

9363028

92

Submitted to:

AID/Office of Population  
Family Planning Services Division  
Rosslyn, Virginia

PD-AAT-957

ISN 46278

TRIP REPORT

GHANA

November 9, 1985 - November 20, 1985

Prepared by:

Bob Porter  
Pat Foreman  
Mary Ann Abeyta-Behnke  
Jim Williams

SOMARC/The Futures Group  
1111 14th Street, NW  
Washington DC 20005

Contract No. AID/DPE-3028-C-00-4079 -00

## CONTENTS

EXECUTIVE SUMMARY . . . . .	1
RESEARCH . . . . .	2
TRAINING PROGRAM OF PHARMACISTS AND CHEMICAL SELLERS . .	8
GHANA FAMILY PLANNING CONFERENCE . . . . .	9
Appendix A. Plan for the CSM Monitoring Program: Ghana	
Appendix B. Evaluation of the November Testing of the Training Materials and Trainers	

## EXECUTIVE SUMMARY

The SOMARC November 1985 mission to Ghana furthered the work already begun on three important aspects of the Ghana CSM program: research, the training program for pharmacists and chemical sellers, and the Ghana Family Planning Conference.

In terms of research, initial results of the consumer intercept study were analyzed, and raw data were taken back to Washington for SOMARC to conduct its own independent analysis of this survey. Name testing for the oral contraceptives and the vaginal foaming tablet was designed. Plans for the exploratory focus groups were finalized. Instruments for the retail audit were prepared, and, most importantly, a plan for the CSM monitoring program was developed, written, and approved by the USAID mission while the SOMARC team was in-country.

In terms of the training program, focus groups were successfully conducted to test the clarity and effectiveness of the training materials and proposed trainers. Based upon this, the training materials will be revised and finalized in Washington in order to bring final copies to Ghana during the January 1986 SOMARC visit.

As to the National Family Planning Conference, during this trip an individual was identified who will have the prime responsibility for the management of all in-country arrangements and logistics. Specific objectives for the conference were established, key speakers and subject matter were identified, and an agenda was planned. Work on this conference will be followed up by the SOMARC team during their January 1986 technical assistance.

## RESEARCH

Five research activities were carried out during the course of the November trip:

1. Initial results of the consumer (intercept) survey were analyzed.
2. Name tests for two products--orals and the foaming tablet--were designed.
3. Plans for a series of exploratory focus groups were finalized and core moderator guides developed.
4. Instruments for the retail audit were prepared, modified, and then reviewed with DANAFCO management.
5. A plan for the CSM monitoring program was developed.

Each of these activities is described in greater detail below, but first some background.

### Research Issues

Store checks conducted by DANAFCO, Pharmahealth, and SOMARC consultants in the summer and early fall of 1985 indicate that there is a substantial spillover of contraceptive products from public- to commercial-sector distribution channels. Many of these products appear to be old and even outdated. This is true for condoms and foaming tablets, as well as oral contraceptives. In short, a fairly active commercial market for contraceptives is in existence, but we know relatively little about it (except that it is poorly regulated and product quality is often questionable). For example: What types of consumers are purchasing contraceptive products through retail outlets? What are the perceived advantages and disadvantages of specific products and sources of supply? What are the incentives and disincentives for contraceptive purchase and use? What are the decisionmaking processes leading toward the practice of family planning and the choice of methods?

We also need to know more about the commercial distribution system. What do retailers perceive as the advantages and disadvantages of specific contraceptive methods? Why do many retailers stock contraceptives while others (apparently) do not? What kinds of incentives would lead retailers to support CSM products? How can outdated and poor-quality products best be flushed out of the system?

To answer these (and other) questions, a prelaunch market research program is being implemented that will focus both on consumers and the trade (i.e., pharmacists and chemical sellers). Its purpose is to provide information for use in the development of marketing and communications strategies, and to establish a baseline against which subsequent measures of program performance can be made.

This prelaunch research program can be divided into three components. The first component concentrates on consumers. An attitude and usage study of men and women, intercepted in or near retail outlets selling contraceptive products, was fielded in September and October, 1985. It will be followed by a series of focus groups that will explore the perceived benefits of family planning and the factors leading to contraceptive product trial and continued usage.

The second component of the prelaunch research focuses on retailers. Prior to commencement of the pharmacist and chemical seller training program, a baseline survey of retailers' knowledge of contraceptive-related health issues (i.e., contraindications to use, side effects, etc.) will be conducted. This survey can be repeated following the training (and periodically thereafter) to assess changes in retailers' contraceptive knowledge. In addition to retailer interviews, field staff will audit contraceptive inventories, obtaining information on sales volume, brands available, price, point-of-purchase materials, displays, condition of products, product dates, etc.

The third component of the prelaunch research program consists of more narrowly focused studies in support of product development--name tests for the oral contraceptive and the foaming tablet, and package tests for orals, the tablet, and the Panther condom. In addition, concept and message pretests are planned in conjunction with development of the communications campaign.

Following product launch, the research emphasis will shift toward evaluation of ongoing marketing activities and their impact on target audiences.

Post-research activities are designed to collect market data for use by project management, while also gathering information on the effect of over-the-counter sales of oral contraceptives on the health of consumers. The data on consumer health status are to be used by the Government of Ghana in deciding whether to continue OTC distribution of orals beyond the initial demonstration project. (A more detailed outline of this post-launch monitoring program can be found in Appendix A.)

### The Consumer Intercept Study

The planned sampling design for the consumer intercept study called for interviews with 300 men and 300 women grouped according to contraceptive status and residence, as follows:

Location	Female			Male		
	Pill Users	Foam Tab Users	Non-Users	Non-Users	Foam Tab Users	Condom Users
Accra	25	25	25	25	25	25
Sekondi/ Takoradi	25	25	25	25	25	25
Kumasi	25	25	25	25	25	25
Tamale/ Yendi	25	25	25	25	25	25
Totals	100	100	100	100	100	100

This design was developed in a collaborative effort involving SOMARC consultants and the Director of Research for Lintas, Opia Mensah-Kumah, and represents an expansion of the sample (of 400 respondents) originally proposed in the initial request for bids from research suppliers. At the end of three weeks of

field work, 535 interviews were successfully completed. The greatest shortfall in meeting the quotas set for contraceptive users occurred in (Muslim) Tamale, where contraceptive prevalence is lower than in the south and where foaming tablet users proved especially difficult to locate. All in all, however, a considerable amount of work was accomplished in a short period of time under the difficult logistical circumstances (air travel to the north proved unpredictable and several days were lost due to flight delays).

Coding and editing of the interviews and completion of the data entry did not proceed as smoothly, however. Lintas itself, and the CSM project as a whole, does not have current access to a microcomputer. Consequently, Lintas subcontracted data entry, tabulation, and programming to the Accra office of Wang, Inc. As a result of delays in the generation of tables (because of errors in coding and data entry), it was impossible to carry out as complete an analysis in Accra of the data as we would have wished. A data tape was obtained, however, allowing SOMARC staff to conduct an independent analysis upon return to Washington.

Given this experience, our recommendation is that Lintas, and the CSM project as a whole, consider developing an in-house computing capability: SOMARC will explore the possibility of providing the Ghana project with a microcomputer to be used in future market research.

### **Name Tests**

Opia Mensah-Kumah, the Lintas Research Director, designed the name tests of oral contraceptives and foaming tablets and reviewed instruments and procedures with Jim Williams and Bob Porter. A sample of 200 respondents from Accra will be intercepted at central locations and reactions to a list of proposed product names elicited (via a prestructured questionnaire). These name tests are not intended to guide the development of new names so much as to identify any negatives. Name tests results should be available in December.

### **Exploratory Focus Groups**

Twelve groups are to be conducted. Groups will be made up of eight to ten participants and held in four locations--Accra, Kumasi, Tamale, and Takoradi.

(These are the same sites sampled in the consumer intercept study.) Each group is to be homogeneous with respect to age, gender, and contraceptive status (users versus nonusers).

Bob Porter prepared a core moderator's guide prior to his arrival in Ghana and then, working with Opia Mensah-Kumah, adapted it for use with different target audiences (men, women, contraceptive users, nonusers).

### **Retail Audits**

Jim Williams and Bob Porter drafted instruments for the initial retail audit. Through a series of discussions with Opia Mensah-Kumah and DANAFCO management, the basic instruments were modified and an introduction screener prepared. DANAFCO management are to discuss the project with their sales staff and give further consideration to the types of information that would be most useful to their own operations.

The screener is intended to guide the interviewer toward the appropriate respondent(s) within each outlet. One interview schedule is to be used with the store owner/manager and deals primarily with distribution issues. The second interview schedule is to be used with the counter-person in the store at the time of the audit who has greatest contact with customers (this may or may not be the store owner/manager). The third component of the audit consists of a form to be used by the auditor in recording direct observations of product inventory, display, point-of-purchase materials, etc. This basic audit form is to be completed during each subsequent wave. Following the first series of audits, the use of the two interview schedules will be optional; they may be dropped altogether or modified to deal with specific issues as they arise.

The retail audits will be carried out with a sample of 250-300 outlets (pharmacies and chemical sellers). The ten regional capitals will provide approximately 200 outlets; in addition, 22 second-tier towns will yield a minimum of two outlets each. The total sample amounts to approximately 10 percent of all (fixed) retail outlets that are either suppliers or potential suppliers of contraceptive products.

## **The CSM Monitoring Program**

A good portion of the time spent in Ghana was devoted to planning a program to monitor CSM activities once products are launched. As noted earlier, the monitoring program has several purposes, the two most important being: (1) to provide systematic, ongoing feedback on project performance; and (2) to assess the impact of over-the-counter sale of orals on the health status of women (using CSM products). The basic plan for the CSM monitoring program is included in Appendix A; therefore, only three comments concerning its origin and context will be made here.

Plans for the program represent a collaborative effort, with input from Dr. John Ross of Columbia University, Jim Williams, Bob Porter, and Pat Foreman of SOMARC, and Dr. Ray Kirkland of USAID/Accra.

Second, though each component of the program has, in various forms, been tried and proven elsewhere, this is--to our knowledge--the first time that consumer intercepts, in-pack coupons, focus groups, and panel studies have been brought together within a single, comprehensive research framework. As such, the monitoring program has the potential to provide a wide array of independent measures for evaluating project performance and impact.

Finally, a note of caution: As it currently stands, the monitoring program represents more of a rough draft than a detailed plan ready for implementation. Some components are experimental (the in-pack coupon, for example) and will need to be tested and perhaps modified. Nevertheless, we feel that the program as a whole promises to make a unique contribution to the disciplines of market and operations research, while providing actionable information for purposes of program management and evaluation.

## TRAINING PROGRAM FOR PHARMACISTS AND CHEMICAL SELLERS

During the week of November 11-15, 1985, three focus groups were assembled to test the clarity and effectiveness of the training materials and trainers for the demonstration program.

The first test group consisted of the five DANAFCO salesmen, who will be responsible for delivering the CSM family planning products to regional depots and retail outlets. As a result of this in-service training, the sales force is now qualified to convey accurate information on family planning as well as provide advice to the retailers on the proper use, storage, and inventory management of contraceptives.

The second and third test groups consisted of a regional representative sample of chemical sellers and pharmacists. Input from these two groups provided information on their respective retail points of view and special areas for modifying the training materials to address their special needs.

Additionally, these sessions gave trainers an opportunity to present the materials and modify, refine, and strengthen their presentations. At the end of each of the training sessions, an evaluation was made regarding the adequacy and clarity of the materials, ability of trainers, suggestions for improvements and additional comments toward a successful implementation of the CSM program. These responses will be useful in the further development of the national training program. The formal training of pharmacists and chemical sellers will be conducted in the ten regional centers from March to May 1986.

Comments and suggestions from each of the trainee evaluation forms are in Appendix B.

## GHANA FAMILY PLANNING CONFERENCE

The objectives for this portion of the trip were as follows:

1. To follow-up on discussions made by the SOMARC team during the October visit.
2. To plan and design a national conference on population and family planning that will generate extensive media coverage prior to the advertising launch for family planning and CSM products.

A briefing meeting was held with Dr. Ray Kirkland to review the discussions he held with the Project Director and the Africa Regional Manager. Dr. Kirkland presented a preliminary three-page draft of conference plans prepared by Dr. Ben Gyepi-Garbrah, Associate Professor of the Regional Institute of Population Studies (RIPS) at the University of Ghana in Legon.

The consultant worked on planning and strategizing with Dr. Garbrah, the individual who will have prime responsibility for the management of all in-country arrangements and logistics. A conference subcontract will be with RIPS, with Dr. Garbrah serving as the principal administrator. As of November 15, he has been relieved of all university responsibilities until after the conference so that he can devote himself fully to the large amount of work that must be completed in such a short period of time.

The specific objectives for the Ghana national conference are as follows:

1. To generate national awareness of the effects of population growth in Ghana on all sectors of Ghanaian life.
2. To present data on rapid population growth in such a way that national interest in family planning is aroused.
3. To increase awareness of population issues among decisionmakers and consumers.
4. To increase awareness among decisionmakers and consumers in the importance of family planning.

Based on discussions with Dr. Garbrah and agreed to by Dr. Kirkland, the preliminary plans for the conference are as follows:

1. It will be a four-day conference to be held at the University of Ghana in Legon.

2. It is anticipated that there will be 175 participants, on the average, each day. For budgeting purposes, approximately 75 persons will require lodging on campus and will receive all their meals there.
3. Lunch and two coffee breaks/snacks will be provided by the university to the 175 people attending during the day.
4. A van from the university will be provided to shuttle participants between their lodging and conference sessions.
5. There will be 20 commissioned papers and another 20 unsolicited papers. A nominal amount of money is budgeted for the 20 commissioned papers only. All papers, but particularly the commissioned ones, will be written by the end of January in order to have sufficient time to review and edit them for adequacy in the purpose and focus of the conference. If a paper is not entirely written, a sufficiently detailed outline could be submitted. All commissioned papers will be published and distributed on the last day of the conference. Abstracts will be prepared for the unsolicited papers.
6. It is anticipated that key speakers will include the following:
  - Flight Lt. R. J. Rawlings, Chairman of the PNDC
  - Fred Sai, MD, Senior Population Advisor, World Bank
  - Esther Bohene, Ph.D., Director of the Family Planning Association, Harare, Zimbabwe
  - Mr. Omaboe, an economist, author of the population policy of Ghana and a tribal chief. (The consultant had the opportunity of meeting Mr. Omaboe quite informally at his house for a meeting of representatives of Zonta International, Accra Chapter.) Mr. Omaboe will chair the conference.
7. Invited speakers will be drawn from the following ministries and university department heads where requests will first go.
  - a. Government ministries:
    - Ministry of Health
    - Ministry of Finance & Economic Planning
    - Ministry of Education
    - Ministry of Social Welfare
    - Ministry of Agriculture
    - Manpower Board
    - Environmental Protection
    - National Council of Women in Development
    - Central Bureau of Statistics
  - b. Department heads from the University of Ghana and the universities in Cape Coast and Kumasi:
    - Department of Community Health (Medical School)
    - Department of Pediatrics (Medical School)

Department of Ob-Gyn (Medical School)  
Department of Sociology  
Department of Geography  
Department of Home Science  
Department of Law  
Department of Population/Statistics

c. Associations or organizations to be asked to speak:

Planned Parenthood  
Medical Association  
Nurses Association  
Midwives Association  
Pharmacists Association  
Chemical Sellers  
Hospital Administrator, Korre Bu Hospital  
Trade Union Congress  
Tribal Chiefs  
DANAFCO, Lintas and Pharmahealth

8. Participants will be drawn from the universities and governmental agencies, but will be limited to division heads. Regional counterparts of the various ministries will also be invited. The attendance of persons not associated with either the government or universities will require approval to ensure the availability of space.
9. The conference will focus on five main themes:
  - a. Present status of population growth in national reconstruction.
  - b. Maternal and child health and adolescent fertility.
  - c. Population growth and the nation's resources.
  - d. Legal, social and cultural determinants of leader roles.
  - e. Family planning programs in Ghana.
10. On the last night of the conference, there will be a banquet and entertainment by the African Cultural Dance Troupe.

**Next Steps**

1. Develop a scope of work and contract between SOMARC and RIPS.
2. Prepare consultant agreement and task delineation for Dr. Garbrah and his assistant.
3. Begin actual conference preparations.

APPENDIX A

PLAN FOR THE CSM  
MONITORING PROGRAM:  
GHANA

Prepared by:

John Ross  
Bob Porter

## 1. PURPOSE OF THE GHANA MONITORING PROGRAM

The CSM Monitoring Program has four basic aims:

- o To learn whether oral contraceptives can be safely distributed without prescription through pharmacies and chemical sellers, when supported by retailer training and a media campaign.
- o To determine inventory levels and sales volumes of pills, condoms, and foaming tablets on a regular basis.
- o To assess the long-term effects of retailer training.
- o To evaluate other aspects of the program by providing ad hoc research as needed.

## 2. COMPONENTS OF THE CSM MONITORING PROGRAM

### 2.1 Consumer Intercept Study

Field work, editing, data entry have been completed. Cross-tabulations are being produced and a preliminary analysis is underway.

Approximately 600 women and men, both contraceptive users and non-users (quota samples) were "intercepted" in or near retail outlets in four cities (see attached sampling design) and asked a number of questions about:

- o contraceptive awareness and usage,
- o advantages and disadvantages of specific contraceptive methods,
- o purchase patterns,
- o demographic and socioeconomic characteristics, and
- o other topics relevant to the development of marketing and communications strategies.

A preliminary report on main findings is being prepared and a final report is due in mid-December. Further in-depth analyses of the intercept data will also be carried out.

The Consumer Intercept Study was intended to guide project

managers in preparing for product launch. It may, however, be desirable to repeat the study in year two of the Ghana CSM project in order to assess any changes in consumer profiles and provide another "snapshot" of the market.

## 2.2 Retail Sales Audit

The audit of pharmacies and chemical sellers is to check inventories, sales, and distribution patterns of contraceptive products and to assess the effects of training activities on retailers' screening and counseling of customers.

The retail audit, at least for the first wave, will consist of interviews with store managers and sales persons who come in direct contact with customers. Information will be collected on retailers' knowledge of contraindications to contraceptive use, potential side effects, and proper methods of storage. Management and distribution issues will also be explored. In addition, auditors will observe and record, for each contraceptive product and brand category:

- o number of units on display,
- o number of units in stock,
- o oldest product date,
- o date of majority of stock,
- o general condition of product,
- o price charged per unit, and
- o any point of purchase materials in evidence.

The first wave of retail audits is to begin in December with results available by the end of January. The retail audit will

be repeated at least semi-annually and more often (quarterly) if it proves feasible.

### 2.3 In-Pack Coupons

An assessment of data collected through coupons inserted in contraceptive product packaging will provide regular feedback on:

- o who is buying CSM products within specific market areas,
- o whether and how often buyers have used the contraceptive product,
- o crude side effects of the pill, and
- o the location of the most active sellers.

Retailers will be encouraged to tell customers who purchase a CSM contraceptive product that by filling out the coupon and returning it to the point of purchase they will become eligible to win a prize (e.g. a radio, cassette recorder, even a television) in a monthly or quarterly lottery. the retailer will collect and verify completed coupons which will in turn be collected--probably by the DANAFCO sales force--on a periodic basis. Retailers who collect the winning coupon will also win a prize, thus providing an incentive for them to actively assist in the coupon project.

The information provided through the returned coupons (see attached draft) will provide sales estimates independently of the retail sales audits and thus offer a cross-check. And more importantly, the coupons returned will make it possible to estimate the proportion of CSM buyers experiencing pill side effects, though again this will be a rather crude measure. In

addition, the coupons will provide a means for identifying first time buyers of a CSM product who can then be recruited into the panel study (described below).

It is tentatively planned that the coupon collection and processing will be carried out by DANAFCO, while the data analysis will be carried out by Lintas. However, the actual division of labor has yet to be determined. Discussions are underway.

In the longer run, it may also be possible to use the in-pack coupons to draw wider attention to the CSM project and its products. But there is danger that using coupons as a tool for promoting the purchase of contraceptives may lead to a critical response among more conservative segments of the Ghanaian public. We recommend, consequently, waiting till the CSM project is well established before exploiting the promotional potential of the coupons.

#### 2.4 Consumer Panel Study.

A sample of CSM product purchasers, preferably first time buyers, will be interviewed on a periodic basis (perhaps quarterly), beginning soon after product launch and continuing for a period of a year to assess users' health status and experience of side effects. The panel study will also collect data on product satisfaction, switching between brands, products, and sources of contraceptive supply, contraceptive usage behavior, reasons for discontinuation, and other issues relevant to program planning and management.

The panel can be drawn either from returned coupons or by

intercepting potential members at retail outlets or by using both approaches in tandem. It may take considerable time to build up a panel through intercepts, however, the coupons will provide a standing pool of potential respondents which can be drawn upon at any time. The panel will also need to be divided into subgroups by method used (pill, condom, foaming tablet) making it even more difficult to construct a panel of the size desired solely through intercepts.

Probably a series of cohorts of first time users will be needed. That is, a sample of early buyers can be drawn up and followed through two or three interviews at one month, three month, and six month intervals. The same interview schedule could be repeated with a sample of later buyers. Careful planning will be required to avoid overloading interviewers and in managing data--the analysis time might also tend to pyramid.

## 2.5 Other Qualitative Research

Focus groups or other forms of qualitative research (in-depth interviews and more ethnographic approaches) will be used at various points during the project to address special issues as they arise.

## 2.6 Prevalence Estimates

No special study of contraceptive prevalence is recommended. Instead, we suggest that sales volume be tracked from the wholesaler (DANAFCO) to the retailers via central records, and from the retailers to purchasers via the Retail Sales Audit, and secondarily perhaps, through coupons. CYP estimates can be derived from the sales to buyers figures, separately by method.

For pills, 13 cycles sold is taken as one CYP. For condoms and tablets, coital frequency estimates will come from panel interviews, to permit conversion from quantities sold to CYP.

### 3. ADDITIONAL ISSUES

An important question concerns research suppliers for each of the studies described above. In our discussions, serious consideration was given to Lintas. Lintas has proven its fieldwork capability and its Research Manager has demonstrated a good sense of the important issues and how to approach them. Lintas also appears able to acquire additional staff as the workload demands it. However, a team of two or three consultants should come at the end of a year to review all the research and to prepare the final report for the Ministry of Health.

Note that in all follow-up studies of oral contraceptive adopters, considerable side effects are typically reported. The question is how reports of side effects from Ghanaian pill users compare in frequency, intensity, and type to the common experience. Compilations of relevant research are available from other countries (e.g. Kraeger) and they will need to be systematically reviewed prior to the preparation of the final report.

The various studies outlined here will generate a considerable quantity of data. Processing and analyzing it in a timely manner could pose a serious problem. A possible solution would be to provide the project with one, or possible two, microcomputers along with the appropriate software. Technical support and training could be handled by SOMARC. It may be

possible for SOMARC to provide the computers as well.

In sum, we believe that this research plan describes a comprehensive monitoring program that is innovative and thorough. It will provide data that addresses the concerns of the Ministry of Health and the Pharmacy Board while also maintaining a focus on issues of direct relevance to social marketing.

DRAFT COUPON

Customer's name: -----

Customer's address: -----

Date of Purchase: -----

Place Purchased: -----

Is this the 1st, 2nd, 3rd, 4th, 5th, 6th or more time you have used this product?

Has this product ever given you any problems or side effects?

-----NO            -----YES            If yes, please describe:

-----  
-----

CONSUMER INTERCEPT STUDY

FRAME DESIGN

* POP	LOCATION	FEMALE			MALE		
		PILL USERS	FOAM TAB USERS	NON USERS	NON USERS	FOAM TAB USERS	CONDOM USERS
950	Accra	25	25	25	25	25	25
200	Sekondi/ Takoradi	25	25	25	25	25	25
400	Kumasi	25	25	25	25	25	25
200	Tamale/ Yendi	25	25	25	25	25	25
	TOTALS	100	100	100	100	100	100

\*Population in hundred of thousands

APPENDIX B

EVALUATION  
OF  
TRAINING PROGRAM  
FOR  
PHARMACISTS AND CHEMICAL SELLERS

\*\*\*\*\*

1. OVERALL IMPRESSIONS

Sales

- It is high ethical standards in business and professions the recognition of the worthiness of all useful occupations and the dignifying by each manager of his occupation as an opportunity to serve society.
- Refreshing.
- Useful. Adequate information.
- The training has actually put me in the picture of the effective use of all the three contraceptives. The marketing strategies have also been acquired and sales techniques adopted to market the products.
- Very good impressive.

Chemical Sellers

- It has been lively, educative, informative and impressive and if well carried out by the various schedules it would go a long way to solve some of our social and economic problems in our population.
- Very educative, clearing all doubts in the sale of contraceptives making the chemical sellers more responsible educating the people from the city to the villages.
- It has been a very good and educative and wish the CSM opens more training centers in all the regions to train more people.

Pharmacists

- Quite impressive.
- Useful, enjoyable.
- Good, well-organized.
- The training will actually help the remote rural folks to gather more facts about family planning and relieve them of ?pains?. Since the family planning promotes health rather than causing harm.
- Well planned and thought out.

\*\*\*\*\*

2. TRAINING MANUAL

a) EXPLANATIONS

	Sales (n=5)	Chem. Sellers (n=3)	Pharmacists (n=5)
TOO MUCH			
TOO LITTLE			
JUST RIGHT	XXXXX	XXX	XXXX

Comments:

Sales-- "They are up to date"

Chemical Sellers-- "Just right but should have some few omissions and additions as discussed in the course of discussions." "With the additions and subtractions made is OK."

Pharmacists-- "Room for improvement." "Just right with the amendments requested." "Needs more correct pictures."

b) DRAWINGS

	Sales (n=5)	Chem. Sellers (n=3)	Pharmacists (n=5)
ADEQUATE	XXXX	X	X
NEED MORE	X	XX	XXXX

Comments:

Sales-- "Need more: Only a picture for the chemical seller."

Chemical Sellers-- "Need some other modifications and more especially Ghanaian in taste and the posters should be attractive colors."

Pharmacists-- "You need a picture for the chemical seller (page 22) and family planning center (page 23)." "Chemical Sellers and private clinic pictures should appear."

c) DRAWING MESSAGE

	Sales (n=5)	Chem. Sellers (n=3)	Pharmacists (n=5)
NO			
YES	XXXXX	XXX	XXXXX

Comments:

Chemical Sellers-- "Yes, but some of the graphs should be submitted with simple ladders and brief sentences or clauses."

Pharmacists-- "Yes, well for the rural folk."

\*\*\*\*\*  
\*\*\*\*\*

24

3. USEFUL SECTIONS

	Sales (n=5)	Chem. Sellers (n=3)	Pharmacists (n=5)
CONTRACEPTION	XX	XXX	XXX
CSM	X	XX	XXXX
MED. COMMUNITY	XX	X	XXX
ORALS	XXXX	XXX	XXX
CONDOMS	XXXX	XX	X
FOAMING TABS	XXXX	XXX	X
EFFECTIVENESS	XX	XXX	XXX

\*\*\*\*\*  
\*\*\*\*\*

4. INFORMATION INSERTS RECOMMENDED:

Sales

- I will recommend that all pharmacist and the chemical sellers must ensure to receive a prescription from the customer on the pills and the condoms can be sold free to the public. Just like that to promote more sales.
- What is contraception and family planning; Methods of contraception, their effectiveness and side effects; oral contraceptives; foaming tablets; condoms.
- Emphasize the proper use of the various contraceptive methods. Emphasize the women who should not take the pill.
- The CSM handbooks should contain drawings and dosage charts for the pill. Instructions on the correct use of all the contraceptives should be incorporated in the handbook.
- Mail order advertising and more educative pictures.

Chemical Sellers

- That it should be well studied and consulted whenever anyone is in doubt. But not to take things for granted to as to bring the whole scheme into disrepute.
- That the handbooks should well be cared for as is going to be used as a dictionary day to day.
- I recommend that the CSM handbooks should contain pictures in colors of all diagrams and also photogrpahs should relate to Ghanaians.

Pharmacists

- Information should include all that has been discussed in the training manual including additions and recommendations.
- Do not forget the amendments suggested. Do not overstate scientific facts.
- To leave out page 29 in the Manual of the Pharmacists to the Chemical Sellers. I do not very much like page 29.
- The chemical sellers should be in a position to know that the pill does not cure any of the alleged diseases but rather prevents them.
- Need to refer women to physicians on first experience for oral contraceptive prescription. Need to know exactly what to tell women about use of each contraceptive.

a) TOPICS MOST IMPORTANT

Sales

- Women who should see a physician before taking the pill; dose with disease like diabetes, blood pressure and tuberculosis and jaundice.
- Methods of contraception, effectiveness and side effects.
- Oral contraceptives; women who should not take the pill; proper dosage; proper storage of the products.
- Oral contraceptives, panther condoms, vaginal foaming tablets.
- CSM programs and products.

Chemical Sellers

- Pill usage, Foaming tablets usage, condom usage, and the role to be played by the medical officers, pharmacists, chemical sellers and other health workers.
- The role of the chemical sellers, how to take the pill, women who should or should not take the pill, questions to ask a woman before providing the pill, side effects of taking the pill.
- Contraception and conception, oral contraceptives.

Pharmacists

- All topics are educative and necessary.
- All the sections are important but more importantly you need simple posters on (1) the need for family planning and (2) instructions for use of the product to be displayed in pharmacies, chemical stores, hospitals, clinics, etc.
- All topics are important.
- The condom and the vaginal tablets since both can be used together to achieve the best result. Sterilization terminates pregnancy completely; but the remaining methods help to space pregnancies. Hence sterilization ought not to have been mentioned in this program.
- Counseling instructions to pharmacists, chemical sellers and retailers. Women who should not take oral contraceptives.

b) OTHER TOPICS

Sales

- CSM programs

Chemical Sellers

- Yes to use the other organs of the on-going revolution like the CDR's, the churches, town development committees, clinics, traditional councils, youth associations, etc. to help to propagate this important message of population control to achieve the lofty and laudable economic recovery program.
- People worthy of appointing the agents.
- No. But the topics should rather be explained more to reach the understanding of every Ghanaian who has not had much education.

Pharmacists

- Yes, topic on other forms of contraceptive methods not mentioned. Sales and marketing methods as well.
- Educating the youth about sex, emphasizing on abstinence as a way of avoiding unwanted pregnancies until they are responsible adults to choose a contraceptive.
- Sex education in our various schools and colleges and even the various central markets should be included.
- Scientific data on medical conditions under which oral contraceptives should either not be taken or referred to physician should be provided.

\*\*\*\*\*  
 \*\*\*\*\*

5. SUGGESTIONS FOR PRESENTATIONS

Sales

- The training for pharmacist should be more participatory, e.g., question and answer methods.
- Film shows if any to be shown once in every six months in all the regional capitals in hospital training school.
- Go deeper into reproduction or on the conception topic for the benefit of the chemical sellers and relate to the contraceptive methods.
- Promotional materials like posters, handouts, special display packs, pen knives and cigarette lighters should be made available for detailing the products.

Chemical Sellers

- Proper publicity and advertisement should be given before and after its presentation through the massmedia, e.g., the press, radio, television.
- The public especially the rural areas must be educated through the chemical sellers and also through their local CDR programs.

Pharmacists

- That packages must be light protecting for products which are light sensitive. Need to see products to comment further.
- For regional training or for the actual training sessions, you may consider a film or slide presentation on population and family planning--facts and figures, etc.
- Do not let it look too much of a commercial venture but as a genuine way of solving a social problem.
- Any person who is having fits or epilepsy should be included in the questionnaire as well as sickle cell anemics.
- A few of the pictures are to be improved.

\*\*\*\*\*  
 \*\*\*\*\*

6. COFFEE BREAKS

	Sales (n=5)	Chem. Sellers (n=3)	Pharmacists (n=5)
OK	XXXX	XXX	XX
NOT OK	X		XXX

Comments:

Sales

-- (Not OK) Coffee break adequate, lunch break inadequate.

Pharmacists

-- (Not OK) Not quite

-- (Not OK) Yes, but provide a more decent lunch for participants.

-- (Not OK) Yes, except for the lunch.

\*\*\*\*\*  
\*\*\*\*\*

7. IMPROVEMENT IN TRAINING

Sales

- Handouts in some detail on what should be known about the contraceptive methods may be included.
- Individual participants will need to read more literature and pamphlets about family planning and its side effects.
- I suggest that periodical refresher seminars or feedback programs should be organized to appraise our work.
- It could be improved by educating the salesmen and marketing men within a short time possible.

Chemical Sellers

- It should not only be once and for all; other refresher courses could be arranged from time to time to assess the program so as to solve any problems that may arise and to bring up any other suggestions that crop up.
- By coming on yearly.
- The training could be improved when lectures and film shows are organized by the CSM and also advertisements are published as well as radio and TV broadcast.

Pharmacists

- By having feedback from users so as to know of what problems they encounter with the use of the products.
- Allow more discussion even if it means slight deviations from the topic.
- By advertisements. Community education in the form of public lectures.
- It would be in the interest of the country and MOH if the CSM can move from region to region and even the rural areas for education of the masses.
- A brochure summarizing the program may have to be prepared and given out a few days before each training program.

\*\*\*\*\*  
 \*\*\*\*\*

8. WOULD PHARMACISTS AND CHEM SELLERS WANT:

	Sales ( n=5)	Chem. Sellers ( n=3)	Pharmacists ( n=5)
CERTIFICATES	XXXXX	XXX	XX
POSTERS	XXXX	XXX	XXX
BROCHURES	XXXX	XXX	XXX

\*\*\*\*\*  
 \*\*\*\*\*

9. TYPE OF CERTIFICATE

Sales

- Certificate of good handling of the family planning drugs in clean shops and displaying in the shop.
- Certificate of participation in a CSM planning program.
- Certificate for pharmacists and chemical sellers should be designed for the course taken. Ghana family planning program symbol should be printed on the certificate.
- The best salesman certificate.
- Certificate of participation for pharmacists and of training for chemical sellers.

Chemical Sellers

- Certificates testifying that such handlers of the pills, foaming tablets or condoms have actually attended a seminar in respect of that.
- Certificate of having successfully passed the training. And I suggest the certificate of the Eastern Region Chemical Sellers Association.
- A certificate with CSM symbol showing family planning diagram.

Pharmacists

- Certificate on training and marketing of contraceptives.
- This is left to the organizers to decide.
- A qualifying certificate to enable them to handle the CSM products and distribute them on commercial market.