

# Uganda Trip Report

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## Glossary of Abbreviations

ACNM	American College of Nurse Midwives
ACP	AIDS Control Programme
ADMS	Assistant Director, Medical Services
AIC	AIDS Information Center
A.I.D.	Agency for International Development, Washington
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research and Educational Foundation
APCP	AIDS Education and Control Project
ARMTRADES	Ugandan marketing firm: implementing agency for SOMARC activities
CBD	community based distribution
CCC	Condom Coordination Committee
CDC	Centers for Disease Control
CMS	Central Medical Stores
CPT	Contraceptive Procurement Table
CHIPS	Community Health Intervention, STD Project (UCSF)
DANIDA	Danish International Development Agency
DHS	Demographic and Health Surveys
DMO	District Medical Officer
EDP	Essential Drug Programme
EFH	Expanded Family Health Project
EIL	Experiment in International Living
FUE	Federation of Ugandan Employers
FPAU	Family Planning Association of Uganda
FPLM	Family Planning Logistics Management Project (JSI)
GOU	Government of Uganda
GPA	Global Programme on AIDS (WHC)
GTZ	Technical Cooperation, German Government
HIV	Human Immunodeficiency Virus
IMA	Islamic Medical Association
JSI	John Snow, Inc.
MCH	maternal and child health
MIS	management information system(s)
MOH	Ministry of Health
MTP	Medium Term Plan (GPA)
NRA	National Resistance Army
PMAU	Private Midwives Association of Uganda
PSI	Population Services International
SEATS	Family Planning Services Expansion and Technical Support Project (JSI)
SOMARC	Social Marketing for Change (Futures Group)
STD	Sexually Transmitted Disease
TAACS	Technical Assistance in AIDS and Child Survival
TASO	The AIDS Support Organization
UAC	Uganda AIDS Commission
UCSF	University of California, San Francisco
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development, Kampala
WHO	World Health Organization

## I. Summary

USAID/Kampala requested JSI/FPLM assistance in estimating condom requirements. Suzanne Thomas travelled to Uganda to assist the newly formed Condom Coordination Committee (CCC) in:

- describing existing systems of condom supply;
- examining possibilities for consolidation, coordination and/or expansion of these channels, including assessing the potential for additional recipients of the increasing condom volumes;
- discussing possible cost-recovery mechanisms; and
- determining training needs in condom logistics.

Supply and distribution channels in Uganda are complex and expanding, and demands by consumers and service providers exceed the responsive capacity of organizations managing condom supplies. Record-keeping systems are not fully operational; they are being established by various non-governmental organizations (NGOs) and the UNFPA-supported family planning project.

The CCC is beginning to develop of a national condom policy.

### Major Recommendations

- 1) A national condom policy should be finalized and adopted. (Section III)
- 2) Alternative storage is needed for public sector program condoms: none of the storage facilities are completely adequate in space, ventilation, temperature and humidity, and accessibility requirements. Programs may wish to consolidate resources and locate facilities that can be used by multiple programs. (Section VI)
- 3) Those agencies and donor organizations promoting or advising condom use should contribute resources to condom procurement. USAID and the ACP will not be able to meet the demand for condoms for much past 1993, should demand continue to grow. (Section V)
- 4) The AIDS Control Programme (ACP) and the Experiment in International Living (EIL) should work jointly to develop their capacities in condom management. (Sections VI and VII)
- 5) Expanded cost-recovery activities should be explored and implemented. (See Section V)

## **II. Activities**

An initial meeting of the CCC was held at which the FPLM consultant, USAID representatives, and committee members planned activities for this visit. No sole Ugandan counterpart was identified; the CCC agreed to make specific task assignments to members at the end of the consultancy.

Ms. Thomas visited identified agencies that fund, procure, receive and/or distribute condoms in Uganda. Where visits were not possible, fax and phone interviews were used to collect information. If data were unavailable discussions were held with program staff to determine reasonable estimates of past and anticipated condom consumption.

The capacity of organizations to manage supplies was assessed. The CCC was presented with options as to how best to manage both current and expanded levels of supply.

At the request of CHIPS staff, a discussion of condom quality issues was led by the consultant; CHIPS staff and representatives from other agencies attended. Addressed were specifications for condom procurement, quality control versus assurance; the role of logistics systems in safeguarding condom quality; the impact of user factors on perceived condom quality; limitations of the product; and the role of the service provider in improving performance and satisfaction through education.

The need to identify new sources of condoms was discussed.

## **III. National Condom Policy**

Uganda has yet to adopt a condom policy; policy drafting is assigned to the CCC. The draft policy addresses in detail the issue of advertising and promotion of condoms. As important as it is to quickly resolve this issue, other issues should be expanded upon and finalized. Aspects of these policy issues are addressed in this report; decisions taken regarding recommendations will impact policy development.

## **Recommendation**

Decisions taken in the topical areas of condom logistics and MIS, resource expenditure, procurement and cost-recovery should be incorporated into the national condom policy by the CCC. Persons responsible for implementation aspects of the policy should be identified, and a time frame for activities developed.

#### IV. Condom Supply and Distribution

##### A. Sources and Supply Levels

###### Condom Supply: Obligations and Estimates

	1991	1992	1993	1994
	-----	-----	-----	-----
A.I.D. (Armtrades)	497,500	2,766,000	882,000	
USAID	3,336,000	5,854,000		
IPPF	600,000	730,000	0 a	
GPA/ACP	0	3,600,000	4,636,800 b	0
GTZ	1,000,000	1,000,000	0	0
SEATS	0	0	0 c	0
	-----	-----	-----	-----
	5,433,500	12,098,000	5,518,800	0

a) Size of order under discussion.

b) Approximate cost: USD 150,000. Funds not identified. Assumed that USD 130,000 would be for purchase at 2.8 cents each, with remainder for TA, customs and other fees and transport. Rounded to nearest case lot of 7,200 pieces.

c) Recommended that SEATS explore possibility of supplying condoms.

Requirements estimates have not been based on sound forecasting, due to the weakness of the current logistics system and MIS. Uganda condom supply is characterized by supply shortages and stock-outs. Though this situation has improved, service providers are uncertain of the level of intensity that should be put into condom promotion efforts, fearing that supplies will be interrupted. As stock levels in a central site decline throughout a given period, and with resupply uncertain, condoms are rationed to requestors. Available distribution data show that increasingly smaller quantities of condoms were sent in response to orders when less stock was on hand.

Alternative sources of condoms need to be identified to supply activities supported by donors such as DANIDA and UNICEF which promote condom use. Discussions with DANIDA were held to determine their interest in supporting condom procurement, and will be

continued by the Mission AIDS advisor and the Director of the EIL grant. The World Bank is preparing to launch a second Family Health Project, through which condom promotional activities will be supported. Additional monies have been budgeted by the ACP, and will be requested for 1993 activities.

### Recommendation

Local agencies should prepare a proposal for submission to donors other than USAID to request funding for, or the direct provision of, condoms for prevention activities that are currently underway in Uganda. As the sub-grantee agencies of EIL are the largest providers of services that promote and distribute condoms, this group is in the best position to develop such a proposal. This could be submitted to local donors funding educational and promotional activities in Uganda.

It is strongly recommended that the World Bank incorporate condom supply into the Family Health Project currently in preparation.

#### B. Distribution

Distribution of condoms in Uganda is complex and cumbersome. At times condoms can pass through as many as four central storage sites before they reach the central level of the agency which moves them to service providers and users. In 1991, the ACP issued condoms to 48 separate organizations, and as of this visit, to 33 agencies in 1992. Eighteen of these 33 are new recipients. Central Medical Stores (CMS) for the same periods, issued to 33 and 51, respectively, with 18 being new recipients. The greater proportion of condoms issued by the CMS in 1992 have gone to primary distributors, such as the EIL, the FPAU and MCH-FP.

The organizations identified as supplying condoms in 1992 are presented in Table 1, below.

# COMMODITIES

Condom  
Coordination  
Committee

Donor:

SEATS

U.S.A.I.D.

WHO/CFA

IPPF/L

GTZ

Consignee:

U.S.A.I.D.

MOH

FPAU

PSI

Recipient:

Armtrader

MCH-PP

ACP

FPAU  
Clinics

Distributors  
Sold TO:

Lower  
Levels:

Wholesaler

Hospital

Clinics

Pathfinder

KIL

CARE

ACP

FPAU  
Clinics

Outlets

Pharmacies

Hotels

Bars

Others

STD Clinics

Users

STD

MCH/PP

AIDS

PHC

CBD  
Volunteers

NRA

ACPC

CHIPS

TABO

AIC

IMA

Clinics

Hospitals

Rakai  
Project

Hotel Clinics

DMO's

RMO's

Other  
recipients

User

Pharmacies

Bars

Users

47

### C. Anticipated Needs

Estimates of need based on distribution data will be an underestimate. However, Table 2 presents estimates for recipient agencies, using both distribution data and information gathered in discussions with service providers.

Some providers believe that, as 1992 CPT's had been prepared and orders placed by the Mission, condoms would be available upon request from CMS. However, as USAID had no knowledge of many individual agency plans, condom requirements were not estimated for these agencies. Incoming supplies will therefore be too few to meet anticipated need. This was communicated to some agencies, such as SEATS and CARE, by the consultant during this visit.

#### Recommendation

a) Program managers of new and expanding activities need to estimate condom requirements and forward these estimates to the CCC.

b) In order to meet anticipated demand, USAID/Kampala should explore with SEATS/Kampala the possibility of SEATS making a one time procurement of 300,000 no color no-logo condoms for use in MOH/FP programs. If it is decided to make this order, these condoms should be scheduled for arrival in early 1993.

c) The CCC should request from all donors and known service providers information about condom requirements for all activities. It is essential that these groups indicate the anticipated source of supply.

Simple management tools can be developed for use by the CCC in the management of this information: an example was left with the HPN Officer.

## Distributing Agencies

		1991	1992	1993	1994
EIL:	FPAU	552,000	511,200	562,320	550,000
	FUE	1,150,000	1,500,000	1,750,000	2,000,000
	NRA	0	1,000,000	2,534,000	3,000,000
	IMAU	36,000	90,000	99,000	107,200
	AIC	66,000	1,536,000	3,816,000	4,500,000
	TASO	84,000	200,000	300,000	500,000
	EIL/APCP	N/A	750,000	1,500,000	2,500,000
	CHIPS	132,000	336,000	864,000	1,000,000
		<u>1,468,000</u>	<u>5,412,000</u>	<u>10,863,000</u>	<u>13,607,200</u>
Social Marketing:					
Armtrades		1,200,000	3,300,000		
Other	0	500,000	1,500,000	2,500,000	
	<u>0</u>	<u>1,700,000</u>	<u>4,800,000</u>	<u>2,500,000</u>	
GOU Outlets (not inc. elsewhere)					
ACP Activit.	212,600	250,000	300,000	350,000	
H.E.D.	60,000	72,000	100,000	110,000	
Hospitals	1,035,000	403,200	1,000,000	1,100,000	
DMO	114,000	1,866,600	1,750,000	1,750,000	
Other	699,000	360,000	500,000	750,000	
	<u>2,120,600</u>	<u>2,951,800</u>	<u>3,650,000</u>	<u>4,060,000</u>	
Misc:					
AMREF	0	60,000	250,000	500,000	
CARE	0	6,000	20,850	40,800	
Rakai CBD	15,038	16,974	33,950	42,000	
SEATS	0	132,400	150,000	250,000	
MSF, All	108,000	152,640	175,000	200,000	
	<u>123,038</u>	<u>368,014</u>	<u>629,800</u>	<u>1,032,800</u>	
Grand Total:	4,263,638	10,943,014	20,505,120	21,750,000	

## D. Forecasting Requirements

### 1. User Characteristics

Subgrantees of EIL are beginning to collect data regarding characteristics of condom users. However, data has yet to be analyzed to determine if it can be used to forecast condom requirements for individual and national activities. Groups were receptive to receiving assistance in the development of a system for analysis of this data.

### Recommendation

With FPLM, EIL and its subgrantees develop a system for analyzing the data regarding condom user characteristics. After this system is developed, the means for maintaining it and the use of data for making forecasts can be incorporated into the overall EIL project design.

### 2. Logistics Data

Improved forecasts can only be made when better logistics data are available from all levels of the logistics system. Mechanisms for improving the logistics and management information system(s) are discussed in Section VI, below.

## V. Cost-Recovery

Cost-recovery is encouraged by the CCC, and is addressed in the draft condom policy. Several agencies, including the FPAU, already charge for condoms. Even with condoms available at no charge from other sources, service statistics indicate that the demand for condoms from FPAU has been rising steadily for the last two years. A downward trend in FPAU condom distribution to clinics coincides with increased sales by ARMTRADES.

Pathfinder CBD projects also charge for condoms, with demand steady. Social marketing is now undertaken by two groups, both relatively new. The older project has recently experienced a doubling of monthly sales to distributors. It is expected that sales will rise steadily over the next two years.

AMREF intends to introduce CBD activities in a small project area, charging for condoms, with the intention being to gradually recover an increasingly larger proportion of the condom cost.

CARE has begun implementation of a family planning project family which offers services at MOH health facilities. A cost recovery scheme will be tested at these government sites, in which it is not customary to charge for services.

Anecdotal evidence indicates that some people will pay inflated prices at times of greatest need and in areas of relative scarcity: at bars, on weekends, and when there are no other supplies available. Even with public sector supplies available, condom sales through the unsubsidized commercial sector, carrying brands such as "Rough Rider" continue, appealing to higher income strata. The following options are recommended as discussion points.

### Options for Discussion

1. EIL and its subgrantees determine a system for cost-recovery for agencies which receive condoms from them. As audiences served by these groups are varied, each agency could determine the level of cost to be passed on to each client group. No cost-recovery activity should be applied equally to all agencies within this group, nor to all persons receiving services.
2. Distribution records from the ACP and the MOH show that condoms are distributed to a wide variety of agencies, both public and private sector. The CCC could categorize recipients as to type of agency, and recommend that Armtrades contact all private enterprises so that they become outlets for Protector. For example, hotel clinics and banks should not be receiving condoms free of charge.
3. With the introduction of the A.I.D.-supplied no-color, no-logo condoms, which replace Panthers, it would be timely to start requesting donations or consultation fees for condoms. Monies collected from clients could either be put back into the cost of running specific HIV/STD prevention programs, or be collected by the MOH for use by public health programs. Though it would be ideal to implement a scheme such as this with the change of brand, the no-color no-logo condoms are already in-country, and it is unlikely that this scheme could rapidly implemented.
4. Condom distribution to most recipients could gradually be moved from the MOH -- ACP and CMS -- to social marketing groups, who would accept responsibility for all aspects of management. Social marketing would then replace free-of-charge condoms in facilities not participating in other cost-recovery schemes.

This activity would offer clinic workers an incentive to promote and distribute condoms, as they would be able to keep some of the fee collected. This type of activity has been successful in other countries. Other advantages to this system are: the reduction of storage space requirements at the MOH; minimized stock-outs/overstocking of condoms at any service delivery point, and rapid turnover of stock, leading to reduction in quality problems due to aged stocks.

**Recommendation:** The CCC should discuss these and other options, and make recommendations to the NAC by the end of 1992. The CCC should identify persons responsible for implementing decisions, time-table for implementation, guidance for how funds are to be collected, managed and utilized, and assessment as to how operational funds can be diverted to further procurement. They should also determine in what areas of evaluation and implementation technical assistance will be required.

The committee might find valuable resources in other agencies, such as AMREF and CARE, who are in the process of introducing cost-recovery schemes, and FPAU.

## **VI. Condom Quality Assurance**

With the proliferation of condom brands in Uganda in public, private and social marketing systems, there is debate about the relative quality of products. USAID, WHO and service providers are interested in addressing the issue of quality.

### **A. Storage**

No central storage facility is adequate to safeguard condom quality. The roof of the ACP warehouse is galvanized tin, in an unshaded area, leading to unacceptably high temperatures. Cartons are stacked against the wall, up to 9 high, with styrofoam slabs used instead of pallets. This facility is too small to handle current stock levels; condoms are either left at the shipping agents or CMS, adding an extra layer to the distribution chain.

The ARMTRADES storehouse is small, insufficient for over-packing activities; water can seep into the facility after heavy rains, exposing condoms to periods of high humidity. There is no ventilation. This facility cannot handle a larger volume of condoms than managed by ARMTRADES at the present.

The CMS, though having inadequate ventilation, is better than these other facilities. However, contraceptives are mixed with other commodities, making management difficult. Record-keeping is cumbersome, due to the complexity of the CMS system, and there is confusion about how to obtain condoms from this facility.

**Recommendation:** Alternative facilities for condom storage should be found, or the conditions of current facilities upgraded.

For the ACP, this would mean:

- shading the current warehouse
- rearranging stocks so that condoms are given adequate space and ventilation, including the addition of pallets.

A copy of the WHO/GPA draft document, "Managing Condom Supplies, was left with WHO staff. Recommendations were discussed; funds for upgrading facilities will be sought by WHO from local donors.

For Armtrades, an alternative site is needed.

EIL will also need to give consideration to establishing storage facilities. A copy of Managing Condom Supplies was left with this group.

It was stressed to all agencies that they might wish to undertake this upgrade of storage space jointly. A joint effort would be more likely to result in a long-term solution.

#### B. Local Laboratory

The CCC wondered about testing condoms arriving in-country at the local laboratory so that relative quality might be determined. This was triggered partially by a request from the WHO Representative about the need for condom testing. After discussing alternatives, the CCC decided that resources should be expended in other areas, beginning with logistics and MIS strengthening. The issue of monitoring the progress of logistics improvements through condom testing might be raised at a later date.

#### Recommendation

The CCC should respond to the WHO Representative's questions about condom quality, stressing that condom quality activities in which WHO becomes involved must be in the context of logistics and MIS strengthening, should be guided by the CCC, and be undertaken jointly by agencies, such as the ACP and EIL.

#### VII. Management of Condom Supplies

Two groups are large umbrella agencies for AIDS prevention and control services in Uganda: the EIL and the ACP. (See FPLM consultant report of October, 1991). EIL currently has five subgrantees, with the anticipation of doubling the number within the next year. The ACP distributes to multiple activities and agencies.

EIL staff collect consignments of condoms from either the ACP or CMS for distribution to subgrantees. Clearance through customs is often slowed by lack of MOH funds. Though the collection of these supplies by EIL for their sub-grantees facilitates the distribution process for the providers, there is no central facility within EIL to manage them. Condoms are primarily pushed out of EIL, though quantities are not given where there is no need. A small reserve is held in EIL offices.

The ACP currently receives condoms from WHO/GPA, and have budgeted for supplies for 1993. ACP condoms are also cleared through MOH channels, taken to CMS and transferred in small quantities to the ACP storehouse.

Neither ACP, EIL or EIL subgrantee staff has been trained in logistics, and thus are hampered in their activities that require some level of expertise in this area.

Condom requirements for the EIL and their sub-grantees in 1992 exceed 5,000,000 pieces, exclusive of safety stocks. (Note: almost half of these have already been distributed, and are not in addition to condoms already ordered.) The ACP will likely handle over 3 million pieces. For 1993 these numbers will be considerably higher. After discussions with EIL, USAID, WHO, and the MOH -- MCH-FP and ACP, the following recommendation is made to the CCC:

### Recommendation

Activities be undertaken so that EIL may directly receive condoms for activities that they support. This should be done in the context of joint ACP-EIL systems strengthening.

The funding required for implementation of these activities would likely be jointly contributed by USAID, FPLM through the AIDS buy-in, EIL project funds, and WHO through the ACP-MTP. Funding is still under discussion and should be determined during the next FPLM visit.

The following steps are proposed for the development of this capacity:

- 1) In consultation with USAID and the MOH, a full-time logistics advisor be appointed to EIL staff. S/he will be responsible for the establishment of condom distribution activities for EIL and its subgrantees.

The ACP needs to clarify personnel issues related to management of condoms prior to initiation of workshop activities, and identify the person with day-to-day responsibility for receipt and storage of stock, record-keeping, issues, and other tasks.

- 2) EIL, ACP and other appropriate agencies develop logistics and management information systems for managing condom supplies. This should be accomplished at a logistics and management information systems design workshop, during which cost-recovery mechanisms should also be developed. The purposes of this workshop would be to:

assess the present system of condom management;

- review requirements for ACP and EIL storage and distribution needs;
- identify means to obtain adequate storage facilities;
- determine needs in ordering and reporting;
- develop a logistics management information system, including necessary forms and reports;
- establish a plan for the analysis and aggregation of data collected through these systems;
- determine staffing requirements; and
- establish cost-recovery mechanisms for those agencies who will establish this activity.

All reporting systems should be compatible with those of other national agencies, and should be developed with the active collaboration and participation of the Health Information Task Force of the Health Planning Unit.

3) The writing of a condom management procedures manual and a financial procedures manual which will include the decisions made at this workshop. Included in these procedures manuals should be time-tables for implementing decisions reached at this workshop.

4) The development of a training curriculum in contraceptive logistics management to be used in training program staff so that they may perform the functions described in the procedures manual. The curriculum should include the following topics:

- an introduction to logistics management
- logistics management information systems
- inventory control and orders calculations
- quality assurance/good store-keeping practices
- management of fees

e. A schedule of trainings for appropriate staff.

The following time frame is proposed:

- Development of job description for logistics advisor, recruitment, hiring, and training: three months. (Responsible parties: EIL, USAID, with assistance from FPLM)
- Identification of storage space, renovations: two months (Responsible party: EIL)
- Systems design workshop: three weeks preparation in Washington, one week preparation in Kampala, six to eight days of workshop. (Responsible party: TBD)
- Documentation of logistics and financial procedures: two weeks in Kampala, two weeks in Washington. (Responsible party: TBD)
- Development of training curricula: four weeks in Washington. (Responsible party: TBD)
- Training in logistics and financial procedures: Seven working days each session. (Responsible party: TBD)

If a proposal of this nature is accepted by involved parties, tasks to be accomplished during the next FPLM technical assistance visit are:

- determination as to who should implement the agreed upon trainings. This could be accomplished either through a series of trainings given by FPLM staff, or by training trainers in Uganda who would then implement the agreed-upon workshops with minimal FPLM assistance.
- identification of decision makers for participation in the proposed February design workshop.
- selection of venue for this workshop.
- final identification of sources and levels of funding.
- finalization of time-frame and tasks to be accomplished in both the workshop and as follow-up.

Persons Contacted

Uganda AIDS Commission Secretariat

Dr. Wilson Kisubi

Ministry of Health

Dr. Warren Namara, ACP

Dr. E.F. Katumba, Logistics Advisor, MCH-FP

USAID/Kampala

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