

MOROCCO
CHILD SURVIVAL PROJECT 1993 -1995
DETAILED IMPLEMENTATION PLAN

Submitted to:

AID/Washington, D.C.

Submitted by:

Population Services International
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I. Context

A. Development and Progress made by Programme de Lutte contre les Maladies (PLMD)

Diarrheal diseases remain a major public health problem in Morocco.

According to MSP estimates, the death rate caused by this disease is 26.7% in children under five years old (ECCD 1988-89). According to these same official estimates, 18,650 children under five died in 1992 from diarrhea complications; to this day, death rates are still significant.

PLMD has indeed made significant progress in many areas. However the facts remain:

Few children with diarrhea eat more or enough foods and liquids during these episodes.

ORS use is still low.

Few mothers know when to seek medical help.

A recent qualitative study has indeed brought new light to today's infantile diarrhea in Morocco. Among other findings, this study has shown the ignorance of mothers on the "dehydration" concept and the perception that "diarrheal diseases", are normal in children, unimportant and danger free.

The main drawbacks found in using ORS were:

Product taste.

Uncertain effectiveness.

Weak perception of ORS as being or not being a pharmaceutical product.

The study also shows "BIOSEL" PSI's brand of ORS is generally considered as treatment against diarrhea and not as an effective preventive treatment against dehydration.

However, with adequate market penetration and strong support of public health clinics, BIOSEL is still perceived by mothers as well as clinic staff as the generic brand name of ORS.

Nonetheless, BIOSEL use is still low, in rural areas as

B. Main Approaches of the PLMD Imolementation Plan

The main objectives of PLMD remain:

- * reduce childhood illness associated with diarrheal episodes.
- * reduce death rates caused by diarrhea.

C. Main Objectives of PSI Child Survival Project

The main objectives are:

- * increase the number of children under five who benefit from an oral rehydration therapy during diarrheal episodes
- * ensure complete national distribution coverage in the pharmaceutical network.
- * promote the local production of ORS according to recognized international standards of production and quality control.
- * ensure supplementary stock availability in the country by import, and subsequent local production:
 - * by import 275.000 packets in 1993
 - * by production 1,100.000 packets in 1994
 - * by production 1,600.000 packets in 1995
- * mount a national campaign of generic IEC during 1994 and 1995.
- * maintain synchronized promotional campaigns for "BIOSEL".

D. Complementary Contribution by the CS-PSI Project to the PLMD, with USAID and UNICEF Assistance

Since 1990, PSI has contributed to the PLMD through local production, promotion and distribution of a private brand

"BIOSEL" which has helped better educate the target populations and health professionals with respect to ORS.

With contribution consisting of raw materials from UNICEF and US \$285.000 from USAID/Rabat, PSI has not only carried out promotional campaigns during 1990, 1991 and 1992 but has locally manufactured and distributed:

400,000	BIOSEL	packets	in	1990
680,800	BIOSEL	packets	in	1991
373,000	BIOSEL	packets	in	1992

Production and local distribution were stopped in September 1992 as a result of unforeseen technical problems.

However, it is still common knowledge today that the brand name "BIOSEL" is generic for **ORS**.

E. Duration of the Project

The stopping of production and the addition of required new technical standards for quality control and **production** were the source of unforeseen and lengthy delays. These events have made it necessary to import product to fill a 1993 gap in production, an import process which was considerably late and low in volume.

In addition, all other activities had to be postponed to 1994 and 1995, except for the qualitative study, the baseline study and the validation of a new local manufacturer, able to respect the new technical standards.

As a result of this, the project needs to be extended to September 30, 1995. This date coincides with the current scheduled end of the PLMD action plan.

F. Cost and Financing

Since its beginning in 1990, this project has been conceived with agreement by the MOPH, with raw materials to be furnished by UNICEF. Thus UNICEF supplied the entire quantity of raw materials necessary for 1990, 1991, and 1992. Some of these raw materials remain available, **with the** exception of glucose which was destroyed in December 1992.

The second phase of this project, currently supported by the Child Survival grant with MOPH agreement, also envisioned the reception of free raw materials from UNICEF in the amount of 3,000,000 packets worth. (This quantity took into account samples and normal losses.)

However, delays inherent in UNICEF ordering coupled with project delays caused by unforeseen difficulties in local manufacturing, have not permitted the project to benefit from the full and timely delivery of this UNICEF contribution.

In order to assure the presence of a temporary supply of BIOSEL for summer 1993, it was decided through common accord with the MOPH and UNICEF that UNICEF would substitute \$53,500 and raw materials for 1,750,000 packets, for the original promise of 3,000,000 packets worth. In return, PSI would allocate an equal amount of money (\$53,500) to cover the cost of importing the temporary supply for 1993.

PSI originally planned to import 500,000 packets from Germany. Faced with the impossibility of importing from Germany, PSI opted to import a smaller amount from the U.S. (275,000 packets) for the same amount of money. This stock will be packaged in Morocco by Sothema and distributed starting the end of July 1993.

PSI currently plans to locally produce 2,700,000 packets (1994 and 1995), of which 1,000,000 packets will be produced from remaining stocks of raw materials mixed with newly purchased glucose. The remaining 1,700,000 packets will be produced entirely from UNICEF donated raw materials.

The \$53,500 grant from UNICEF will be used for generic promotion during 1993.

The total cost of the project, excluding raw materials from UNICEF, is \$933,567 of which \$700,175 comes from the AID Child Survival grant and \$233,392 will be spent from net revenue from sales of BIOSEL. Budget details are presented in Attachments 2 and 3.

II. Main Objectives of the Project

A. Social Marketing Objectives

1. Additional supply of ORS

Local production will resume in October 1993, having been stopped since September 1992 because of unforeseen circumstances. As a result, PSI will import from the USA, an

emergency supply of 275,000 packets for the 1993 season.

Import will be done in bulk with packaging taking place in Morocco, by Sothema, in packages containing three packs (with instructional leaflets).

This shipment, financed with PSI funds, should put BIOSEL back on the market no later than the end of July 1993, and help maintain brand recognition while satisfying seasonal public demand.

In order to help resume local production according to desirable quality assurance norms, PSI has identified an expert in manufacturing and quality control able to validate a local manufacturer of ORS. This international expert is pending approval by AID.

PSI has also done a pre-selection and proceeded to perform a pre-qualification test of four potential manufacturers of ORS, chosen from the most recognized pharmaceutical manufacturers of Morocco.

This pre-selection was done following AID directives and norms as they are described in recommendations established by PATH.

The same terms of reference were used to choose an expert who will be in charge of the validation process which is scheduled to begin in July 1993.

Upon completion of the validation process, local production should start by October 1993. The chosen local manufacturer will be able to produce the volume needed for the project and ensure quality control operations as recommended by PATH. PSI will be responsible for testing the finished product through an independent laboratory.

After local production resumes, PSI will ensure the production/distribution of:

*	1,100,000	packets	in	1994
*	1,600.000	packets	in	1995

2. Target Populations

Mothers of children under five, babysitters, people who can write prescriptions such as (private and public doctors, pharmacists, salespeople in pharmacies, health professionals,

family advisers) all are target populations of this project-

The project aims to achieve widespread ORS availability among both rural and urban populations.

3. Distribution, Availability and Accessibility

The recent qualitative study helped confirm that it is best to keep BIOSEL distribution within the pharmaceutical network, not only for economical reasons, but for effectiveness as well as considerations of product preservation.

The free coverage by public health clinics seems to ensure product availability in areas just outside the main corridors of Kenitra-Rabat-Casablanca-El Jadida, and in the remote regions not covered by the pharmaceutical network.

PSI will achieve optimal distribution by using the expanding pharmaceutical network, thus covering not only the urban and peri-urban zones but covering as well an important section of the rural population able to purchase as needed in a pharmacy.

The choice of a Moroccan manufacturer/distributor of BIOSEL will take into account the promotional support capability offered by the distributor, its distribution capacity and national coverage ability.

4. Sales Promotion

BIOSEL will be advertised, particularly on national television. This will function to create demand for BIOSEL, including in the rural areas where an estimated 50% of the target population has access to the medium.

Though BIOSEL will be distributed nationally, an intensified effort will be made in the provinces touching the El Jadida-Casablanca-Rabat-Kenitra population corridor including urban, peri-urban and rural areas. This region is considered fertile ground for the social marketing of BIOSEL, since the target population has both the means and the motivation to purchase the product. The non-media promotions of BIOSEL (medical/pharmaceutical detailing, pharmacy promotions, novelty items, souks promotions) would be concentrated in this region as well. The more communication resources can be concentrated, the more effective they are. Concentrating first in this area does not preclude conducting

non-media promotions in other areas.

These national promotions will include:

- * Development, production and distribution of a leaflet BIOSEL during the second and third year. (1994 and 1995).
- * Production and distribution of promotional devices such as pencils, stickers, T-shirts, prescription pads, game cards, posters, hats, car shades.
- * Training of four medico-pharmaceutical visitors in ORT during the second and third year.
- * Instructional booklets and other educative devices given to 2,000 pharmacists and 5,000 health professionals.
- * Medical and pharmaceutical visit scheduled during summer time (May through September) during the second and third year 1994 - 95.
- * Promotional activities to the levels of local merchants (souks) of regions like El **Jadida-Casablanca-Rabat-Kenitra**, with the help of national Syndicate of the pharmacists.

5. Advertising

The recent Sunergia study has also shown that television and radio are the best economical supports to reach most of the target.

Television/Radio Advertising

Considering the extensive coverage of television and the proven impact of previous BIOSEL television advertising even in the rural areas, much of the project's resources will be concentrated on this medium. Forty second advertisements promoting BIOSEL will be broadcast in the early evening, particularly during the peak diarrhea periods of April to September of 1994 and 1995.

The messages will be simple, clear and the images and language used will appeal particularly to lower-middle class women, who are the most likely to purchase BIOSEL. The message will promote the brand BIOSEL, but also provide information on how and why to use ORS.

The message will not only explain the importance of proper nutrition and adequate liquid intake during the child sickness, but also the importance of getting medical treatment on time.

A 40 second BIOSEL spot advertisement will be developed in the second year. The same spot would be reused (if found to have the desired impact in the post-test) in year three of the project, primarily in the peak diarrhea period. (It should be noted that a "generic" television IE&C spot would be produced in year two of the project to promote other aspects of CDD. These messages would particularly address problem areas and obstacles identified through formative research.)

Radio advertising is considered to have less potential for reaching the target population than televisions because the regional radio stations don't carry advertising and television is more popular than available. However, some radio advertising will be used on the commercial FM station which primarily serves a middle class audience in urban areas. If the radio advertising run in year two is found to have a measurable impact on sales, the mix between television and radio can be adjusted in year three to increase the radio advertising.

Novelty Items and Point of Purchase Promotion

Novelty items featuring the BIOSEL brand name and logo will also be produced. Plastic shopping bags, key chains, and plastic cups for mixing BIOSEL will be used to promote sales. Stickers displaying the BIOSEL brand name and logo as well as a promotion slogan will be distributed for display in pharmacy windows, doors and counters.

Souks Promotions

In collaboration with pharmacies located near souks (itinerant markets) and the medical/pharmaceutical detailers, special promotions will be conducted at selected souks in the provinces touching the El Jadida-Casablanca-Rabat-Kenitra population corridor. This will be done on an experimental basis in the second year to ensure the impact and expanded in year three if found to be a successful means of promoting sales. The promotions would involve, for example, setting up a tent in a souk with a display of BIOSEL and the promotion of the product by means of a loudspeaker playing an audio cassette tape.

6. BIOSEL Positioning

As was previously mentioned, there is a need to "reposition" BIOSEL, so that it is clearly understood by the target populations, by health providers and pharmacy workers, that it is not an anti-diarrheic. It is also important that users and providers understand that BIOSEL and ORS is the "only treatment necessary for 80% of diarrhea cases" and that in general, abruptly stopping diarrhea with anti-diarrhea drugs, at best, does no good and, at worst, may have harmful effects.

So, BIOSEL will be promoted, as being a "preventive treatment" against dehydration for the purpose of **eliminating** the false perception that BIOSEL is "a diarrhea cure".

BIOSEL will be "repositioned" as the primary defense mechanism to combat dehydration when children under five have diarrhea.

People also will be advised to keep BIOSEL "handy" at home to use first, without any medical consultation. The IEC activities will teach how to recognize the different stages of dehydration and what stage necessitates a doctor's **visit**.

7. Sales Projections, Price Structure

Sales projections are as followed:

*	year 1993 (FY)	270,000	packets
*	year 1994 (FY)	1,050,000	packets
*	year 1995 (FY)	1,525,000	packets

The Moroccan market price will be maintained at its current level of MDH 7.70 for a box of three **packets**.

This will translate into margins for the distribution chain as follows:

	MDH	\$
* Retail price		
7.70 for 3 = 1 packet	2.56	0.28
* Pharmacists price		
2.56 x .70	1.79	0.20

	MDH	\$
* Wholesaler price	1.61	0.18
* Wholesaler price (tax free)	1.51	0.16

B. Objectives of Generic IEC Activities

The project IE&C will fit into the framework of the MOPH national plan for the Control of Diarrheal Disease and in the context of the A.I.D. Action Plan for CDD.

All project IEhC actions will be coordinated with, and approved by, the MOPH CDD Program and will complement and not duplicate those of other collaborators (UNICEF, SEATS, PVO's, etc.)

Project IE&C will be nationwide, but will be intensified in the provinces touching El Jadida-Casablanca-Rabat-Kenitra population corridor, including urban, peri-urban and rural areas.

1. Specific Project IEbC Objectives

- * Increase the proportion of the target population who are motivated to use ORS, know what its function is and how to use it.
- * Increase the proportion of health providers in the private sector and pharmacy workers who know the function of ORT, provide ORS and properly advise the target population of its use and function.
- * Increase the skills of the private sector health providers and pharmacy workers in inter-active communications and their care-taker behavior.
- * Increase the proportion of the target population who are aware of other preventive methods such as the use of home-based fluids, continued breast-feeding, proper nutritional management, personal hygiene and are able to recognize rehydration and when to seek professional help.

2. Strategy Specifics

Dissemination of Messages via Television

The use of television is the quickest and most cost/effective method for making a measurable impact on the project's target populations. Forty second messages promoting good hygiene practices or home-based fluids would be broadcast in the early evening, particularly during the peak diarrhea periods of June to September.

The messages will be simple, clear, and culturally relevant to the rural and semi-rural target populations. A 40-second "generic" television spot ad will be produced in year two of the project.

Training Private Physicians, Pharmacies and Health Providers

To complement the television messages, the selected theme would also be treated in the meetings with pharmacists and pharmacy employees. The same information would also be communicated to physicians through mailings and medical detailing. The network of private physicians, pharmacists and pharmacy employees would, in turn, reinforce the television messages in their contacts with clients and customers.

3. Generic Promotion of ORS And ORT

Promoting ORT to Pharmacies and Private Physicians

Considering the confusion over the role of BIOSEL and other ORS, generic IE&C materials for pharmacies, private physicians and other health providers will focus on explaining what ORS is and how it contributes to diarrheal disease control.

Promoting the Rational Use of Drugs for CDD

Considering that many pharmacies, private physicians and other health providers are providing anti-diarrheal drugs when they are not necessary and even counter-indicated, information will be provided which will advise them on how to recognize

the various stages of severity of diarrheal diseases and what treatments to prescribe when. The fact that 80% of diarrhea cases can be treated with ORT alone will be emphasized.

Promoting Other Elements of CDD

Information on hygiene, the importance of continued breast-feeding of infants and normal feeding of older children as well as how to prepare home-based fluids will also be provided. The more pharmacies, private physicians and other health providers know about diarrheal disease control in general, the better they will be prepared to respond to the needs of their customers and clients. They will also be more effective as a conduit for information on prevention.

Training Video

A twenty minute video will be prepared designed for pharmacy employees, private physicians and other health providers which will be used for training and promotional purposes. The content of the video will deal with how to recognize dehydration symptoms and treat diarrheal disease. Included in the video will be scenarios of different interactions between pharmacy employees, private physicians and other health providers and their customers and clients.

Pharmacist and Pharmaceutical Personnel Training

The project, in collaboration with the Ministry of Health CDD Program, and with the assistance of the Pharmacists Union and its regional affiliates, will organize a training-of-trainers seminar. Each of the Union's regional affiliates will designate two pharmacists to attend the seminar; they will, in turn, be asked to conduct similar training sessions for pharmacists and their sales staffs in their respective regions. The training seminar will cover all aspects of home-based management of diarrheal disease, focusing on the important role of ORT for both the prevention and treatment of diarrhea-induced dehydration, and also cover nutritional management, personal hygiene and environmental sanitation. The 20-minute training video will be the focal point of the seminar. Officials from the Ministry of Health CDD Programs and private consultants will provide technical assistance in developing the materials for, and the content of, the seminar. At the conclusion of the seminar participants will receive small gifts of novelty items promoting the BIOSEL brand.

Mailings to Physicians

In addition to the personal detailing which physicians will receive as part of the BIOSEL social marketing effort, the project will develop two mailings per year targeted at 5,000 pediatricians and general practitioners. These mailings will focus on the important role of ORT in home-based diarrheal disease management, and keep physicians informed about CDD efforts. Relevant articles and clippings may also be included in the mailings.

4. Generic IE&C for CDD

To complement the promotion of ORS, IE&C will be conducted to promote other dimensions of prevention. Since the project can't cover all aspects of CDD, it will focus on certain aspects which are identified as particular problem areas by the project's formative research and that are not being adequately addressed by the rest of the CDD programme.

The following topics would be considered for the generic IE&C:

- * personal hygiene and environmental sanitation
- * recognizing dehydration symptoms and when to seek professional help
- * use of home-based fluids
- * continued breast-feeding and solid food feeding
- * good nutritional habits

5. Research

A series of small qualitative studies will be conducted to obtain specific information to guide the planning and management of the IE&C portion of the project. These studies will be in addition to the already completed qualitative studies among rural mothers and pharmacies and the planned baseline quantitative study. These small studies will include the pretesting of IE&C materials and spot ads, post-testing of media impact and diagnostic research among specific target groups such as reasons why some mothers follow advice on good hygiene practices and others don't.

Summative Research

The mid-term and project-end quantitative studies will provide information on the impact of the project on the target population.

III. Evaluation of the Accomplishments

As planned with AID, an evaluation of the results will be done according to the "sentinel" study model, which has been established containing the following important indicators:

- * % of mothers of children less than two able to prepare ORS
- * % of children less than two who received ORS during their last diarrhea episode
- * % of children less than two who had diarrhea in the last two weeks, and were treated with ORT
- * % of children fed and/or breastfed at their last ORT treatment
- * % of families who obtained ORS, or have ORS at home.

An appropriate questionnaire was produced and will be used with C&D class target populations (middle and poor) during this quantitative study which will be carried out in the following representative locations:

- * Casablanca center (popular quarter)
- * A semi-rural area 25 kms outside Casablanca
- * Asmi and Amizmiz, two rural villages 45 kms from Marrakech
- * The popular quarter in Fez (C&D class inhabitants)

This baseline survey is currently under implementation by Sunergia, as indicated in the attached Implementation Plan (timetable of activities). A mid-term evaluation is planned for July 1994, and the final evaluation will take place in October 1995.

The following indicators also will be tracked periodically from distribution sales reports, the television reports and other activities reports.

- * Total packets sold
- * Total sales outlets
- * Total time where Television and radio spots were aired
- * Total posters distributed
- * Total number of health professionals who were introduced to ORT with an educative device, cassette
- * Total instructional booklets distributed
- * Total visits made by the medical counselor to the doctors and pharmacists
- * Total doctors and pharmacists reached by mailing
- * Total promotional articles distributed

IV. Project Administration

The attached organizational chart illustrates the relationships among all the interested parties as well as the project staff.

Project management will be assumed by Mr. Mohamed Benjelloun, international marketing and finance specialist, with experience in social marketing and IEC.

Local project management will be handled by a Moroccan project manager beginning in September **1993**. Recruitment for this position is in progress (job description and CV of top candidate attached). Local staff will also include an experienced administrative assistant. An office will be established in Rabat in October **1993**.

After several legal consultations, PSI has established a plan for securing the legal status of PSI Morocco. Attached is a draft "Accord de Projet" which will be submitted to the Ministry of Health in July **1993** for execution in October **1993**. This will establish PSI Morocco as a legally recognized entity with all appropriate rights and privileges vis-H-vis taxes, customs, etc. It also forms the basis for PSI's relationship with the MOPH with respect to this Child Survival Project.

ATTACHMENTS

1. Activities Timetable
2. Budget & Cashflow Summary
3. Budget Details
4. Organizational Chart
5. Job Description: Local Project Manager
6. Curriculum Vitae: Mr. Mohamed Jebbor
7. Draft Agreement: PSI and MOPH
8. Dec. '91 Letter MOPH to PSI: Biosel recall, destruction, distribution and manufacture
9. Jan. '93 letter MOPH to UNICEF: Raw materials requested for 3 million packets
10. Jan. '93 letter MOPH to PSI: 1993 Activities Plan approved
11. Feb. '93 letter MOPH to UNICEF: Request for raw materials order for 1994 (1,750,000 packets) and \$53,500 for IEC for 1993
12. Feb. '93 letter UNICEF to MOPH: Approval for 1994 raw materials and \$53,500
13. April '93 letter MOPH to UNICEF: Additional funds requested of UNICEF/New York
14. July '93 letter UNICEF to MOPH: 1994 raw materials ordered (1.75 million packets) and acknowledgement of partnership between MOPH, USAID, UNICEF, and PSI



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June 1993

Morocco
 Child Survival Project 93 - 95

Activities Timetable

A.1	MOH Rabat approves PSI's CS planned activities, and integrates PSI's activities in the National ORT Program	Jan - Feb 93	done
A.2	PSI presents the Project Marketing and IEC plan to USAID/MOH/UNICEF Rabat	Jul 93	
A.3	PSI submits the project's Detailed Implementation plan "DIP" to AID Washington	Jul 93	
A.4	Concurrence by USAID Rabat, and MOH on the Project Marketing and IEC Plan	Jul 93	
A.5	Concurrence of AID Washington on the DIP	Jul 93	
A.6	Establishing "PSI-Morocco"	Jul - Aug 93	
A.7	Renting/Equipping office	Jul - Aug 93	
A.8	Hiring local staff/Consultants	Jul - Aug 93	
A.9	Hiring the IEC external consultant	Jan 93	done

B.1	Short listing 4 moroccan ORS manufacturers	Jan - Apr 93	done
B.2	Agreement with MOH/UNICEF on free donation of raw material	Feb - Mar 93	done

B.3	Signing of 1993 Distribution contract	May 93	done
B.4	Final Selection of local manufacturer	Jun - Jul 93	
B.5	Validation of local Manufacturer	Jul - Ott 93	
B.6	Signing of manufacturing and distribution contract	Oct 93	
B.7	Agreement with UNICEF on joint ORS local production	Ott - Nov 93	
B.8	Contracting for local Packaging, other manufacturing supplies	May 93	done
B.9	Importing for 1993	Jul 93	
B.10	Start local manufacture of ORS	Nov 93	

C.1	Baseline study	Jun - Jul 93	
c.2	BIOSEL Post Evaluation	Mar - May 93	done
C.3	Market Research in Rural Areas Survey of Pharmacists	Mar - May 93	done
c.4	Presentation to the MOH, USAID, UNICEF and AID Washington of Baseline study	Aug 93	

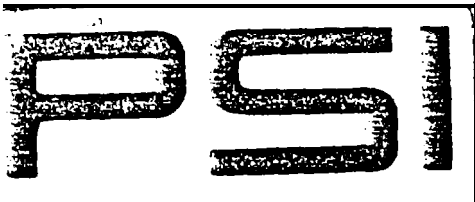
D.1	Quarterly reports	Ott 93	
		Jan 94 & Apr 94	
		Jul 94 & Ott 94	
		Jan 95 & Apr 95	
		Jul 95 & Ott 95	
D.2	Annual Report	Ott 93	
		Ott 94 & Ott 95	

D.3	Mid Term Evaluation	Ott 94

E.1	TV/Radio, IEC Medias Production	Jun 93 Jan - Mar 94 Jan - Mar 95
E.2	Training video cassette, Production	Jul - Ott 93
E.3	Training of sales staff	May 94 and May 95
E.4	Training of medical Professionals & Pharmacies Sales people	Apr 94 / Jul 94 / Sep 94 Jan 95 / Mar 95 / Jun 95

F.1	Mailings	Apr 94 / Jul 94 Apr 95 / Jul 95
F.2	Generic IEC campaigns	Apr 94 to Ott 94 Apr 95 to Ott 95
F.3	TV and Radio, Placements	Apr 94 to Sep 95 Apr 95 to Ott 95
F.4	"Medical visitors", Brand name promotion in urban and Sub Urban and (rural areas in Casa & region)	Jul 94 to Sep 94 Jul 95 to Sep 95

G.1	Final Evaluation	Ott 95



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BIOSEL - cs 93/95

Sun 1993

Period 10/01/92 9/30/95

Import	FY 93	275 000	sachets	Exchange Rate 1 US\$ = 9 MDH
Production	FY 94	1 100 000	sachets	
	FY 95	1 600 000	sachets	
Sales	FY 93	270 000	Sachets	
	FY 94	1 050 000	sachets	
	FY 95	1 525 000	sachets	
Total free samples		130 000	sachets	

Matching funds = Net revenues, cash , PSI Grant

	AID	PSI	Totals
	-----	-----	-----
Procurement	16,500	5,500	22,000
Raw material	Deducted	from sales	+ UNICEF
Manufacturing	Deducted	from sales	
Packaging	Deducted	from sales	
Distribution	Deducted	from sales	
Services	299,510	99,837	399,346
Consultants	86,641	28,880	115,521
Evaluation	24,000	8,000	32,000
Personnel	90,638	30,213	120,850
Travel/PD	58,034	19,345	77,378
Communications	10,763	3,588	14,350
Facilities	14,453	4 , 8 1 8	19,270
Other costs	20,910	6,970	27,880
	-----	-----	-----
Total Country Costs	621,446	207,149	828,595
Tctal Headquarter	78,729	26,243	104,972
	-----	-----	-----
Project Total cost	700,175	233,392	933,567

Matching funds

Net sales revenues	179,125
Cash in Bank	15,670
Cash at Sothema	8,000
PSI Grant	30,000

Matching funds available	233,795

Match with PSI grant	Match	25.04
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Cash flow calculation

Matching funds available	233,795
PSI Loan	25,000
UNICEF allocations	53,500

Total available	312,295
Import	(44,407)
PSI , First claim on Revenues	(25,000)

Net cash flow	242,888
PSI Total budget contribution	(233,392)
Miscel expenses	(9,000)

End cash	496

PSIJIOSEL - cs 93/95
Period 10/01/92 9/30/95

Jun 1993

Import	FY 93	275 000 sachets		Exchange R
				1 US\$ = 9
Production	FY 94	1 100 000 sachets		
	FY 95	1 600 000 sachets		
Sales	FY 93	270 000 Sachets		
	FY 94	1 050 000 sachets		
	FY 95	1 525 000 sachets		
Total free samples		130 000 sachets		

Matching funds = Net revenues, cash , PSI Grant

	FY 1993	FY 1994	FY 1995	Totals
I. PROCUREMENT				
A. Office equipment				
1. Computer Printer		7,500		7,500
2. Photocopier		4,000		4,000
3. Office Furnishing		8,000	2,500	10,500
4. van				
EQUIPMENT-SUBTOTAL		19,500	2,500	22,000
B. Supplies				
1. Import				
SUPPLIES-SUBTOTALS		Deducted	frsm Revenues	
		0	0	0

	FY 1993	FY 1994	FY 1995	Totals
C. Services				
1. Marketing		26,445	38,407	64,852
2. Validation	30,000	20,000		50,000
3. Advertising /promot				
a) TV production	20,000	20,000		40,000
b) Video production		20,000		20,000
c) Radio production		5,000		5,000
d) TV Placement		47,000	39,000	86,000
e) Radio Placement		12,994	12,000	24,994
f) Other Promotion		13,500	10,000	23,500
il Posters/flyers		20,000	10,000	30,000
j) Other POS		15,000	5,000	20,000
k) Mailings		4,000	4,000	8,000
3. Research				
a) Market base line				
b) Qualitative stud	27,000			27,000
SERVICES-SUETOTALS	77,000	203,939	118,407	399,346
II. CONSULTANTS				
1. Project advisor	28,800	20,160	21,168	70,128
2. Other local	1,300	2,100	2,205	5,605
3. Exter techn ass	7,500	15,750	16,538	39,788
CONSULTANTS-SUBTOTALS	37,600	38,010	39,911	115,521
III. EVALUATION				
1. Baseline survey	7,000			7,000
2. Mid term evaluation		10,000		10,000
3. Final survey			15,000	15,000
EVALUATION-SUBTOTALS	7,000	10,000	15,000	32,000
IV. PERSONNEL				
1. Project Manager	3,000	45,000	47,250	95,250
2. Asssist Manager		12,000	12,600	24,600
3. Temp	1,000			1,000
PERSONAL-SUBTOTALS	4,000	57,000	59,850	120,850

	FY 1993	FY 1994	FY 1995	Totals
V. TRAVEL & PER DIEM				
A. Domestic				
1. Local trans/hot/misc		1,250	788	2,038
2. Outside loc trans/ho		7,318	5,000	12,318
B. Internatioanl				
1. To & From Morocco	22,000	15,750	16,540	54,290
2. CS Workshop				
3. Regional Conferences		4,050	4,683	8,733
			mm-	
TRAV & DIEM SUBTOTALS	22,000	28,368	27,011	77,379
VI COMMUNICATIONS				
A. Printing/Reproductio				
		1,500	1,535	2,050
B. Postage/Delivery				
		1,000	2,125	5,125
C. Telephones				
	1,000	2,800	1,600	4,100
COMMUNICATIONS SUBTALS	2,000	6,000	6,350	14,350
VII FACILITIES				
A. facilities rental				
		9,400	9,870	19,270
FACILITIES SUB-TOTALS		9,400	9,870	19,270
VIII OTHER DIRECT COSTS				
1. Insurance & legal				
		3,600	3,150	6,150
2. Training of MOH				
		3,000	3,150	6,150
3. Training sales stf				
		3,000	2,775	8,200
4. Other Direct costs				
	3,000	2,425		
OTHER DIR COSTD SUBTAL	3,000	12,025	12,855	27,880
Total Country Costs	152,600	384,242	291,754	828,596
Total Headquarter	5,000	49,038	50,934	104,972
Project Total cost	157,600	433,280	342,688	933,568

MOROCCO CHILD SURVIVAL PROJECT ORGANIZATION CHART

