

Spotlight — Senegal

CMS and ADEMAs Launch a New Pill

THE SECURIL PROJECT

On April 26, 2002, Commercial Market Strategies (CMS) and its partner, the Agency for the Development of Social Marketing (ADEMAS), officially launched a new low-dose oral contraceptive — *Securil*. The primary objective of the *Securil* project is to reduce deaths due to childbirth. Maternal mortality in Senegal is alarmingly high — the average rate is 560 deaths per 100,000 live births. And in some regions the rate exceeds 1,200 per 100,000 (in the United States it is 12 deaths per 100,000 births). Furthermore, in Senegal only 3.3 percent of women use oral contraceptives (OCs).

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NEW DIRECTIONS

IN REPRODUCTIVE HEALTH

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From the Director

Welcome to our sixth issue of *New Directions*, the Commercial Market Strategies (CMS) project newsletter. CMS is a USAID-funded project that aims to increase access to and demand for reproductive health and family planning in developing countries through the private sector.

In this issue we are highlighting our program in Senegal. CMS has the good fortune of partnering with an outstanding Senegalese NGO — ADEMAs. Through this partnership we've already made great strides in the fight to stop the spread of HIV/AIDS. And now, in an effort to lower the maternal mortality rate and encourage birth spacing, we've just launched a new pill, *Securil*. We developed a dynamic campaign that not only dispels negative myths about oral contraceptives, but also addresses quality of care and policy issues.

You will also read about how our CMS office in Uganda took time from its incredibly hectic schedule to recognize Africa Malaria Day. Our staff in Kampala traveled to the AIDChild orphanage in the Masaka district to provide each child with a new *SmartNet* insecticide-treated net. My heart goes out to these innocent children and we in the Washington office are grateful to our colleagues in Uganda for helping them.

The startling findings of a set of studies on adolescent reproductive health in Jamaica are also presented in the following pages — as well as a behavior change campaign that encourages safe reproductive health practices among Jamaican youth. In addition, we report on CMS's renewed partnership with a pharmaceutical company to continue our work in Morocco, as well as a summary of our research findings on endowments.

In upcoming issues of *New Directions* I want to make sure we address topics that are of interest to you. So I welcome your comments and suggestions for future articles and I look forward to hearing from you.

Lizann Prosser

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Orphans' Lives Brightened by CMS *SmartNets*

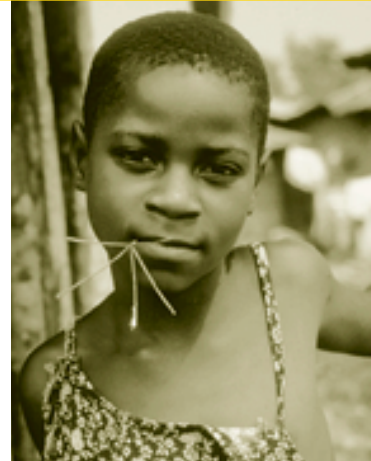
On April 24, 2002 — in honor of Africa Malaria Day — CMS/Uganda donated 25 of its *SmartNets* to AIDChild, a hospice and palliative care home for HIV-infected orphans. The *SmartNet* is pre-treated with a safe, biodegradable insecticide. And when used over a bed or sleeping mat, it protects against the mosquito bites that transmit malaria.

AIDChild, located in the Masaka district of southwestern Uganda, provides a safe home and nurturing environment for 22 abandoned and abused HIV-positive orphans. AIDChild's mission is to "make life more precious, and hope more real."

Three CMS/Uganda staff drove to Masaka to make the donation directly to the children, some of whom have previously suffered from malaria. As each child was handed a *SmartNet*, their face lit up with appreciation and happiness. Later, the children's "mother," Gloria Johnson (Executive Assistant of AIDChild) told CMS that the children did not want to part with their nets after our staff left: "After school, Maria immediately ran up to me and asked, 'Mommy! Mommy! Where is my net?' Last night, it was all the children could talk about. They've decided their old nets do not compare to the new ones. We are all very excited, and very grateful to you for your work on our behalf. On behalf of everyone here at AIDChild, I thank you for the kindness and generosity you've shown our children. May you be rewarded a hundred-fold!"

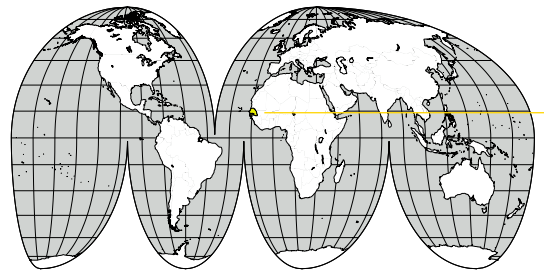
Malaria is endemic in Uganda. It is the leading cause of mortality and morbidity, especially in children under five. So the *SmartNets* are particularly important to protect these already-vulnerable children.

For more information about the CMS program to promote *SmartNets* in Uganda please contact Elizabeth Gardiner at egardiner@cmsproject.co.ug.



Malaria kills one child every 30 seconds. And 90 percent of all cases occur in sub-Saharan Africa. CMS's SmartNet, launched in December of 2000, is an inexpensive and effective method to reduce deaths and improve health.





Spotlight — Senegal



Many women in Senegal think that they need their husband's consent to use modern family planning, though there is no legal basis for this belief. Rather, it is rooted in cultural norms and encouraged by some providers. (PHOTO: Danielle Baron, JHU/CCP)



The Securil logo features a Senegalese couple and their two children within a crescent, the symbol of Islam.

CMS and ADEMAs Launch a New Pill *(continued)*

Despite these statistics, CMS and ADEMAs faced a number of obstacles before launching *Securil*: Myths and fears exist surrounding the side effects of the pill, confusion abounds regarding the position of Islam on family planning, the female illiteracy rate is 72 percent, private sector providers are underused, and cumbersome policies restrict the distribution and promotion of hormonal contraceptives.

To address these challenges, the *Securil* project uses a comprehensive approach — more than just a product with support from education and behavior change components, the campaign is designed to develop the private sector, improve the quality of health services, and promote sound government policies.

POSITIONING THE PILL: ADDRESSING RUMORS AND FEARS

Securil is positioned as a high-quality, safe, and affordable pill that is accessible to low- and middle- income markets. *Securil*'s tag line (safe and effective), posters, consumer brochure, and provider brochure reinforce the message of safety and quality. They also respond to CMS's qualitative research findings, which revealed a significant mistrust of hormonal methods — mostly due to rumors about the perceived negative effects on health and fertility. Our research showed that in Senegal most rumors linked OC pill use to stomach and lower back problems, increased chances of birthing twins, reduced fertility, sterility, difficult deliveries, and even death.

The primary target market for the new *Securil* brand of OCs is urban/semi-urban married women who have expressed their intention to use family planning — particularly to space births. This group is segmented into women who intend to use the pill and those who have doubts and fears about the safety of OCs. Secondary targets include the husbands of the primary group and pro-family planning private providers.

DEMAND FOR A BIRTH-SPACING METHOD

CMS used focus groups to conduct its qualitative research. Participants described how Senegalese people space births to manage finances and meet their children's needs for nutrition, health care, and education. One participant — a man whose wife was not using contraception — summed up these views succinctly: "Spacing is primarily for the health of the family. This is extremely important for society. For society to advance we must succeed in educating our children." Among married Senegalese women, 33 percent report unmet family planning needs and 37 percent plan to use a method in the future — and 28 percent of this latter group report that they intend to use the pill.



Official name: Republic of Senegal
Capital: Dakar
Size: 75,954 square miles (slightly smaller than South Dakota)
Languages: French (official); regional languages include Wolof, Pulaar, Jola, Mandinka
Religion: Muslim (94 percent), Christian (4 percent), indigenous (2 percent)
GNI per capita (US\$): \$1,400*
Population: 9.7 million (will double in 25 years at current rate of growth)*
Total fertility rate: 5.7*
CPR (total/modern): 12.9/8.1 of married women between 15 to 49*

* Source: Population Reference Bureau, 1999 (www.prb.org)

REACHING OUT TO HEALTH CARE PROVIDERS

In preparation for the launch, Dakar pharmacies began stocking *Securil* on February 25, 2002. By April 26 the CMS/ADEMAs detailing team had already visited 90 percent of the city's pharmacies and began visiting outlets in semi-urban areas, ensuring country-wide coverage. The detailers distributed point-of-sale materials (posters, pens, mobiles, and brochures) to ensure that *Securil* is well placed and visible to customers. The detailing team reported enthusiastic responses from both pharmacists and providers.

Public relations activities also targeted health care providers. Meetings with medical associations (such as the Association of Gynecologists and Obstetricians, the Union of Private Providers, and the Association of Midwives) introduced the *Securil* campaign and set the stage for more detailed presentations in the future.

PROVIDER TRAINING

Only private doctors and midwives may prescribe OCs in Senegal. In public sector clinics, however, nurses, senior medical technicians, and even nurses' aides can prescribe OCs — after they've received the proper training. Unfortunately, there is no government-approved training curriculum for private sector providers. To solve this predicament, CMS's provider training and advocacy work intersect: CMS/ADEMAs is developing a formal training curriculum to improve provider services with the ultimate goal of using it to expand the range of providers permitted to prescribe OCs.

The first groups targeted for training are general practitioners and midwives (this first round of training will also pre-test the curriculum), but our long-term objective is to train nurses and paramedics. *(continued on next page)*



Ms Awa Marie Coll Seck, the Senegalese Minister of Health, demonstrates her support by speaking at Securil's official launch.

Quality of Care

Unfortunately, most of us have had an unpleasant experience with a health care provider — a confusing diagnosis, complicated instructions, not feeling listened to, or being addressed in an unfriendly manner. Now imagine trying to get information on your family planning options or a sensitive reproductive health issue from a provider who is not empathetic.

Picture this: A woman sees the new *Securil* ads, reads the brochure, discusses using the pill with her husband, and decides to start taking it. But then she starts experiencing vertigo and becomes worried. This scenario is an example of why provider training is such an important part of the *Securil* campaign. A well-trained provider is aware of a patient's feelings and can effectively manage temporary side effects while providing accurate, easy-to-understand explanations.

A good experience with a provider not only helps an individual — it reinforces the *Securil*'s mass media messages and strengthens the brand.



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ABOVE: The consumer brochure features an urban, middle-class family. The husband says, "The pill for my family's well-being." The copy reads: "A simple method for spacing births. For the good health of mother and child." The brochure lists the most common myths and rumors in the form of questions and concludes by firmly stating: "The answer to all of these questions is NO, NO, and NO! Don't listen to rumors. They are the voices of ignorance."

CMS ADVOCACY ACTIVITIES

Senegal's pharmaceutical sector is highly regulated and the legislation is complex. For example, just changing the color of a product's packaging invalidates its government visa (certification). So to support and guide the *Securil* campaign — and to explore the future launch of an injectable — CMS/ADEMAs conducted an in-depth assessment of the laws and precedents governing the prescription, delivery, storage, and promotion of hormonal contraceptives.

More than just analyzing judicial texts, the CMS/ADEMAs assessment identified legal voids and gray zones, and included a two-part series of interviews with a range of public, private, and commercial sector stakeholders (such as the Ministry of Health, providers, clinics, NGOs, associations, and development partners). In addition, the assessment team reviewed lessons learned in other countries.

Much in the same way that focus groups were used to inform the content of the marketing materials, CMS/ADEMAs used the advocacy interviews to understand

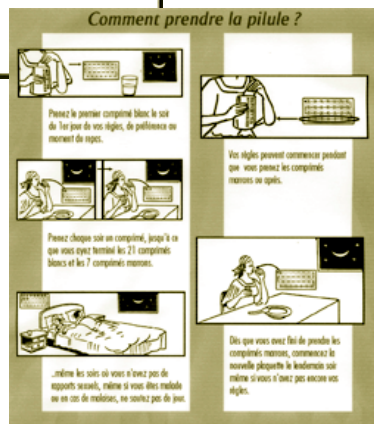
- The cultural values underpinning the legal regulations
- How key government officials interpret the legal code
- The practical applications of Senegalese law

These insights will influence advocacy strategies and allow CMS/ADEMAs to create a regulatory environment that supports the Ministry of Health's goals.

CMS will be monitoring and evaluating the results of the *Securil* project. As these results are reported, we will document them and post them on our website at www.cmsproject.com. If you have any questions about our Senegal project or office please call Marie-Laure Curie at (202) 220-2175 or e-mail her at mlcurie@cmsproject.com.



As 72 percent of women and 53 percent of men in Senegal are illiterate, *Securil's* brochure, detailing materials (pictured at right), and package inserts incorporate low-literacy design. The image above is from the package insert — it depicts a woman who has not taken her pill for two days in a row. The illustrations explain what to do in this situation.



ADEMAs: CMS's Partner in Senegal



The Agency for the Development of Social Marketing (ADEMAS) was founded in 1998. It is one of the largest family planning NGOs in Senegal. ADEMAs represents CMS in Senegal and implements all of the project's activities. In turn, CMS provides ADEMAs with technical assistance in social marketing, policy advocacy, health financing alternatives, and institutional sustainability.

Roadshows — Fighting HIV

In August 2001, CMS and ADEMAs — in collaboration with the Ministry of Health, USAID, and Family Health International — developed and implemented a series of 51 traveling roadshows as part of an HIV/AIDS campaign.

"AIDS: I care...do you?" was the prominent tag line for this campaign designed to

- Disseminate HIV/AIDS prevention messages
- Encourage positive behavior change
- Promote the use of CMS/ADEMAs's *Protec* condoms
- Promote voluntary HIV testing and HIV/AIDS health providers
- Raise awareness about nontraditional condom sales outlets

Heavy media coverage, radio shows, games, debates, and 430 radio spots publicized the roadshows and disseminated its messages. In addition, ADEMAs placed 30 radio spots specifically promoting *Protec* condoms. (*Protec* condoms represent 60 percent of Senegal's private sector contraceptives.)

The shows, which reached an audience of over 100,000 people, were held in public areas and combined plays, skits, games, songs, and *tassous* (slogans repeated by the audience). To reach at-risk groups, supporting activities targeting women and adolescents were organized simultaneously. Almost 5,000 people attended these supplementary activities. (*continued on next page*)



- 1 One of the roadshows in Senegal. The sign in front says "In partnership with all youth we block AIDS's path."
- 2 Representatives from the Ministry of Health, USAID, and ADEMAs stand behind a banner during the campaign's closing ceremony parade in November, 2001. The banner features the campaign tag line: "AIDS: I care...do you?"



HIV/AIDS in Senegal

AIDS is the fourth leading cause of death in the world and the primary cause in Africa, where it has reduced life expectancies by 10 to 15 years. In Senegal, estimates as of the end of 1999 place the adult prevalence rate at 1.77 percent and the total number of adults and children living with HIV/AIDS at 79,000. The prevalence rate among commercial sex workers hovers around 12 to 15 percent (Senegal began registering sex workers in 1966 to combat other STIs).

These statistics could be much worse if not for Senegal's rapid response to the epidemic. A national committee was formed in 1986 — the first year that AIDS was diagnosed in the country. That same year, the government established blood safety guidelines. The mobilization of hundreds of NGOs and thousands of networks (youth, religious, etcetera) also played an important role in Senegal's success.

Roadshows — Fighting HIV *(continued)*



The campaign's closing ceremony was held in November 2001. It featured a 3,000-person march from Radio Télé Senegal to Place de l'Obélisque in Dakar. Following the march, artists such as Youssou N'Dour, Omar Péné, and Diarra Gueye addressed the audience, emphasizing the key messages of the campaign. National media covered the ceremony and video footage was aired on the evening news.

The roadshows were a great success and CMS and its partners are evaluating the campaign and designing follow-up activities.

For more information about the CMS social marketing project to promote the Protec condom in Senegal please contact Rudolf Chandler at (202) 220-2161 or e-mail him at rchandler@cmsproject.com.

Policy Work Increases Access

In October 2001, a new law removed the 18 percent value-added tax (VAT) exemption for condoms, increasing their price. In response, ADEMAs mobilized USAID, its contacts at the Ministry of Health, and the Association of French Investors to advocate for the reestablishment of the VAT exemption. ADEMAs's advocacy work was effective — one month later the exemption was reinstated.

“We will be sensitive to our cultural environment... but our messages will reflect reality.”

— Senegalese Minister of Health, speaking about the behavior change messages in CMS's HIV/AIDS roadshows campaign.



Jamaican Youth: Encouraging Healthy Choices and Improving Access to Condoms

Seventy-one percent of Jamaican youth have had sex by the age of 16, 41 percent of boys are at risk of contracting AIDS because of inconsistent condom use, and almost half of all girls aged 15–19 have been pregnant at least once.¹ Despite this, most young Jamaicans do not perceive themselves to be at risk from unprotected sex.

¹ Source: Commercial Market Strategies Project, *Jamaican Adolescent Household Survey*, 2001.

With a sense of these alarming statistics, CMS conducted two research studies: a survey of young Jamaicans (aged 10–19) to determine current beliefs, behaviors, and preferences regarding condoms; and a survey of current and potential condom retailers. These studies were completed in August of 2001. Based on our research findings, we then developed a two-part intervention:

BEHAVIOR CHANGE CAMPAIGN FOR YOUTH

Adolescents in Jamaica are aware that condoms prevent STIs and unwanted pregnancy. So the first part of CMS's intervention will be to raise their personal risk perception to convert this awareness into consistent condom use through a simple "1-2-3" radio campaign with the following messages

1. Abstain from casual sex — this is the surest way to protect yourself
2. If you have sex, use a condom
3. Emergency! If you've had unprotected sex, use an emergency contraceptive pill (available over-the-counter in Jamaica)

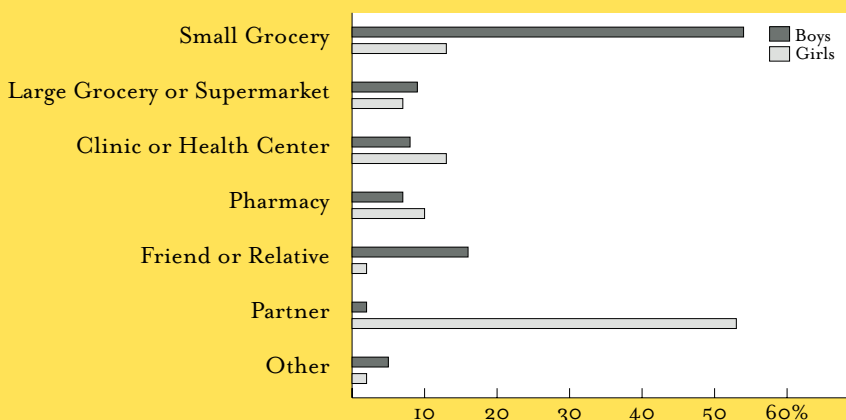
TRAINING AND INFORMATION FOR PROVIDERS

The second part of CMS's intervention focuses on providers. Sensitization seminars for pharmacists, doctors, and health workers will promote a youth-positive environment by addressing adolescent reproductive health needs, clarifying government policies on providing contraceptives to minors, emergency contraception, and explaining the 1-2-3 campaign. Meetings with condom marketers and distributors, as well as pharmacy and retail associations, will explore possible partnerships and joint condom promotion efforts aimed at youth.

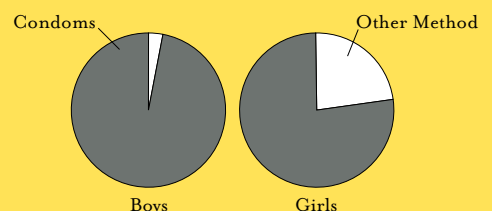
For more information CMS's program in Jamaica please contact Sue Wood at swood@cmsproject.com. For a working copy of our *Jamaican Adolescent Household Survey* please visit the publications page in the resource section of the CMS web site at www.cmsproject.com. For more information about CMS research in Jamaica please contact Dr Ruth Berg at rberg@cmsproject.com.

CMS's research shows that condoms are the method of choice for youth and that young people prefer to purchase them from private-sector retailers — particularly small grocery stores and informal kiosks.

The Adolescent Condom Market in Jamaica



*LEFT: Percent distribution of condom source among youth who used a condom the last time they had sexual intercourse
BELOW: Method use during last sexual intercourse among youth who used a method*



Funding for the Future: Sustaining NGOs via Endowments

What do the International Center for Diarrheal Disease Research, the African Center for the Constructive Resolution of Disputes, the Polish American Freedom Foundation, and the Indonesian Biodiversity Foundation have in common? First, they're all NGOs with social mandates. Second, they're all recipients of USAID endowments.

The Commercial Market Strategies project recently released a new report — *Funding for the Future? Lessons from the Past: A Review of USAID Dollar-Denominated Endowments* — a comprehensive analysis of all dollar-denominated endowments funded by USAID, focusing primarily on managerial and financial structures. But why would a reproductive health project be tapped to do this?

CMS was asked to conduct this review because it has a mandate to work with NGOs to improve their financial capacity — and organizations can use endowments to expand and plan for the future. PROFIT, one of the predecessor projects to CMS, worked extensively on endowments and established an important information base for this study. In fact, PROFIT published a report in 1994 outlining the concept, uses, and challenges of endowments: *Endowments as a Tool for Financial Sustainability: A Manual for NGOs*. That same year, USAID issued *Policy Directive 21: Guidelines for Endowments Financed with Appropriated Dollars (PD-21)*. This directive summarized and clarified the major aspects of the endowment process and defined the roles and responsibilities of those involved in it.

To date, 28 endowments have been established using PD-21's guidelines (local currency endowments date back to the early 1980s, but PD-21 only applies to U.S. dollar-denominated gifts from USAID to NGOs).

Renewed interest in endowments as a way to fund organizations and institutions led USAID to ask CMS to assess the effectiveness of the PD-21 guidelines and to document the experiences, structure, and lessons learned of all of its dollar-denominated endowments. Previous reviews analyzed only one particular sector or region, and many reports combined both local-currency and dollar-denominated endowments. Consequently, CMS's review represents the first comprehensive analysis of this financing mechanism.

"We contacted 16 missions and 205 people at USAID, conducting in-depth interviews with 65 of them," said Amy Javaid, the principal analyst for the endowment review team, during a presentation of the report to USAID in March 2002. "We also developed a questionnaire for recipients and visited eight sites to see how they were set up and examine their governance, asset management, and monitoring and evaluation approaches."

The CMS team identified USAID endowments in all sectors (health, education, civil society, environment, and historical preservation), developed profiles, and documented their structure and experiences in management, financial performance, and USAID oversight. While the review does not consider social impact, such as number of children saved or forests protected, it does address whether the recipients used their endowment to achieve organizational or programmatic goals. The report also includes specific recommendations to improve the endowment process and make it more efficient and effective.

For more information about CMS's endowments study, please contact Sue Wood, CMS Director of Communications, at swood@cmsproject.com.



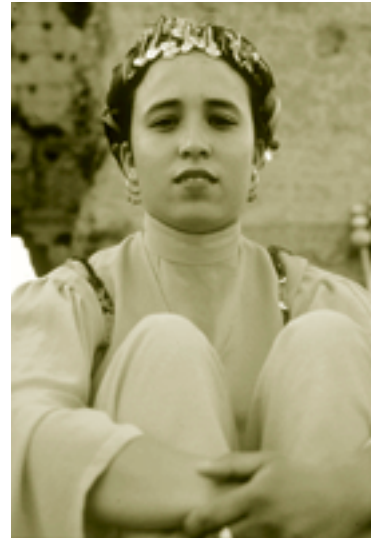
Strategic Partnership with Pharmacia Ensures Access to Injectables in Morocco

On April 8, 2002, Pharmacia's Area President for Africa, Mr Jacques Blote, signed a Memorandum of Understanding (MOU) with the CMS project. This MOU solidifies the partnership between CMS and Pharmacia and establishes the terms and conditions for the re-introduction and social marketing of Pharmacia's injectable contraceptive, Depo-Provera, as *Hoqnat Al Hilal* under CMS's *Al Hilal* social marketing brand. The *Al Hilal* program also includes two oral contraceptives (*Kinat Al Hilal*) and an IUD (*Lawlab Al Hilal*).

"We're very pleased with Pharmacia's commitments in this MOU," says Marie-Laure Curie, CMS's Francophone Africa Program Manager, and a key negotiator of the MOU. "Their newly-trained detailing team will target private providers, particularly OB/GYNs who have been very resistant to prescribing injectables. The detailers will visit doctors and pharmacists to disseminate educational and promotional materials. And they've also agreed to attend medical and promotional events to answer questions and distribute free samples."

A close collaboration will result from this agreement — CMS and Pharmacia will work together to design a communications strategy, including marketing, public relations, and media plans. Pharmacia has committed to ensuring an adequate supply of *Hoqnat*, maintaining the product's low price, and intensifying their detailing of private sector providers. In turn, CMS will provide technical assistance, organize information/education/communication and training activities, and implement the new advertising and public relations campaigns.

Says Ms Curie: "Our approach uses the lessons learned since *Hoqnat* was first introduced in 1996. First, CMS trained the detailing team, then Pharmacia let the providers know that the product is back on the market and began their detailing activities. Only now, after the providers have been well-sensitized, will we begin to work on the consumer campaign." Kudos to the Morocco team for all of their hard work. We look forward to reporting on the success of this initiative a future issue of *New Directions*.



OB/GYNs in Morocco have been very resistant to prescribing injectables. This brochure, "Management of the side effects of injectables," produced by CMS/Morocco, sensitizes doctors and helps them identify and manage side effects.



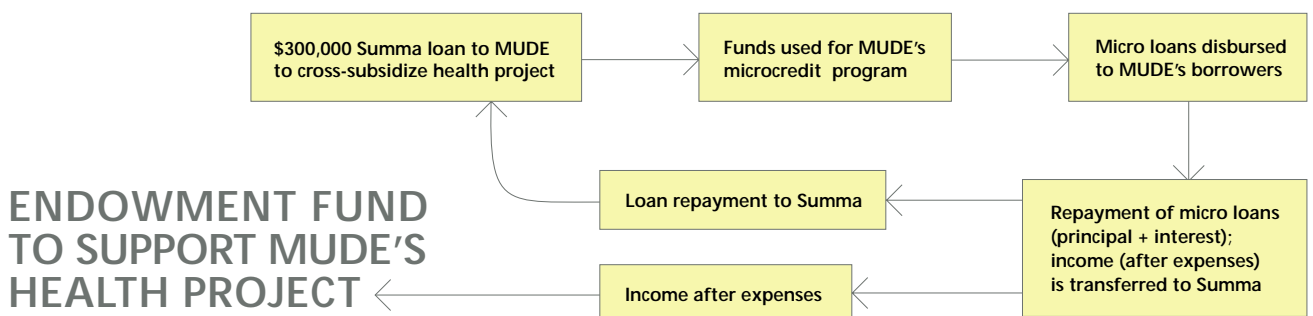
Loans, Endowments, and NGO Sustainability

SUMMA PROVIDES A LOAN TO MUJERES EN DESAROLLO DOMINICANA

In October 2001 the Summa Foundation pioneered a new approach to NGO sustainability when it approved a loan for \$300,000 to the Mujeres en Desarrollo Dominicana (MUDE) to help build a local endowment. MUDE is a non-governmental organization created to respond to the needs of lower-income women in the Dominican Republic. They operate a number of programs, including microfinance, community development, training, social services, and health. The health program focuses on family planning and reproductive health care. Through this program, MUDE works in nearly 250 poor rural communities and provides services to approximately 58,000 women of reproductive age. The health program provides training, education, medical visits, and disseminates products and information for family planning and the prevention of HIV/AIDS/STIs, cervical cancer, and breast cancer.

As with many multi-sectoral NGOs, some of MUDE's programs are more sustainable than others. While the microfinance program is largely sustainable, MUDE's health program is still dependent on donor support. So the Summa Foundation worked with MUDE to leverage its strong microfinance program to cross-subsidize the health program.

How does this work? Summa provided a loan to MUDE's microfinance program for operating capital. The net income generated by the operating capital after loan repayment and operational expenses will be invested by the Summa Foundation in order to build an endowment. This endowment will provide an alternative to international donor support, thereby contributing to the long-term sustainability of MUDE's health program. The following flowchart depicts the flow of funds.



Summa projects that after five years the local endowment fund will amount to approximately \$175,000. In addition to increasing MUDE's sustainability, the local endowment will provide better access and increased availability of quality reproductive health services and products for poor, rural women in the Dominican Republic.

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.

