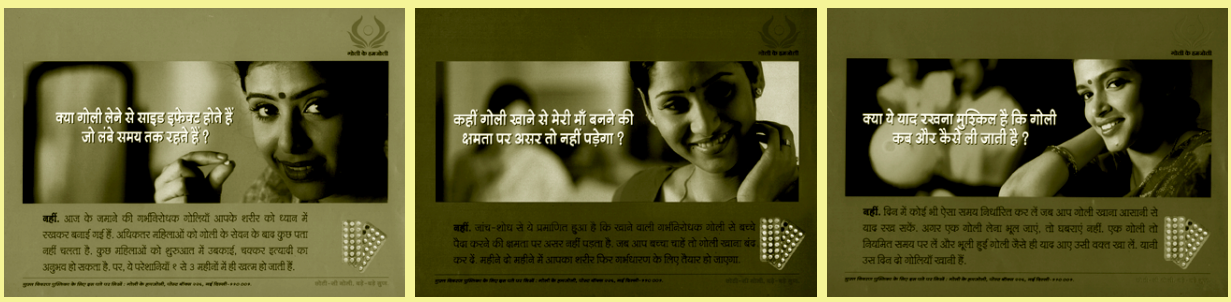

4


5

TRACKING STUDIES:

Post-viewing Behavior

Base: All who saw the ad	JAN 1999	JULY 1999	FEB 2000
Use OCs	4%	8%	11%
Intend to use	27%	21%	15%
Discontinued users	5%	3%	3%



Posters from the initial mass media campaign positioned the pill as a companion and "friend" to urban women aged 18–29.

Recent qualitative follow-up research suggests that there are two audiences for the *Goli ke Hamjoli* campaign. The first group, *intenders,* is aware of the benefits of modern contraceptive methods but need reassurance and information on the regime and safety. The second group, *non-users,* use traditional methods and need to be convinced of the benefits of using modern contraceptives, such as peace of mind. A set of five television ads targeting these two groups was released in February 2001. Three of the ads have concise information on OC use and safety and are targeted at turning *intenders* into *users.* The other two ads are more emotive and address the concerns of non-users. The television ads have over 80 percent recall among target women in program cities. Recent sales data show that the campaign has been successful in growing the oral contraceptive market within the target audience.

Training and Detailing

A Goli Ke Hamjoli *"promoter" on a detailing visit provides information to a pharmacist. Over 100 promoters visit doctors and pharmacists in the project area and answer questions about the new generation of low-dose contraceptives.*

The *Goli ke Hamjoli* program does not promote a specific brand, but rather promotes the entire category of low-dose pills. So doctors and pharmacists — the gatekeepers — need information about these new products. As part of the agreement with OC manufacturers, CMS has engaged over 100 "promoters" to detail neighborhood doctors and pharmacies in the project area. These promoters provide specific information about low-dose oral contraceptives. They answer questions about the differences in side effects between this new low-dose product and the higher-dose pills in the past. The *Goli ke Hamjoli* promoters' work has become invaluable to the manufacturers sales efforts. Today most manufacturers' representatives promote their brands as "partners" with *Goli ke Hamjoli.* They see the brand equity value of associating themselves with such a successful campaign.

To date, the *Goli ke Hamjoli* campaign has trained over 30,000 pharmacists and 22,000 traditional doctors on the issues surrounding low-dose oral contraceptives. Briefing sessions have been held in 12 cities for leading local civic groups including the Indian Medical Association, the Rotary Club, the Lions Club and others. Updates on the *Goli ke Hamjoli* program have been mailed to over 27,500 doctors and over 320 of the area's top doctors have endorsed

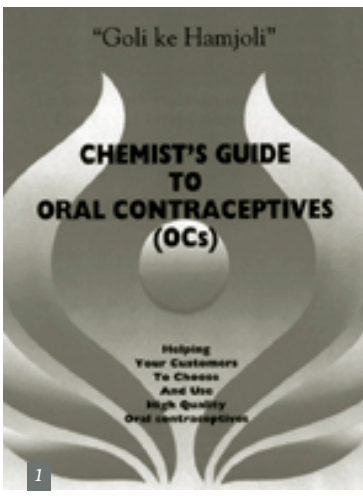
Goli ke Hamjoli and are offering free counseling. Since its inception over 300 articles on the *Goli ke Hamjoli* program and oral contraceptive pills have appeared in Indian newspapers and women's magazines.

Awards and Recognition

The *Goli ke Hamjoli* campaign was named Healthcare Campaign of the Year at the 1999 Asian Public Relations Awards and won India's Abby Award from the Bombay Ad Club for Best Social Concern Campaign. The *Goli ke Hamjoli* campaign has produced what is often referred to as a "halo-effect." Overall commercial sales of oral contraceptives in the project area have increased. More importantly, the campaign has proven to be such a success that new pharmaceutical manufacturers have signed on — establishing a solid role for the private sector and giving even wider access to oral contraceptives in Northern India. *"The private sector must see the benefit of a partnership,"* says Dr Rita Leavell, CMS India Country Director, *"since so many firms have asked us to 'do a* Goli ke Hamjoli*' for their products!"*

The CMS experience in Northern India illustrates the positive effects of combining creative advertising with continued research, monitoring and evaluation to bring about a very positive health impact in a challenging environment.

For more information about the *Goli ke Hamjoli* campaign please contact Craig Carlson (in Washington, DC) at *ccarlson@cmsproject.com* or Rita Leavell (in India) at *rleavell@compuserve.com.*



1

1 *The* Goli Ke Hamjoli *campaign has trained over 30,000 pharmacists (chemists) about OCs using printed guides, briefing sessions and detailing visits. Early research revealed that doctors and pharmacists were the "gatekeepers" — influential sources of information for women and couples considering using the pill.*

2 *A billboard promoting* Goli Ke Hamjoli *in Jaipur, August 2001.*


The Need
Of The Day

There have been over 300 newspaper and magazine articles about the program — this June 15, 2000 issue of A&M (Advertising and Marketing, and Indian magazine) announces that *Goli Ke Hamjoli* serves ***"The Need of The Day"*** in its effort to ***"educate Indian women about the benefits of the pill."*** The article asserts that the campaign ***"may end up lending a hand to economic development"*** and concludes by saying ***"And let's hope it reaches every Indian ear. For the time is now. And*** **Goli Ke Hamjoli** ***is a commendable beginning. Let others follow."***

2

Capital Doctor and *Triple-S*

Call-in Radio Programs in Uganda are Wide-Reaching and Provide a Platform for Straight Talk about Sexual Health.

Understanding the specific questions people have about health and sexuality is the cornerstone to developing effective public health campaigns. The CMS Uganda project office offers another break-through method for doing just that.

CMS/Uganda has developed one of the most successful radio programs in the region. *Capital Doctor* is a call-in radio show with a medical doctor acting as the host. The show, sponsored by *Protector* condoms (the CMS brand), airs every Tuesday from 8:00 to 9:00 pm on Capital Radio, an FM station based in the capital, Kampala. Capital Radio covers all of Uganda as well as parts of neighboring Kenya and Tanzania and so *Capital Doctor* reaches an audience of about nine million people.

The *Capital Doctor* hosts are Dr Donna Kabatesi, a specialist in STD management, and Dr Elioda Tumwesigye, a physician and epidemiologist with vast experience in STD research and prevention. The lively *Capital Doctor* show format features popular music and promotional advertising for the *Protector* condom. The doctors provide detailed answers to questions that are submitted by the audience either via telephone or mail. The majority of questions on the show come from women. Most questions are related to HIV/AIDS, sexuality, lower abdominal pain, menstruation, infertility and masturbation. Callers also have many questions regarding malaria.

To support the *Capital Doctor* show, the Straight Talk Foundation, a local NGO publishes monthly tabloid paper called *Straight Talk*. This paper is targeted toward adolescents and also features candid questions and detailed answers about sexuality, reproductive health and peer pressure. *Capital Doctor* refers to the *Straight Talk* publication on the air as a means of reinforcing positive reproductive health messages.

CMS is also working with Dr Tumwesigye on a radio program called *Triple-S* (Stay Safe and Smart). This program is aired on Radio-West in the Western Ugandan town of Mbarara. The *Triple-S* format is similar to *Capital Doctor* and targets youth with topics such as setting academic goals, intelligent choices about alcohol and drug use, malaria, HIV/AIDS and STDs.

For more information about the *Capital Doctor* or *Triple-S* programs in Uganda please contact Steven Shalita (in Uganda) at *sshalita@cmsproject.co.ug*. For more information about the CMS programs in Africa please contact Rudolph Chandler at *rchandler@cmsproject.com.*

1 Straight Talk, *the monthly tabloid for adolescents published by the Straight Talk Foundation, promotes the* Capital Doctor *and* Triple-S *radio shows while reinforcing their positive reproductive health messages.*

2 *A girl in a teen center in Kampala, Uganda, listens to the* Capital Doctor *call-in radio show. Most of the questions for the doctors hosting the program come from adolescent women.*

1


2

New CMS Research Documents the Process of Contraception-Adoption

Women or couples considering contraceptive use typically work through a number of decisions including deciding to adopt contraception (or not to), choosing a method, and, over time, deciding to continue, switch methods, or stop. In July 2001, CMS/Jordan released a study documenting the steps Jordanian women go through in the contraception-adoption process and identifying critical decision points and influential sources of information.

Dr Michael Bernhardt, CMS/Jordan, and Dr Mousa Shteiwi of the University of Jordan designed the study. Researchers used personal interviews to determine who women talked with about using contraception and choosing a method, why they switched or stopped, and their level of satisfaction with both the advice received and the method itself.

"This work is important because it tells us who women turn to when making family planning decisions," says Dr Ruth Berg, CMS Research Director. *"If we know who women talk to and whose advice they trust we can then reach out to these advisors. This information helps us design programs that allow women to choose methods that best fit their needs."*

The study found that while the husband is influential in deciding to begin or stop using contraception, he has less to say about the particular contraceptive method chosen. In fact, 84 percent of the women surveyed stated that in preliminary discussions their husbands did not suggest a particular method. For technical discussions and advice regarding method choice women turn to physicians, specifically *general practitioners specializing in women's health* (as opposed to specialists like OB/GYNs). Women have the greatest trust in general practitioners — so these doctors are pivotal actors in the contraception-adoption process and successful family planning programs will need to reach this group. Pharmacists were found to have a negligible role in the decision-making process.

"This work is important because it tells us who women turn to when making family planning decisions."

Sixty-four percent of the women surveyed abandoned the first method they chose within a year. But then almost all of the women who stopped subsequently adopted another modern method. So even though women gave up on a method, *they didn't give up on family planning* — they just switched. In fact, 95 percent of the women surveyed said that they were satisfied with their new, second method choice. This means that the bulk of women who were dissatisfied with their first family planning choice did not revert to traditional methods.

The full report, *The Contraception-Adoption Process in Jordan,* provides background information and details the research objectives, sample and methodology. The methods recommended by the different advisors at each phase of the process are documented as well as reasons for discontinuation. The report also discusses the respondents' perception of the credibility of sources of information and the criteria used for selecting a provider.

To order a copy of the report please contact Christine Préfontaine at (202) 220-2174 or *cprefontaine@cmsproject.com.* You can learn more about this study and CMS activities in Jordan by contacting Craig Carlson at *ccarlson@cmsproject.com* or Dr Michael Bernhardt (in Jordan) at *mbernhart@aol.com.*

A female community health worker answers questions about contraceptive use during a home visit in Jordan. Door-to-door visits provide women with the opportunity to ask questions, discuss their health concerns and get referrals to local clinics and physicians.

The 1997 Demographic Health Survey in Jordan reported that 20 percent of all births in the previous five years were mistimed, and 17 percent were unwanted.

CMS Publications

The following CMS print publications are available and free of charge. Please mail in the enclosed card to indicate which publication you would like to receive. We maintain a current publications list in the Resources section of our web site at *www.cmsproject.com.*

Newsletters — *New Directions*

Uganda

Volume 1, Number 1
September, 2000

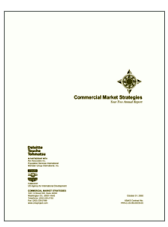
Morocco

Volume 1, Number 2
February, 2001

Nicaragua

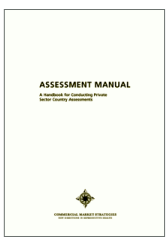
Volume 1, Number 3
June, 2001

General



Annual Report

Commercial Market Strategies Year Two Annual Report. October 2000.



Assessment Manual

A Handbook for Conducting Private Sector Country Assessments. September 2000.

CMS Brochure

Commercial Market Strategies: New Directions in Reproductive Health. An overview of CMS technical areas, 8 pages, multi-lingual (English, French and Spanish).

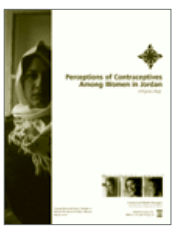
HIV/AIDS Pocket Folder

Commercial Market Strategies: An overview of how CMS is working with the private sector on prevention and treatment programs for sexually transmitted infections and HIV/AIDS around the world. September, 2001.

Country Research Series

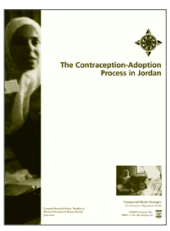
Number One — Uganda

Knowledge, Attitudes and Practices Related to Malaria and Insecticide Treated Nets in Uganda — Baseline Survey: December 1999 - January 2000. Francis Okello-Ogojo, February 2001.



Number Two – Jordan

Perceptions of Contraceptives Among Women in Jordan: A Projective Study. Michael Bernhart & Nadine Khoury, March 2001.



Number Three – Jordan

The Contraception-Adoption Process in Jordan. Michael Bernhart and Mousa Shtiewi, July 2001.

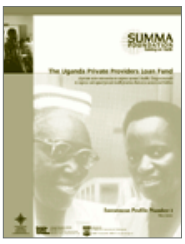
CMS Technical Fact Sheets

The CMS project has seven technical areas: Partnerships, Policy, NGO Sustainability, Corporate Social Responsibility, Provider Networks, Health Financing and Social Marketing. These technical areas are highlighted in individual factsheets within a CMS folder. September 2001. *If you require more than ten sets of these fact sheets please call us at: +(202) 220-2150.*

Summa Foundation Publications

Summa Brochure

Summa Foundation: Banking on Health. An overview of the investment process, criteria, technical assistance and examples of borrowers, 8 pages.

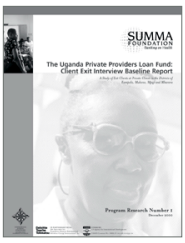


Investment Profile 1 – Uganda

The Uganda Private Providers Loan Fund — A private sector intervention to improve women's health: Using microcredit to improve and expand health practices that serve women and children.

Case Study – Indonesia

Indonesia Midwives Loan Fund: Can a Revolving Loan Fund be used to Encourage Private Midwifery Practices?



Program Research 1 – Uganda

The Uganda Private Providers Loan Fund: Client Exit Interview Baseline Report — A Study of Exit Clients at Private Clinics in the Districts of Kampala, Mukono, Mpigi and Mbarara.

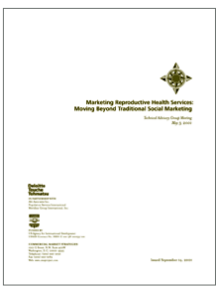
Case Study – Kenya

AAR Health Services, Kenya: Is the Provision of Financing a Cost-Effective Intervention to Motivate the For-Profit Health Sector in the Delivery of Family Planning Services?

Financing Sources

Summa Financing Sources. A tool designed to assist the private and commercial health sector to identify sources of financing for healthcare activities in developing countries.

Technical Papers



Services Marketing

Marketing Reproductive Health Services, Moving Beyond Traditional Social Marketing. Technical Advisory Group Proceedings, October 2001.

Social Franchising to Expand Access — Pakistan

Social Franchising as a Strategy for Expanding Access to Reproductive Health Services. A historical analysis of Population Service International's Green Star service delivery network in Pakistan. Rehana Ahmed, MD, and Julie McBride, MPH, October 2001.

The Role of Insurance Mechanisms in Improving Access

The Role for Insurance Mechanisms in Improving Access to Private Sector Primary & Reproductive Health Care. Technical Advisory Group Proceedings, prepared by Rich Feeley, November 2000.

Summa Foundation Loan to the Reproductive Health Association of Cambodia Contributes to its Financial Sustainability

Cambodia has the highest maternal mortality rate in South East Asia. The Reproductive Health Association of Cambodia (RHAC) has been dedicated to meeting the needs of the Cambodian people since 1997.

In July 2001 the Summa Foundation disbursed a $150,000, 3.5-year loan to the Reproductive Health Association of Cambodia (RHAC). The loan was used to purchase RHAC's main clinic and headquarters in Phnom Penh.

During the turmoil of the Khmer Rouge, the Cambodian health care system was abolished. Less than 50 Cambodian doctors survived Pol Pot's regime in the late 1970s, which rejected conventional Western medicine and allowed only traditional healing methods.

Since 1980 Cambodia has tried to re-build its health sector, but public services are still weak. As a result of this devastation, public health sector indicators are low. The total fertility rate is 4.1 and the contraceptive prevalence rate is 16 percent for all married women using modern methods. In addition, Cambodia currently has the highest HIV/AIDS prevalence among Asian countries.

In 1997, in this difficult environment, the Reproductive Health Association of Cambodia (RHAC) began operations. It is an indigenous not-for-profit organization, managed and staffed by Cambodians. RHAC provides health services through five clinics in four provinces of Cambodia and through a community outreach program. RHAC clinics provide family planning services, STI treatment and counseling, pre- and post-natal care, and HIV/AIDS counseling. RHAC also provides training in reproductive healthcare to other private and public sector health professionals. Today RHAC stands out for providing high quality affordable reproductive health services.

As it strives to establish roots for longevity, RHAC is working towards financial sustainability. RHAC has already taken a number of steps to increase its sustainability and diversify its funding base. Following an assessment, the Summa Foundation recommended several additional steps, including a loan to purchase RHAC's main clinic and headquarters. This Summa loan will increase RHAC's institutional equity and reduce costs over time. To move RHAC closer to its goal of sustainability, the Summa Foundation will also provide technical assistance, including assistance in investing its cash reserves.

The Summa Foundation provides financing and technical assistance to the private and commercial health sector in developing countries. For more information about the Summa Foundation visit *www.summainvestments.org* or contact Meaghan Smith at *msmith@cmsproject.com* or Carlos Carrazana at *ccarrazana@cmsproject.com*.

In Upcoming Editions of *New Directions*

■ CMS is working with **The Ghana Social Marketing Foundation** (GSMF) on several fronts. Recently, the Summa Foundation provided a loan for the purchase of condoms to be socially marketed throughout the country and CMS hired full-time local representative to assist in the implementation of **corporate social responsibility** and health activities initiated by several commercial businesses. In the next edition of *New Directions* we will highlight these activities.

■ CMS in Uganda will be launching a **Clean Delivery Kit** called *New Maama* in the Fall of 2001. *New Maama* is a simple, disposable kit designed reduce infections during the delivery of a baby (infection is a major cause of maternal and newborn death). The *New Maama* project is in partnership with CARE's International Community Reproductive Health Project (CREHP). The next edition of *New Directions* will include a status report on this new project.

■ As part of CMS's on-going assistance to four local NGOs in the **Dominican Republic** we conducted a business-planning workshop from August 27–29. The workshop was focused on training participants to write an effective business plan and there was also a module on corporate social responsibility. In the next edition of *New Directions* we will summarize the workshop highlights.