PD-ABW-882

Submitted to:

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

SOMARC III Mid-Term Evaluation

Uganda Briefing Book

September 7, 1995

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Under Contract No. USAID/CCP-3051-C-00-2016-00

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Section 1. SOMARC in Uganda

SOMARC in Uganda

SOMARC's program in Uganda is sponsored by the Uganda Ministry of Health. Project activities have been ongoing since August 1991 when the Protector condom was launched in Uganda. Pilplan oral contraceptives were launched in June 1993. NGO sub-distribution began in 1993 and has been increasing since that time with the addition of new NGOs to the sub-distribution network. A Uganda Resident Advisor and local office were established in Kampala in October 1994 with funding from a USAID/Kampala Buy-In to the SOMARC III project. The DISH-SOMARC Sales Force (DSSF) began its work in March 1995.

All aspects of Protector and Pilplan -- including the brand name, package design, instructional insert, and advertising materials -- were developed based on extensive research among prospective users. SOMARC conducted research in Uganda through Makerere University and Research International, a Nairobi-based research firm. Tests of packaging, usage instructions, posters, and radio advertisements were also conducted. The basic creative materials and approach are based on the SOMARC pan-African campaign, with local adaptations for Uganda.

The condom and oral contraceptive commodities have been donated by USAID for exclusive use by the SOMARC program. From the project's launch in 1991 until June 30, 1995, SOMARC's primary commercial distribution in Uganda was carried out through a contract with Armtrades, Ltd., a Ugandan pharmaceutical products distributor. Following a competitive bidding process, SOMARC selected Twiga Chemical Industries (U), Ltd. of Kampala to take over the commercial distribution contract beginning July 1, 1995.

Protector is sold at a retail price of Ush. 100\= for an attractively-packaged three-pack of condoms. Pillplan's retail price is Ush. 250 \= for a package of three cycles. The

retailers, NGOs and community-based distributors that carry Protector retain a margin of Ush. 50\= per three-pack and Ush. 150 per three-pack of Pilplan.

Protector Performance

The Protector-brand condom was launched in Uganda's urban areas in August 1991. Since the launch of Uganda's first socially-marketed condom, sales of Protector condoms have reached the following levels:

Year	Sales (single units)
1991	302,106
1992	1,318,410
1993	1,812,488
1994	3,846,381

Protector condom sales from 1 January - 30 June 1995 totalled 2,702,785 units. Total projected 1995 sales are 6 million units.

Pilplan's Performance

Piplan was launched in Uganda in June 1993. Sales have achieved the following levels since the launch date:

Year	Sales (single units)
1991	n/a
1992	n/a

1993 (June-Dec)	66,026
1994	247,491

Pilplan sales from January - 30 June 1995 totalled 176,063 cycles. Total projected 1995 sales are 300,000 cycles.

Distribution

During the first four years of the project in Uganda, national distribution was achieved through Armtrades, Ltd., the commercial distributor. Pilplan was available in approximately 400 outlets and Protector in approximately 1,000 outlets. Twiga was selected to replace Armtrades primarily because of its broad and multi-faceted distribution capability. Twiga has a pharmaceutical and a consumer products division, through which it effectively reaches all selective points of sale (pharmacies, drug shops, and clinics) where both Protector and Pilplan can be sold. Through its consumer products division, Twiga can also attain wide distribution of Protector to outlets beyond the traditional pharmacy, drug shop, and clinic network (i.e., to general merchandise shops, supermarkets, market vendors, nightclubs, and bars). Twiga also has the capacity to handle the increasing volumes of Protector and Pilplan product inventories (and inventories of all related packaging and promotion materials) and a large-scale, and assembly-line packaging process.

In addition, starting in March 1995, SOMARC established the DSSF, a specialized sales and promotion team whose objective is to provide greater coverage of rural areas and trading centres in the ten districts targeted by the DISH project: Kampala, Jinja, Kamuli, Luwero, Masindi, Masaka, Mbarara, Ntungamo, Rakai, and Kasese. The activities of this sales force complement the activities of the private commercial distributor by emphasizing lower-volume sales calls to smaller shops, more remote villages and towns, and nightclubs,

bars, restaurants, and lodgings. The DSSF, which was established with an initial six members in March 1995, is proving to have a high impact on sales in these districts, having sold over 258,330 units of Protector and 17,220 cycles of Pilplan to over 1,700 previously unserved points of sale in nine districts outside of Kampala between 23 March and 30 June 1995.

Through its network of NGO subdistributors, the SOMARC project reaches a large number of smaller communities in 26 districts. The result is national distribution of Protector and Pilplan through Twiga's extensive pharmaceutical and consumer division sales force; targeted distribution to peri-urban and rural areas through NGOs; and intensive distribution and promotion in the rural areas of the DISH project districts through the DSSF.

SOMARC uses NGO sub-distributors primarily to reach peri-urban and rural areas served by these NGOs. The NGOs have community-based distributors (CBDs) who carry out direct sales and counseling to individuals and small local shops. To date, Protector is distributed by over 1,000 CBD agents and Pilplan by approximately 800 CBD agents associated with twelve NGOs.

Advertising and Promotion

Protector and Pilplan brand advertising spots are broadcast on Kampala's two private FM stations. SOMARC also contracts with local radio stations to carry out specialized mass media programming such as "Capital Doctor," a radio talk show concerning reproductive health issues, sponsored by Protector. To date, the government radio and television stations (Radio Uganda and UTV) have been reluctant to allow commercial brand advertising of condoms. Pilplan is currently advertised nationally on Radio Uganda in three indigenous languages. Both products are also promoted through the Group Africa

roadshow, which visits nine Ugandan cities twice each year.[1] The Roadshow features lively African and contemporary music and presents HIV/AIDS and family planning information and education through memorable skits and contests. In each city visited the Group Africa roadshow normally draws a crowd of 4,000 - 8,000 people.

Both brands are heavily promoted at the point of sale through the provision brochures, posters, metal signs, and promotional items such as taxi stickers. Incentive items are provided to retailers and CBD agents, including notepads, tee-shirts, caps, and plastic shopping bags, all featuring the Protector brand name and logo.

Training

The SOMARC Uganda project provides training to directly support the distribution, sale, and correct use of Protector and Pilplan. Master Training programs have been carried out twice since the project was launched in 1991. Three groups of trainees are targeted:

- The community-based distributors (CBDs) associated with NGOs that have established distribution and training agreements with SOMARC. To date, Protector training has been provided to an estimated 1,230 CBDs associated with twelve NGOs and to approximately 800 carrying Pilplan. These CBDs include peer educators, HIV/AIDS counselors, community clinic staff, private midwives, pregnancy monitors, and community educators.

- The retailers who carry Protector and Pilplan in their shops and sell them to the general public, including pharmacies, drug shops, general merchandise shops, and market vendors. Retailer training on Pilplan is especially important, and to date an estimated 400 pharmacies, drug shops, and clinics have been trained in the correct administration of Pilplan.

[1] The most recent Group Africa tour schedule included Mbale, Jinja, Kampala, Luwero, Masindi, Hoima, Kasese, Masaka, and Mbarara.

- The on-site service providers, counselors, canteen owners, and small vendors working at established agricultural estates, factories, plantations, and National Resistance Army (NRA) barracks receive Protector training. To date, SOMARC has provided training to 150 trainees at sites such as Kakira Sugar Works and five NRA sites.

The training program can be carried out in Uganda's local languages, including Luganda, Runyonkole, Luo, and Swahili, as well as English. Each SOMARC NGO has an on-staff Protector trainer who has completed the Master Training program. The NGO trainer works with the SOMARC staff Lead Trainer, who is an experienced nurse-midwife trainer. SOMARC has also recruited and trained part-time trainers who co-train for drug shop owners, other retailers, agricultural estates, factories, and plantations.

Annual Budgets

The SOMARC Uganda project has operated with the following annual budgets:

Year (1 October - 30 September)	Annual Budget (US dollars)
1993	$ 300,000
1994	$ 500,000
1995	$ 1.0 million

These funds have been provided through a global contract between The Futures Group International and the United States Agency for International Development (A.I.D.) based in Washington, D.C.. Additional funding was provided through the USAID/Kampala Delivery of Improved Services for Health (DISH) project starting in October 1994.

Section 2. 1995 Marketing Plan

SOCIAL MARKETING PLAN FOR PROTECTOR CONDOMS AND PILPLAN ORAL CONTRACEPTIVES
UGANDA SOCIAL MARKETING PROJECT
CALENDAR YEAR 1995

I. BACKGROUND

A. COUNTRY ENVIRONMENT

Government: In 1986, following a 14-year period of political instability and civil war, Uganda's government was taken over by the National Resistance Movement (NRM), under the leadership of National Resistance Army General Yoweri K. Museveni. President Museveni has been in power since that time and has gradually instituted economic and political reforms, including convening a representative Constituent Assembly, promoting local industry, relaxing foreign exchange controls and aggressively promoting foreign investment. Uganda's current political and economic climate is probably one of the most promising among African nations.

Geography: Uganda is a landlocked country bordered by Kenya, Sudan, Zaire, Tanzania and Rwanda. Lake Victoria forms a large part of Uganda's southern and eastern boundaries. The country covers approximately 241,000 square kilometers, of which 44 are fresh water. The topography includes hilly to mountainous areas, rich agricultural lands, and pasture lands. Parts of the northern section of the country are desert-like and subject to droughts. Generally the climate and rainfall are extremely favorable to agricultural production of all kinds.

Demography: Uganda has a population of approximately 18 million people with an annual population growth rate of 2.5%. The fertility rate is 7.4 and infant mortality is 110 per 1,000 live births. Adult life expectancy averages 43 years.

Fifty-one percent of the population is female. An estimated 48% of the population is under the age of 14. Adult literacy is estimated to be 48%. Uganda's population is distributed throughout the country with the most densely populated areas being located in the south-central, western, and eastern districts. Eighty-eight percent are considered rural dwellers while only 12% are urban. The major population centers and their populations are: Kampala (890,000); Jinja (80,000); Masaka (56,000); Mbale (64,000); Entebbe (50,000); and Mbarara (47,000).

The major religions of Uganda are Roman Catholic (estimated 45%) and Church of Uganda/Anglican (estimated 39%). Eleven percent of the population is Muslim.

Commercial Infrastructure: The Uganda's commercial infrastructure was severely compromised by the civil war years. There are an estimated 1,900 kilometers of paved (tarmac) road and 7,900 kilometers of dirt (marum) road. An international airport at Entebbe serves Europe and neighboring African countries with a regular flight schedule. Importing goods that cannot be obtained locally is somewhat costly and logistically difficult due to Uganda's landlocked location. Sea shipments normally pass through the highly congested Port of Mombasa in Kenya and then must transit to Uganda by land or

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rail. Strict import procedures further delay importation. Imports are generally taxed at a high rate, although the CSM project is exempt from such duties. However, the process of obtaining that exemption from import duties is, in itself, a complicated and time-consuming process.

Economy: Uganda is among the twenty poorest countries in the world. The per capita income is approximately US$ 280. GNP per capita is $170. GDP is approximately 3,400 billion Uganda shillings (approximately US $3.6 billion) of which 55% is agricultural. The country's external debt totals US$2.7 billion which is approximately 109% of the GNP. The manufacturing sector comprises only 4% of the GDP.

B. FAMILY PLANNING ENVIRONMENT

Family Planning/Population policy: The Government of Uganda general supports family planning and recognizes the constraint that the high population growth puts on the country's development. There is no formal population policy currently in place. The family planning environment is strongly influenced by the high prevalence of HIV/AIDS (estimated national prevalence of 12% and up to 20% among urban populations). The HIV/AIDS situation in Uganda has opened the environment to more frank and responsible discussions of condoms as one means to prevent the transmission of the disease; at the same time, it has provoked more conservative groups, notably among the Roman Catholic and Church of Uganda leadership, to exert pressure on government officials to restrict condom promotion due to fears about promiscuity. President Museveni is said to be conservative about condom use. He also tends to placate these factions as part of his overall strategy of maintaining a coalition government.

Despite the absence of a formal policy on condom advertising and promotion, the open promotion of condoms, especially over government mass media, is received with mixed reactions by different sectors of the government. Radio Uganda and Uganda Television (UTV), the two government-operated mass media outlets (and the only ones which currently have a national reach) will not accept commercial advertising for condoms. This unwritten mandate reportedly came down to Radio Uganda and UTV management from the Office of the President through the Minister of Information. Even after being approved by Radio Uganda and UTV management, Protector condom advertising was removed very quickly from these media in 1993 and 1994 following complaints from high-level officials. Two private FM radio stations which can be heard within approximately 140 km. of Kampala were started in late 1993. These stations accept condom advertising with no restrictions. Public reaction to condom advertising on the two FM stations has been almost entirely positive.

Family planning knowledge, attitude, practice and prevalence: The most widely-used KAP data currently available are from the 1988-1989 DHS. The 1995 DHS will be completed in November.

Awareness of family planning is high in Uganda, with an estimated 80-90% of the women interviewed being aware of at least one method (DHS, 1988-89). Awareness of the pill is highest among the modern methods (66%) followed by female sterilization

(59%) and injectables (39%). Awareness is highest among urban (94%) and educated (99%) women and low among rural and uneducated women. A 1993 condom KAP study among men indicated that only 33% of Uganda males were aware of condoms.

Although awareness of family planning is high, practice is low with an estimated 5.5% of women of reproductive age using any method and only 2.7% using modern methods. Non-users state that they do not use because they lack sufficient knowledge of the methods. Lack of access to products and services is also another reason for non-use. In the last DHS, 28% of non-users stated that they intend to use contraception in the future.

Service Delivery in the Public Sector: The Government of Uganda provides family planning services through a system of district hospitals, health clinics, health posts, and dispensaries operated by the Ministry of Health. The services are organized within the country's 39 administrative districts. The Ministry is currently instituting a decentralization plan whereby each district will become increasingly responsible for determining health and family planning priorities and strategies and allocating resources accordingly.

There are relatively few physicians in the country, although other service providers are active. These include nurses, midwives, and medical assistants. Most public sector physicians also have private practices. In general, nurses and midwives practicing in the public sector do not simultaneously practice in the private sector. Most medical assistants are in the public sector system, with a few working for health clinics operated by NGOs.

The Ministry provides condoms, oral contraceptives, injectable contraceptives, and vaginal foaming tablets to the government health system, the military, and NGOs. These commodities are provided to the government by various international donor agencies, notable A.I.D., ODA, UNFPA, GTZ, and the World Bank. A new World Bank-funded HIV/AIDS initiative which is operated by the Ministry's Sexually Transmitted Infections (STI) Programme is expected to donate up to 400 million condoms to Uganda over a period of five years.

The Commercial Contraceptive Market: No standard commercial market studies are available for Uganda that indicate the total market for different contraceptive methods. It is impossible to know what the total market is for either condoms or oral contraceptives. Following is a summary of Protector and Pilplan sales since project inception:

Protector Condom Sales (single units)

Year	Units Sold
1991	302,106
1992	1,318,410
1993	1,812,488
1994	4,081,941

Pilplan Oral Contraceptive Sales (single cycles)

Year	Units Sold (cycles)
1991	--
1992	--
1993	66,026 (launched June 1993)
1994	247,491

To date, the largest supplier of contraceptives (including condoms and pills) outside of the government has been the Family Planning Association of Uganda (FPAU). FPAU distributes and sells Sultan condoms and Microgynon low-dose oral contraceptives through its network of 20 clinics around the country. The commodities are supplied by IPPF. The FPAU system has recently become unreliable due financial mismanagement problems that emerged in late 1994, leading to discontinuation of funding from several donors.

Anecdotally, retailers report that Protector is currently the most popular and well-known condom brand in Uganda. There has been some damage done to the general image of condoms, including Protector, due to the distribution of expired stocks of donated condoms (notably Sultan) through the commercial sector. Condom reliability has become an important issue to Ugandan condom users as a result.

Competing condom brands and approximate market prices include:

Sultan (Ansell)	Ush. 100 per piece
Rough Rider (Durex)	Ush. 1,500 - 3,000 for 3
Gold Circle	Ush. 200 for 4
Engabu	Ush. 100 for 5

Sultan condoms reach the commercial market via the FPAU. Rough Rider is imported from South Africa as are several other Durex brands. Gold Circle and Engabu are both special brands sponsored by DKT. Gold Circle officially abandoned the market in January 1995 after approximately 14 months of operation when expected extension funding did not become available. The Gold Circle project was supported by the AIDS Control Programme for one year. The Director of the AIDS Control Programme requested to DKT that the Gold Circle customer list be passed over to SOMARC so that

Protector could be supplied instead to these customers (this was done in February 1995). The Engabu condom is targeted specifically to the western district of Kabarole and has some spillover into other nearby districts. The Engabu project is supported by DKT utilizing funds that come through the German donor agencies. To date, Engabu's presence has not been widely noted throughout the country.

Retailers and medical service providers indicate that Microgynon has been the most popular oral contraceptive. The market price varies, but seems to be competitive with Pilplan's consumer price of Ush. 250 \= for three cycles. Some retailers and medical service providers state that some Pilplan users report unpleasant side effects which do not seem as prevalent among Microgynon users. Per the 1998-89 DHS, only 1.4% of women use oral contraceptives. Thus, Pilplan's central strategy is to attract new users rather than to try to convince Microgynon users to switch to Pilplan. In late 1995, the current Pilplan product, Norquest, will be replaced by Duofem. Duofem has a lower dose of estrogen than Norquest and promises to reduce the side effects among first-time users. Although Duofem will probably be a more attractive product to consumers, it will be important to inform the trade, the medical community, and the public about the switch so that current users are not surprised when they see pill s that look different from their original Pilplan pills.

There is very little in the way of active sales and promotion activity for the commercially-available condoms and oral contraceptives in the Ugandan market with the exception of some point of sale promotion for the Gold Circle and Engabu brand condoms. As noted above, Gold Circle is no longer sold in Uganda although some old stocks are still found in retail outlets.

There is potential for Protector's strong position to be undermined by two factors that have recently emerged. One is the finalization of a large, World Bank-funded AIDS and STD program, through which a reported 400 million condoms will be donated to Uganda between 1995 and 2000. The second is the recent opening up of active trade and commerce with South Africa. The South African Durex brand condoms appear to be making an entry into the Ugandan market.

C. SOCIAL MARKETING FRAMEWORK

Mission Statement:

The CSM program in Uganda is currently supported by A.I.D. from two sources: (1) central funds under the SOMARC Core Contract; and (2) Mission funds that support the Delivery of Improved Services for Health (DISH) project, made available through a Buy-In to the SOMARC global project. The DISH project targets its activities to ten of Uganda's 39 administrative districts. Under the DISH project, SOMARC Uganda is mandated to maximize distribution and availability of Protector and Pilplan nationally, but in a more targeted way in the rural areas and trading centres of those ten districts.

The CSM program mission has thus expanded since the last marketing plan was prepared. The current Mission Statement is as follows:

- To achieve a contraceptive prevalence rate of 9% by 1996 (some indication of progress will be available through the 1995 DHS)

- To provide high-quality, reasonably priced contraceptives to the target market as widely as possible

- To provide more targeted rural distribution and availability in the ten DISH project districts

- To reduce prevalence of STDs including HIV/AIDS through condom use

Project Objectives:

- To expand availabilty of Protector condoms outside of pharmacies, drug shops and clinics to general mechandise stores, supermarkets, market vendors, bars, nightclubs, and lodgings

- To develop and maintain inventory, packaging, and distribution systems that assure continuous availability and retailer stocking of Protector and Pilplan

- To recruit and deploy a ten-person team of sales representatives, medical detailer, supervisor, and trainer to carry out intensive, direct sales in the DISH districts.

- To maintain continuous stocks in the market so that consumer prices are maintained (especially for Protector)

Assumptions:

- The new Uganda CSM distributor has efficient and effective inventory management and packaging systems

- Uganda Revenue Authority procedures for releasing imported materials (especially product and packaging materials) are streamlined to improve turnaround and reduce delays leading to short-term stockouts

- Some brand advertising of Protector is allowed on Radio Uganda

- The USAID Mission provides adequate resources for transportation for the DISH district sales and training team

- The availability of free condoms through the STI Programme does not glut the market

- The transition to Duofem as the new Pilplan product is carried out in such a way that current Pilplan users do not drop out

Organizational/Management Structure:

- Regional Office/Nairobi supervises Uganda Resident Advisor .
- Uganda Resident Advisor supervises:
  - ⇒ Lead Trainer - Who coordinates all training, including supervision of part-time trainers
  - ⇒ Sales Supervisor - Who supervises nine sales representatives and medical detailer
  - ⇒ Project Administrator - Who supervises one driver/clerk
  - ⇒ Local and international consultants

II. PROTECTOR CONDOMS

A. 1995 ANNUAL MARKETING OBJECTIVE

- To increase Protector sales by 30% over CY 1994 sales[1]
- To achieve 50,000 CYPs

Marketing Strategy

- Target market: Men and women aged 15-45 who wish to prevent unplanned pregnancies and/or transmission of sexually transmitted infections including HIV/AIDS
- To maintain strong Protector brand awareness and demand among current users
- To recruit new users among targeted populations, especially youth/adolescents of both sexes

A.1. Sales Objective

- To achieve sales of 5 million Protector condoms

Sales Strategies

- To maintain distribution to major pharmacies, drug shops and clinics nationally; and to substantially increase sales through consumer outlets (general merchants, supermarkets, bars, nightclubs, etc.); all through new commercial distributor (estimated 55% of sales)
- To significantly increase direct sales and distribution to drug shops, pharmacies, rural clinics and consumer outlets outside of urban areas through a nine-district direct sales and distribution force (estimated 25% of Protector sales)
- To maintain and increase distribution to target groups of underserved people in peri-urban and rural areas, including groups at high risk of contracting or transmitting HIV/AIDS (such as youth/adolescents) through NGOs (estimated 20% of Protector sales)

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[1] 1994 Protector sales per February 1995 revision
(adj. for distributor reporting errors): 3,846,381 units

1995 Sales Target at 30% over 1994: 5,000,000 units

- To substantially increase direct sales and distribution to consumer outlets that have not previously stocked Protector (e.g., general merchandise shops, supermarkets, bars, nightclubs, market vendors)

A.2. Product Positioning Objectives

In relation to other family planning methods in Uganda, Protector is positioned as:

- An effective family planning method

- One of the most effective ways of preventing transmission of HIV/AIDS and other sexually transmitted diseases

In relation to other commercially available condoms in Uganda, Protector is positioned as:

- Convenient - Easy to find through a wide variety of retail outlets including drug shops, pharmacies, clinics, private midwives, market midwives, general merchandise shops, supermarkets, bars/nightclubs, market vendors and CBD agents

- Affordable - Three condoms for a consumer price of Ush. 100 \= (equivalent of $.11)

In relation to condoms available through the public sector, Protector is positioned as:

- Always available - Through a large number of retail outlets and CBD agents

- High-quality - Brand image, attractive packaging, instructional product insert; stored, packed, and distributed under carefully controlled conditions that assure product quality and reliability

Product Positioning Strategies

- Distribute Protector to pharmacies, drug shops, clinics general merchandise shops, supermarkets, bars and nightclubs in major urban areas through major commercial distributor (working through direct sales and wholesalers/traders)

- Distribute Protector directly to small drug shops, rural clinics, general merchandise shops, bars/clubs, lodges, and market vendors in nine up-country districts through the DISH-SOMARC Sales Force

- Distribute Protector through NGOs working with underserved populations in peri-urban and rural areas; and to target groups through NGOs and special projects focusing on HIV/AIDS prevention (e.g., Youth Anti-AIDS Association, AIDS Information Centre, National Resistance Army, The AIDS Support Organization, Islamic Medical Association); all through CBD agents, counselors, peer educators, and Imams

- Distribute Protector in rural market places through private Market Day Midwives

- Offer Protector to the trade with a commercial and NGO margin structure which maintains a consumer price of Ush.100\= per package of 3 condoms

- Provide continuous distribution and re-stocking of retailers and NGOs

- Implement an ongoing Protector training program for CBD agents, HIV/AIDS counselors and peer educators, pharmacists, drug shop owners/attendants, and private midwives

- Broadcast brand advertising and brand-sponsored health programming on regional and national radio

A.3. Distribution Objectives

- To place Protector in an estimated 200 pharmacies and 300 drug shops in major urban areas nationally through commercial distributor

- To place Protector in an estimated 2,500 general merchandise and other consumer outlets in major urban areas nationally through commercial distributor

- To place Protector in an estimated 2,000 drug shops, rural clinics, general merchandise shops, bars/clubs, lodges, and market vendors in the nine up-country DISH project districts through the DISH-SOMARC Sales Force (DSSF)

- To distribute Protector to underserved groups in peri-urban and rural areas through twelve NGOs representing approximately 1,200 Protector-trained CBD agents working in 26 of Uganda's 39 districts

- To distribute Protector through NGOs and special projects targeting groups at high risk for HIV/AIDS through five NGOs and special projects representing 400 Protector-trained HIV/AIDS counselors and peer educators[2]

- To distribute Protector through peri-urban and rural market places through 28 private Market Day Midwives working in 48 market sites in 9 districts[3]

Distribution Strategies

- Establish strong and efficient national distribution to major pharmacies, drug shops, clinics, general merchandise outlets, supermarkets, bars and nightclubs through contract with new, competitively-selected commercial distributor

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[2] These five NGOs and projects which have a special focus on HIV/AIDS prevention are included in the twelve total NGOs indicated in the previous point.

[3] Some, but not all, of the nine districts in which the Market Day Midwives work are the same nine districts of the DISH project.

- Eliminate short-term product stock-outs by implementing more effective commodity and packaging material inventory controls by working through new commercial distributor's inventory and packaging system

- Recruit, train, and deploy DISH-SOMARC Sales Force to provide additional, targeted, direct sales and distribution in rural areas and trading centers of nine districts in the field an average of twenty days per month

- Provide dedicated transportation and delivery infrastructure for the DSSF (four vehicles, three motorbikes)

- Continue training and stocking CBD agents and HIV/AIDS counselors and peer educators working with SOMARC NGOs; streamline and target NGO efforts through needs assessment, orientation workshops, and improved product ordering, inventory management, and sales reporting systems

- Continue supporting presence in rural and peri-urban market stalls and sales efforts of 28 Market Day Midwives

A.4. Advertising

Creative Objectives

- To maintain a high level of brand awareness among current and potential users

- To present Protector as a high-quality, reliable condom suitable for family planning and STD and HIV/AIDS prevention

- To promote condom use as a positive lifestyle choice -- "Be wise, always wear Protector condoms"

Creative Strategy

- Disseminate brand advertising on radio that associates use of Protector as an integral part of a healthy and positive lifestyle

- Sponsor reproductive health education radio programming that provides a venue for open public discussion of HIV/AIDS, STDs, general health questions, and condom use

- Place outdoor advertising along heavily-traveled routes leading east and west outside of Kampala

- Gradually reduce the barriers to condom advertising on government radio by providing Protector condom health program sponsorships

Media Objective

- To reach an estimated 50% of the target audience through FM radio (approximately 120-150 km. radius of Kampala)

- To reach an estimated 70% of the target audience nationally through Radio Uganda (national through three channels)

Media Strategy

- Schedule FM radio advertising spots in time slots that are listened to by men and women in the target audience in the greater Kampala area

- Broadcast FM radio advertising spots in English and Luganda (greater Kampala regional language)

- Sponsor the broadcast of the "Capital Doctor" weekly reproductive health information program on FM station with Protector advertisements and promotion statements

- Sponsor Radio Uganda HIV/AIDS education program, "Lifewatch" that reaches rural areas of Uganda in three regional languages

A.5. Promotion

Trade Objectives

- To promote high turnover among retailers who stock Protector in major urban areas

- To convince new retailers, especially general merchandise and other consumer outlets, to begin stocking the product

- To broaden distribution to as many outlets as possible in order to maintain consumer price of Ush. 100 \= per 3-pack of condoms

Trade Strategies

- Alert retailers in greater Kampala area that consumer advertising and radio program sponsorships are generating consumer demand

- Motivate sale and continued stocking of the Protector by alerting retailers in rural areas and trading centers to Radio Uganda health program sponsorships, consumer promotions, and NGO training activities that will create and sustain consumer demand

- Provide retailers with point of sale materials (metal signs, calendars, stickers) and consumer incentive materials (brochures, shopping bags)

- Provide incentives to retailers who continuously buy and maintain stocks (Protector T-shirts, caps, shopping bags)

- Provide incentives to CBD agents, HIV/AIDS counselors, peer educators and Market Day Midwives for sales performance (tee-shirts, caps, shopping bags)

Consumer Objectives

- To maintain continued and correct use of Protector among current customers by promoting brand loyalty

- To generate trial and continued use among new users in target groups (e.g., adolescents of both sexes, military, factory and industrial estate workers, etc.)

Consumer Strategies

- Maintain Protector stocks in a wide variety of conveniently-located outlets at a consistent consumer price

- Undertake wide distribution and price promotion in order to maintain consumer price of Ush. 100 \= per 3-pack

- Undertake consumer promotions primarily targeted to rural areas including:

  ⇒ Educational consumer promotion through Group Africa roadshows
  ⇒ DSSF consumer and community leader sensitization involving local Resistance Councils, community leaders, and district health teams (carried out in conjunction with sales visits)
  ⇒ Protector-sponsored HIV/AIDS education films and follow-on Protector discussions and sampling ("Its Not Easy" in Luganda, "More Time") in coordination with district health education campaigns

- Carry out periodic special consumer promotions, e.g., FM radio station call-ins for T-shirts and caps

- Maintain program of continuous training and stocking of CBD agents, service providers, HIV/AIDS counselors, and peer educators working with special target groups (e.g., Youth Anti-AIDS Association, National Resistance Army barracks, sugar plantations, factories)

A.6. Public Relations

Public Relations Objectives

- To present Protector condoms to the trade and the public in a way that de-sensitizes condom use while diplomatically handling consumer and political sensitivities

- To continuously inform key decision-makers in the Ministry of Health, AIDS Control Programme, Ministry of Information, and District Medical Offices about the social marketing program activities and accomplishments

Public Relations Strategies

- Form an Advisory Group including representatives of mass media and NGOs working in HIV/AIDS prevention to act as spokespersons for the program

- Continue Protector sponsorship of and support for public health and education efforts (e.g., Capital Doctor, Radio Uganda "Lifewatch", World AIDS Day events, International AIDS Conference) to demonstrate Protector's commitment to the general health of Ugandans

- Submit a quarterly program update to the Assistant Commissioner of Health Services, AIDS Control Programme Director, Minister of Information and Permanent Secretary of Information

- Issue a quarterly newsletter to the District Medical Officers of the DISH project districts with copies to the Ministry of Health, AIDS Control Programme, NGO leadership, and medical associations

A.7. Training

Training Objectives

- To equip retailers (pharmacists, drug shop owners/attendants, general merchants, bar/nightclub owners) and service providers (nurse, midwives, medical assistants) to provide correct information to consumers concerning condom use and effectively sell Protector condoms

- To equip CBD agents to provide condom use information and effectively sell Protector condoms

Training Strategies

- Carry out Protector training for estimated 3,000 retailers (formality and structure of training sessions vary with nature of retailer and local requirements)

- Conduct one-day Protector training for 400 CBD agents, HIV/AIDS counselors, and peer educators associated with twelve SOMARC NGOs

- Conduct one-day Protector training sessions for service providers working at major industrial sites (sugar plantations, factories)

- Provide initial and refresher training to consumer and pharmaceutical division sales representatives of the SOMARC commercial distributor

- Provide commercial distributor sales representatives with opportunities for on-the-job training through periodic field visits with SOMARC trainer

A.8. Market Research

Market Research Objectives

- To measure presence of Protector in retail outlets
- To evaluate level of awareness of Protector among target consumers

Market Research Strategies

- Conduct a retail survey among 300 outlets (150 on commercial distributors list, 150 not on the list) to assess presence of Protector and other brands; use results to refine distribution targets
- Include brand-specific questions in 1995 Uganda Demographic and Health Survey (DHS); compare results with baseline.

III. PILPLAN ORAL CONTRACEPTIVES

A. ANNUAL MARKETING OBJECTIVE

- To increase Pilplan sales by 25% over CY 1994 sales[4]
- To achieve 17,209 CYPs

Marketing Strategy

- To build a base of first-time OC users whose OC of choice is Pilplan
- To promote continuation of OC as a method and Pilplan as a brand

A.1. Sales Objectives

- To achieve sales of 223,725 cycles of Pilplan

Sales Strategies

- Maintain distribution to major pharmacies, drug shops and clinics nationally through commercial distributor (estimated 48% of sales)
- Increase direct sales and distribution to drug shops and rural clinics outside of urban areas through a nine-district direct sales and distribution force (estimated 27% of sales)
- Maintain distribution to underserved women in peri-urban and rural areas through NGOs (estimated 25% of sales)
- Initiate advertising and promotion to increase consumer and trade brand awareness through national and regional radio
- Promote correct and continuous use of Pilplan through service provider, retailer, and community-based distributor (CBD) training and education

A.2. Product Positioning Objectives

---

[4] 1994 Pilplan sales per February 1995 revision (adj.for distributor reporting errors): 220,980 cycles
Less: NGO returns 42,000 cycles

1994 Net Sales: 178,980 cycles

1995 sales target based on net sales + 25% increase: 223,725 cycles

1995 target revised June 30, 1995 to 300,000 cycles based on mid-year performance

In relation to other family planning methods in Uganda, Pilplan is positioned as:

- Ideal for "family spacing" (not an end to childbearing)
- Safe for most women
- A widely-used method -- Trusted "by millions of women around the world"

In relation to other commercially available oral contraceptives in Uganda, Pilplan is positioned as:

- Convenient - Easy to obtain through drug shops, pharmacies, clinics, private midwives, market midwives, and CBD agents
- Affordable - Three months of contraceptive protection for Ush. 250 \= (equivalent of $.26)

In relation to oral contraceptives available through the public sector, Pilplan is positioned as:

- Always available at convenient locations - Through commercial outlets, market midwives, private midwives, CBD agents
- Supports ease of understanding and correct use - Contains instructional insert in local languages with low-literacy diagrams supported by instructional radio advertising

Product Positioning Strategies

- Distribute Pilplan to pharmacies, drug shops, and clinics in major urban areas through major commercial distributor

- Distribute Pilplan directly to smaller drug shops and private rural clinics in nine up-country districts through the DISH-SOMARC Sales Force

- Distribute Pilplan in rural areas through selected CBD agents attached to NGOs and midwives working in rural markets

- Offer Pilplan with a commercial and NGO margin structure which maintains a consumer price of Ush. 250 \= per package of 3 cycles

- Operate continuous distribution and re-stocking of retailers and NGOs

- Implement an ongoing Pilplan training program for CBD agents, pharmacists, drug shop owners/attendants, and private midwives; provide one-on-one training through medical detailer

- Broadcast instructional brand advertising and women's health programming through regional and national radio

- Promote Pilplan as the brand to be most trusted by women through broadcast of Pilplan-sponsored women's health issue radio spots

A.3. Distribution Objectives

- To place Pilplan in an estimated 200 pharmacies and 300 drug shops in major urban areas nationally through commercial distributor

- To place Pilplan in an estimated 250 drug shops and rural clinics in the nine up-country DISH project districts through the DISH-SOMARC Sales Force (DSSF)

- To distribute Pilplan in targeted rural areas through six NGOs representing 180 Pilplan-trained CBD agents working in 13 of Uganda's 39 districts

- To distribute Pilplan through peri-urban and rural market places through 28 private Market Day Midwives working in 48 market sites in 9 districts

Distribution Strategies

- Establish strong and efficient national distribution to major pharmacies, drug shops, and clinics through contract with new, competitively-selected commercial distributor

- Establish, train, and deploy DISH-SOMARC Sales Force to provide additional, targeted distribution in rural areas and trading centers of nine districts

- Provide transportation and delivery infrastructure for the DSSF

- Continue training and stocking of CBD agents serving the SOMARC NGOs

- Continue supporting market stalls and sales efforts of 28 Market Day Midwives

A.4. Advertising

Creative Objectives

- To dispel myths and rumors about family planning and oral contraceptives
- To create a positive, trustworthy association with the Pilplan brand while providing accurate information concerning correct use and side effects

Creative Strategy

- Offer information about correct use of oral contraceptives and side effects through instructional Pilplan brand advertising

- Sponsor women's health advice spots on radio that further promote Pilplan as the brand to be most trusted by Ugandan women

- Sponsor local-language family planning radio dramas that specifically discuss Pilplan in the course of the drama

Media Objective

- To reach an estimate 50% of the target audience nationally

Media Strategy

- Schedule FM radio advertising spots on FM radio in time slots that are listened to by women in the target audience in the greater Kampala area (approximately 120-15- km. radius of Kampala)

- Broadcast FM radio advertising spots in English and Luganda (greater Kampala regional language)

- Schedule Radio Uganda radio advertising spots in available time slots in Luganda, Runyonkole, and Luo (regional languages)

- Produce and broadcast "Capital Women" Pilplan-sponsored women's health advice spots on FM station that reaches the target audience in the greater Kampala area

- Broadcast a family planning radio drama specifically discussing Pilplan that reaches rural areas of Uganda in three regional languages

A.5. Promotion

Trade Objectives

- To promote turnover among retailers who stock Pilplan in major urban areas
- To convince new retailers and private clinics in rural areas to begin stocking the product
- To carry out transition from original Pilplan product supplied by A.I.D. (Norquest) to new product (Duofem) so that trade is convinced that the new product is an improvement on the original one

Trade Strategies

- Alert retailers in urban areas that consumer advertising and promotion will increase consumer demand

- Provide retailers with product updates, especially about "new" Pilplan prior to its release, so they can provide appropriate information to consumers

- Provide promotional materials and training to new retailers/private clinics in rural areas and trading centers

- Alert retailers and clinics in rural areas and trading centers to radio advertising and promotion that will increase consumer demand

- Employ a Medical Detailer to assist DSSF and trainers to provide continuing education to retailers and service providers

Consumer Objectives

- To generate trial among new users
- To promote continued use among current users
- To inform the public about the introduction of "new" Pilplan, highlighting its advantages over the original product

Consumer Strategies

- Offer Pilplan in a wide variety of conveniently-located outlets at a consistent consumer price

- Provide first-time users with opportunities for face-to-face product information and counseling through Market Day Midwives, CBD agents, and trained retailers

- Promote continued use through retailer training, instructional advertising and promotion, service provider training and medical detailing

- Produce and distribute revised consumer promotion materials that highlight the benefits of the new Pilplan product

A.6. Public Relations

Public Relations Objectives

- To make service providers (physicians, nurses, nurse/midwives, and medical assistants) knowledgeable about oral contraceptives, their benefits, and correct use; especially to advise them about introduction of "new" Pilplan and obtain their endorsement

- To continuously inform key decision-makers in the Ministry of Health, Ministry of Information, District Medical Offices, and private medical associations about the social marketing program activities and accomplishments

Public Relations Strategies

- Co-sponsor with the Uganda Medical Association and Obstetrician and Gynecology Association a Pilplan seminar series to be broadcast on radio and presented at service provider meetings (including special seminars about "new" Pilplan)

- Provide a quarterly program update to the Assistant Commissioner of Health Services, Minister of Information and Permanent Secretary of Information

- Issue a quarterly newsletter to the District Medical Officers of the DISH project districts with copies to the Ministry of Health, NGO leadership, and medical associations

A.7. Training

Training Objectives

- To equip retailers (pharmacists and drug shop owners/attendants) to provide correct information to consumers concerning product use and side effects

- To equip CBD agents to counsel women about correct product use and side effects

- To train sales representatives to provide correct information to retailers concerning Pilplan, including the features and benefits of "new" Pilplan

Training Strategies

- Carry out one-day Pilplan training for 300 pharmacists and drug shop owners

- Conduct one-day Pilplan training for 600 CBD agents associated with four NGOs

- Provide informal, one-on-one product training/orientation to service providers, pharmacists, and drug shop owners through Medical Detailer

- Provide initial and refresher training to DSSF sales representatives, including special orientation to "new" Pilplan

- Provide initial and refresher training to commercial distributor pharmaceutical division sales representatives, including special orientation to "new" Pilplan

A.8. Market Research

Market Research Objectives

- To measure presence of Pilplan in retail outlets
- To evaluate level of awareness of Pilplan among target consumers

Market Research Strategies

- Conduct a retail survey among 300 outlets (150 on commercial distributors list, 150 not on the list) to assess presence of Pilplan and other brands; use results to refine new distribution targets

- Include brand-specific questions in 1995 Uganda Demographic and Health Survey (DHS); compare results with baseline

Section 3. Cost Recovery Plan Summary

COST RECOVERY PLAN for Uganda

1. Product: Protector condoms 2. Total Budget: $1.0 million entire program, FY '95

3. Project Activity Time Period: All of SOMARC III (Oct. '92 - Sept. '97)
4. Private Sector Partners:

Implementing Agency: Twiga Chemical Industries, Ltd. (private distributor)
Other Private Sector Distributors: Twiga wholesalers, subdistributors, traders
NGOs: TASO, AIDS Info. Centre, CARE, Uganda Private Midwives Assoc., Minn. Intl. Health Volunteers, Joint Clinical Research Centre, Busoga Diocese Family Life Education Project, World Learning/Natl. Resistance Army, Medical Research Council, Rakai Project, Rakai AIDS Info. Network, Youth Development Africa, Uganda Youth Anti-AIDS Assoc.
Other: DISH-SOMARC Sales Force (DSSF) - Direct sales to retailers in specific districts, under direct control of SOMARC Uganda program through USAID/Kampala DISH project

Cost Recovery Major Components

I. Commodity Costs

1. Commercial _____ Donated XX
2. If donated, what percentage is covered by USAID? 100%
3. If not 100%, who else provides funds? Expect condom commodities through World Bank/STI program starting FY 1997
4. If donated, do you ever plan to switch to commercial products? No. Buying power is low and will continue to be so. AIDS problem is severe, therefore priority is on distribution, use, and maintaining low consumer price
5. When? Expect World Bank/STI condoms by start of FY 1997

II. Infrastructure Costs

A. Management costs of the Implementing Agency

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No.
2. If yes, what percentage? _____ 3. If no, when will they begin to be covered? Est. starting FY 1998
4. What percentage? Most of management is currently under SOMARC Uganda office. Twiga manages its own sales staff and all sales transactions for all distributors including NGOs and DSSF. Anticipate gradual phasing out of subsidies to Twiga for their management costs as well as appropriate parts of project office, and handing over management to Twiga starting with approximatley 20% in FY 1998.

B. Sales force costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? Yes
2. If yes, what percentage? Twiga pays all of their own sales personnel. Project provides fixed amount for fuel, reporting forms, sales reports. DSSF pays 100% of its own costs
3. If no, when will they begin to be covered? Expect to reduce all direct support to Twiga for fuel, forms, and sales reporting by end of FY 1998. Anticipate gradual phasing of DSSF staff and costs to Twiga starting FY 1998.
4. What percentage? 100% of Twiga costs. 20% of DSSF starting FY 1998.

III. Marketing Costs

A. Packaging costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No.

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? FY 1997 if funds are obtained from World Bank/STI program. FY 1998 hand over portion to Twiga.

4. What percentage? Anticipate 20% to Twiga in FY 1998 unless 100% is supported through World Bank/STI program (packaging materials will cost approximately $65,000 for FY 1996). Expect some support from World Bank/STI project for packaging materials starting FY 1997.

B. Advertising/Public Relations costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No.

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? Substitute coverage would come from World Bank/STI project starting FY 1997. Do not anticipate Twiga to cover any substantial portion of these costs at any time.

4. What percentage? If funds are granted by World Bank/STI will cover 100% of costs

C. Promotion costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? If funds are granted by World Bank/STI program will cover starting FY 1997. Otherwise may expect Twiga to cover a portion starting in FY 1998.

4. What percentage? Anticipate Twiga can cover 20% starting FY 1998. Have requested funds from World Bank/STI for all costs starting FY 1997

D. Training costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? Unlikely that Twiga will ever cover training costs. World Bank/STI funds have been requested to cover large portion starting FY 1997

4. What percentage? See above

COST RECOVERY PLAN for Uganda

1. Product: Pilplan oral contraceptives 2. Total Budget: $1.0 million entire program, FY '95

3. Project Activity Time Period: June '93- Sept. '97
4. Private Sector Partners:

Implementing Agency: Twiga Chemical Industries, Ltd. (private distributor)
Other Private Sector Distributors: Twiga wholesalers, subdistributors, traders
NGOs: CARE, Uganda Private Midwives Assoc., AMREF, Safe Motherhood Initiative, Busoga Diocese Family Life Education project, Family Planning Assoc. of Uganda
Other: DISH-SOMARC Sales Force (DSSF) - Direct sales to retailers in specific districts, under direct control of SOMARC Uganda program through USAID/Kampala DISH project

Cost Recovery Major Components

I. Commodity Costs

1. Commercial _____ Donated XX
2. If donated, what percentage is covered by USAID? 100%
3. If not 100%, who else provides funds? n/a
4. If donated, do you ever plan to switch to commercial products? No.Buying power is low and will continue to be so, fertility rate is high, therefore priority is on distribution, use, and maintaining low consumer price
5. When? n/a

II. Infrastructure Costs

A. Management costs of the Implementing Agency
1. Are these costs currently being covered by the private sector (not paid for by USAID)? No
2. If yes, what percentage? -- 3. If no, when will they begin to be covered? Est. starting FY 1998
4. What percentage? Most of management is currently under SOMARC Uganda office. Twiga manages its own sales staff and all sales transactions for all distributors including NGOs and DSSF. Anticipate gradual phasing out of subsidies to Twiga for their management costs as well as appropriate parts of project office, and handing over management to Twiga starting with approximately 20% in FY 1998.

B. Sales force costs
1. Are these costs currently being covered by the private sector (not paid for by USAID)? Yes
2. If yes, what percentage? Twiga pays all of their own sales personnel. Project provides fixed amount for fuel, reporting forms, sales reports. DSSF pays 100% of its own costs.
3. If no, when will they begin to be covered? Expect to reduce all direct support to Twiga for fuel, forms, and sales reporting by end of FY 1998. Anticipate gradual phasing of DSSF staff and costs to Twiga starting FY 1998.
4. What percentage? 100% of Twiga costs. 20% of DSSF starting FY 1998.

III. Marketing Costs

A. Packaging costs
1. Are these costs currently being covered by the private sector (not paid for by USAID)? No
2. If yes, what percentage? -- 3. If no, when will they begin to be covered? FY 1998

4. What percentage? Anticipate 20% to Twiga in FY 1998

B. Advertising/Public Relations costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No.

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? Do not anticipate Twiga to cover any substantial portion of these costs at any time.

4. What percentage? --

C. Promotion costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? May expect Twiga to cover a portion starting in FY 1998.

4. What percentage? Anticipate Twiga can cover 20% starting FY 1998.

D. Training costs

1. Are these costs currently being covered by the private sector (not paid for by USAID)? No

2. If yes, what percentage? -- 3. If no, when will they begin to be covered? Unlikely that Twiga will ever cover training costs.

4. What percentage? See above

Section 4. 1995 and 1996 Project Budgets

MEMORANDUM

TO: Victoria Baird
FROM: Sara Tifft
RE: FY 1995 Budget Summary
DATE: September 6, 1995

Attached please find an Excel worksheet summarizing SOMARC Uganda FY 1995 budget and accruals for both Core and Buy-In funds. The following notes explain how to interpret this worksheet:

1. Line Items - These are the line items used in the Uganda Buy-In budget. They include:

- US Labor - Washington, D.C. labor plus home office overhead. Split between Core and Buy-In.
- Field Labor - Nairobi Regional Office, Uganda Resident Advisor, Morocco office technical assistance (research, distribution). Buy-In only.
- Local Labor - All Ugandan staff positions, including DISH-SOMARC Sales Force (DSSF). Buy-In only
- Consultants - Local and international consultants. Buy-In only.
- US Subs - Specifically AVSC. Core only.
- Travel/Per Diem - Local, regional, and international travel for Resident Advisor, Regional Manager, and Morocco office personnel when providing assistance to Uganda. Split between Core and Buy-In.
- Allowances Resident Advisor allowances. Buy-In only.
- US Sub - Fee to US Sub. No charges budgeted or accrued to either Core or Buy-In.
- Other Direct Costs (ODCs) - Includes four sub-items:
  - ⇒ Office Operations - Uganda office rent, phone, local fuel, contracted transport, supplies, furniture, etc. Currently charged to Core
  - ⇒ DSSF Operations - Uganda sales force travel stipends, fuel, vehicle registration, insurance, and maintenance, promotion expenses, bonuses. Currently charged to Core.
  - ⇒ Local Training - Out-of-pocket expenses for local training sessions. Currently charged to Buy-In.
  - ⇒ Market Midwives - Direct costs of Market Day Midwives program (converted to subcontract 7/1/95). Currently charged to Buy-In.
- Equipment - Computers and related equipment. Split Core and Buy-In.
- Field Subcontracts - All subcontracts for advertising, promotion, packaging materials, research, Market Midwives program, etc. Charged to Core (no line item in Buy-In for subcontracts)
- 18% Load - Charged to total of all Core and Buy-In items for entire fiscal year.

2. Budget Amounts: Core, Buy-In and Total

Core and Buy-In FY 1995 budgets are shown separately for each line item. Budgets are based on estimated expenditures through September 30, 1995, per workplan. Budget was revised May 1995. Total column shows total budgeted amounts for Core and Buy-In by line item. Total including load is $1,292,226.40.

3. Accrued Amounts: Core, Buy-In and Total

Accrued expenses through June 30, 1995 are shown for Core and Buy-In for each line item. Accruals are based on billing information from TFGI/Washington, plus local office accounting of actual billing by consultants, subcontractors, payments of ODCs, etc. Accruals assume that these items will actually be paid out no later than September 30, 1995. Total column shows total accruals for Core and Buy-In by line item through June 30, 1995. Total including load (applying load as an accrued expense) is $801,625.01 as of June 30.

Rev. 6 Sept. 1995

SOMARC Uganda FY 1995 Core and Buy-In Budget Summary: Budget vs. Accrued through 6/30/95 (revised 9/6/95)

Line Items	CORE		BUY-IN		TOTAL Core and Buy-In	
	FY '95 Budget	Accrued to 6/30/95	FY '95 Budget	Accrued to 6/30/95	FY '95 Budget	Accrued to 6/30/95
1. US Labor	18,298	13,723	22,645	16,451	40,943	30,174
2. Field Labor	-	-	167,046	127,883	167,046	127,883
3. Local Labor	-	-	77,586	47,956	77,586	47,956
4. Consultants	-	-	92,590	75,140	92,590	75,140
5. US Subs	30,000	-	8,623	-	38,623	-
6. Travel/Per Diem	4,097	3,897	25,062	13,255	29,159	17,152
7. Allowances	-	-	50,742	39,682	50,742	39,682
8. US Sub	-	-	-	-	-	-
9. ODCs						
a. Office Operations	59,286	31,664	-	-	59,286	31,664
b. DSSF Operations	86,338	22,684	-	-	86,338	22,684
c. Local Training	-	-	52,452	17,140	52,452	17,140
d. Market Midwives	-	-	36,302	13,555	36,302	13,555
Subtotal ODCs	145,623	54,348	88,755	30,695	234,378	85,043
10. Equipment	13,000	13,000	-	1,368	13,000	14,368
11. Field Subcontracts	351,039	241,946	-	-	351,039	241,946
18% Load	197,119	122,282	-	-	197,119	122,282
TOTAL	$ 759,176.44	$ 449,198.05	$ 533,049.96	$ 352,428.96	$ 1,292,226.40	$ 801,625.01

MEMORANDUM

TO: Victoria Baine
FROM: Sara Tifft
RE: FY 1996 Budget Summary
DATE: September 6, 1995

Attached please find an Excel worksheet summarizing SOMARC Uganda FY 1996 budget for both Core and Buy-In funds. The following notes explain how to interpret this worksheet:

1. Line Items - These are the line items used in the Uganda Buy-In budget. They include:

- US Labor - Washington, D.C. labor plus home office overhead. Split between Core and Buy-In.
- Field Labor - Nairobi Regional Office, Uganda Resident Advisor, Morocco office technical assistance (research, distribution). Buy-In only.
- Local Labor - All Ugandan staff positions, including DISH-SOMARC Sales Force (DSSF) Buy-In only.
- Consultants - Local and international consultants. Buy-In only.
- US Subs - Specifically AVSC, Development Associates, and T. Baugh. Core only.
- Travel/Per Diem - Local, regional, and international travel for Resident Advisor, Regional Manager, and Morocco office personnel when providing assistance to Uganda. Split between Core and Buy-In.
- Allowances - Resident Advisor allowances. Buy-In only.
- US Sub - Fee to US Sub. Buy-In.
- Other Direct Costs (ODCs) - Includes three sub-items:
  - ⇒ Office Operations - Uganda office rent, phone, local fuel, contracted transport, supplies, furniture, etc. Charged to Core.
  - ⇒ DSSF Operations - Uganda sales force travel stipends, fuel, vehicle registration, insurance, and maintenance, promotion expenses, bonuses Charged to Buy-In.
  - ⇒ Local Training - Out-of-pocket expenses for local training sessions. Split between Core and Buy-In.
- Equipment - Computers and related equipment. Buy-In only.
- Field Subcontracts - All subcontracts for advertising, promotion, packaging materials, research, Market Midwives program, etc. Split between Core and Buy-In.
- 18% Load - Charged to total of all Core and Buy-In items for entire fiscal year. Taken out of Core budget only.

2. Budget Amounts: Core, Buy-In and Total

Core and Buy-In FY 1996 budgets are shown separately for each line item. Budgets are based on estimated expenditures for the period October 1, 1995 - September 30, 1996. Budget was revised September 1996.

Total column shows total budgeted amounts for Core and Buy-In by line item. Total including load is $1,827,306.55

3. Additional Notes

- The projected budget is larger than the available resources primarily because activities have increased while the budget has remained constant. The exception is the increases in the Buy-In (described below) which are earmarked for very specific activities. Specifically:

⇒ The volumes of packaging and promotional materials required to maintain current products (Protector and Pilplan) has increased steadily with increasing sales, while the budget has remained constant.

⇒ The FY 1996 workplan includes the introduction of Depo Provera as a social marketing product, requiring high costs for up-front research, creative materials development, training, and introduction. In addition, the ongoing costs of maintaining the Depo Provera program (packaging materials, packaging labor, distribution costs, materials production, monitoring) are added to the budget.

- This budget assumes that planned increases in the Uganda Buy-In are in effect by October 1, 1995. The Uganda Buy-In is supposed to be increased by approximately $410,000 starting FY 1996. The increases are to cover (1) $250,000 per year for three years for pilot antibiotic social marketing project, and (2) approximately $160,000 per year for two years for additions to local staff, regional labor, and ODCs. These increases have not yet been put into effect, as the Buy-In must be amended. These funds are unlikely to be available by October 1, as the increases are still not officially approved by the Government of Uganda.

- The consultant line item includes two local consultant positions for part-time Coordinator and Trainer for the antibiotic social marketing activity.

Rev. 6 Sept 1995

SOMARC Uganda FY 1996 Budget Summary			
Line Items	CORE FY '95 Budget	BUY-IN FY '95 Budget	TOTAL Core and Buy-In FY '95 Budget
1. US Labor	25,532.36	10,137.45	35,669.82
2. Field Labor	-	209,776.65	209,776.65
3. Local Labor	-	173,617.99	173,617.99
4. Consultants	-	35,483.88	35,483.88
5. US Subs	54,302.65	-	54,302.65
6. Travel/Per Diem	1,500.00	35,118.80	36,618.80
7. Allowances	-	25,032.90	25,032.90
8. US Sub	-	6,000.00	6,000.00
9. ODCs			
a. Office Operations	90,126.18	-	90,126.18
b. DSSF Operations	-	149,790.25	149,790.25
c. Local Training	27,696.93	30,696.93	58,393.87
Subtotal ODCs	117,823.11	180,487.18	298,310.29
10. Equipment	-	8,000.00	8,000.00
11. Field Subcontracts	496,669.13	169,082.76	665,751.89
18% Load	278,741.68	-	278,741.68
TOTAL	$ 974,568.93	$ 852,737.62	$ 1,827,306.55

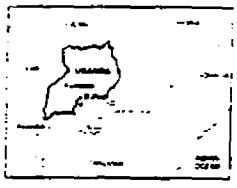
Section 5. Semi-Annual Reports: October 1992 - September 1994

October 1, 1992 - March 31, 1993
April 1, 1993 - September 30, 1993
October 1, 1993 - March 21, 1994
April 1, 1994 - September 30, 1994

SOMARC II and III SEMI-ANNUAL REPORT

October 1, 1992 - March 31, 1993

Uganda



Implementing Agency: Armtrades Limited
Distributors: Armtrades, Bata, AIC, Cadmer, UPMA
Private Partners: BMC-Zimbabwe, Media Consultants Limited
Products: Condoms, orals, injectable, sterilization, FPS
Product Launch: Protector, August 1991; Orals, July 1993; Depo-Provera, 1995; Sterilization, 1995
Sources: USAID-donated, to be determined

Program Objectives

- Maximize distribution of condoms throughout Uganda.
- Launch social marketing of oral contraceptives in Uganda.
- Expand the product range to include other long-term and permanent methods in the social marketing mix.
- Continue to provide comprehensive communications that enable a purchase decision to be made by target consumers for all social marketing products.

Accomplishments

- Expanded condom distribution through subdistribution agreements within the private sector and with NGOs.
- Launched promotions campaign to address AIDS prevention.
- Obtained Government approval for the launch of an oral contraceptive.
- Confirmed choice of oral contraceptive for the program.
- Selected a pill distributor.
- Retained a project consultant to coordinate marketing activities in Uganda.
- Developed a marketing plan for oral contraceptives.

Next Steps

- Finalize marketing plan for oral contraceptives.
- Continue efforts with the Ministry of Health to allow increased exposure of the Pan-African condom campaign.
- Negotiate funding with USAID/Uganda for five-year activities under SOMARC III.
- Negotiate contract for pill distributor.
- Test communications materials for oral contraceptives.
- Assess AIDS prevention activities.
- Confirm research requirements for pill activities.
- Launch oral contraceptives in Uganda.

SOMARC III

SEMI-ANNUAL REPORT

April 1, 1993 to

September 30, 1993

Uganda

Implementing Agency: Armtrades Limited
Distributors: Armtrades, BATA, Cadmer, FPAU, Safe Motherhood Initiative, UMA, UPMA
Private Partners: BMC-Zimbabwe, Media Consultants Limited
Products: Condoms, orals, injectable, sterilization, FPS
Product Launch: Protector, August 1991; Orals, July 1993; Depo-Provera, 1995; Sterilization, 1995
Sources: USAID-donated, to be determined

Program Objectives

- Maximize distribution of condoms and oral contraceptives (OCs) throughout Uganda.
- Expand the product range to include other long-term and permanent methods in the social marketing mix.
- Continue to provide comprehensive communications that enable a purchase decision to be made by target consumers for all social marketing products.

Accomplishments

- Launched Pilplan oral contraceptive.
- Implemented a training program that prepared over 600 service providers and retailers to screen and counsel OC users.
- Implemented a public relations campaign consisting of media training for product spokespeople, a crisis communication plan, and a media placement strategy.
- Enlisted several new distributors to strengthen rural and semi-rural distribution.
- Appointed a consultant to assess opportunities within the existing rural health infrastructure to expand distribution and promotion of condoms and OCs.
- Held seminars on OCs for both the pharmaceutical and medical professional associations.

Next Steps

- Conduct country assessment and initial research for launch of injectable.
- Continue to enlist support among community leaders to overturn ban on contraceptive advertising.
- Expand distribution in rural areas through collaboration with CBD organizations.
- Select and appoint a resident advisor.

- Explore alternative means to promote contraceptives (i.e., market day booths, traveling drama troupes).
- Assess current price structure of Protector condoms in relation to elasticity of demand.
- Expand training of service providers in OC screening and counseling.
- Conduct a field check of POP materials to determine whether retail promotional needs are being met.

SOMARC III

SEMI-ANNUAL REPORT

October 1, 1993 to March 31, 1994

Uganda

Implementing Agency: Armtrades Limited
Distributors: Armtrades Limited
Private Partners: Armtrades, Individual Entrepreneurs
Collaborating NGOs: Family Planning Association of Uganda (FPAU), Uganda Private Midwives Association (UPMA), AIDS Information Centre, African Medical and Research Foundation (AMREF), CARE, Islamic Medical Association of Uganda, Joint Clinical Research Center, Pathfinder/Busoga Diocese Family Life Education Project, Safe Motherhood Initiative
Products: Condom, oral, injectable
Product Launch: Protector condom, August 1991; Pilplan OC, July 1993; Depo-Provera, 1995
Sources: USAID-donated

Program Objectives

- Maximize distribution of condoms and oral contraceptives (OCs) throughout Uganda.
- Expand the product range to include other long-term and permanent methods in the social marketing mix.
- Continue to provide comprehensive communications that enable a purchase decision to be made by target consumers for all social marketing products.

Accomplishments

- Launched the Pilplan oral contraceptive.
- Implemented a training program that prepared over 1,000 service providers and retailers to screen and counsel OC users.
- Implemented a public relations campaign consisting of media training for product spokespeople, a crisis communication plan, and a media placement strategy for OCs.
- Held seminars on OCs for both the pharmaceutical and medical professional associations.
- Launched a pilot program with Uganda Private Midwives Association to sell OCs and condoms in markets.

Next Steps

- Hire SOMARC resident advisor.
- Hire a sales force and sales manager for SOMARC products in DISH districts.
- Continue to expand distribution in rural areas through NGO/CBD organizations.

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- Expand condom promotion through collaboration with AIDS-related organizations such as World Learning.

- Develop marketing strategy to reach high-risk behavior groups (i.e., teens).

- Continue efforts to overturn contraceptive advertising restriction.

- Achieve condom sales of 3.6 million units.

- Achieve oral contraceptive sales of 300,000 cycles.

- In conjunction with AVSC:

  - Conduct country assessment of long-term methods and private sector reproductive health services.
  - Conduct research on consumer and service provider attitudes and long-term methods and family planning services.
  - Develop long-term methods marketing strategy.

SOMARC III

SEMI-ANNUAL REPORT

April 1, 1994 to September 30, 1994

Uganda

Implementing Agency: Armtrades Limited
Distributor: Armtrades Limited
Private Partners: Armtrades, Individual Entrepreneurs
Collaborating NGOs: FPAU, UPMA, CARE, Safe Motherhood Initiative, AIDS Information Centre, AMREF, Pathfinder/Busoga Diocese, Joint Clinical Research Centre and IMAU. New: TASO and Uganda Anti-AIDS Youth Association
Products: Condoms, orals
Product Launch: Protector condom, August 1991; Pilplan OC, July 1993; Depo-Provera, 1995; sterilization, 1995
Sources: USAID, World Bank

Program Objectives

- Achieve maximum distribution of condoms and oral contraceptives (OCs) throughout Uganda.
- Expand the product range to include long-term and permanent methods in the social marketing mix.
- Maximize brand awareness and educate target audiences through a comprehensive, integrated communications campaign.

Accomplishments

- Named Sara Tifft as Resident Advisor.
- Built extensive NGO subdistributor network.
- Implemented extensive training for NGO CBDAs, retailers, and providers.
- Continued the building of Uganda Private Midwives Association into formidable social marketing sales force.
- Achieved doubling of Protector sales since 1993.
- Implemented an innovative, integrated communications campaign that is part of a sustainable Pan-African branding strategy.
  - Advertising: Radio, TV, cinema, outdoor and print.
  - Radio program sponsorship: Capital Doctor.
  - "Road show" promotions and merchandising: Group Africa.
  - Consumer and trade promotions.
  - Point-of-sale and promotional materials: metal signs, stickers, hanging mobiles, calendars, taxi stickers, T-shirts, caps, and tote/shopping bags.
  - Public relations: Media training for product spokespeople and crisis communications plan.
  - Professional seminar program.

Section 6. Trip Report Executive Summaries: August 1993 - July 1995

Trip Report

August 11 - September 5

1993

Gretchen Bachman

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I. EXECUTIVE SUMMARY

Ms. Gretchen Bachman, SOMARC Technical Monitor for Uganda, travelled to Kampala, Uganda between August 11 and September 5, 1993. Ms. Bachman's primary reasons for the trip were to:

- Work with various NGOs in creating sub-distribution agreements;
- Participate in Pilplan training activities;
- Seek public relations and promotional opportunities in order to improve awareness of Pilplan and Protector;
- Seek to reverse the current ban on contraceptive advertising.

Several new promotional opportunities were identified including the co-sponsorship of a radio drama, participation in a city-wide family planning day and in the Uganda Manufacturers Association Trade Fair. Although the ad ban remains in place, progress was made towards its reversal through meetings with the AIDS Commission Secretariat and the new Permanent Secretary at the Ministry of Information.

Training activities were conducted in several rural districts of Uganda and included the training of FPAU CBD workers, midwives and pharmacy clerks. Training activities were planned with a new sub-distributor, Safe Motherhood which has over 120 members (pregnancy monitors) throughout rural Uganda.

A media training session was held for two prominent members of the medical community to prepare them to speak on behalf of Pilplan and oral contraceptives in general. The speakers first public appearance was at a Pilplan sponsored pharmacist's conference.

Trip Report

October 12 - 25

1993

Gretchen Bachman

I. EXECUTIVE SUMMARY

Ms. Gretchen Bachman, SOMARC Technical Monitor for Uganda, visited Kampala, Uganda and Nairobi, Kenya from October 12 to 25, 1993 in order to complete the following scope of work:

- Review distribution capabilities of pharmaceutical distributor Armtrades, Ltd.;
- Work with various NGOs in creating sub-distribution agreements;
- Participate in Pilplan training activities;
- Seek public relations and promotional opportunities in order to improve awareness of Pilplan and Protector;
- Seek to reverse the current ban on contraceptive advertising;
- Meet with AVSC to discuss joint research on long term contraceptive methods (LTMs);

A. UGANDA (October 12-23)

Ms. Bachman reviewed Armtrades, Ltd.'s capabilities as pharmaceutical distributor for SOMARC's CSM products, and determined that Armtrades is the best distributor available. She also continued negotiations on sub-distribution agreements with other organizations having the potential to distribute CSM products through their outlets.

Ms. Bachman met with FPAU to receive update on SOMARC's sponsorship of radio drama, worked with Makerere University on re-translation of Pilplan inserts, and discussed new advertising possibilities with Media Consultants.

A presentation was made to the Uganda AIDS Commission Secretariat on SOMARC's CSM activities in order to gain support in reversing the current ban on condom advertising in the public media.

A special training on Pilplan and Protector was conducted for the Board of Directors of Safe Motherhood. Ms. Bachman received feedback from the Uganda Private Midwives Association regarding Pilplan distribution. She also met with USAID, US Embassy and Peace Corps to discuss SOMARC activities with senior staff, and HIV/AIDS prevention with all staff.

B. KENYA (October 23-25)

Ms. Bachman met with Joseph Dwyer of AVSC in Nairobi to discuss the possibility of AVSC and SOMARC conducting research together on LTMs in Uganda.

Trip Report

October 18 - 26

1993

Jeannie Brown

I. EXECUTIVE SUMMARY

Jeannie Brown, SOMARC III Africa Research Director, traveled to Uganda and Kenya between October 18 and 26, 1993, to review and revise translations of oral contraceptive usage instructions, to present findings on Protector Pan-African research in Uganda to the Uganda AIDS Commission, to present findings from the Oral Contraceptive Baseline in Uganda to USAID, to meet with AVSC in Nairobi to discuss the potential opportunities and barriers with respect to introducing long-term methods in the region, and to meet with the Managing Director of Research International in Kenya to discuss research needs in the region.

After reviewing in detail the translations of the pill instructions from English into three local languages, it became apparent that the instructions would need to be reprinted in their entirety so that they would be most clear and effective in communicating correct usage of the pill.

The research presentation to the AIDS Commission informed them about the positive reaction that was received for specific Protector advertising materials tested among the target audience. The AIDS Commission members expressed great interest in this information and would like to have easier access to it in the future.

The presentation of the pill baseline to USAID Kampala population officers served to confirm several hypotheses about attitudes and practices related to oral contraceptives in Uganda and to provide background information and rationale for the development of SOMARC strategies and activities related to oral contraceptives.

Trip Report

March 15 - 26

1994

Gretchen Bachman
Reed Ramlow

I. EXECUTIVE SUMMARY

Gretchen Bachman, SOMARC Technical Monitor for Uganda, and Reed Ramlow, the new SOMARC Regional Manager for the East/South Africa region, visited Uganda from March 15 to March 26 primarily in order for Ms. Bachman to hand over managerial responsibility of the Uganda project to Mr. Ramlow.

Ms. Bachman and Mr. Ramlow held several meetings with the prime distributor, Armtrades Ltd, to discuss inventory management problems, customs clearance procedures and distribution/sales issues. Mr. Ramlow will be meeting with Suzanne Thomas of the Family Planning Logistics Management Project in April to discuss improvements in the inventory management system.

Ms. Bachman and Mr. Ramlow also met with ten NGO subdistributors to discuss how Protector condoms and Pilplan distribution and sales could be further expanded. During these meetings several new outlets for distributing Protector and Pilplan were discussed. A possible Protector distribution effort through a new STD/HIV prevention program involving the National Resistance Army and World Learning, Inc. in particular was discussed. Mr. Ramlow will be presenting World Learning, Inc. with a proposal to incorporate Protector condom distribution into the new program.

Subdistributor training needs were also addressed in these meetings. Subsequently a meeting was held with SOMARC's Management Consultant in Uganda, Mary Lee Mantz , to set up a training schedule. Ms. Mantz will supply Mr. Ramlow with a proposed training budget. In addition, Mr. Ramlow will investigate the possiblilty of supplying the subdistributors' community based distribution agents with promotional support materials such as T-shirts and tote bags displaying Protector and Pilplan .

Ms. Bachman and Mr. Ramlow also met with a marketing services agency, Media Consultants, Ltd. as well as with two new FM radio stations, to discuss advertising and public relations support for SOMARC brands. As a result of the meetings, a radio campaign for both products is scheduled to begin in early summer.

Finally, Ms. Bachman and Mr. Ramlow met with Dr. V. Jagdish of the World Bank and Dr. Elizabeth Maderaa, the Director of the AIDS Control Program at the Ministry of Health to discuss World Bank and KFW-funded support for condom social marketing. Both parties were presented with a proposal for funding Protector condom promotional activities. Mr. Ramlow will contact Dr. Madraa regarding her evaluation of the proposal in two weeks.

Trip Report

May 1 - 7

1994

Reed Ramlow

I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for the East/South Africa, traveled to Uganda from May 1 to May 7, 1994. This was his second trip to Uganda after assuming managerial responsibility for SOMARC operations there. The purpose of the trip was to review ongoing marketing activities for Protector and Pilplan. Summary trip highlights include:

Group Africa Stage Presentations

Mr. Ramlow reviewed highly successful brand promotions for Pilplan and Protector. These educational brand promotions are reaching thousands of C&D class Ugandans in rural and urban areas. Additionally, Protector and Pilplan have an exclusive merchandising presence at the Group Africa venues. Large sales are reportedly being achieved.

Ministry of Information Approves Protector TV Advertising

The Ministry of Information approved condom television advertising for the first time in Ugandan history. Protector advertising will be allowed to air on "World Cup Moments," a World Cup highlights package sponsored by SOMARC. Millions of Ugandans are expected to watch the World Cup on Uganda TV, creating a tremendous opportunity to generate broad consumer awareness of Protector messages, particularly among male audiences.

Protector Sponsorship of "Capital Doctor"

Final details were confirmed regarding Protector's sponsorship of "Capital Doctor." Protector will sponsor the popular weekly medical program on Capital Radio. The sponsorship package includes Protector radio advertising, promotional spots with Protector slogans, and radio call-in promotions.

Trip Report

June 5 - 11

1994

Reed Ramlow

I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from June 5 to 11 for his monthly trip there. Summary trip highlights include:

- The Futures Group/SOMARC learned it is included on the list of NGOs to gain World Bank funding through the Ministry of Health's STI project;
- Mr. Ramlow planned new FM radio advertising schedules for Protector and Pilplan, with media monitoring services;
- Dr. Karugaba of the Uganda Medical Association agreed to renew his role as a SOMARC spokesman, and suggested SOMARC renew support of medical conferences and seminars as means to promote its brands with physicians;
- The FPAU advised it will meet with the Permanent Secretary of the Ministry of Information to see if Pilplan can be mentioned in its Radio Uganda family planning dramas;
- The Islamic Medical Association of Uganda agreed to expand distribution of Protector condoms through its Family AIDS program;
- The AIDS Information Centre wants to expand Protector sales with a sales management program, and will forward a proposal to SOMARC;
- Mr. Ramlow met with a potential new prime distributor for SOMARC, Twiga Chemical Industries Uganda, which has a number of multinational pharmaceutical and consumer goods clients, and a professional approach;
- Plans for a retail audit assessing Armtrades' distribution and merchandising performance were made.

Trip Report

July 3 - 9

1994

Reed Ramlow

I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from July 3 to 9, 1994 for his monthly trip there. Summary trip highlights include:

- Mr. Ramlow discussed condom procurement logistics with Dr. Peter Nsubuga, STI Project Manager, Ministry of Health. In a letter (attached in the Appendix), he advised Dr. Nsubuga that SOMARC's preference is to receive funds from the World Bank funded-STI project, and directly procure its own condoms. Dr. Nsubuga said the STI project will revert its decision on both condom procurement and funding for SOMARC's condom social marketing proposal (submitted last March -- see Appendix) within three months.

- SOMARC requested clearance for Pilplan radio advertising from the Chief Inspector of Drugs, Ministry of Health (MOH). The Chief Inspector said he must gain approvals from Dr. Katumba, Senior Medical Officer (MCH/FP) at the MOH, and from Mrs. Nima, Executive Director of the FPAU. Pilplan radio scripts were submitted to both Dr. Katumba and Mrs. Nima. SOMARC awaits their reply.

- FM radio advertising plans for Protector and Pilplan, and outdoor advertising for Protector, were finalized with Media Consultants Limited.

- UTV explained that Protector "World Cup Moments" was canceled due to complaints from politically powerful (religious) groups seeking to uphold "moral standards" in Uganda.

- World Learning advised it was premature to launch a Protector sales program through its pilot NRA AIDS Education Program.
- Mr. Ramlow met with UNICEF to discuss collaboration on Oradex distribution through the UPMA "Market Day" project, and it was agreed that a proposal should be submitted to the Ministry of Health.

- Plans were discussed with Armtrades for a new quota system and a retail display contest. Armtrades 1994 sales quota for Protector will be raised to reflect the current higher sales performance. The retail display contest, scheduled for the fourth quarter 1994, will seek to control retail pricing (through posting mandatory price posters) and boost merchandising for both Protector and Pilplan in participating stores.

- Mr. Ramlow agreed to contact Twiga Group in Kenya to further discussion regarding its potential as SOMARC's distributor in Uganda.

- Mr. Ramlow agreed with USAID to finalize the proposal and budget for the distribution check that will assess Armtrades' performance.

- Mr. Ramlow secured SOMARC office space in the DISH office in Kampala.

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Trip Report

August 7 -13

1994

Reed Ramlow

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I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from August 7 - 13, 1994 for his monthly visit. Key findings are summarized below.

MOH Approval of Pilplan Radio Advertising

Dr. Benjamin Benagwa, MCH/FP IEC Manager at the Ministry of Health (MOH), agreed to advise the Chief Inspector of Drugs that advertising of Pilplan on the radio would be acceptable. Dr. Benagwa had been asked by Dr. E.F. Katumba, Chief Medical Officer at the MCH/FP unit, to advise on the Pilplan advertising issue. Pilplan radio advertising was expected to air by October.

Distribution

Mr. Ramlow was concerned about a decline in sales in July. It was determined that seasonal economies were partly responsible. More than one source, apart from SOMARC distributor Armtrades, indicated that sales typically go down in June and July as taxes are paid, and government budget years end. Sales to subdistributors were also down, and a SOMARC team visited nine of them to assess their problems and needs.

Mr. Ramlow continued to talk with Twiga Chemical, which was seen as a viable distributor alternative to Armtrades. Armtrades lacks structural capability to seriously expand into nationwide distribution to general retail outlets. Twiga, on the other hand, has both consumer and pharmaceutical sales divisions, experienced sales and distribution management, more advanced sales training, and superior warehousing facilities. It is anticipated that Twiga's consumer sales division would handle Protector condoms, and the pharmaceutical sales division would handle Pilplan, Depo Provera and other long-term methods. The next step in talks with Twiga would be to specifically outline distributor margins, 1995 and long term sales objectives, what would be expected from Twiga, and how SOMARC would be able to support Twiga's sales and distribution operations.

NGO Subdistributors

Mr. Ramlow, SOMARC Consultant Mary Lee Mantz, and Armtrades Sales Manager Olivia Lukwago visited nine NGO subdistributors to assess problems and needs. SOMARC was

concerned about a fall-off in sales to the subdistributors. After a large "sell-in" to the subdistributors in the first half of the year, offtake was slow. It was concluded that this was largely due to NGOs not being set-up as business and sales organizations, and that sales management structures would be required. SOMARC advised on ways to improve sales management and logistics, but conceded that many of the NGOs would not develop into effective sales organizations immediately.

SOMARC was encouraged, however, that all of the subdistributors had remained committed to developing their sales programs. Plans were made for training additional CBDAs and providing promotional support. Additionally, new NGOs such as TASO (The AIDS Support Organization) and the Uganda Anti-AIDS Youth Association had approached SOMARC/Armtrades requesting to be subdistributors.

Trip Report

September 11 - 17

1994

Reed Ramlow
Sara Tifft

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I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from September 11-17, 1994. The primary purpose of this trip was to introduce SOMARC's new Resident Advisor (Sara Tifft) to her assignment. Key findings are summarized below.

Pilplan Advertising

Dr. E.F. Katumba, Acting Assistant Commissioner for the MCH/FP division at the Ministry of Health, sent a letter to the Chief Inspector of Drugs endorsing Pilplan radio advertising. Subsequently, the Chief Inspector sent a letter to The Secretary/Registrar at the National Drug Authority stating he had "no objection" to airing Pilplan advertising. The Secretary/Registrar is expected to give final approval, clearing the way for advertising Pilplan on electronic broadcast media. The Chief Inspector, however, noted some "comments" made by Dr. Katumba on the scripts. He added that the advertising should "incorporate the generic names of the active ingredients of Pilplan." SOMARC will seek clarification on the comments made by Dr. Katumba.

Sales and Distribution

Armtrades sales were down again in August. In response to this and July's poor results, Armtrades Director Roy Mayinja announced he had reorganized his sales staff and sales territories, and planned to employ a hawker sales strategy. He pledged to reverse the recent downward sales trend, particularly for Protector condoms, while meeting his sales objectives for 1994. Meanwhile, Ms. Tifft was introduced to Twiga Chemical (U) Ltd., which is being considered as a distributor in 1995. As reported previously, Twiga has both strong consumer and pharmaceutical sales divisions. SOMARC plans to forward a distribution proposal to Twiga in early October.

Radio Sanyu and Sanyu TV

Starting in December, Radio Sanyu (FM) will be broadcast on an AM wavelength, extending its reach to approximately 60 to 65 percent of the population. Radio Sanyu, as a private commercial station, can air condom advertising. Hence, Protector can now be advertised to a much broader audience in Uganda. Protector advertising is scheduled to air on Radio Sanyu beginning in October. Sanyu TV will go on the air on a UHF channel starting in October. Given the solid

performance of Radio Sanyu, it is expected that Sanyu TV will earn a much wider audience than the current private television station, CTV. Since Sanyu TV is a private station, this opens a new opportunity for Protector television advertising.

DISH Presentation

SOMARC's presentation at the first formal presentation of the DISH project to 50 key government, NGO and donor agency officials was well received. SOMARC welcomed the opportunity to strengthen its association with the DISH project.

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Trip Report

October 9 -15

1994

Reed Ramlow
Sara Tifft

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I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from October 9-15. The primary purpose of this trip was to discuss ongoing projects and 1995 plans with SOMARC's new Resident Advisor, Sara Tifft. Key findings are summarized below.

Ministry of Health -- STI Project

SOMARC learned it must re-submit its condom social marketing proposal under guidelines to be established by the STI project management committee. Meanwhile, the project's condom procurement process has not been finalized, nor is there any clear timing as to when the project will commence.

ODA/CARE Project

The timing for submission of a social marketing proposal to the ODA/CARE project in Uganda's eastern districts has been set for January 1995.

Armtrades Sales -- Protector and Pilplan

In September, Protector sales climbed back to levels reached earlier in the year, however, Pilplan sales remain slack. Protector sales strengthened largely due to renewed sales to NGO subdistributors. Additionally, under pressure from SOMARC, Armtrades finally activated a hawker sales strategy in Kampala. To bolster Pilplan sales, Mr. Ramlow and Ms. Tifft discussed an extensive communications campaign (see below).

Sales and Distribution Strategic Planning for 1995

Mr. Ramlow and Ms. Tifft decided to take the following steps toward planning SOMARC's distirbution and sales strategy for 1995:

- Extend Armtrades' distributor contract for six months in 1995 (January -- June).
- Begin negotiations with Twiga Chemical (U) Ltd. for a distributor contract commencing in July 1995.

- Invite SOMARC distribution and sales consultant Olivier Chabbert to Uganda to advise on a distribution and sales plan that will maximize the effectiveness of 10 dedicated SOMARC sales persons and a national sales manager, and the SOMARC-appointed distributor. Mr. Chabbert will also help assess the advantages and disadvantages of Armtrades versus Twiga. His input will help lead to a final decision on which company should be SOMARC's appointed principle distributor.

Brand Communications

Mr. Ramlow and Ms. Tifft discussed extensive, integrated 1995 communications plans for Pilplan and Protector that will include advertising, point-of-sale and promotional materials, trade and consumer promotions, and public relations.

USAID -- 1995 Oral Contraceptives Consignment

SOMARC learned from USAID that the 1995 consignment of oral contraceptives will be Norquest and not Duofem, as originally thought. Since more than adequate stocks of Norquest already exist in Armtrades' warehouse, SOMARC requested that a shipment of Norquest scheduled for January be diverted, if possible. Meanwhile, the project will postpone plans for a launch of "new" Pilplan.

Trip Report

December 5 - 16

1994

Olivier Chabbert
Sara Tifft
Mary Lee Mantz
Olivia Kibirige Lukwago

I. EXECUTIVE SUMMARY

The Futures Group/SOMARC Senior Associate Olivier Chabbert traveled to Uganda from December 5 to 16, 1994. During this trip to Uganda, Mr. Chabbert consulted with USAID/Kampala, and provided advice to SOMARC/Uganda Country Manager Mrs. Sara Tifft and to SOMARC's implementing agency, Armtrades Ltd.

In order to design an appropriate and practical system for deploying a ten-person team of district-level sales representatives plus a sales manager, the Country Manager, Ms. Sara Tifft, the training consultant Ms. Mary Lee Mantz, the Sales Manager for Armtrades, Ms. Olivia Kibirige Lukwago, and Olivier Chabbert undertook the following activities during this trip:

- Traveled to two of the ten districts to be served (Mbarara and Masaka) over a three-day period.
- Examined commercial and community-based infrastructure for distribution and sale of Protector condoms and Pilplan oral contraceptives.
- Determined in detail the problems facing the NGO subdistributors currently carrying SOMARC products and proposed specific solutions (training, technical support, logistic support, etc.) to sort out problems such as lack of sales orientation and motivation among their fieldworkers; limited or nonexistent logistic systems (transport and storage), and inadequate tracking systems.
- Designed a plan for deploying the above-mentioned sales representatives intended to improve SOMARC product distribution and sales in areas outside of Kampala which includes a supervisory system, reporting system, salary and rules proposal.

The SOMARC team worked closely with Armtrades and its promotional team to identify all administrative and promotional problems in order to improve the distribution of Protector condoms and Pilplan oral contraceptives in Uganda. Some of the problems that needed to be addressed in order to expand SOMARC's activities were:

- Disorganization and lack of clear objectives within the promotional team.

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- Failure of Armtrades to achieve and increase the number of points of sale (particularly general outlets) identified in the plan (Kampala and up-country).
- Lack of means to ensure promotion and sales of Protector condoms and Pilplan to regional markets.
- Inadequate systems in place to deal with transport of SOMARC stocks and warehousing up-country.
- Inadequate system of management of social marketing products that do not show accurate figures of distribution and reality of market retail prices.

By the end of this trip, some scenarios had been proposed to USAID/Kampala to resolve most of the above-mentioned problems. Indeed, the SOMARC team obtained designs to reorganize the promotional team by clearly defining individual responsibilities, geographical coverage, sales objectives, regulations and reporting requirements. All these points have been detailed with the sales supervisor to allow her to explain to the sales team that the way in which social marketing efforts had been reviewed will be better organized and motivating.

Finally, following the SOMARC presentation to USAID/Kampala, the new plan worked on improving the implementation of administrative and logistical structures related to distribution and promotion for Protector and Pilplan, including the change on counterpart and how to determine reorganized territories taking into consideration NGOs and sub-distributors.

The new staff organization to supervise and coordinate all activities has been agreed to, in principle, with the SOMARC Resident Manager, having the responsibility of presenting the agreement with Twiga (possible new SOMARC partner) and participation of each one in adequation with the SOMARC Buy-In.

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Trip Report

March 19 - 22

1995

Reed Ramlow

I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from March 19 - 22. The purpose of this trip was to conduct a sales training session for the newly appointed DISH[1]-- SOMARC sales force (DSSF). The training session was successfully conducted, and the sales force embarked for the field on March 22 to begin sales of Protector condoms and Pilplan oral contraceptives in the DISH districts.

[1]DISH = District Integrated Services for Health USAID project

Trip Report

April 5 - 8

1995

Reed Ramlow

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I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, traveled to Uganda from April 5 to 8, 1995. The purpose of his trip was to participate in the selection process for a new SOMARC-appointed distributor for Uganda. Mr. Ramlow participated in a selection panel that comprised these five members:

1. Sara Tifft, SOMARC Resident Advisor for Uganda
2. Jean Karambizi, DISH Chief of Party
3. Cecily Banura, USAID
4. Edmund Gumisiriza, Manager, AIDS Information Center "Post-Test" Club
5. Reed Ramlow, SOMARC Regional Manager, East/South Africa

Three distributor candidates were short listed for potential selection. These candidates were:

1. Twiga Chemical Uganda
2. Medipharm
3. Armtrades (SOMARC's current distributor)

The selection process included interviews with the managing directors and key staff for all three distributor organizations, and site visits to inspect the distributors' facilities. During this process, the selection panel completed evaluation forms for each distributor candidate. Subsequently, the evaluation forms were tallied. The final tally showed that Twiga Chemical was a unanimous choice for SOMARC distributor.

Trip Report

July 4 - 12

1995

Reed Ramlow

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I. EXECUTIVE SUMMARY

Reed Ramlow, SOMARC Regional Manager for East/South Africa, visited Uganda from July 4 to 12, 1995. Following is a summary of the work he undertook.

Depo Provera Social Marketing Assessment

Mr. Ramlow participated in the Depo Provera social marketing assessment discussions that led to decisions on how the injectable CSM project would be launched in Uganda in early 1996. Depo Provera will initially be marketed through a limited number of qualified private and NGO health providers in a 10 month pilot phase (March to December 1996). These health providers will include private clinics, the Busoga Diocese Family Life Education Program clinics, and UPMA midwives who have received SEATS training and are currently participating in the SOMARC project. The pilot phase will be implemented in 10 districts. Depending on the outcome of the pilot phase, SOMARC will seek to significantly expand the scope and distribution of the Depo Provera social marketing project in 1997.

Antibiotic STD Treatment Social Marketing Program

USAID has allocated US $875,000 (subject to negotiation) over a four-year period (FY 1996 through FY 1999) for the social marketing of an antibiotic STD treatment kit social marketing program. Mr. Ramlow and Sara Tifft, SOMARC Resident Advisor for Uganda, reviewed reference materials and met with USAID STD Advisor Dr. John Cutler to discuss how the STD treatment kit social marketing program would be implemented. The STD treatment kit would contain antibiotics only for urethral discharge syndromes. These common syndromes are gonorrhea, chlymadia and trichomonas. The kit would also contain Protector condoms as a prophylaxis component. Importantly, the kit would contain low-literature instructions for proper use. It was agreed that a one-year pilot phase would be implemented in the greater Kampala area. Prior to launch the following steps will have to be taken:

- Secondary and qualitative research among pharmacists, medical providers and consumers to establish pricing, branding, packaging and advertising

- Training of pharmacists, druggists and medical providers
- Brand, packaging and advertising development

World Bank STI Project Funding

The World Bank-funded STI Project at the Ministry of Health requested that SOMARC submit a four-year work plan and budget for support of the Protector condom social marketing project. Mr. Ramlow reviewed a draft work plan that Ms. Tifft had prepared and advised that SOMARC should maximize its request for marketing support funds. He also prepared a four-year draft budget.

New Distributor (Twiga) Launch Activities

Mr. Ramlow assisted in Twiga launch activities, which included the development of public relations and advertising plans and materials, and overseeing a training activity for packing Protector condoms. The public relations and advertising plans and materials that Mr. Ramlow developed included a launch plan, trade launch event invitation copy, a press release and launch advertisement.

Protector and Pilplan Advertising and Promotion

Mr. Ramlow followed-up Protector and Pilplan radio advertising and promotional give-aways of Protector and Pilplan caps and T-shirts. He advised on how the promotional give-aways should be revised on Kampala's FM radio stations. Mr. Ramlow said that the Protector and Pilplan brand slogans should be repeated during the promotional give-aways.

Trip Report

June 28 - July 13

1995

Gretchen Bachman

I. EXECUTIVE SUMMARY

Ms. Gretchen Bachman, Long Term Methods Coordinator at the Futures Group International, visited Uganda from June 28 - July 13, 1995. The purpose of Ms. Bachman's trip was to assist the Uganda SOMARC project in an assessment of the current market situation for contraceptive injections in preparation for an upcoming social marketing launch of Depo-Provera®. In addition to Ms. Bachman the assessment team consisted of Ms. Sara Tifft, SOMARC Country Manager for Uganda, Dr. Henry Kakande, Medical Consultant to AVSC Intl., and Ms. Niranjala Kanesathasan, staff member, SOMARC/Uganda. Ms. Viriginia Bobersky, Program Manager for AVSC Intl., worked with the team from June 28-30.

During the trip the team met with key players in population and family planning programs to obtain information about private and public distribution of injectables. The team also explored future training and research needs, and, the policy and legal environment for delivery of injectables through the private sector. In order to assess potential distribution networks for the new product, the team visited a variety of clinics offering the injectable.

Discussions with program managers and service providers convinced the team that quality assurance mechanisms such as monitoring and training will be necessary to ensure the success of the product. During visits to clinics offering the injectable, the team observed many instances of unsafe infection prevention practice. Additionally, anecdotal evidence suggests that there is also a need to update counseling and screeing skills. Considering these observations, the team concluded that the project should focus on building a network of quality service sites during the first year of SOMARC injectable distribution. The emphasis on quality will differentiate the contraceptive social marketing (CSM) product from free injectables and will help to assure that the injectable is provided safely.

Section 7. SOMARC III and SOMARC II Research Studies

SOMARC III RESEARCH STUDIES

UGANDA

A Bibliography of Studies to Date
August 1995

Completed Studies are unbolded
In-Progress and Planned Studies are **Bolded and *'d**

- Re-test of Low Literacy Usage Instructions for Pilplan Oral Contraceptive, Makerere University, May 1994

- Contraceptive Distribution Check, Research International, June 1995

* **Secondary Review**

* **Condom Tracking**

* **Tracking of Pill and Injectable**

* **Injectable Focus Groups**

SOMARC II RESEARCH STUDIES

UGANDA

A Bibliography of Completed Studies

- Secondary Review of Family Planning and Contraceptive KAP Data in Uganda, Makerere University, September 1990
- Package Design Tests for Protector Condom Designs and Secure Pill Designs, Makerere University, September 1990
- Contraceptive Awareness in Uganda: Focus Groups Among Males and Females, Makerere University, September 1990
- Uganda CSM Program Research Review, The Futures Group, October 1990
- Research on Pan-African Advertising Campaign for Protector Condoms, The Futures Group, January 1991
- Protector Pan African Package Design Test, Makerere University, May 1991
- Protector Condom Insert Test, Makerere University, July 1991
- Focus Group Exploration of Attitudes Toward Orals Advertising Materials, Probe Market Research, May 1992
- Pan African Oral Contraceptive Pack Design Test, Makerere University, August 1992.
- Protector Pan African Advertising Baseline Study, Research International, September 1991
- Pilplan Poster Pre-test, Research International, August 1993
- Pilplan TV Advertising Pre-test, Research International, August 1993
- Pilplan Instruction Leaflet Test, Research International, June 1993
- Oral Contraceptive Baseline Survey, Research International, October 1993

Section 8. Uganda Contacts

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