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SUSTAINABLE ORS USE IN WEST AFRICA THROUGH PRIVATE-PUBLIC PARTNERSHIP

August 27-September 3, 1997

Camille Saadé

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
IEC	Information, Education, and Communications
MOU	Memorandum of Understanding
ORS	Oral Rehydration Solution
PSI	Population Services International
RPR	Rhône-Poulenc-Rorer
SFPS	Santé Familiale et Prévention du Sida
REDSO/WCA	Regional Economic Development Services Office/West and Central Africa
USAID	United States Agency for International Development

SCOPE OF WORK

BASICS Private Sector Coordinator Camille Saadé's mission, from August 27-September 3, 1997, was to follow up on the oral rehydration solution (ORS) commercialization effort in the West Africa region. He was expected to discuss the possible engagement of Rhône-Poulenc- Rorer (RPR) in the sustainable production and marketing of ORS in West Africa and to coordinate a plan of collaboration and a calendar of activities with Santé Familiale et Prévention du Sida (SFPS) and Population Services International (PSI). He was also expected to develop and discuss the protocol for the price sensitivity study to be conducted in Senegal, Côte d'Ivoire and Cameroon. Mr. Saadé will update USAID/Dakar and REDSO/WCA and their counterparts in both countries on the outcome of the meeting with RPR.

BACKGROUND

BASICS and PSI have signed a subcontract to create ORS demand in Togo. They have agreed on new subcontracts for Côte d'Ivoire and Cameroon that are awaiting approval of the USAID contracts officer. As part of the agreed strategy between BASICS and PSI, the demand creation will be accompanied by a donated supply of ORS until a new, sustainable local source of supply is secured for the region. So far, negotiations with RPR have been encouraging in enticing them to produce and commercialize ORS in the West Africa region. They agreed to analyze the cost of this new project and to share their findings with BASICS. Taking advantage of their annual budget discussions when all country representatives are present, a meeting was set for August 27 at their headquarters in Paris to present the result of their cost analysis and to eventually confirm their engagement in ORS commercialization.

ACTIVITIES

Meeting with RPR, Paris, August 27

Mr. Saadé met with three key people at RPR: Mr. Yves Barou, vice-president for French Export; Mr. Dominique Maugeais, general manager of SIPOA, the production facility in Dakar; and Mr. Bernard Blum, the marketing director for West and Central Africa, based in Abidjan. Mr. Maugeais presented his cost analysis, detailing the costs of raw material, packaging material, equipment depreciation, operating costs, and operating margins before distribution and promotion. He then considered the "critical" selling price to the public of 100 FCFA per sachet and, estimating that ORS will fall in the essential drugs category which has a reduced benefit margin of only 17 percent between distributor and retailer, he concluded that a wholesale price of 83 FCFA is acceptable. Mr. Blum quickly pointed out the differences with other countries of the region, where all drugs follow a

unique price structure. On the premise of this 83 FCFA wholesale price, the public price in Côte d'Ivoire might end up at 150 FCFA, while in Cameroon it will be approximately 140 FCFA. Mr. Saadé told them about the plan to conduct price sensitivity studies in the three main markets of the region: Senegal, Côte d'Ivoire and Cameroon. The studies will indicate the price the consumer is willing to pay for an ORS sachet. The price range revealed by the study will help determine the desired public price for the sachet.

Mr. Barou insisted that the issue of price, as well as other important issues, need to be included in a memorandum of understanding (MOU) before RPR invests in any of the activities. This MOU should be signed by all involved partners, USAID, SFPS/PSI, BASICS and RPR, before the launch of the product. Besides the price, he raised the issues of trademark, distribution, promotion, and the time frame of launch activities.

- Trademark: PSI holds the trademark for Orasel. RPR is interested in entering into a licensing agreement with the holder of the Orasel trademark, with conditions of quality, volume, sole or shared use, etc. Also, they are concerned about who will be submitting the health registration dossier to the Ministry of Health, thereby becoming responsible for the product.

- Distribution: The objective of the regional strategy is to distribute ORS wherever it is needed. This includes distribution to rural areas, where the needs are more acute. RPR's exclusive distribution network includes the traditional pharmaceutical channels, which are hospitals, clinics, health centers, pharmacies and depots. Rural areas might not be served by these outlets, but are served by grocery shops. RPR was not excited about seeing its product distributed outside the traditional pharmaceutical channels, for the following reasons:

    1) They are concerned that it would be illegal to sell pharmaceutical products outside the pharmacies, according to the legislation in place in most West African countries.

    2) Even if an exemption is granted for ORS, they are concerned that the product will be mishandled by untrained personnel in terms of storage, compliance with validity date, providing correct drug information, etc.

    3) They are concerned that the image of the company and of the product might be affected if seen in non-pharmaceutical outlets.

    4) They are alienating the pharmacists who would perceive this exemption as the start of a tendency to sell more and more products outside the pharmacy monopoly. This is a critical issue to negotiate among the partners, keeping in mind the possibility of staging the distribution over the long term.

- Promotion and Launch Time Frame: RPR promotes its products through a team of detail people, the largest sales force in the pharmaceutical industry in West Africa. Their 30 strong detailing force in Côte d'Ivoire, for example, calls on doctors and pharmacists every two to three weeks. Mr. Saadé informed them of the joint PSI/BASICS planned promotion campaign targeting consumers through mass media, point-of-sale material and community based activities. RPR wants to be involved in the launch of the product and is very concerned that Orasel may be launched before they are ready to promote it to the doctors and pharmacists. They fear that a general campaign to the public before informing the doctors would backfire on the product and ruin the chances of support from the medical community. However, they agree on a slightly de-phased launch, starting with the pharmaceutical promotion, and following quickly with consumer promotion.

  In order to help RPR get ready quickly for the launch, BASICS is ready to support RPR in the development of the detailing materials, consisting of a visual aid and a leave-behind brochure.

Senegal: Development of Protocol for Price Sensitivity Study, August 28-September 1

Mr. Saadé met with Mr. El Hadj Diouf, IEC specialist, and with Mr. Mamadou Sène, BASICS country representative, to update them on the status of the regional ORS initiative. They were encouraged by RPR's response, which led to a discussion of the importance of the price sensitivity study to help determine the optimum price for ORS.

The price sensitivity study, a simple method for measuring sensitivity to price, works like this:

1) Prospective buyers are provided a description of the benefits of ORS with a mock-up advertisement or product container.

2) Using a price scale with 15 to 30 price points at evenly spaced intervals, starting at $0, prospects are asked to select four points on the scale which represent:
   - A price at which they would consider ORS "expensive;"
   - A price at which they would consider ORS "cheap;"
   - A price that is "so expensive that it is beyond considering buying," and
   - A price that is "so cheap that you would question the quality."

3) Each respondent's set of four points is plotted in a cumulative distribution for the "expensive" and "too expensive" questions, and a reverse cumulative distribution for the "cheap" and "too cheap" questions.

4) Results will show a range of acceptable prices and the optimum price point.

Mr. Diouf had already identified two market research agencies, Design and BDA, to whom he sent a proposal for the study. From their initial response, the team concluded that it was necessary to provide them with more details. The team immediately set up meetings with the two agencies, briefed them and requested a final proposal for the next day. Mr Saadé, Mr. Diouf and Mr. Sène reviewed the proposals according to a set of agreed-upon criteria and selected BDA. A further meeting with BDA allowed for the finalization of the methodology and the questionnaire. The team agreed to target a sample of three hundred mothers of medium and low socioeconomic levels, as they exit popular pharmacies. One half of this sample would be in Dakar, the capital, and the other half in Kaolack, a city of the interior, surrounded by a rural population which gets their supplies in the city (see Appendix B). Plans were set to test the questionnaire the next day. Results of the testing will be sent to Mr. Saadé, who left for Abidjan.

The BASICS team (Saadé, Diouf and Sène) debriefed Mr. Chris Barrett, Dr. Isseu Traore and Ms. Laura Kerns of USAID. They were pleased to see the progress of the initiative and the quick takeoff of the price sensitivity study in Senegal. The group discussed issues of distribution and promotion of the ORS and suggested a phased approach. This approach would start with promotion and distribution to doctors and pharmacies to gain the support of the medical community, then would expand promotion to the general public through mass media, and ultimately lead to a general distribution of ORS beyond pharmaceutical outlets. (See Figure A below.)

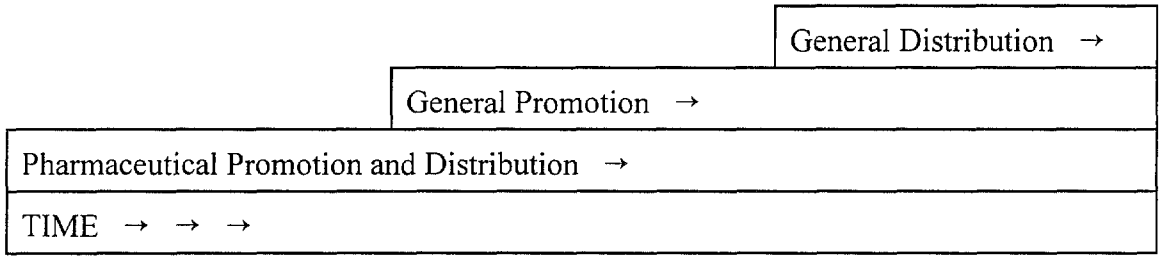

Figure A: Phased Approach to ORS Promotion and Distribution

Meetings with SFPS, PSI and USAID/REDSO in Abidjan, September 2-3

Mr. Saadé met with Mr. Auguste Kpognon and Ms. Sandra Remancus from SFPS/PSI to update them on the negotiation with RPR, to share with them the protocol of the price sensitivity study and to discuss the progress of the regional Orasel campaign.

They were pleased with the positive response of RPR and agreed that the critical points will need to be discussed in a consensus meeting. According to them, the two critical points are the price and the distribution. The group talked about addressing the pricing issue through the results of the price sensitivity study in the three major markets of the region. SFPS is even thinking of doing the same study in Burkina Faso. They reviewed the protocol of the price sensitivity study developed in Senegal. They agree in general

with the methodology except for the size of the sample, which they prefer to increase in order to include input from mothers frequenting non-pharmacy outlets in rural areas. They would share the protocol and their comments with the research expert at PSI/Washington. The issue of distribution is an important one, as PSI would like to see Orasel distributed through general stores to the population at risk, which is often in rural areas. They are concerned with a distribution limited to pharmacies and health centers, which do not serve the rural population sufficiently.

The material of the regional Orasel campaign was recently tested in Côte d'Ivoire. The results of the testing confirmed the need to keep the message very simple. Amendments to clarify the message are being incorporated in the final materials including TV spots, radio spots, and posters.

Mr. Saadé and Mr. Kpognon met with Mr. Rob Eiger, PSI country representative in Côte d'Ivoire and Ms. Ellen Tipper, PSI marketing director, and updated them on the negotiation with RPR. The same marketing issues were raised and the need for a consensus meeting with RPR was deemed essential. They agreed on conducting the price sensitivity study and will implement it as soon as they receive feedback from the research expert at PSI/Washington. The study could be conducted in four to six weeks. Saadé and Kpognon stressed the importance of expediting the study since the results are needed for the consensus meeting. The expected launch of Orasel in Côte d'Ivoire is scheduled for February 1998.

Mr. Saadé and Mr. Kpognon also met with Dr. Souleymane Barry, the REDSO/SFPS program manager to update him on the regional initiative. He was pleased with the potential of partnership with the private sector. He highlighted the need to include the public sector in the early stages of this partnership. Saadé and Kpognon agreed on the importance of involving the public sector, but that it would probably be best to start this after the initial consensus meeting which would dwell in technical marketing details, some of which are irrelevant to the public sector. The two also met with Ms. Henrietta Ilomudio, the procurement officer at REDSO, who confirmed that the first ORS shipments from Jianas should arrive in October.

Mr. Saadé and Mr. Kpognon then met with Mr. Alain Damiba, SFPS chief of party, to update him on the progress of the regional initiative. He was happy to see the collaborative efforts. Saadé and Kpognon told him that the two subcontracts for Côte d'Ivoire and Cameroon were being finalized for submission to the USAID contract officer. He noted the progress of preparations for the Orasel campaign and was enthusiastic about the price sensitivity studies in Côte d'Ivoire, Cameroon, and possibly Burkina Faso.

Mr. Saadé took advantage of this short visit to see Ms. Lorraine Lathen, the BASICS regional network coordinator. He updated her on the ORS social marketing initiative and

she was very interested to follow up on it in order to transfer the experience to other countries in the West and Central African region.

CONCLUSIONS

This ground breaking initiative involving several potential partners with different perspectives and different agendas is proceeding on a good track. Differences could be worked out with an open mind and it seems that all of the concerned parties are willing to try this innovative approach. BASICS' role as a catalyst is to facilitate the discussion of issues, keep the focus on the long term and help bring the partners to a consensus, leading to the signature of an MOU.

NEXT STEPS

- Conduct a debriefing discussion with PSI/Washington.
- Upon receipt of the draft MOU sample sent by the RPR legal department, BASICS will review and circulate it to PSI and USAID (September-October).
- Follow up on the progress of the price sensitivity study in the three countries and analyze the results (BASICS in Senegal, by the end of September; and PSI in Côte d'Ivoire and Cameroon, by the end of October).
- Once the dates of the study results are known, BASICS will set the date for the consensus meeting in Abidjan (expected in early November).
- After the signing of the MOU, BASICS in coordination with PSI, will work with RPR on the pharmaceutical marketing strategy, including the development of materials and the training of the detailing force. BASICS will coordinate the hybrid launch of pharmaceutical and consumer marketing of ORS with both RPR and PSI (November 1997 - January 1998).

APPENDIXES

APPENDIX A
Persons Contacted

PERSONS CONTACTED

RPR	
Yves Barou	Directeur Général Afrique
Bernard Blum	Directeur du Marketing pour l'Afrique Francophone
Dominique Maugeais	Directeur Général, SIPOA
SFPS/PSI	
Auguste Kpognon	Social Marketing Director
Sandra Remancus	Program Associate
SFPS	
Alain Damiba	Chief of Party
PSI/ECODEV	
Rob Eiger	Country Representative
Ellen Tipper	Program Manager
BDA	
Valéry Martin	Directeur d'Etudes
Design	
Marième Seye Diop	Directeur
BASICS	
Mamadou Sène	Senegal Country Program Advisor
El Hadj Diouf	Senegal IEC Specialist
Lorraine Lathen	Health Network Manager—REDSO/WCA, Abidjan
USAID Senegal	
Chris Barrett	
Isseu Traore	
Laura Kearns	
USAID/REDSO	
Souleymane Barry	
Henrietta Ilomudio	

APPENDIX B
Proposition d'étude préalable à la commercialisation des sachets des réhydratation orale : mesure de l'élasticité-prix

SONDAGES ET
ETUDES DE MARCHÉ

BASICS

Télécopie

Fax n° 24.24.75
A ZPH.P.D/OCT
De VTI/BDA
Date 30/8/97 Nb de Pages 7

PR 156

Proposition d' étude préalable à la commercialisation des sachets de réhydratation orale : mesure de l' élasticité-prix

29 août 1997

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I Contexte et objectifs

Le sachets de réhydratation orale sont actuellement distribués gratuitement par l' intermédiaire des projets et organismes internationaux agissant dans le domaine de la diarrhée. En collaboration avec Basics, Rhône Poulenc Rhorer envisage leur commercialisation en Afrique de l' ouest, dans le réseau des pharmacies.

La politique de prix revêt un caractère déterminant pour évaluer la faisabilité du projet Elle devra notamment tenir compte
- 1/ des coûts de production et de commercialisation
- 2/ du prix des produits concurrents distribués par les pharmacies (Ercefuryl, Intétrix, etc...)
- 3/ de la nécessité d' une harmonisation des prix au niveau régional
- 4/ de du prix acceptable pour le consommateur en fonction du bénéfice perçu

Cette étude a pour objectif de répondre au point n°4 en mesurant l' élasticité prix des sachets de réhydratation orale, auprès des consommateurs potentiels, c' est à dire auprès des mères d' enfants de moins de 5 ans, de catégorie socioprofessionnelle moyenne ou inférieure, fréquentant les pharmacies

Plus précisement l' etude devra déterminer un intervalle de prix acceptable ainsi que le prix optimum

II Méthodologie

Un échantillon de 300 femmes sera interrogé
- 150 à Dakar
- 150 à Kaolack

Les villes concentrant l' essentiel des pharmacies, il nous est apparu plus pertinent de restreindre l' enquête au milieu urbain
Le choix de Kaolack s' explique par un tissu industriel moins dense, et donc par la présence, dans la périphérie de la ville, de populations agricoles susceptibles de venir acheter des médicaments en ville

L' enquête aura lieu en face à face, à la sortie des pharmacies. Les pharmacies devront être situées dans les quartiers populaires

Dans chaque ville, 10 pharmacies seront sélectionnées, 15 interviews seront realisées à la sortie de chacune d' elles

Les critères de recrutement des interviewées seront les suivants
1/ mère d' au moins un enfant de moins de 5 ans
2/ chef de famille et interviewé n' étant pas cadre supérieur, moyen, ou assimile

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Administration des questionnaires

Les questionnaires seront administrés par 6 enquêteurs du réseau BDA, rigoureusement recrutés et briefés Le questionnaire sera traduit en wolof au cours de la séance de briefing des enquêteurs. Cette séance de briefing permet notamment de contourner les éventuelles différences de perceptionde certains termes

Les entretiens auront lieu dans la langue d' usage des personnes interrogées.

Le questionnaire sera soumis à un prétest d' une journée qui permettra de vérifier la bonne compréhension des questions par les interviewées Le client assistera au prétest

Contrôle

La phase terrain fera l'objet d'un contrôle rigoureux sélection d'un sous échantillon aléatoire puis visite des superviseurs au domicile des interviewés pour s'assurer de la véracité des interviews
La direction technique de BDA supervisera les opérations terrain au fur et a mesure de la remontée des questionnaires et au fur et à mesure de la saisie informatique

Saisie et traitement statistique

La saisie se fera sous le logiciel EOLE et le traitement statistique sous SPSS.

Rapport

Il contiendra
- les objectifs de l' enquête et la méthodologie utilisée
- l' ensemble des résultats ainsi que les resultats par ville
- les graphiques
- une analyse et des recommandations

Le rapport pourra faire l'objet d'un exposé oral avec supports visuels (transparents)

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Contenu du questionnaire :

1/ partie filtre et signalétique :

- âge
- catégorie socioprofessionnelle de l' interviewée et du chef de famille
- niveau scolaire de l' interviewée et du chef de famille
- revenu global mensuel du foyer
- depenses de santé mensuelles moyennes
- taille du foyer - nombre d' enfants de moins de 5 ans
- nom et adresse exacte de l' interviewée
- nom et adresse de la pharmacie où a eu lieu l' enquête
- date et heure de l' interview
- nom de l' enquêteur

2/ connaissance et attitudes à l' égard de la diarrhée

Q1-Dans votre foyer, qui décide de l' achat des médicaments ?

Vous même. 1 Votre mari 2 Vous décidez ensemble 3
Autre (préciser) 4

Q2-Que doit -on faire si un enfant a la diarrhée ?
(ne rien suggérer, noter toutes les réponses)

utiliser un sachet de réhydratation orale 1 aller consulter un médecin/agent de santé 2 lui donner des médicaments 3 lui donner une solution sel/sucre (SSS). 4
lui donner des medicaments traditionnels 5 aller voir un guérisseur 6
autre(preciser) 7
NSP/NR. 99

Q3-L' un de vos enfants a-t-il eu la diarrhee au cours des 15 derniers jours ?

Oui 1 Non 2 (Si non, aller à Q5)

Q4-Le traitement que vous lui avez donné était-il payant ?

Oui 1 Non 2 Si Oui

Qui vous a prescrit le traitement ? .....
Où vous l' êtes-vous procuré ? .....
Combien avez-vous payé..... F cfa

Q5-Connaissez-vous les sachets de SRO ?

Oui 1 Non 2 (Si non aller à Q8)

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Q6-Comment les avez-vous connus ?

TV...1 radio...2 affiches...3 dépliants...4 films+discussions 5 causeries 6
conférences 7 visites à domicile 8 centres d' informations 9 pharmacie 10
agent de sante 11 matériel éducatif....12
autres(préciser)..... 13
NSP/NR 14

Q7- En avez-vous déjà utilisés lorsque un de vos enfants avait la diarrhée ?

Oui 1 Non 2 Si oui Combien de sachets .....

3/ questions d' élasticité prix :

(visuel + descriptif du produit)

Q8- Au dessus de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est cher ?

Q9- En dessous de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est bon marché ?

Q10- Au dessus de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est si cher qu' il ne serait pas question pour vous d' en acheter ?

Q11- En dessous de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est si bon marché que vous pourriez douter de sa qualite ?

(Pour les questions Q8 à Q11 on utilisera une échelle allant de 25 F cfa a 400 F cfa par 25 F soit une echelle de 16 points)

Q12-Parmi les endroits suivants, quels sont ceux ou vous souhaiteriez que les sachets Orasel soient disponibles ? (citer les répones plusieurs réponses possibles)

pharmacies...1 marchés...2 Hôpitaux/centres de santé/dispensaires 3
boutiques de quartier 4 autre(préciser)..... 5
aucun...6 NSP NR ... 7

Un rapport sera fourni en deux exemplaires. Il contiendra les tableaux et graphiques de résultats, globaux, et par ville.

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III Coûts et délais

Budget : 1 358 400 F cfa HT soit 1 630 080 F cfa TTC (TVA 20%)

(50% à l' approbation du questionnaire, solde à la livraison du rapport)

Calendrier

J-2	: prétest
J-1	: modifications et duplication
J0	: briefing
J2 à J6	: terrain
J4 à J8	: codification
J5 à J9	: saisie
J10 à J12	: traitement informatique
J13 à J16	: analyse/rapport
J17	: relecture/mise en forme
J18	: remise du rapport

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Nouvelle version

(1)

Madame, Monsieur. BDA, institut de sondages et d' études de marché réalise en ce moment une enquête sur les questions de santé. Il s' agit de mieux connaitre les habitudes des sénégalais en la matière. Les informations que vous nous fournirez resteront confidentielles et ne seront exploitées qu' à des fins statistiques. Merci de bien vouloir répondre à nos questions en toute sincérité.

Signalétique

S1/ Nombre d'enfants de moins de 5 ans : .....***(Si aucun arrêter l' interview)***

S2/

Profession...	Interviewée	Chef de ménage
Agriculteur,éleveur,pêcheur	1	1
Artisan,vendeur,petit commerçant	2	2
Ouvrier,manoeuvre,gens de service	3	3
Employé	4	4
Cadre (sup ou moyen)	5	5
Inactif (étudiant,élève,retraité,chômeur)	6	6
Non réponse	7	7

S3/

Scolarité..	Interviewée	Chef de ménage
Primaire	1	1
Secondaire 1	2	2
Secondaire 2	3	3
Supérieur	4	4
Autre	5	5
Aucune	6	6
Non réponse	7	7

(Si interviewée ou chef de ménage cadre, arrêter l' interview)

S4/ Revenu mensuel moyen du foyer : moins de 100.000 FCFA .. 1 100.000-----> 150.000 FCFA ....2 150.001 ------> 200.000 F CFA .....3 200.001 -----> 250.000 .....4 250.001 ---> 300.000....5 300.001 ------> 350.000 F CFA 6
350.001 -----> 400.000 .....7 Plus de 400.000 FCFA 8
.....FCFA

S5/ Budget mensuel moyen alloué à la santé : .....F CFA / mois

- âge : .....ans
- nom et adresse exacte de l' interviewée :.....
.....
- nom et adresse de la pharmacie où a eu lieu l' enquête :.....
.....
- date et heure de l' interview :.....
- nom de l' enquêteur :.....

QUESTIONNAIRE

Q1-Dans votre foyer, qui décide de l' achat des médicaments ?

Vous même...1 Votre mari...2 Vous décidez ensemble...3
Autre (préciser) 4

Q2-Que doit -on faire si un enfant a la diarrhée ? ***(ne rien suggérer, noter toutes les réponses)***

utiliser un sachet de SRO (sels de réhydratation orale)...1 aller consulter un médecin/agent de santé...2 lui donner des médicaments...3 lui donner une solution sel/sucre (SSS)...4
lui donner des médicaments traditionnels...5 aller voir un guérisseur...6
autre(préciser).....7
NSP/NR...99

Q3-L' un de vos enfants a-t-il eu la diarrhée au cours des 15 derniers jours ?

Oui...1 Non...2 ***(Si non, aller à Q5)***

Q4-Le traitement que vous lui avez donné était-il payant ? Oui...1 Non...2 ***Si Oui :***

Quel était ce traitement ? .....
Qui vous a prescrit le traitement ? .....
Où vous l' êtes-vous procuré ?..... .....
Combien avez-vous payé.....F cfa

Q5-Connaissez-vous les sachets de SRO (Sels de Réhydratation Orale) ?
Oui...1 Non...2 ***(Si non aller à Q8)***

Q6-Comment les avez-vous connus ? ***(réponses spontanées , plusieurs réponses possibles)***

TV...1 radio...2 affiches...3 dépliants...4 films+discussions...5 causeries...6 conférences...7
visites à domicile...8 centres d' informations...9 pharmacie...10
agent de santé...11 matériel éducatif....12
autres(préciser)..... 13
NSP/NR...14

Q7- En avez-vous déjà utilisés lorsque un de vos enfants avait la diarrhée ?

Oui...1 Non...2 ***Si oui*** : Combien de sachets .....

(Montrer ici le sachet de SRO et le visuel)

Q8- Au dessus de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est cher ?
.....F cfa

Q9- En dessous de quel prix sur cette carte considérez-vous qu' un sachet Orasel est bon marché ?
.....F cfa

Q10- Au dessus de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est si cher qu' il ne serait pas question pour vous d' en acheter ?
.....F cfa

Q11- En dessous de quel prix sur cette carte considérez-vous qu' un sachet d' Orasel est si bon marché que vous pourriez douter de sa qualité ?

.....F cfa

Q12-Parmi les endroits suivants, quels sont ceux où vous souhaiteriez que les sachets Orasel soient disponibles ? ***(citer les réponses plusieurs réponses possibles)***

pharmacies...1 marchés 2 hôpitaux/centres de santé/dispensaires...3
boutiques de quartier....4 marchands ambulants...5
autre(préciser).....6 aucun...7 NSP/NR.....8