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TRIP REPORT

SUDAN

NOVEMBER 1983

TERRY LOUIS

DURATION AND LOCATION

Khartoum (Sudan) 13th - 22nd November 1983

PURPOSE

By an analysis of the marketing environment. Assist in ascertaining the type of CSM effort most appropriate in the Sudan and assess the feasibility of its initiation and effective operation. We are not concerned yet with making recommendations on AID/USAID contractual or management issues.

SPECIFICALLY

1. Interview appropriate USAID personnel - entrance and exit briefings with Mary Ann Micka, Lois Bradshaw and Gary E. Leinen - to ascertain their needs for information from the ICSMP (both type of data needed and time when needed). In addition Gary Leinen will be able to furnish contracts with some pharmaceuticals firms.
2. Conduct interviews with various distribution, marketing and related firms to ascertain strengths and weaknesses of commercial infrastructure vis a vis needs to contraceptive marketing project.
3. Describe current contraceptive market, including units sold, brands, prices, distribution system, use of promotion, details etc.
4. Estimate market potential for CSM effort and describe potential target market.
5. Describe distribution and promotional system which will work most effectively for contraceptive social marketing (CSM) project in the Sudan.
6. Give your overall recommendations as to feasibility and design of CSM project.
7. Ascertain USAID/Khartoum's future needs for technical assistance.
8. Schedule of next steps.

PRINCIPAL CONTACTS

USAID Mission - Khartoum

Mr. Steve Mintz - Assistant Director Projects Operation

Mr. Gene Morris - Director Design

Dr. Mary Ann Micka - Health/Population Officer

Mr. Gary Leinen - Public Health Advisor

Dr. Lois Bradshaw - Assistant Population Officer

Mr. Pierre Ilissabide - Supply Management Officer

Mr. Carlos Pasquales - Project Development

Mr. Bernard Wisierwski - Logistics Advisor Central Medical Stores

GOVERNMENT

Dr. Rahman El Rasheed - Director Central Medical Stores M.O.H

Dr. Atif A. Saghayroun - Director Economic and Social Research Council

Dr. Mohamed Yousif El Awad - Director Health Manpower Development M.O.H

Mr. Hafiz S. Elsheikh - Director Pharmaceutical Administration M.O.H

Dr. Yahia Mohamed El Kheir - Head of the Department of Pharmacology
Univeristy of Khartoum

Non- Governmental Agencies

Dr. Abdel Rahman Attabani - President (SFPA)

Miss Sana Arbab - Information Education Officer (SFPA)

Dr. Abdul Aziz Farah - Resident Advisor (CBFHP)

Dr. Nayla Mubarak - Director (CBFHP)

PRIVATE SECTOR

Mr. Lewis Boutrous - Managing Director FAL Advertising

Mr. N.O. Goda - General Manager Sudan Publicity Co.

Mr. Hayder Fadlalla - Manager Napata Advertising

Mr. Georgr J. Kabbabe - Managing Director G.F. Kabbaba & Sons

Mr. Edward Gergian - Director K. A. Bodourian & Co.

Dr. Joseph Magarious - Pharmacist Atlas Trading Co.

Dr. Osman Hussein - Director Manager Kambal International

Miss Samira Ahmed - Director Khartoum Commerical Agency

Dr. Ali Shibeika - Managing Director Shibeika Bros.

BACKGROUND

POLICY

There is no explicit population policy for Sudan, but family planning products and services are permitted in both public and private sectors. It is considered a sensitive issue and gets lost in broader objectives of family health activities in the Government sector. It is hoped that the Ministry of Health will see child-spacing and improved maternal and child health essential in their broader objectives. The low priority for family planning in the government sector is also due to limited resources and increasing demand for other health services.

LEGAL ASPECTS

There is a government requirement, that all pharmaceutical products imported into the country require registration by generic and as branded commercially. The registration and approval authorization comes from the Director of pharmacology attached to the Ministry of Health. Oral contraceptives, both pills and injectibles come under this requirement. Condoms and I.U.D.'s do not require registration but require import approval. There is no duty payable on pharmaceutical products imported into the country and this is applicable both to the public and private sector.

DEMOGRAPHIC DETAILS

Sudan with a million square miles is the largest country in Africa. There are considerable variation in climatic, geographic, ethnic and other characteristics. It shares borders with eight African countries. The preliminary 1983 census report quotes the population of Sudan at 22 million. The rate of growth is estimated at around 3% which is one of the highest in the world. Almost 46% of the population is 15 years and under and 70% live in rural areas.

The crude birth rate is 48 per 1000 and the crude death rate is 18 per 1000. Infant mortality is 0.2%, the average number of living children per family is 5 and the average age of marriage is between 15 and 20.

FAMILY PLANNING ACCEPTANCE AND PRACTICE

The Sudan Fertility Survey of 1979 shows that prevalence of contraceptive use in Sudan is very low. Only 6.4% of exposed (fecund) women were practicing contraception at the time of the survey. Current use has direct relationship to age. The pattern increases from 5 percent among women age 25-34 and then decreases with advancing age.

Of the 6.4 percent who are current users, 5.5 percent use "efficient" methods. The pill with 4.3 percent was the most often used method. About 2 percent of the women used other methods, including traditional methods.

Urban women had relatively high levels of current use (16.4 percent) compared to rural women (2.7 percent). Similarly, 9.6 percent of women living in Khartoum area, which is largely urban, were using a contraceptive method compared to 2.5 and 2.3 percent, respectively of women living in the rural Kordofan and Darfur regions. The results also show that women with some education were more likely to have been using contraceptives than women who had no schooling.

In summary, knowledge of family planning in Sudan is not wide spread, and use of contraception is very low, particularly in rural areas. However, there are indications that some women will elect to use contraceptives if they are made available. This is particularly true of women who are better educated and who live in urban areas. The findings of the Sudan Fertility Survey suggest that efforts to increase the awareness and acceptability of family planning in Sudan should first focus on urban areas and among married women who want no more children.

CONTRACEPTIVE SUPPLY AND SOURCE

The findings of the Sudan Fertility Study support the belief that family planning services in Sudan are available on a limited basis. The Ministry of Health, does not view family planning as a priority services in its Health Care program. The Government does not import oral contraceptives, however special projects of the government have received supplies through UNFPA and FPIA grants, but there is no readily available records to the utilisation of these contraceptives.

Family Planning contraceptive supplies are principally provided through the private sector, e.g. pharmacies and private physicians. An attitude study of 250 men conducted by the Sudan Fertility Control Association with technical assistance of the International Fertility Research Project supports this view.

A separate table provides current data on oral contraceptive availability by brand, pack, price and annual volume both in the non-governmental and private sector. The approximate total volume (annual) of oral contraceptives sold or given away in Sudan is 378,500 cycles. Of this the private sector sales is 354,000 cycles.

The other providers of contraceptive services include the Sudan Family Planning Association, the FPIA model clinic in Khartoum and the University of Khartoum's Community Based Family Health Project. The last named organization was not able to provide the number of pills distributed through their program.

Ten leading brands of four International Pharmaceutical companies are available in Sudan through private sector pharmaceutical companies. The retail price ranges from LS 1.70 to 3.70 per cycle. The sales volume shown in the table is no indication of the market size, because importation is dictated by available Foreign Exchange of the respective companies.

Pharmacies visited during the trip expressed interest in the sale of contraceptives and confirmed that demand could be created if actively promoted. There is gross under utilization of the outlets mainly due to short supply of contraceptives coming into the country through the private sector. A strong marketing support-demand creation via advertising and promotion at various levels can bring this source into effective use and make pharmacists active family planners.

ADVERTISING AND PROMOTION

There is hardly any advertising or promotion of family planning or family planning services in Sudan. The little done of Information and Education is by the Sudan Family Planning Association. Their efforts are restricted to the clinics they manage. However they have plans currently to broaden their scope of activity to focus attention, in stimulating public interest through the press, radio and T.V. This is a positive step and will be useful.

The facilities for advertising, promotion and printing in Sudan is reasonably good. There are competent Advertising Agencies capable of translating an advertising brief into a campaign and printing facilities are good and developing.

Press, Radio, Cinema, T.V. and out-door advertising mediums present excellent opportunity, particularly in urban areas for good media coverage. The two dailies (Arabic) and one english magazine (Sudanow) cover print media. T.V. is fast growing as the medium of reaching the population. It is reported that practically every household in the country, especially in urban areas have a radio. There is no record nor would anyone attempt to give the count of the number of radio receiving sets in Sudan.

Advertising rates are reasonably low and space and time can be bought in the respective mediums without difficulty. The media rates are set-out as a separate attachment.

MARKET RESEARCH

Market Research is a fundamental and vital component to any marketing plan. Effective action flows from findings and greatly assists in decision making.

There are no market research organizations in the country, however there have been studies carried out with research principles and the published findings are professional. In most cases technical advice from outside the country has been deployed.

The Economic and Social Research Council, headed by Dr. Atif Saïharoun, has the technical capability and resources to carry-out research that can assist in marketing and communication decision making.

FEASIBILITY AND DESIGN

FEASIBILITY

From the Fertility Survey of 1979 and other reports and observations, it is clear that efforts to increase awareness and acceptability of family planning and F.P. services in Sudan should focus on urban area. This is also borne out by USAID missions priority in their Health programs; "Improving the health status of women and children and the quality of family life through increasing the availability of family planning services and promoting child spacing, especially in urban setting".

The need for placing emphasis in urban areas is further strengthened by the fact that 60% to 80% of the contraceptive sales of the private sector is to Khartoum, Khartoum North and Omdurman. This clearly spells out, that the target area for the marketing strategy should be urban.

The Fertility survey and other available evidence clearly points to the oral contraceptive pill as the most widely used contraceptive method. The survey records 67% for the oral contraceptive pill as the current use of method. The condom is reported at only 3%. With this evidence it is logical that the efforts should primarily be directed on marketing the oral contraceptive pill.

It is strongly recommended that attention be given to marketing research at three points; in the design phase in order to be able to develop a good marketing plan, in the development of culturally sensitive promotional copy and in pretesting and advertising evaluation that will check consumer response.

MARKETING DESIGN

INTRODUCTION

The goal of the contraceptive program in Sudan should be to use marketing techniques to significantly increase the number of couples using reliable modern contraceptives. The pragmatic relationship between a product's attributes and the consumer's needs is the backbone of all commercial marketing. In the context of family planning the marketing task is to influence the choice process through actions that seek to maximise purchase and use. Distribution and advertising are two key functions that are central to the success of the marketing operation.

In Sudan the commercial marketing (distribution - advertising) system is well established, despite all the restrictions, and operates effectively.

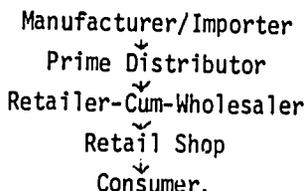
Distribution systems vary depending on the products nature, shelf-life, consumer demand, bank restrictions and the marketing companies trading policy. Advertising and promotion again vary depending on the positioning of the product, its sensitivity, cultural constraints and official restriction on the mediums available in the country.

In the permitted climate, the marketing challenge is to use the available channels of distribution and the mediums of promotion to achieve maximum market penetration and communication spread.

Taking all the factors into consideration, Sudan presents a need and a good situation for a contraceptive marketing program.

DISTRIBUTION

The traditional system of distribution for consumer goods is multi-layered. This means that at the longest range the goods pass through several layers of middlemen before reaching the end user. This multi-routing is presented below:



However, there is no reason, in a program designed for public benefit, that goods should not bypass some of these middlemen, depending on the product and existing market structure.

In Sudan this traditional multilayered system is established and functions well. The Wholesaler-Retailer pipeline system is linked and originates from the main city of Khartoum. The system uses the pipeline because it is the simplest way to overcome the transport problem magnified by the shortage and restricted fuel situation. Almost seventy percent of all sales of consumer products are in the state of Khartoum and the products move from here to the other regions through the system. There is also a well organized trade delivery system serving the out-stations and the distributing organisations use this to get their products to the out-posts.

Trade margins on consumer items and pharmaceuticals, average at 5% to Wholesaler and 15% to retailer on the retail price. Since the objective of the project is to maximize sales not for profit, but for social benefit, higher trade margins should be considered to stimulate and maintain interest.

Typically, distributors have representatives to take orders, deliver to outlets at the retail and wholesale levels and in the case of pharmaceuticals promote the products through detailing to the medical profession. Since distributing firms handle multiple product lines, interest and promotion of the projects product line cannot be maintained at a maximum level by the distributing company's salesforce. Therefore, the project should develop its own Medical Representatives to support the activities of the distributor and promote the product ethically to the Medical profession.

This promotion to the medical profession is vital to the success of the program.

The push-pull process is an essential component to the contraceptive marketing program. Push is defined as the sale of the product to retailers or pharmacies. Pull is the process of stimulating the consumer through advertising and promotion to purchase the product. It is essential that the product be on the shelf when the consumer wants it. However, it is not reasonable to expect retailers to make special efforts to sell contraceptives to consumers in the absence of a stated demand in Sudan. It is essential that the push-pull be well balanced in the program. If there is too much push and not enough pull, retailers will be alienated. Conversely, if there is too much pull and not enough push, consumers will be frustrated.

PRODUCT PRICING

In marketing terms the 'RIGHT' product should be offered at the 'RIGHT' price with the other elements in the marketing-mix. The contraceptive marketing program should attempt to comply to this need and the products offered should be of a high quality or acceptable brands. It is also important that there should be a differentiation between the products offered through other clinical or government programs and the proposed commercial program. This is necessary because the proposed program will offer products at a price acceptable to the consumer as against the free issue in the government system. The same product offered at a price as opposed to the free issue will cause confusion in the minds of the consumer and disrupt the sales process at the retail point. The offer of a low dose pill with ethical promotion will be advantageous for the success of the program.

Marketing pricing also recognises margins offered to the Distributor, Wholesaler and Retailer for their marketing functions. The current price margin structure in the commercial sector of Sudan averages thus:

Price to public - 100%

Price to retailer - Less 15%

Price to Wholesaler - Less 5%

Price to Distribution - varies depending on the functions he is expected to perform.

ADVERTISING AND PROMOTION

Advertising and Promotion of Contraceptives should recognise the positioning of the product, its sensitivity, cultural constraints, media restriction and the Government's policy.

In Sudan, Advertising and Promotion should be designed to obtain optimum reach using available media with the 'RIGHT' intensity that will be acceptable culturally. The advertising initially should attempt to present brand name, product image and attributes with visual presentation of pack. Experience in launching new products, particularly contraceptives, has revealed that the launch phase of advertising will take up to ten to twelve weeks. This low-profile visual exposure helps a great deal in de-sensitising the people to contraceptive advertising, and stimulates retailer interest in handling the product. Copy themes should be checked for their cultural acceptability.

MARKET RESEARCH AND EVALUATION

Research and evaluation are natural components of any successful commercial project. Analysis of sales data is one of the most effective ways of assessing success and accessibility. Because the contraceptives are sold, albeit at a subsidised price, and not given away, the program has one major advantage: it is possible to evaluate the program and even parts of the program because sales performance provides accurate feedback of field performance. Thus, using data on product importation, inventory, costs, sales and income, the performance of the program can be calculated to provide a precise index of output per investment and thereby social benefit.

Research of baseline knowledge, acceptance and practice can produce substantial information with which target groups can be defined and communication strategies developed. Research can also help in product-oriented pre-launch activities of retailers' attitudes, name and pricing of product and retailer acceptance and orientation.

If the strategy is to primarily focus attention on urban areas then the research task will be simplified. It is possible to get good applicable data from a sample of 600-700 interviews from the three sectors: upper, middle and lower middle class.

With Technical advice such a study can be completed in a two month period.

SCHEDULE OF NEXT STEPS

If the USAID Mission concurs, the next operational step will be:

- Step 1
(months 1 to 3)
- Market Research and field investigation in selective areas with T.A.
 - Screening of staff
 - Screening of Packaging, Distribution and Advertising Agencies
 - Development of Marketing and Communication Plan
- Step 2
(months 4 to 6)
- Finalisation of packaging and promotional material
 - Re-packaging of products
 - Preparation of distribution pipeline
 - Training of Detailmen for the Medical Profession detailing
- Step 3
(month 7)
- Launch in selected areas

SUPPORTING

ATTACHMENTS

PRIVATE SECTOR

NON GOVERNMENT AND PRIVATE SECTOR
O.C. AVAILABILITY AND SOURCE

No.	Product	Manufacturing Company	Packing	Local Organisation	Retail Price	Annual Volume (Cycles)
1	Lyndiol	Organon	22 Tabs	G.K. Kabbabe & Sons	LS.1.700	200,000
2	Restover	Organon	22 Tabs	G.K. Kabbabe & Sons	LS.2.200	1,000
3	Anovalar	Schering	21 Tabs	Shibeika Bros & Co. Ltd.	LS.2.765	1,000
4	Eugynon	Schering	21 Tabs	Shibeika Bros & Co. Ltd.	LS.3.112	10,000
5	Microgynon	Schering	21 Tabs	Shibeika Bros & Co. Ltd.	LS.3.436	50,000
6	Neogynon	Schering	21 Tabs	Shibeika Bros & Co. Ltd.	LS.3.436	8,000
7.	Nordette	Wyeth	21 Tabs	Shibeika Bros & Co. Ltd.	LS.3.715	50,000
8	Noridol	Wyeth	21 Tabs	Shibeika Bros & Co. Ltd.	LS.3.715	2,000
9	Ovulan 50	Searle	21 Tabs	Jerjian & Sons	LS.3.255	30,000
10	Ovral	Wyeth	21 Tabs	Shibeika Bros & Co. Ltd.	LS.3.150	2,000
						<u>354,000</u>

NON GOVERNMENT SECTOR

No.	Product	Manufacturing Company	Packing	Local Organisation	Retail Price	Annual Volume (Cycles)
1	Ovulen 50	Searle	28 Tabs	Sudan F.P.A.	Free	4,000
2	Noriday	Syntex	28 Tabs	Sudan F.P.A.	Free	3,000
3	Microgynon	Schering	28 Tabs	Sudan F.P.A.	Free	15,000
						<u>22,000</u>
4	Noriday	Syntex	28 Tabs	FPA Model Clinic	Free	25,000
						<u>25,000</u>

NOTE: Source - Individual Company record, SFPA and Model Clinic record

A D V E R T I S I N G
R A T E S

Khartoum

PRESS

Al Sahafa and Alaym . (Dailies - Arabic)

Full page	LS. 1,200.00
Half page	650.00
Quarter page	350.00
SCI Front page	30.00
SCI Back page	20.00
SCI Inside page	12.50

SCI - Single Columns Inch

Sudanow (Monthly English Magazine)

Back cover outside colour	LS. 2,000.00
Front cover inside colour	1,800.00
Back cover inside colour	1,600.00
Inside page colour	1,350.00
Inside page black and white	675.00
One column black and white	225.00
Single column inch black and white	20.00

RADIO

<u>Time</u>	<u>Open</u>	<u>Fixed</u>
60 sec.	110.00	125.00
45 sec.	95.00	110.00
30 sec.	80.00	95.00
15 sec.	65.00	80.00

TELEVISION

<u>Time</u>	<u>Open</u>	<u>Fixed</u>	<u>Special</u>
60 sec.	210.00	230.00	250.00
45 sec.	190.00	210.00	230.00
30 sec.	170.00	190.00	210.00
15 sec.	150.00	170.00	190.00

NOTE: These rates come effective on 1/1/84

CINEMA

Cost per week of two houses cinema

60"	Film for one week	-	LS. 42.00
30"	Film for one week	-	LS. 21.00

Cost per week of one house cinema

60"	Film for one week	-	LS. 21.00
30"	Film for one week	-	LS. 10.50

HOARDING

Yearly rental per Hoarding	LS.650.00
Erection charges per Hoarding	LS.200.00
Production size 3 x 6 mtr.	LS.850.00
Production size 2 x 4 mtr.	LS.700.00

LIST OF PERSONS AND ORGANISATIONS CONTACTED

FAL Advertising and Printing Co. Ltd.
P.O. Box 2158,
Khartoum, Sudan
Tele. 45133-31743 Telex 24084 FAD SD

Managing Director; Lewis Hanna Boutrous

This is well established and well equiped organisation. It has long experience in advertising in Sudan and is affiliated to J. Walter Thompsons. The creative section is capable of handling a creative brief and has adequate facilities to develop, print and design.

The printing division has good equipment and the material put out is good. They also have the facility to obtain colour separation negatives from abroad. Colour separation facility is not available in the country.

Their service covers both pharmaceutical and consumer goods, advertising and printing.

Sudan Publicity Co. Ltd.
P.O. Box 536,
Khartoum, Sudan
Tele. 80241

General Manager; N.O. Goda

This is an established organization handling advertising with an in-house printing division. Among their clients are the National Cigarette Co. and the Rainbow Paints Company which they see as their main clients in the consumer lines and Nicholas Products (Sudan) Ltd in the pharmaceutical lines.

Their printing division is good and they confine to printing of posters, leaflets and promotional material. They do no go into packaging print.

They hold the rights to Hoarding or Bill Board Advertising in Khartoum.

Discussing Media they confirmed that T.V. and Radio took precedence over Press.

Napata Advertising Co.
Khartoum

Manager: Hayder Fadlalla

This is a small agency with an affiliate printing division called Dina Press. Their advertising facilities cover placements in press, T.V. and Radio. The art studio is small. Their main clients are two Banks, and the Arab Authority for Agricultural Development.

The Print Division is equipped to meet solid colour printing both by letter-press and litho.

G. F. Kabbabe & Sons
P.O. Box 325,
Khartoum, Sudan
Tele. 72008-76907 Telex 478

Managing Director: George J. Kabbabe

Kabbabe and Sons are an established pharmaceutical company who import and distribute in Sudan. They are agents for Pfizer, Squibb, Organon, Boehringer, Wande, Whor, Mack and Cline-midy. As agents for Organon they import and distribute Lyndiol which is the brand leader and recently they have introduced Restover. Lyndiol is the lowest priced product at LS.1.70 in the market. Restover sells at LS. 2.20. Both are 22 tablet blister packs. The sales for Lyndiol for the past twelve months was 200,000 cycles.

The distribution of their products are through four vans that cover the main market area. The out-of-town outlets are served through a well organized truck delivery service. The eighteen medical representatives do detailing of the brands to the medical profession and also service the pharmaceutical outlets. They have direct links with around 475 outlets in Sudan. Their record showed that in 1981 there were 2,271 medical professionals which included the Dental, Physiotherapy and Radiology practitioners.

Jergian & Sons Co. Ltd.
P.O. Box 269,
Khartoum, Sudan
Tele. 70500 Telex 22346 Jejan SD

Managing Director: Edward Jergian
Director : Chris Jergian

Jergian and Sons is another leading pharmaceutical distributing organisation who represent Bayer, Searle, Schering, Leo and Servier International Pharmaceutical Organisations. In the Oral contraceptive line they market Ovulan 50 which is a Searle product. Their annual sales for that product line is around 30,000 cycles. It is a 21 tablet blister pack and retails at LS.3.255.

The five medical representatives attached to the organisation are responsible for the promotion of the respective agencies they represent. Bayer operate an Asprin van which covers the out-station districts. No delivery is effected by the company in the Khartoum district.

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K.A. Bodourian & Co. Ltd.
Baladia Avenue
P.O. Box 21
Khartoum, Sudan
Tele. 74222 Telex 22417 KABCO SD

Director: John A. Bodourian

This is one of the largest distributing companies in Khartoum. Among the list of companies whose product range they distribute are Smith Kilne and French, Nicholas Products, Smith and Nephew, Ethicon and National.

They have six vans of their own in addition to 10 vans of Nicholas Products. They also have foot salesmen covering the main Khartoum Bazaar.

They see three main areas namely Khartoum, Khartoum North and Omdurman as the main trading area which account for 60 to 80 percent of the sales of the product range they carry. They also cover the up-country markets through rail and truck delivery using the wholesale network.

The organization is professional in its approach and well organised.

The Atlas Trading Co.
P.O. Box 1024,
Khartoum, Sudan.
Tele. 77655-77645 Telex 22289A BATLAS SD

Consultant and Assistant to the Director: George Shuggi
Pharmacist: Dr. Joseph Magarious

This is one of the leading and established Pharmaceutical distributing companies who act as agents for Boots, Rousel, Upjohn, E. Merck, Dumex, Ciba Geigy and Servipharm. They are the sole distributors of Depo-provera, the Upjohn product. It is not a large market and at present the sales per month are 200 units. They have 15 medical representatives who are responsible for the ethical detailing to the medical profession and promotion at pharmacies of the range of products they import and distribute. They estimate that they serve 450 to 500 outlets. They do not deliver and depend on the dealers collecting from their stores or service the order through truck or rail delivery. This is possible because of the demand in the country for pharmaceutical products.

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Kambal International Agency
P.O. Box 6109
Khartoum, Sudan
Tele. 81459 Telex 22661 KAMI SD

Deputy Manager: Dr. Osman Hussein

This is a conservative pharmaceutical organisation, who have reservations on contraceptive marketing. They represent Abot, Eaton, Consolidated Chemicals and Labaz Laboratories. The four medical representatives confine their promotion to the Khartoum State. The Company does not do any deliveries. The pharmacies collect their goods on a strict cash on delivery system.

Khartoum Commercial Agency
P.O. Box 646
Khartoum, Sudan
Tele. 76379

Director: Miss Samira Ahamed

Khartoum Commercial Agency represents Ciba Geigy, London Rubber Co., Syntex (London), British Meyer and Schalles E. Frost. Eighteen pharmaceutical representatives working in vehicles provided by the parent companies form the sales force of this organisation. This is one of the few organisations that extend limited credit of three weeks to pharmacies for purchases of over LS.7,000.

They have an efficient system of inventory control.

Shibeika Bros. Co. Ltd.
P.O. Box 100
Khartoum, Sudan
Tele. 74452 Telex 22307

Managing Director: Dr. Ali Shibeika

This is an established organisation distributing six different brands of oral contraceptive of two leading international pharmaceutical companies. In addition they are also agents for Hoechst and Sterling Products. The organisation has six vans that cover the main areas with the deliveries and the thirteen medical representatives belonging to the respective International Organisation promote and market the different lines of

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Shibeika Bros Co. Ltd.
Continuation

products. All sales are cash on delivery, as the Banks credit facilities to companies are restricted. The Banks charge 21% on credit extension. The trade margin to retailers is 15%. Importation of products are not necessarily based on market demand but dictated by the available Foreign Exchange purchase of the individual companies.

Central Medical Stores,
Ministry of Health,
Khartoum, Sudan

Director: Dr. Rahman El Rasheed

Dr. Rasheed who heads the Central Medical Stores confirmed that no oral contraceptives were imported by the Government. There is no duty on contraceptive imports and this was so, even to the private sector importers. Pharmaceuticals can only be sold through drug stores that are licensed and manned by a pharmacist. Family Planning he said, was linked with maternal and child health and managed by the Department of Maternal and Child Health in Omdurman, whose director is Dr. Mohamed Hassan Baldo.

Economic and Social Research Council
Khartoum, Sudan

Director: Dr. Atif A. Saghayroun

Dr. Atif is also the Secretary General for both the National Population Committee and the Sudan Family Planning Association. He explained that Family Planning was a sensitive subject in Sudan and because of its sensitivity the Government had not made a stated policy. However, the Government recognises the need, due to high infant mortality rate and maternal and child health need, and supports family planning activity, be it public or private. The National Population Committee takes the Government role in promoting and evaluating population activities in Sudan.

Dr. Atif referred to the 1983 Preliminary Census Report and said that, the population of Sudan was approximately 22 million. He stated that the population of Khartoum was 1.8 million broken down to 1.3 million urban, 370,000 rural settled and 88,000 rural nomadic. He also stated the 16.5 million lived in rural settings and that 72% of the people were not literate.

The breakdown of the government service centres according to Dr. Atif is 156 hospitals, 212 medical centres, 1,901 dispensaries and 870 small service units.

He felt that there was a pressing need for a good contraceptive service delivery and that the climate was right to launch such a programme. He felt that avoiding the word contraceptive in the project title would be helpful initially. He suggested that the project be titled 'Social Health Project'.

Pharmaceutical Administration
Ministry of Health,
Khartoum Sudan

Director: Hafiz S. Elsheikh

This division of the Ministry of Health is responsible for the approval and issue of license for the importation of all pharmaceutical products and appliances into the country. They also have jurisdiction on price.

Condoms and IUD importation into the country need this divisions approval. Change of local agency requires re-registration of the product line with letters of termination and appointment or a letter of waiver from the International Pharmaceutical Company.

Ministry of Health
Khartoum, Sudan

Director Health Manpower Development: Dr. Mohamed Yousif Elawad

Discussing the medical service status Dr. Elawad presented a table of the current position with respect of available Health Manpower. This is placed as an annexure but the validity has not been checked. However, it is believed that the actual current status greatly vary from the presentation due to the migration overseas of the medical professionals and technicians which remain unrecorded.

SUDAN FAMILY PLANNING ASSOCIATION

President: Dr. Abdel Rahaman Atabani
Information Education Officer: Miss Sana Arabab

The Family Planning Associations main service activity is their clinic programme which is conducted weekly in eleven clinics in the sate of Khartoum. In addition they also have nearly fifteen clinics in the provinces. The weekly clinics are conducted by a gynocologist assisted by a nurse and Health Educator of the Association.

The clinics also provide oral contraceptives and condoms. There are three brands of oral contraceptives under the 'Blue Lady' overpack that are used. The brands are, Ovulen 50, Microgynon ED and Noriday. All are 28 day packs, and each of the overpacking contain three cycles of pills. Microgynon is the most popular of the three brands and approximately 15,000 cycles are given away during a one year period. Ovulen and Noriday account respectively 3,000 and 4,000 cycles annually. In all the associations pill distribution amounts to around 22,000 cycles annually.

The Association lays emphasis on Information and Education and have produced a number of leaflets and hand-outs aimed at creating method awareness. They recognise the role played by the private sector pharmacies and are at present conducting a study of contraceptive movement through pharmacies.

University of Khartoum
Community Based Family Health Programme

Resident Advisor: Dr. Abdul Aziz M. Farah
Department Director: Dr. Nayla Mubarak

The Community Based Family Health Programme which is funded by Columbia University believes in utilising grass-root level personnel at community level to function effectively in providing preventative health measures. They function outside the curative health programme of the Government.

Their target area presently is the Rural Area of Khartoum and the Rural Northern Nile Province. The programme uses doctors, medical assistants and mid-wives. The area is divided and responsibility placed with mid-wives to meet the women in their houses on a regular basis. The programme, refunded, is in its early stage of gathering information from rural homes. There are approximately 10,000 homes that will be covered in the programme.

They were not able to provide details of pill distribution in the programme.

TABLE OF PRESENT POSITION WITH RESPECT TO AVAILABLE HEALTH MANPOWER

Category	No. in Service	Training Institute	Duration of Training	Entry Requirements	No. graduated per year	No. graduated in last 5 yrs.	Projected No. of graduates in coming 6 yrs.
A. PROFESSIONS							
General Physicians	2,000	U. of K. and Abroad	6 yrs.	S.S.S.C.	300	1,312	2,450
Specialists	507	U. of K. and Abroad	3/5 yrs.	M.B. BS.	40	200	300
Dentists	223	U. of K. and Abroad	5 yrs.	S.S.S.C.	40	220	250
Dental Sugeons	10	U. of K. and Abroad	2 yrs.	University Graduates	2	4	10
Pharmacists	90	U. of K. and Abroad	5 yrs.	S.S.S.C.	60	300	300
Scientific Officers	50	Faculty of Science	5 yrs.	S.S.S.C.	20	100	200
Sanitary Engineer	-	-	-	-	-	-	-
Social Workers	50	University	4 yrs.	S.S.S.C.	-	10	20
B. TECHNICIANS							
Lab Technicians	75	Faculty of Medicine	3 yrs.	S.S.S.C.	30/40	162	180
Radiographers	190	Institute of Radiography	2 yrs.	S.S.S.C.	30/40	150	180
Refractionists	52	Institute of Khartoum	3 yrs	S.S.S.C.	12	38	72

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Category	No. in Service	Training Institute	Duration of Training	Entry Requirements	No. graduated per year	No graduated in last 5 yrs.	Projected No. of graduates in coming 6 yrs.
Public Health Officers and Inspectors	209	Public Health College	3 yrs.	S.S.S.C.	30	88	180
High Nursing Graduates	326	H.N.C.	3 yrs.	S.S.S.C.	30/40	138	715
Sister Midwives	36	H.N.C.	1 yr.	High N.C. Certificate	12	36	72
C. MEDICAL ASSISTANTS							
General M.A.	1,236	6 Scholls	2 yrs.	I.M. Certificate	100	500	700
Ophthalmology MA	174	Khartoum Eye Hospital	2 yrs.	I.M.	25	125	350
Dental M.A.	164	Omdurman	2 yrs.	I.M.	10	88	120
Mental M.A.	9	Omdurman	2 yrs.	I.M.	15	25	90
Pharmacy M.A.	350	Khartoum	2 yrs.	I.M.	60	268	360
Physiotherapy M.A.	40	Khartoum	2 yrs.	I.M.	10	46	60
Anaesth. M.A.	170	Khartoum	2 yrs.	I.M.	20	100	200
Laboratory M.A.	450	Nat. Lab.	2 yrs.	I.M.	25	135	200
Health Visitors	660	Two	2 yrs.	Nurse Midwives+ 2 years service	30 20 — 50 per yr.	250	300
Nurse Midwives	200	Three	1 yr.	Nurse Cert. + 2 yrs. experience.	70	350	420

Category	No. in Service	Training Institute	Duration of Training	Entry Requirements	No. graduated per year	No. graduated in last 5 yrs.	Projected No. of graduates in coming 6 years
A/Health Visitors	93	Two	1 yr.	Village Midwifery Cert.	18	93	200
Village Midwives	2,059	18 Schools	1 yr.	Literacy	345	1,725	2,200
Theatre Attendants	543	4 Schools + Obied	2 yrs.	Intermediate Certificate	75	295	600
Nursing Instructors	178	1 School Khartoum	2 yrs.	I.M.	35/40	150	240

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22nd November 1983

Dr. Mary Ann Micka,
Health/Population Officer,
U.S.A. I.D.
Khartoum.

Dear Dr. Micka,

Attached are the tangible results of my trip to Sudan to help initiate a contraceptive marketing project most appropriate to the country.

The trip report covers:

- i) Background - policy, legal aspects and demographic details.
- ii) Current Contraceptive supply and source.
- iii) Advertising and Promotion status in the country.
- iv) Market Research need and direction for using this discipline.
- v) Feasibility and Marketing Design - Distribution, Product and Pricing, Advertising and Promotion and Market Research.
- vi) Schedule of next steps.

The additional attachments relating to the report included:

- a) List of persons and organisations contacted.
- b) Table on current oral contraceptive market in Sudan.
- c) Media Rates (Press, Radio, T.V., Cinema and Hearings).
- d) Memorandums of meetings with detail on the organisations
- e) Table of present position with respect to available Health Manpower.

During the visit the question of the over-all management structure was raised. I have addressed the issue and prepared a separate note on a possible management structure, a visual organisational chart, staffing and Technical Assistance. This is not included in the report because it is out of my assigned scope of work.

I must sincerely thank you for all your assistance. I must also thank Gary Leinen and Lois Bradshaw for the part they played in helping me with my work. Without their assistance, I could not have had this report in the assigned time.

I enjoyed working here and wish that you will be able to start up a useful program for Sudan.

Warm regards,


Terry Louis.

POSSIBLE OVERALL PROJECT MANAGEMENT

STRUCTURE

The following chart illustrates the general way in which the project can be organised and funded. The characteristics of an optimal overall project structure follows:

1. The Sudanese organization should have implementing responsibility
2. The implementing organisation (I.O) should operate like a commercial sector firm; adopting policies, procedures, and operating practices or other commercial firms. It should have a commercial image or vision.
3. Legal requirements for the I.O include:
 - has flexibility to receive funds directly from USAID or other funding organizations,
 - has the capability to enter into legal contracts (advertising/distribution),
 - sale or chief objective is contraceptive retail sales,
 - profit not motive; commitment to project without other competing interests.
4. An Advisory Board or Council drawn from a balanced unit of GOS, MOH, Commercial, USAID Mission should act as trustees to the implementing organization.
5. The Project Advisor should have influenced on decisions and should closely liaise with USAID Mission.

STAFFING

The implementing organization will hire staff in a phased approach compatible with the growth of the project.

Suitably the TA advisor concurrence of USAID will identify and hire a Project Director. The Project Director should have considerable experience in Marketing consumer and/or ethical products. Should the project decide on a project director for administrative ability, then it is important to hire a Marketing/Executive with proven marketing ability. This should be done during the initial organisation set-up and simultaneously the finance and administrative post should be filled. These persons are essential for the initial progress planning phase.

TECHNICAL ASSISTANCE

It is desirable to provide technical assistance and project analysis and evaluation for the project. The primary objective of the services that would be required are to:

1. Assist in the initial organization of an implementing organisation which will have the responsibility to significantly increase the availability of contraceptives through commercial outlets.
2. Provide technical assistance in the design and operation of a contraceptive retail sales program in the areas of organization development, marketing and commodity supply logistics, so that the implementing organisation with well-balanced product line, maximum sales and cost per user comparable or lower than alternative delivery system for contraceptives in Sudan.
3. Advise USAID/Sudan on a regular basis regarding the level of funding and types of activities to be funded by USAID.
4. Solidify relations with host country representatives from MOH, SFFPA, other GOS entities, as well as appropriate representatives of the business, medical and pharmaceutical community.

ORGANISATIONAL STRUCTURE

