

QUARTERLY REPORT

January - March 1997

Social Marketing for Change

(SOMARC)

Prepared by:

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TO: Cecily Banura
Project Officer
USAID/Kampala

FROM: Sara Tift
SOMARC Resident Advisor/Uganda

DATE: 27 May 1997

RE: Quarterly Report for January - March 1997

1. Summary

Following were the major accomplishments of the SOMARC/Uganda project during the three-month period January - March 1997:

- Sales of the three SOMARC Uganda products, Protector® condoms, New Pilplan® oral contraceptives, and Injectaplan® 3-month injectable, and the new SOMARC-GTZ partner product, Engabu condoms, were as follows:

Product	Units sold January - March 1997	Percentage of Quarter's Target
Protector condoms	2,781,000 (single pieces)	119%
New Pilplan orals	127,080 (cycles)	151%
Injectaplan 3-Month Injectable	8,570 (vials)	439%
Engabu condoms	213,360 (single pieces)	49%

- Sales for the quarter by channel, and as a percentage of the quarter's sales for each product, were as follows:

Channel	Protector pieces (% of sales)	New Pilplan cycles (% of sales)	Injectaplan vials (% of sales)	Engabu pieces (% of sales)
Twiga Chemicals	36,120 (1.5%)	-- 0 --	N/A	N/A
Kampala Pharmaceuticals	609,900 (22%)	23,400 cycles (18%)	N/A	N/A
DISH-SOMARC Sales Force (DSSF) + CARE-ODA Mbale team ¹	2,008,380 (72%)	89,040 cycles (70%)	5,000 vials (58%)	213,360 pieces (100%)
NGOs ²	126,600 (4.5%)	14,640 cycles (12%)	3,570 vials (42%)	N/A
TOTAL SALES	2,781,000 pieces (100%)	127,080 cycles (100%)	8,570 vials	213,360 pieces (100%)

Attachment 1 shows the first quarter 1997 sales by product and channel, and also shows CY 1997 sales targets by quarter and as annual totals.

- NGOs buying SOMARC products this quarter are listed in Attachment 2. Because the DSSF now sells directly to many NGOs, some NGO sales are subsumed within DSSF totals.

¹ The CARE-ODA Mbale team began sales during this quarter. DSSF and CARE-ODA sales are shown together, as both teams are directly supervised by and dependent on The Futures Group.

² Represents walk-in office sales to NGOs. Some sales to NGOs are subsumed within the DSSF and CARE-ODA sales totals.

- As noted above, during this quarter SOMARC and GTZ officially started a partnership to sell Protector condoms and Engabu condoms side by side.
- Sales by the commercial distributors were limited during this quarter due to a transition from Twiga to Kampala Pharmaceutical Industries (KPI) as the official distributor.
- The DSSF sales teams began working on a commission-based remuneration system during this quarter. Under this system the majority of the sales representatives' income is generated through commissions rather than fixed monthly salaries.
- The Uganda Private Midwives Association (UPMA) subcontract to manage the Market Day Midwives project was granted a no-cost extension to cover project closure activities and follow-up on sustainability efforts. The last official Market Day Midwives meeting took place on 8 January 1997.
- The FY 1996 budget appropriation for SOMARC Uganda, which will be the final appropriation under SOMARC III, was determined during this quarter. A detailed plan and budget for the program through September 1998 was developed during a March TDY visit by Steve Croll, the SOMARC/ Washington budget and MIS coordinator. The plan and budget were based on the assumption that the contract extension allowing SOMARC III to operate through September 1998 would be approved and signed.³ The SOMARC Uganda Buy-In under the DISH project cannot be amended until the SOMARC III extension is signed.
- As part of the SOMARC III worldwide extension plan, the regional office in Nairobi was closed in March. The previous Regional Manager for Eastern and Southern Africa was transferred to Nepal where he will direct the Nepal country program. The SOMARC Uganda program now falls under the supervision of the Regional Manager for Africa and the Middle East, based in Rabat, Morocco.
- During March, Juan Manuel Urrutia, the SOMARC Regional Manager for Africa and the Middle East, participated in Uganda planning and budgeting for the next 18 months. Highlights of the proposed plan were presented to the USAID/Kampala Mission (HPN and Project Officers).
- With budget constraints lifted, advertising and promotion activities began again during this quarter.
- Most training activities during the quarter focused on Injectaplan. A total of 79 individuals were trained in Injectaplan and quality customer service during this quarter. New Pilplan and Protector training sessions were conducted for a total of 16 drug shops owners, clinical officers, nurses, and midwives associated with the Mbale DMO's office.
- The STD treatment social marketing pilot project made some advances during this quarter. The Overseas Development Administration (ODA) intends to implement an HIV/AIDS prevention project in Uganda, and expressed strong interest in supporting the STD treatment social marketing initiative through this project. Policy issues with the National Drug Authority must be resolved before the project can move forward.

³ The extension was actually signed during the week of May 5, 1997.

2. Sales and Distribution Activities

A summary of Protector, New Pilplan, Injectaplan and Engabu sales for the first quarter of calendar year 1997 is shown as Attachment 1. The reporting format shows the sales of each product in total number of dispenser boxes, with quarterly totals in single units and the percentage of total sales attributed to each of the four sales channels (Kampala Pharmaceuticals, FUTURES teams, and Other). The calendar year 1997 quarterly and annual targets for each product by channel are also shown in Attachment 1. The 1997 annual targets by product are:

Protector:	12,576,000 pieces
New Pilplan:	480,120 cycles
Injectaplan:	70,000 vials
Engabu:	1,998,000 pieces

Note that these targets include sales by all channels: Commercial, FUTURES teams (DSSF and CARE-ODA Mbale) and NGOs.

The FUTURES teams – DSSF and CARE-ODA – out-performed all other channels for all products during this quarter, accounting for 72% of all Protector sales, 70% of New Pilplan sales, and 58% of Injectaplan sales. KPI was responsible for 22% of Protector sales and 18% of New Pilplan sales. Twiga Chemicals had almost no sales activity during the quarter for any product. The DSSF team along with the GTZ condom promoter, working in selected districts, were together responsible for all Engabu sales during the period. During this quarter the new CARE-ODA Mbale sales team was fully constituted and began sales activities. The activities of this team complement the DSSF, as they sell the same products and follow the same procedures and systems. The first quarter report to CARE for this project is shown as Attachment 3.

Protector sales for the quarter achieved 119% of the quarter's target. Factors contributing to this achievement level were the incentives offered by the new commission-based sales system, the activity of the CARE-Mbale team, and the Rasta Rob promotion on CBS radio.

New Pilplan sales for the quarter also surpassed target, achieving 151% of the quarter's target. Similar factors contributed to this achievement, although there were no new advertising and promotion activities.

Injectaplan sales for the quarter achieved an astounding 439% of target. This achievement was due primarily to large sales to several NGOs. Also, the original first quarter target was set at a low level on the assumption that higher volumes would be sold later in the year as new clinics are enrolled and as clients return for their injections every three months. This quarter's trend should not be expected to continue throughout the year.

Engabu sales for the quarter were 49% of the target. Engabu sales fell below target primarily because the GTZ promoter was not provided with the transport assistance that he expected to have from GTZ. The GTZ promoter is also not working on a commission system and GTZ has no Engabu promotional materials.

During this quarter, plans were put in place to increase SOMARC's ability to recruit and detail clinics to sell Injectaplan. This action was taken after SOMARC evaluated the bottlenecks to increasing Injectaplan sales. The principal bottleneck is the person-power needed to recruit, detail and train eligible clinics to sell the product. One-on-one recruitment is needed to screen clinics and motivate clinic personnel to attend training. If the clinic personnel cannot attend training, they must be visited by a qualified staff person who can answer questions, a process which is, in effect, one-on-one training or "detailing". Only one SOMARC staff member has been dedicated to recruitment, leading to a slow recruitment rate.

Per the SOMARC III extension plan, up to four SOMARC staff members will devote almost 100% of their time to the combined tasks of recruiting, training, re-supplying and monitoring clinics which stock and sell Injectaplan. The other SOMARC products will also be provided at these same clinics through the same system. The staff members dedicated to this activity will be the Clinical Methods Representative, the two nurse-midwife trainers, and one female sales representative who specializes in hormonal products. They will be provided with dedicated transport to facilitate their work. They will be given a small fee for each clinic recruited to sell Injectaplan in lieu of sales commissions, as the commissions on Injectaplan alone are very limited because the volumes are low.

During this quarter SOMARC and GTZ began implementing a partnership to sell Protector and Engabu condoms side by side. The DSSF also began working on a commission-based remuneration system as of January. These new systems were introduced in early January during a 3-day workshop held at the Calendar Rest House. The Futures Group teams, along with the GTZ condom promoter and representatives of the CHREP project, participated in parts of the workshop. The workshop agenda is shown as Attachment 4. A summary of the commission system, team composition and itinerary plans are shown as Attachment 5.

The workshop also included a one-day practicum in condom sensitization conducted by consultant Edith Mukisa. The objective was to increase the skills and comfort level of all team members in conducting community promotions and informal talks about condom use. The condom sensitization module, which resulted from Ms. Mukisa's consultancy, is shown as Attachment 6. This module is used by all Futures teams as they move in the field.

SOMARC and the CARE CHREP had previously developed an agreement to strengthen social marketing in the Kabale, Rukungiri, and Kisoro districts. During this quarter SOMARC learned that the agreement cannot be implemented because of CHREP budget constraints. The DSSF Western team will continue to visit the CHREP districts to make sales calls but will not be able to provide the specialized attention to the CHREP promoters as originally envisioned.

The Uganda Private Midwives Association (UPMA) subcontract to manage the Market Day Midwives project was granted a no-cost extension to cover project closure activities and follow-up on the sustainability efforts. The last official Market Day Midwives meeting took place on 8 January 1997. At that meeting, 23 of the 25 market midwives said that they intended to continue working in their marketplaces. SOMARC and DISH are working with the UPMA to ensure continuity of market day sales by UPMA members. Staff from the DISH Project Health Financing component assisted this process by developing a simple business plan form for the midwives and training them to use it. The form's purpose is to help each midwife understand what her probable costs and revenues will be from her work in the marketplace.

3. Advertising, Promotion, and Public Relations Activities

Advertising, promotion and public relations activities were more actively pursued during this quarter as some earlier budget constraints were lifted. A subcontract to procure promotional materials (signs, stickers, provider materials, tee shirts, caps) was placed with Barker McCormac of Harare, Zimbabwe. Barker McCormac developed creative materials for new Protector radio advertisements. Return to Project Funds (RPF) were used to pay for production of the spots. Four weeks of special Protector radio promotions were carried out at Kampala-area clubs and bars using the "Capital Thunder" vehicle and Capital Radio personalities. RPF funds were also used to pay for the first six months of a Protector endorsement program by the popular Central Broadcasting Station (CBS) DJ "Rasta Rob."

Several advertising and educational items were developed jointly by SOMARC and the CARE-ODA project. The costs of developing, producing, distributing and broadcasting these materials will be shared by the two project, achieving cost-effective and wide coverage. The first item will be three 30-second radio public service announcements (PSAs) concerning the benefits of family planning, sponsored by New Pilplan and Injectaplan. The second item will be six 30-second PSAs called "Facts about Condoms" and "Advice about Condoms", sponsored by Protector. The last item will be audio cassettes of popular music and Protector advertisements, plus the family planning and condom use

PSAs. These will be distributed to long-distance taxi drivers through the Uganda Taxi Operators and Drivers Association (UTODA).

SOMARC also pursued press coverage to publicize the program's 1996 achievements. Attachment 7 shows newspaper articles that were generated in January and February through a concerted effort to draw attention to Protector's success in the market in 1996. These articles were developed and placed by SOMARC consultant Catharine Watson.

New Protector radio spots were drafted and tested during this quarter. The spots were revised based on the pre-test results and were reviewed by representatives of USAID and CARE. Three of the original five scripts were produced by a local recording studio. The original scripts, with the pre-test results, are shown as Attachment 8. The new spots will begin broadcast in English and Luganda on Capital Radio and CBS, and in Runyankole and English on Voice of Tooro, in April 1997.

Opportunities for wider audience reach via private FM radio expanded during this quarter. Capital Radio began operating repeater stations out of Kumi (reaching eastern Uganda as far as Soroti and Moroto) and Mbarara (reaching western Uganda as far as Kabale). SOMARC and Capital Radio have direct evidence that listenership has increased, as the "Capital Doctor" program now regularly receives letters and calls from locations such as Mbale, Moroto, Pallisa, Bushenyi, and Kabale. A new private FM station, Voice of Tooro, began operating out of Fort Portal, reaching much of western Uganda in English and western vernacular languages.

As noted in the last quarter's report, Media Consultants, Ltd. (MCL) presented an ideal opportunity for Protector to be endorsed by the popular disc jockey Rasta Rob, who appears on the CBS "Super Show" Monday-Friday from 7 - 10 PM. Starting January 1997, Rasta Rob mentions Protector condoms and their use twice during each hour of the show and includes his personal product endorsement. He also distributes Protector condom samples and tee-shirts when he moves through Kampala neighborhoods recording radio greetings every Friday afternoon. He endorses Protector when he appears as a DJ at nightclubs, discos and concerts. DSSF representatives held a half-day orientation meeting with Rasta Rob to discuss the social marketing project and various aspects of Protector condoms and condom use in general.

4. Training Activities

The majority of training activities for the quarter focused on Injectaplan. A total of 79 clinical officers, nurses and midwives were trained concerning Injectaplan/DMPA and Quality Customer Service. Local training concerning New Pilplan and Protector was also conducted for a total of 16 drug shop owners/attendants, clinical officers, nurses and midwives.

Training results for the quarter are summarized below:

Organization/ Location	Topic(s)	Participants Number/Type	Dates
Private midwives and support staff Luwero	Injectaplan and quality customer service.	14 - Midwives and nurses	21-22 January
Private clinical officers, midwives and support staff - Mbale	Injectaplan (DMPA) and Quality Customer Service	18 - Clinical officers, midwives and nurses	4-5 February
DMO Mbale	New Pilplan and Protector	16 - Drug shop owners, clinical officers, midwives and nurses (also members of CARE-ODA Mbale team)	6-7 February
Private clinical officers, midwives and nurses - Jinja	Injectaplan (DMPA) and Quality Customer Service	16 - Midwives, nurses, clinical officers	4-5 March
Private clinical officers, midwives and nurses - Kamuli	Injectaplan and Quality Customer Service	16 - Clinical officers, nurses, midwives	6-7 March
Private midwives and nurses - Iganga	Injectaplan and Quality Customer Service	15 - Nurses, midwives	25-26 March
TOTAL TRAINEES		95	

As noted, much of the SOMARC project's current training activities focus on Injectaplan. Also, a lot of one-to-one training is taking place in clinics that sell Injectaplan through the detailing system described earlier in this report.

5. New Products/Product Sourcing

Final STI Project condom procurement documents were generated by the National Medical Stores (NMS) for SOMARC's review. The Protector specifications were reviewed and revised by SOMARC and returned to NMS. The NMS is supposed to issue the documents to a large number of potential suppliers worldwide. If the procurement process is followed as planned, condoms for social marketing will be available through the STI project in mid-1998.

FUTURES continued its efforts to obtain formal permission from the Ministry of Health MCH/FP Division to use a portion of the ODA-donated Depo Provera supplies for Injectaplan. The ODA granted its permission and forwarded a note to this effect to the Assistant Commissioner, Prof. Emmanuel Kaijukka. SOMARC was unable to reach Prof. Kaijukka to finalize arrangements to obtain the Depo Provera supplies due to his travel schedule. The Depo Provera that is on order from USAID for SOMARC will, therefore, still be shipped until the alternative arrangement can be finalized with the Ministry of Health.

As noted earlier, SOMARC's initiative to introduce a social marketing antibiotic treatment kit for male urethral discharge was put on hold during the previous quarter due to funding shortages. In January 1997 a team of consultants from the ODA visited Uganda to design an HIV/AIDS intervention. The consultants recommended that the program include funding of the STD treatment social marketing initiative. However, the ODA has decided to wait on further action until the Drug Authority's position on distribution through drug shops can be clarified. SOMARC will continue working with members of the original STD treatment social marketing advisory group, including the ODA, to present a strong technical proposal to the NDA that will lead to approval of a pilot project that includes distribution of pre-packaged STD treatment through drug shops.

6. Donor Coordination

During this quarter the World Bank-funded STI Project finalized a Memorandum of Understanding (MOU) with The Futures Group International in Uganda to provide the Uganda shilling equivalent of US \$400,000 for Protector condom promotion and advertising over a 12-month period. As of the date of this report, the MOU was awaiting final signature by the Permanent Secretary for Health.

During this quarter The Futures Group International continued its project to implement the social marketing component of the ODA-funded CARE Eastern Uganda Family Health Project (UFHP). The four-person FUTURES Mbale team was fully constituted and trained. Sales activities were underway following receipt of two project vehicles through CARE and the British High Commission. The Mbale team participated in the national Futures Group/SOMARC team meeting in early January. The FUTURES Resident Advisor conducted a supervisory visit to Mbale in March.

As noted earlier, SOMARC and GTZ began implementing a plan to co-market Engabu and Protector condoms. The plan provides for the GTZ Fort Portal-based condom promoter to join a DSSF sales representative for two weeks each month so that they can work together in selected districts that are contiguous to the Kabarole district. During the alternate two weeks, the GTZ promoter is to make sales of both Engabu and Protector throughout Kabarole and Bundibugyo, using a GTZ vehicle. The GTZ condom promoter had difficulties gaining regular access to a GTZ vehicle. This appears to be the primary cause of Engabu sales being below target. Also, the GTZ promoter was not placed on the commission-based system because that system had not been approved by GTZ. This reduced his motivation to push sales. These issues will be studied and hopefully resolved in the next quarter.

7. Administration and Management

A revised project plan was developed in anticipation of the SOMARC III extension and an accompanying increase in the SOMARC Uganda Core and Buy-In budgets. The management plan under the SOMARC III extension will provide increased technical skill to the project. David Kanyoro, who has been a Lead Area Representative for the DSSF since March 1995, was promoted to the position of Sales Supervisor. He will formally take on this position in May 1997, after his position as the leader of the Western sales team is filled. A new MIS Assistant, Rachel Apio, was hired. New procedures were put in place to assure that the sales reports and accompanying MIS data are timely and accurate. Two local-hire expatriate positions will be created to provide greater support in the areas of MIS, and inventory management and control; and in promotion/advertising and hormonal products marketing. As noted earlier, additional effort will go into marketing Injectaplan at least through the end of 1997 to assure that all eligible clinics are recruited to sell the product.

This plan was presented to USAID/Kampala in March 1997 in a debriefing by Regional Manager Juan Manuel Urrutia and Budget/MIS Coordinator Steve Croll. The final 18 months of the project will also include activities to establish a local social marketing institution in Uganda, with the objective of creating a basis for long-term institutional and financial self-sufficiency. Activities through September 1998 also include completion of the final plan for and initial implementation of the pilot STD treatment social marketing initiative. This plan will be fully implemented when the SOMARC III extension is signed and the SOMARC Uganda Buy-In is amended to increase the budget and Buy-In completion date.

As noted, the sales staff began working on a commission-based system in January. This system reduces salary and administrative burdens, while increasing incentives to achieve or exceed sales targets. The CARE-ODA Mbale team is not working on the commission system yet, due to low sales volumes and a need to coordinate with CARE prior to implementing this plan. The GTZ promoter, based in Fort Portal, will begin working on commissions during the second quarter.

Attachment 9 shows a summary of the MIS report for the project for the quarter. The first page shows sales results by district for all sales channels. *Kampala accounted for over 45% of all Protector sales, 22% of New Pilplan sales, and 43% of Injectaplan sales.* No other single district accounted for more than 10% of sales of Protector. Jinja, Mpigi and Kabale respectively accounted for 12.7% , 11.7% and 16.8% of New Pilplan sales. The Kabale sales were primarily one large sale to CHREP which was replacement of expired stocks. Mbale accounted for 22.1% of Injectaplan sales, primarily because of a large NGO sale. Engabu sales were greatest on a percentage basis in Kampala, Kabarole, and Kibale districts. As noted in previous reports, the DSSF sales team is still concentrating on the ten DISH districts and the three CARE/CHREP districts. DSSF activity in other districts is increasing at the same time, in response to the saturation of the DISH districts, the competitive environment, and the need to provide larger territories in order to motivate the sales teams.

The DISH Project spending and accrual report for the Buy In and Field Support funding for the second quarter of FY 1997 (first quarter of the 1997 calendar year), 1 January - 31 March, 1997, is shown as Attachment 10. Spending and accruals for the quarter under the SOMARC Buy-In totals \$150,529. Spending and accruals for the quarter under the SOMARC Uganda Core budget totals \$162,875. Total spending and accrual for the quarter is \$313,403. Total FY 1997 spending and accrued expenses to date for the SOMARC Uganda Buy-In and Core budgets is \$999,623. This total represents six months of spending and accruals for the period October 1, 1996 - March 31, 1997.

Attachment 1

First Quarter Sales Summary Report and CY 1997 Sales Targets

**The Futures Group International/Uganda
Calendar Year 1997
Sales Targets and Actual Sales**

Targets/Sales in dispensers

Period covered by this report: 1 Jan - 31 Mar 1997
Date of this report: 19-May-97

1 disp Protector = 60 condoms
1 disp New Pilplan = 60 cycles
1 disp Injectaplan = 10 vials
1 disp Engabu = 120 condoms

ACTUAL FOR FIRST QUARTER SHOWN BELOW

	January	February	March	Target 1st Quarter	Actual First Quarter	Actual in Units	% of Target Achieved	April	May	June	Target 2nd Quarter	Actual 2nd Quarter	Actual in Units
Protector													
TOTAL	15860	17886	12604	39,000	46,350	2,781,000	119%				53,800		
KPI	6138	2377	1650	14,400	10,165	609,900	71%	8000	8400	8600	25000		
FUTURES	7510	15509	10454	21,600	33,473	2,008,380	155%	7800	7900	8000	23700		
Other (*Other: Twiga, NGOs)	2212	0	500	3,000	2,712	162,720	90%	1700	1700	1700	5100		
New Pilplan													
TOTAL	559	714	845	1,407	2,118	127,080	151%				1,960		
KPI	0	170	220	414	390	23,400	94%	275	285	300	860		
FUTURES	365	544	575	903	1,484	89,040	164%	300	320	330	950		
Other (*Other: Twiga, NGOs)	194	0	50	90	244	14,640	271%	50	50	50	150		
Injectaplan													
TOTAL				195	857	8,570	439%				1,000		
KPI				0	-	-		0	100	150	250		
FUTURES	264	129	464	195	857	8,570	439%	150	250	350	750		
Other (NGOs covered under FUTURES)				-	-	-							
Engabu													
TOTAL				3,600	1,778	213,360	49%				3,950		
KPI				0	-	-					0		
FUTURES	521	840	417	3600	1,778	213,360	49%	1300	1300	1350	3950		
Other				0	-	-							

Prepared 19 May 1997

**The Futures group International/Uganda
Calendar Year 1997
Sales Targets and Actual Sales**

Targets/Sales in dispensers

Period covered by this report:

Date of this report:

% of Target Achieved	July	August	September	Target 3rd Qtr.		October	November	December	Target 4th Qtr.	CY Target Dispensers	CY Target Units
					<i>Protector</i>						
					TOTAL					209,600	12,576,000
	8900	9100	9300	27300	KPI	9500	9700	10000	29200	95,900	5,754,000
	8100	8200	8300	24600	FUTURES	8400	8500	8600	25500	95,400	5,724,000
	1700	1700	1700	5100	Other	1700	1700	1700	5100	18,300	1,098,000
					<i>New Plipian</i>						
				2,205	TOTAL				2,430	8,002	480,120
	320	335	350	1005	KPI	365	375	400	1140	3,419	205,140
	340	350	360	1050	FUTURES	370	380	390	1140	4,043	242,580
	50	50	50	150	Other	50	50	50	150	540	32,400
					<i>Injectaplan</i>						
				2,475	TOTAL				3,370	7,040	70,400
	250	275	300	825	KPI	350	400	450	1200	2,275	22,750
	450	550	650	1650	FUTURES	700	720	750	2170	4,765	47,650
					Other					-	-
					<i>Engabu</i>						
				4,300	TOTAL				4,800	16,650	1,998,000
				0	KPI				0	-	0
	1400	1400	1500	4300	FUTURES	1600	1600	1600	4800	16,650	1,998,000
				0	Other				0	-	0

Attachment 2

Summary of First Quarter NGO Sales

NGOsCY97

NGO Sales - Note: Totals do not correspond to quarterly summary because NGO sales listed below are combined FUTURES teams and walk-in sales					
Period:	1 January - 31 March 1997				
Products:	Protector, New Pilplan, Injectaplan and Engabu				
Sales shown in single units: Pieces condoms, cycles pills, vials DMPA					
Name of NGO	Protector	New Pilplan	Injectaplan	Engabu	
AIC	15,840				
Buhugu Child Clinic			20		
Bubulo Walonga Disp (COU)			1,000		
Buyaga Family Helper Disp.			10		
Busoga Diocese FLEP	6,000	10,800			
CARE CHREP	84,000	20,040			11,520
DMO Jinja			240		
East Ankole Diocese	30,000		500		
IMAU	16,500		10		
Jinja Hawkers	7,920				
Jinja Rotaract	23,760				
Medecins du Monde	12,000				
MRC	54,000				
Rakai Project	7,920				
Salem Brotherhood	3,960		20		
TASO	27,720	840	70		
Together we Fight AIDS	3,960				
UPDF/STI Project	15,840				
UPMA	10,500	3,000	3,000		
Youth Dev. Africa	11,880				
TOTALS	331,800	34,680	4,870		11,520

May 20, 1997

Attachment 3

First Quarter 1997 Report to CARE Uganda Family Health Project

QUARTERLY REPORT

January - March 1997

The Futures Group International UK

(FUTURES UK)

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**Submitted to CARE Uganda
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1. Introduction

The ODA funded and CARE-Uganda managed Uganda Family Health Project (UFHP) is a five (5) year, £ 9.2 million UK comprehensive reproductive health project covering the three eastern Uganda districts of Kapchorwa, Mbale and Pallisa. The project's goal is to improve reproductive health status by : (1) increasing community demand for and ownership of rural-based health services; (2) increasing the effectiveness and efficiency of government, NGO and private sector health services; and (3) improving district management capabilities and capacity to effectively administer health services. The project was initiated in May of 1995.

CARE Uganda designed the UFHP to include contraceptive social marketing as one aspect of implementing objective (2) above. As a subcontractor to CARE Uganda, The Futures Group International UK (FUTURES UK) is responsible for implementing the social marketing component of the UFHP. Per the terms of its contract with CARE, FUTURES UK will distribute, sell and promote Protector ® condoms, New Pilplan ® oral contraceptives, and Injctaplan ® three-month injectables (Depo Provera) in the three UFHP districts. The total amount of the contract is £ 618,509. The project extends from 09 September 1996 - 08 September 1999.

The contract with CARE Uganda has an effective date of 09 September 1996. The contract was formally signed on 25 October 1996 and project activities were initiated after that date. The contents of this report cover the activities for the months of January, February and March 1997.

2. Inputs: January - March 1997

The period covered is the ODA fiscal year 4th quarter. The quarter covered is the second quarter of FUTURES UK's reporting to CARE Uganda under the contract.

Project inputs by FUTURES UK during this three-month period January - March 1997 were as follows.

2.1 Project Personnel

The two remaining FUTURES Mbale project positions were filled during this quarter. *Mr. James Mbogo* was hired as the *Junior Sales Representative* and *Mr. Amos Kasingabalya* was hired as the *Driver/Clerk*. Both were hired effective 3 February 1997.

2.2 Financial

Invoices # 2 and 3 were submitted to CARE Uganda during this period for a total of £ 7,838.86.

Two project vehicles were procured through Crown Agents during this quarter. The two vehicles are Toyota Hi-Lux double cabin pickup trucks with fiberglass canopies on the back to hold product stocks. Each canopy is painted with the Protector brand slogan and logo. The doors are painted with the words "British Aid to Uganda, Eastern Uganda Family Health Project Social Marketing" and CARE stickers. The vehicles were on the road in the CARE districts in early March.

CARE/Uganda *modified the FUTURES subcontract budget* to show CARE as the purchaser of the vehicles rather than FUTURES UK. CARE/Uganda further clarified that FUTURES is responsible for all insurance on these vehicles.

2.3 Consultancies

As noted in the previous report, Kampala-based communications specialist *Catharine Watson* is providing consulting services to FUTURES for the CARE UFHP, as well as to the SOMARC Project and the Delivery of Improved Services for Health (DISH) project. During this period her consulting agreements with FUTURES UK (for the CARE UFHP work) and with The Futures Group International U.S. (for the SOMARC work) were revised to better integrate her work on the two projects. Ms.

Watson also finalized a consulting agreement directly with CARE for the UFHP. Her combined work on these related projects is expected to efficiency and optimal utilization of UFHP project materials and messages.

3. Outputs

3.1 Sales and Distribution

The FUTURES UK-UFHP team in Mbale *officially launched Protector®, New Pilplan ® and Injctaplan® sales* during this period. Sales results for the first quarter of CY 1997 are shown in Attachment 1. Sales highlights for the quarter include:

- Protector sales of *129,180 condoms* (135% of first quarter target and 13% of annual target to date)
- New Pilplan sales of *3,720 cycles* (155% of first quarter target and 13% of annual target to date)
- Injctaplan sales of *1,880 vials* (376% of first quarter target and 16% of annual target to date)

The quarter's sales achievements as a percentage of targets are outstanding for each product: 135% for Protector, 155% for New Pilplan, and 376% for Injctaplan (Attachment 1, page 1, "% of Quarter Target Achieved"). It is important to note that the first quarter targets were set at modest levels, as FUTURES was assuming limited access to sales vehicles and an incomplete and/or untrained sales team. The high sales levels relative to targets may be accounted for by a high degree of pent up demand for the products in the UFHP districts, making initial sell-in levels especially high. There was also a large Injctaplan sale to one NGO in the Mbale district (Salem Brotherhood) which accounted for a large share of the first quarter sales. These percentages would be unlikely to be achieved in subsequent quarters.

A more useful indicator of progress is the first quarter sales as a percentage of the annual target to date compared with expected achievement (Attachment 1, page 1, "% of Annual Target Expected vs. Achieved"). The percentage achieved toward annual targets -- 13% for Protector, 13% for New Pilplan, and 16% for Injctaplan -- are ahead of the expected levels for Protector and New Pilplan, and significantly ahead for Injctaplan. Per the targets, Protector was expected to achieve 10% of annual sales in the first quarter; New Pilplan 9%; and Injctaplan 4%.

The distribution of sales by district for the first quarter is shown below. Figures are shown in total dispenser boxes by district and the percent of total sales accounted for by each district.

	<i>Protector</i>	<i>New Pilplan</i>	<i>Injctaplan</i>
Mbale	1,538 (71%)	42 (68%)	149 (80%)
Pallisa	341 (16%)	8 (13%)	15 (8%)
Kapchorwa	274 (13%)	12 (19%)	22 (12%)
TOTAL	2,153 (100%)	62 (100%)	186 (100%)

Mbale district accounts for the largest percentage of sales of all products, which is expected given that the district is the most populated and commercial district in the UFHP area. Pallisa and Kapchorwa each accounted for less than 20% of the sales of any product.

The 1997 sales targets for each product were adapted from the targets presented in FUTURES' original proposal to CARE. The proposal anticipated project startup during October 1996. The targets shown in Attachment 1 are based on a calendar year January - December 1997 and are presented by month and quarter.

During the months of January and February the FUTURES Mbale team worked with one vehicle which was made available by the British High Commission. This limited sales coverage. In addition, *CARE and FUTURES emphasized introductions to the District Medical Officers and District Advisory Committees* during the initial sales period. The FUTURES team made initial sales calls on key points of sale (POS) in the three district with the objective of determining the potential universe of outlets. Finally, as noted above the full team was not recruited until early February. Much of *the*

team's activity in February focused on orienting the staff and familiarizing themselves with the districts. During February the Clinical Methods Representative/Trainer participated in a number of clinic recruitment and training activities. The other team members systematically visited all of the major towns, trading centres and villages in Mbale, Pallisa and Kapchorwa according to a fixed itinerary plan.

The Area Coordinator and Clinical Methods Representative/Trainer participated in CARE Advisory Committee meetings in Mbale (29 January), Pallisa (5 February) and Kapchorwa (14 February). The purpose was to introduce the social marketing component of the UFHP in those districts.

Other outputs in the area of Sales and Distribution during this period were:

- *A depot site was established* on the premises of the CARE Mbale offices
- *The Junlor Sales Representative and Driver/Clerk were recruited* (noted above)
- *Project vehicles* to facilitate sales, distribution and promotion were procured and put on the road (noted above)
- *The Mbale team compiled a list of market days/dates, and registered pharmacies, drug shops and clinics* in each district as part of the inventory of potential points of sale (POS) (Attachment 2).

In early January the FUTURES Mbale Area Coordinator and Clinical Methods Representative/Trainer participated in a 3-day workshop in Kampala. All FUTURES Uganda social marketing personnel participated in this workshop. The purposes of the workshop were:

- to conduct integrated planning involving both the SOMARC and Mbale teams, and to introduce the Engabu brand condom in SOMARC's western Uganda districts
- organize 1997 sales teams, territories, and itineraries
- introduce a commission-based remuneration system for the SOMARC teams
- review Standard Operating Procedures for sales, documentation, and reconciliations
- update all staff on technical aspects of conducting community-based condom promotion and sensitization in the field.

A survey of all POS in the UFHP districts was initiated during this period. The survey instrument, which was pre-tested in December 1996, is shown as Attachment 3. The FUTURES UFHP team found it difficult to conduct the survey as planned, however. A number of the shop proprietors refused to participate in the survey because they believed that the FUTURES representatives were tax authorities. Some of the drug shops also refused to participate, presumably because they may not be officially licensed by the District Drug Inspector. As a result, the number of surveys collected was limited. FUTURES will use information collected from customer sales to create a profile of the POS in the districts. A sample of the customer receipt, through which customer information is collected, is shown as Attachment 4.

During this quarter FUTURES *issued a purchase order with a packaging supplier in Nairobi* for New Pilplan packaging materials. The materials are to arrive in Kampala by early April.

Issues:

As noted in the previous report, *coordination of sales territory with commercial distributors* of social marketing products must be addressed. At this time the commercial distributors that work with FUTURES in Uganda -- Twiga Chemical Industries and Kampala Pharmaceutical Industries (KPI) -- are not very active in eastern Uganda. KPI is expected to establish an agency in Mbale during the next quarter. Demarcation of sales territory by type of POS will be addressed with KPI during the next quarter.

The FUTURES Mbale team noted that Sky Pharmacy, which is *the principal commercial source of Protector condoms in Mbale, was selling each dispenser box at a price of Ush. 1600* (= the recommended price at the wholesaler to retailer level is Ush. 1000 - 1200 = per dispenser box). This high price is primarily due to the agency's "semi monopoly" in the Mbale market. The team further

noted that the price at Sky Pharmacy was reduced to Ush. 1300 = after the FUTURES team started distribution and sales in February.

The current *storage area at the FUTURES Mbale office has a limited capacity* to hold stocks. Initial sales were higher than expected. Because of these two factors extra trips between Mbale and Kampala were required in order to maintain stock levels in Mbale. This constraint will be addressed in part when FUTURES moves to larger premises in May. Also, when sales become more predictable it will be easier for the Mbale team to plan when additional stocks will be needed and request them accordingly.

Per guidelines developed jointly by FUTURES and AVSC, *the FUTURES-UFHP Clinical Methods Representative has been screening clinics in the UFHP districts* prior to allowing them to sell Injectaplan. The guidelines are intended to assure that the clinics providing the method can offer it with a minimal level of quality, especially with regard to safe injection and needle disposal practices. The guidelines currently in use are shown Attachment 5. The FUTURES-UFHP Clinical Method Representative has recommended that these guidelines may be too rigid and some aspects irrelevant to the conditions in the UFHP districts. *She suggested that the guidelines be reviewed and adapted to the UFHP districts, so that a larger number of clinics may sell the product* while not sacrificing quality of service. These guidelines and the conditions of the clinics in the UFHP districts will be evaluated by FUTURES Kampala clinical methods staff in April in order to respond to this recommendation.

The FUTURES team reported that *a number of shops in the district are selling government condoms and pills commercially*. They also reported that some of the government clinics and health units ran short of Depo Provera stocks, thus increasing the need to assure Injectaplan supplies through the private clinics.

3.2 Training

In January the *CARE and FUTURES training teams made final revisions to the curricula* that both teams will use. The objective is to incorporate social marketing training and product information into the basic family planning curriculum used by CARE.

Other training activities conducted during this period included:

TOPIC	DATES/LOCATION	PARTICIPANTS
Injectaplan and Quality Customer Service	3-5 February Mbale Health Manpower Development Centre	20 private midwives FUTURES Mbale team
New Pilplan/Protector	6-7 February Mbale HMCD	25 Drug Shop owners FUTURES Mbale team

The FUTURES Mbale team participated in the training workshops to familiarize themselves with the products.

The Clinical Methods Representative/Trainer used her field time in February to *recruit clinics for future Injectaplan training, and drug shops and clinics for New Pilplan training*. To maximize the use of the participants' and trainer's time, the first 1-2 days will cover Injectaplan and will be targeted only to clinics. For the last half of the second day, and through the third day, the drug shops will join the clinics and the New Pilplan training will then be conducted. The current plan for the month of April is as follows:

APRIL 1997 FUTURES Training Schedule	# Drug Shops for New Pilplan	# Clinics for Injectaplan and New Pilplan
Mbale	25	14
Pallisa	24	19
Kapchorwa	11	31

The FUTURES Trainer *participated in the Basic Family Planning Training for clinical providers*, held by CARE, in late February. She presented the sections on social marketing and the social marketing methods and products.

3.3 Advertising, Promotion, and Public Relations

Advertising, promotion and public relations activities were initiated during the first quarter of 1997. *Wall calendars for Protector and New Pilplan were distributed* to shops as a part of the project introduction. Providers purchasing Injectaplan received *laminated provider counselling cards*. Following training these providers will receive large Injectaplan metal signs with the clinic name painted on the sign.

During this quarter FUTURES executed a subcontract with Barker-McCormac Ogilvy and Mather of Harare, Zimbabwe, *for purchase of point of purchase materials*, specifically Protector, New Pilplan and Injectaplan metal shop and clinic signs; and Protector and New Pilplan stickers. These and other subcontracts were slightly delayed pending a decision from the ODA and Crown Agents regarding the requirement to procure through Crown Agents. The ODA and Crown Agents issued a letter formally allowed FUTURES to procure these materials directly.

New radio spots for Protector condoms were developed, tested, and put into final production during this quarter. These advertisements were reviewed by the UFHP Project Director. They will be aired in the second quarter.

A creative brief for a Protector slot in the May-June Group Africa Roadshows was drafted and forwarded to Group Africa during this quarter. The Group Africa script will be reviewed with UFHP prior to being finalized.

The FUTURES Mbale Area Coordinator *met with officials of the Uganda National Travel and Taxi Organization (UNATTO) in Mbale* during this period. The objective was to determine interest in using educational music cassettes and traveling with social marketing product stickers. As reported in a later section of this report, the UNATTO officials expressed strong interest in collaborating with FUTURES and the UFHP, and invited the FUTURES team to present the products to over 100 driver-members at two of Mbale's taxi parks.

FUTURES' communications consultant drafted *radio scripts for a series of family planning public service announcements (PSAs)*. She also drafted a series of *educational radio messages that provide facts and advice about condoms*. The family planning PSAs will direct consumers to locations where they see the yellow flower (national family planning logo) and/or New Pilplan and Injectaplan signs. The condom messages will be sponsored by Protector.

These scripts were reviewed and modified by FUTURES's Country Director and the UFHP Project Director in mid-March. *FUTURES and CARE made agreements regarding translations, production, and airtime*. The same items will be inserted into the music cassettes that FUTURES will produce for the UNATTO drivers.

The FUTURES and CARE team also decided to share costs of *producing family planning method leaflets originally developed under the DISH project*. The Protector, New Pilplan and Injectaplan logos will be included in the leaflets. The communications consultant completed the layouts and obtained quotations from printers for the production of these leaflets.

Issues:

A central issue regarding procurement of advertising and promotion materials was resolved during this quarter with Crown Agent's permission to allow FUTURES to carry out direct procurement (Attachment 6).

3.4 NGOs/Community Promotion

The FUTURES-UFHP team made significant inroads in the areas of *sales and distribution to NGOs* and *community promotion* during this period.

As noted above, the Area Coordinator and Clinical Methods Representative participated in a workshop in early January where *condom community sensitization was practiced and improved*. A field sensitization module for condoms was developed and is being used by the Mbale team.

The Area Coordinator *met with representatives of TASO, Islamic Medical Association of Uganda (IMAU) and the Salem Brothers* during this period. All of these organizations expressed strong interest in distributing Protector condoms through their networks and collaborating on community promotion activities. Salem Brothers purchased the social marketing products for use in its programmes.

During March, the Mbale team *conducted sensitization sessions for members of the Uganda National Travel and Taxi Organization (UNATTO) in two of Mbale's taxi parks* (17 March for 78 members in the Kumi Road taxi park; and 19 March for 80 members in the Main taxi park). The Mbale team's presentation covered Protector condoms and family planning. UNATTO expressed strong interest in collaborating with the FUTURES team in a number of ways, including Protector taxi stickers and music cassettes.

The North Mbale Diocese of the Church of Uganda also requested introduction to the social marketing programme during March. The FUTURES team held *Protector sensitization sessions for three youth groups associated with the Diocese* on 13-14 March and 26-27 March. The Diocese expects some of these youth members to become community based distributors of Protector.

3.5 Administration and Management

The FUTURES office on the CARE premises in Mbale was fully established during this period. An agreement was reached with CARE for FUTURES to *sublease half of a new office building* that will be shared with CARE. This office will also provide *product storage space for the FUTURES commodities*. The transfer of phone lines to that office is on hold pending the completion of the new office in April.

FUTURES UK Country Director Sara Tiff conducted a supervisory visit to Mbale on 6-7 March. The visit included detailed meetings with the FUTURES Area Coordinator and Clinical Methods Representative to review all aspects of the programme. The entire team also conducted a field trip to the Pallisa district to visit new points of sale.

During this visit Ms. Tiff also met with UFHP Director Barbara Jackson. Together with consultant Catharine Watson they reviewed the information, education, and communications plans. Ms. Tiff and Ms. Jackson also discussed Management Information Systems (MIS) and computer needs for the social marketing component of the project. Ms. Jackson recommended that CARE's MIS consultant suggest a possible approach to integrating the systems. Ms. Tiff provided Ms. Jackson with examples of the standard sales reports that are generated under the current FUTURES (SOMARC) MIS. A final decision concerning whether a computer is placed in Mbale for FUTURES is on hold pending the CARE consultant's recommendations.

Issues:

Now that social marketing sales are taking off in the UFHP districts, *CARE and FUTURES should decide together how to manage the use of sales revenue.* FUTURES recommends that the sales team be partially remunerated based on sales commissions. This would reduce the long term salary burden on the budget, build in greater incentives to achieve sales targets, and reward the team for its hard work. It will also reduce the paper work associated with inventory management and sales reconciliation.

4. Actions to be taken in the Second Quarter

- Participate in FUTURES national staff workshop in April; review first quarter results and plan for next quarter (FUTURES Mbale team)
- Meet with CARE to discuss use of sales revenue, specifically conversion of the Mbale team to a partial commission system
- Continue sales and distribution per targets
- Conduct training as outlined
- Plan further training, especially for Injectaplan
- Evaluate Injectaplan clinic assessment guidelines and adapt them to the UFHP districts
- Coordinate with commercial distributor to demarcate territories/POS
- Conduct at least one supervisory visit (Country Director)
- Complete subcontract with advertising agency for media time
- Carry out Mbale Group Africa roadshow
- Complete production of method leaflets
- Complete production of family planning PSAs and condom messages
- Produce and distribute cassette tapes for taxi drivers and distribute
- Receive point of purchase materials (signs, stickers) and distribute

Attachment 1

FUTURES-UFHP Mbale CY 1997 Target and Actual Sales

NOTE: Monthly Target/Actual Shown in # Dispenser boxes
Quarterly Figures shown in Units

Period covered by this report: Jan - Mar 1997
Date of report: 9-Apr-97

Dispensers: Protector: 1 dispenser = 60 condoms
New Pliplan: 1 dispenser = 60 cycles
Injectaplan: 1 dispenser = 10 vials

	January	February	March	Total 1st Quarter	Total In Units	% of Quarter Target Achieved	% of Annual Target Expected vs. Achieved	April	May	June	2nd Qtr.
Protector											
Target	300	500	800	1,600	96,000		10%	1200	1400	1500	4100
Actual	144	1099	910	2,153	129,180	135%	13%				
New Pliplan											
Target	5	10	25	40	2,400		9%	35	40	42	117
Actual	6	29	27	62	3,720	155%	13%				0
Injectaplan											
Target	5	15	30	50	500		4%	45	65	80	190
Actual	7	47	134	188	1,880	376%	16%				

FUTURES-UFHP Mbale CY 1997 Target and Actual Sales

Period covered by this report: Jan - Mar 1997
 Date of report: 9-Apr-97

	July	August	September	3rd Qtr.	October	November	December	4th Qtr.	CY 1997 Target Dispensers	CY 1997 Target Units
Protector										
Target	1600	1700	1800	5100	1900	1960	2060	5920	16,720	1,003,200
Actual								0	2,153	129,180
New Pliplan										
Target	45	49	52	146	54	55	55	164	467	28,020
Actual				0				0	62	3,720
Injectaplan										
Target	100	120	135	355	175	190	225	590	1,185	11,850
Actual				0				0	188	1,880

Attachment 2

MBALE DISTRICT

C.A.O - Ms Peace Onzia

D.M.O - Dr. Richard Othieno

D.D.I - Mr. Guli Alex

MARKET ACTIVITIES

MARKET DISTRICT ADMINISTRATION

MARKETS AND DAYS OF OPERATION

COUNTY	SUB-COUNTY	MARKET	DAY OF OPERATION
BUNGOKHO	Busiu	Kimwanga	Tuesday
		Lwabobo	Friday
		Busiu T/centre	Daily
	Nambale	Bugema	Daily
		Nauyo	Daily
	Nakaloke	Nakaloke	Daily
		Namagumba	Daily
		Namunsi	Daily
	Busoba	Busoba	Friday
		Butebo	Daily
		Nabumali corner	Daily
	Bufumbo	Bubyangu	Daily
		Makyese/Bukikoso	Saturday
		Jewa	Thursday
Bukiende	Shegogi	Tuesday	
	Sangirira	Saturday	
Busano	Busano-Mukambe	Friday	

BUDADIRI	Buteza	Buteza/Bunyafwa	Saturday
	Buyobo	Buweri	Tuesday
		Bugusege	Saturday
	Buhugu	Mutufu	Friday
	Butandiga	Bukiise	Monday
	Nalugugu	Thursday	
	Buwalasi	Sironko	Daily
		Patto	Thursday
	Bumasifwa	Gombe	Tuesday
		Namuserere	Saturday
	Busulani	Buboolo	Tuesday
		Nakirundwe	Daily
Wambwa	Sesiyi	Bulegeni	Wed - Saturday
	Muyembe	Buyaga	Daily
	"	Bunangka	Monday
	Bunambulye	Bukhange	Thursday
	"	Bunambutye	Tuesday
MANJIYA	Bukigai	Bukigai	Thursday
		Kikholo	Monday
	Bushika	Bushika	Monday
		Nangara	Friday
	Buhucheke	Bulucheke-Bumayaka	Saturday
	Bududa	Bududa	Tuesday
	Bubiita	Bubiita	Monday
BUBULO	Buwabwala	Busambatsa	Thursday
		Luuwa	Sunday
		Bumuwumbwa	Wednesday
		Nekesa	Monday
		Shinikuru	Saturday
		Tabakwa	Friday
	Bupoto	Bupoto	Friday
	Naluboka	Monday	
	Bukhaweka	Tuesday	
	Buwaya	Monday	

Butiru	Ikaali	Thursday
	Butiru/T/C	Tuesday
	Bukhonzon/Namalongo	Friday
Bugobero	Lwajusi	Monday
	Kufu	Friday
	Kabale	Saturday
	Nakhupa/Bunefule	Wednesday
	Nangalwe	Daily
Bumbo	Bumbo	Monday
	Ikooma	Sunday
	Soosi	Sunday
	Soono	Tuesday
	Kaboole	Sunday
	Munyugululwe	Wednesday
	Sirekere	Saturday
Bumwoni Bubuto	Lwakhakha	Tue/Sat
	Bubutu - Mufutu	Monday
	Magale	Thursday
Buwagogo	Buwangani/Bywagogo	Daily
	Namutembi	Monday
	Mayenze	Wednesday

LANGUAGE FACTOR

- Lumasaba preferable understood.
- Luganda is also understood in certain areas.

MPALA DISTRICT DRUG SHOPS AND PHARMACIES

The following are the number of drug shops and pharmacies as indicated per each County.

MPALA MUNICIPALITY

1. Andyco Pharmacy
2. Sky Pharmacy
3. Medi Care drug shop
4. Bugisu " " "
5. Akwa " "
6. St. Jude 7 " "
7. Wagali " "
8. Mukisa Emp "
9. Sanyu " "

10. St. Martins “
11. Walare Agency “
12. Peace “ “
13. Naboa Super “
14. Wadada Family “
15. M.M. Drug shop
16. Life Care “
17. Sebei Allied “
18. Manafwa Drug shop
19. Busika drug shop
20. Makula Assort shop
21. Pardis Patent “
22. Maluku Med “
23. Nour Drug shop
24. B & C Drug shop
25. Elgon “ “
26. Kite Agency drug shop
27. St. Charles “ “
28. Shifa “ “
29. Doko “ “
30. Bubeza “ “
31. Afro Childrens “
32. Pallisa “ “
33. Flossy “ “
34. Tifa “ “
35. Come together drug shop
36. Good Samaritan “ “
37. West Enterprises “ “
38. Fapro drug shop “ “
39. Mbale Emportum drug shop
40. Sabiiti Associates
41. J.S.A Faremate drug shop
42. Nylon drug shop
43. Adams drug shop
44. Emergency drug shop

B - BUNGHOKO COUNTY

1. Bugema drug shop
2. Nabumale “ “
3. St. Immaculate “
4. M.M Drug shop
5. Nabumali med. Drug shop
6. Yetano drug shop
7. Good Samaritan drug shop
8. Mooni drug shop

9. Busiki “ “
10. Elgon New drug shop
11. Mukwano “ “
12. Okols “ “

C - BUBULO COUNTY

1. Nakhupa drug shop
2. Nightgale “ “
3. Manaba “ “
4. Magale “ “
5. Gale “ “
6. Afya “ “
7. Merese “ “
8. Magale med “
9. Kufu Sibale
10. Faith “ “
11. Yetna “ “

D - MANJIYA COUNTY

1. Bududa drug shop
2. Bududa med. Sup drug shop
3. Wakhonya and Family drug shop
4. Busanza drug shop
5. Manafwa drug shop
6. Bubiita drug

E - BUDADIRI COUNTY

1. Fellowship drug shop
2. Gife drug shop
3. St. Anita s drug shop
4. Hope drug shop
5. St. Jude drug shop
6. Busiita drug shop
7. Bangande drug shop
8. Sironko
9. Yetana
10. Mafudu

PRIVATE CLINICS

No.	Name	Owner	Location
1.	Elgon Medical Clinic & Lab	Dr. F. Nalwewa	Plot 35 Rep. St.
2.	Mbale Medical Clinic & Lab	Dr. Okello Omara	Plot 25 Pallisa Rd.
3.	St. Annes Maternity	Dr. P.W. Kooko	" 33 Rep. St.
4.	Crusader Clinic	Dr. J.P.M. Masaba	1/3 Manafwa Rd.
5.	Nabuyonga Clinic	Dr. Okech Omara	Nakaloke TC
6.	Bugema Clinic	Dr. Kassi Eryasa	Buwalula TC
7.	St. Martins Medical Centre	Dr. Waburoko	North Road
8.	Trinity Medical Care	Dr. Byamugisha R.	Naboa Rd.
9.	Mayenze General Clinic	Dr. G. Welishe	Mayenze TC
10.	Dr. Wekesa Clinic	Dr. J. Wekesa	Lwakhakha TC
11.	Zam Zam Clinic	Dr. Kassi Eryasa	Plot 24 Kumi rd.
12.	Mbale Dental Clinic	Dr. J. Okullo	Pallisa rd.
13.	White Cross Clinic	Dr. Wabuiro B.O.	Sironko TC
14.	Tuwono Maternity Home	Mrs. B. Mutenyo	Nkoma
15.	Nightgale "	Mrs. B. Mutenyo	Nkoma
16.	Familt "	Eyou Namono	Nakiwondwe TC
17.	BHC Surgery	Dr. Tunde S.	Plot 19 Pallisa Rd.
18.	Masaba Medical Centre	Dr. Nmony	Bugema TC
19.	Khabasekho Maternity Home	Makuma .A.	Namunsi
20.	Mbale Polytechnic & Lab	Dr. Atai	Pallisa Rd.
21.	Mbale Parents Clinic & Lab	Dr. Engoru	Rep. St.
22.	Family Clinic	Dr. Wanziguya	BCU Building
23.	Mbale Allied Surgical Centre	Dr. Wandawa & Owori	BCU
24.	Muzadde Clinic	Dr. Zake	Market St.
25.	St. Anitas Maternity Home	M. Wasagali	Budadiri TC.
26.	Mama Weanga Matern. Home	Weanga (M/W)	Bududa TC.
27.	Sanyu Clinic	Dr.. Mposa J.	Sironko TC
28.	Maala MHC Clinic	Watutwa T.F.	Magale TC
29.	Buyaga Health Clinic	Dr. K.S. Bulolo	Buyaga TC
30.	Family Medical Centre	Dr. Netuwa	Naboa Rd.

NGO'S HEALTH UNITS

1.	Budadiri Mission Disp	Tororo Diocese	Budadiri
2.	Nyondo Health Centre	" "	Nyondo
3.	Magale Health Centre	" "	Magale
4.	Gangama Dispensary	" "	Gangama
5.	Chrisco Nursing Home		Plot 47 Sebei Av.
6.	Bulaago SDA Disp	SDA Church	Bulaago
7.	Busulwa SDA	"	Busulwa
8.	Bushiya SDA Disp	"	Bushiya
9.	Bukigai SDA Disp	"	Bukigai
10.	Bududa SDA Disp	"	Bududa
11.	Bushikori Health Centre		Bushikori
12.	Kolonyi Health Centre	SALEM	Kolonyi
13.	Ahamadiya Hospital	Ahamadiya	Kumi Rd.
14.	Islamic University H/U	IUIU	Nkoma

PALLISA DISTRICT**OFFICIALS**

C.A.O Mr. Kayongo Nathan.
D.M.O Dr. Bitira David.
D.D.I Mr. Mudenya.

MARKET ACTIVITIES

<u>COUNTY</u>	<u>DAY</u>	<u>PLACE</u>
<u>BUDAKA</u>	Friday	Iki-Iki
	Saturday	Budaka Town
<u>PALLISA</u>	Monday	Kaboloi
	Tuesday	Kamuge
	Thursday	Kameke Kapali
<u>KIBUKU</u>	Monday	Kadama Town Bulangira Town
	Wednesday	Kibuku Town
	Friday	Buseta Town
<u>BUTEBO</u>	Wednesday	Kanyomo Town
	Friday	Okumi Town (Kumi Road)

CLINICS/DRUGS

<u>COUNTY</u>	<u>TYPE OF BUSINESS</u>	<u>TRADING CENTRE/AREA</u>
PALLISA	<u>DRUG - SHOPS.</u>	
	1. Amaka Mazibu	Main Street
	2. Pallisa Medical Store	Market
	3. Grace and Family	Oufa Rd.
	4. Bazira	Kikuubo
	5. Oko	Kasodo Rd.
	6. Joan	Qufa Rd.
	7. Shakit II	Quta Rd.
8. James	Qufa Rd.	

CLINICS

1. Pallisa Town
2. Ayub
3. Pashopital
4. Kaboloi
5. Jesus Saviour
6. Life line

TRADING CENTRE/AREA

- Main Street
- Industrial Area
- Opposite Pallisa Hospital
- Kaboloi
- Kapala
- Supa

KIBUKU

1. Jopela
2. Kimalyo
3. Igaga Enterprise

- Kibuku
- Kibuku
- Bulangira

1. Kidokikubya

- Tirinyi

BUDAKA**DRUG SHOP**

1. Hyama
2. Kawulo
3. Suubi

- Budaka
- Iki-Iki Kavule
- Budaka.

COUNTY CLINICS

1. Kamonkoli
2. Iki-Iki

- Kamonkoli
- Iki-Iki

BUTEBO**DRUG SHOPS**

1. Butebo Medical store
2. Kakoro
3. Zam-Zam
4. Islamic

- Butebo
- Kakoro
- Butebo
- Kabwangasi

CLINICS

1. Galinagi

- Petete

KAPCHORWA DISTRICT.

C.A.O	-	Mr. Kesheke - Muhanguzi John.
D.M.O	-	Dr. Okech Richard.
D.H.I	-	Mr. Ekau Oluga Charles.
District Treasurer/ Financial Controller	-	Mr. Kuka

MARKET ACTIVITIES

<u>COUNTRY</u>	<u>DAY</u>	<u>PLACE</u>
Tingey	Saturday/Wednesday	Sinlinyo (Kaseremu sub-county)
	Thursday	Sipi (Sipe Sub-county)
	Tuesday	Cheboñe /Chema (Sipi Sub-county)
Kween	Thursday	Chemumabo (Sipi Sub-county)
	Wednesday/Saturday	Chemin (Kapchorwa Sub-county)
	Saturday	Kapkwata (Kaproron Sub-county)
Kongasis	Wednesday	Nyali (Big Market) (Chesover Sub-county)
	Saturday/Wednesday	Bukwa River (Kabei Sub-county)
	Wednesday/Saturday	Suam Market (Suam Sub-county) Boarder
	Saturday	Kapterero Market (Suam Sub-county)

N.B. Kapterero market is both on Kenya and Uganda sides. It is located towards west Pokor.

LANGUAGE FACTOR

- Luganda is widely used in Kaseremu Sub-county /Sipi areas because it borders with Bugisu. English is also understood.
- Swahili/English is widely spoken and understood in Kapchorwa town.
- Swahili is widely spoken and used towards the boarder after the town. English is only Secondary.

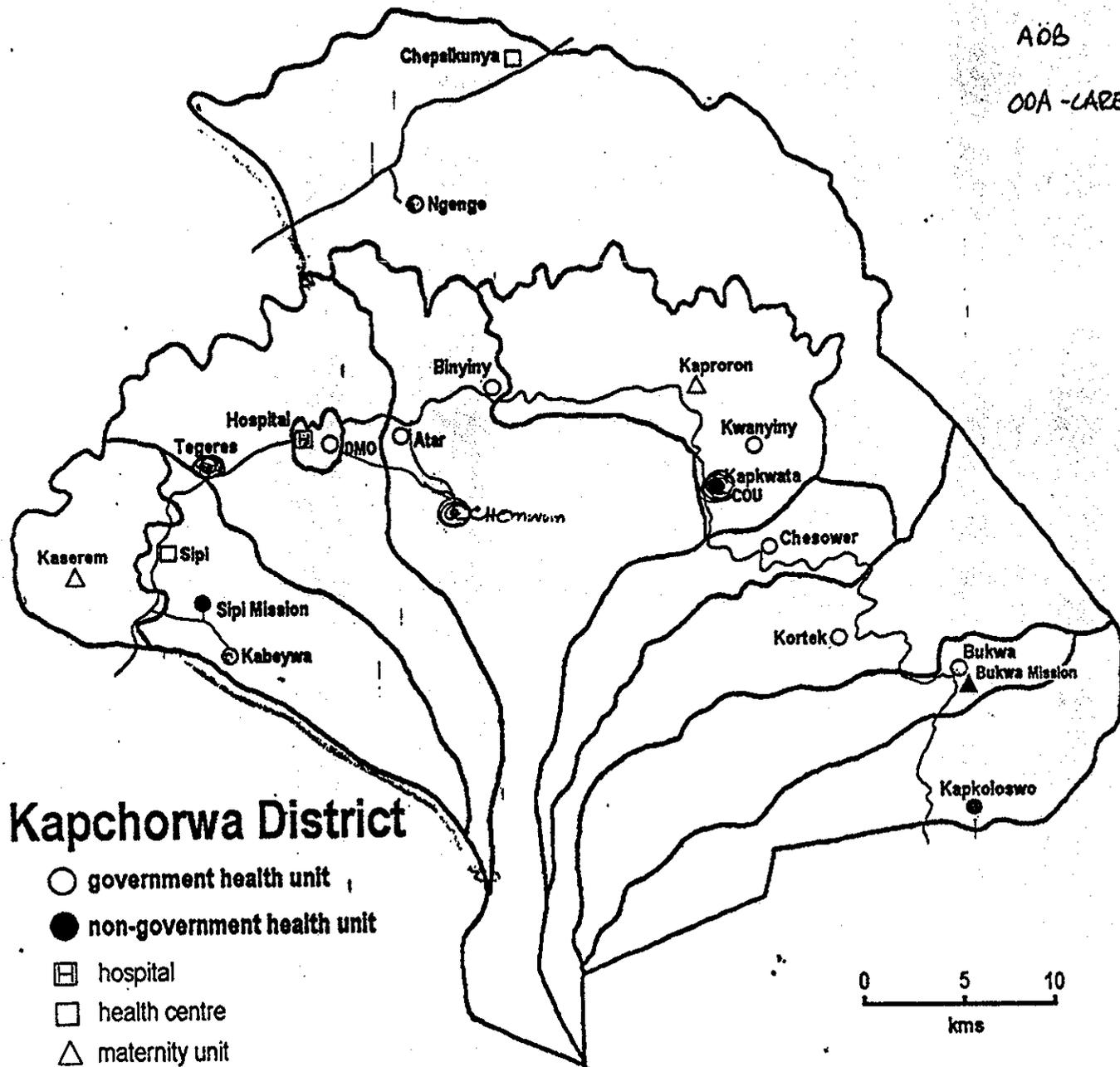
N.B. Kupsabiny is widely spoken but can't be written/read.

N.B. Kapchorwa town Council meets every Wednesday and Saturday.

KAPCHORWA CLINIC AND DRUG SHOP LIST

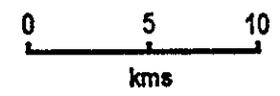
	<u>DRUG SHOP/CLINIC</u>	<u>AREA</u>	<u>OPERATOR</u>
1.	Medical Centre Clinic	Kapchorwa town	Dr. Ojangiro
2.	Chema treatment centre	Chema-Kapkwata Rd.	Chemawama
3.	Kapchorw Maternity Clinic	Shosho-Swam Rd.	Sr. Chepptaris <u>Florence</u>
4.	Mountain Clinic	Kapchorwa town	Dr. Kissa John Yeko
5.	Kapchorwa Medical Centre	" (Oppos Market)	Dr. Boyo
6.	Three stars Emponium	"	-
7.	Sr. Zelda Maternity Clinic	"	Sr. Zelda
8.	Mongusho Drug shop	"	California Rd
9.	Farewell Drug Shop	Kamutenge-Binyinu	-
10.	Welfare drug shop	Kapchorwa	Musobo Wilfred
11.	Korosi Clinic	"	Musobo Wilfred
12.	Chekwel Clinic	Kackwai-Chema	Chekwel Joseph
13.	Sipi Health Centre	Sipi	Chebet Veronica
14.	Kapchorwa drug shop	Kaprorou	Cherop Lovisa
15.	Medicare Drug shop	Kapchorwa	-
16.	Highway Drug shop	"	"
17.	Chepyakanyiet Drug shop	Chepyakanyiet	Boyo James
18.	Obaryo Drug shop	Kaprorou	Obonyo Ofumbi
19.	Moyok Drug shop	Moyok	-
20.	Keptoyoy Drug Shop	Kaptoyoy	-
21.	Likil Clinic	Kapharkut	Cherkut
22.	Chepkulei Drug Shop	Atar	Chepkulei
23.	Kackoch drug shop	Kapkoch	-
24.	Kaptekin drug shop	-	Kaptekin Chris.
25.	Kamuteng Clinic/drug shop	Kamiteng	Sabila
26.	Korosi Clinic	Chemin Market	-
		Kaproron	
27.	Chekwir Drug Shop	Chekwir (Keve D.F.I)	-
28.	Kapkwafa Drug shop	Kapkwata forest village	-
29.	Bukwa drug shop	Bukwa	-
30.	Kaphandi Clinic	Kaphandi	Wafala Nanyolo
31.	Swam drug shop	Swam	-

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Kapchorwa District

- government health unit
- non-government health unit
- ⊞ hospital
- health centre
- △ maternity unit
- sub-dispensary



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Attachment 3

Name of Interviewer: _____

Date: _____

Name of Interviewee: _____

Name of Point of Sale: _____

District: _____ Town: _____

Circle the most appropriate answer to the following questions:

Type of Point Of Sale:

- | | |
|-----------------------|-------------------|
| a. General Goods Shop | f. Petrol Station |
| b. Bar/nightclub | g. Pharmacy |
| c. Lodge/hotel | h. Drug Shop |
| d. Hawker | i. Clinic |
| e. Supermarket | |

1. Which language do most of your customers speak?

- | | | |
|------------|--------------|----------------|
| a. English | d. Kupsabiny | g. Kiswahili |
| b. Luganda | e. Ateso | h. other _____ |
| c. Lugwere | f. Lumasaba | |

2. Which language do most of your customers read?

- | | |
|------------|----------------|
| a. English | d. Ateso |
| b. Luganda | e. Kiswahili |
| c. Lugwere | f. other _____ |

3. Do you sell condoms? Y N

If yes, which brands? _____

If you sell Protector condoms, what is your current stock level?

- | | |
|---------------------------|--------------------------|
| a. more than 4 dispensers | e. 1 dispenser |
| b. 4 dispensers | f. less than 1 dispenser |
| c. 3 dispensers | g. other _____ |
| d. 2 dispensers | |

4. How often do you receive your supply of Protector condoms?

- | |
|---------------------|
| a. once a week |
| b. every other week |
| c. once a month |
| d. other _____ |

5. Where do you get your Protector condom stock from?

- | |
|--|
| a. someone comes to my shop, who? _____ |
| b. I go to a wholesaler, who? _____ where? _____ |
| c. I go to a retailer who? _____ where? _____ |
| d. other _____ |

6. At what price do you buy Protector condoms?

- | |
|-------------------------------|
| a. Ush. 1,000/= per dispenser |
| b. Ush. 800/= per dispenser |
| c. Ush. 600/= per dispenser |
| d. other _____ |

7. At what price do you sell Protector condoms?

- | | |
|----------------------|----------------------|
| a. Ush. 100/= a pack | d. Ush. 250/= a pack |
| b. Ush. 150/= a pack | e. Ush. 300/= a pack |
| c. Ush. 200/= a pack | f. other _____ |

8. If you do not sell Protector condoms, would you like to start? Y N

If yes, when would you like to start? _____

THE QUESTIONS BELOW ARE ONLY FOR DRUG SHOPS, PHARMACIES, AND CLINICS

9. Do you sell contraceptive pills? Y N

If yes, which brands? _____

If you sell New Pilplan Oral Contraceptives, what is your current stock level?

- | | |
|---------------------------|--------------------------|
| a. more than 4 dispensers | e. 1 dispenser |
| b. 4 dispensers | f. less than 1 dispenser |
| c. 3 dispensers | g. other _____ |
| d. 2 dispensers | |

10. How often do you receive your supply of New Pilplan?

- a. once a week
- b. every other week
- c. once a month
- d. other _____

11. Where do you get your New Pilplan stock from?

- a. someone comes to my shop, who? _____
- b. I go to a wholesaler, who? _____ where? _____
- c. I go to a retailer who? _____ where? _____
- d. other _____

12. At what price do you buy New Pilplan?

- | | |
|---|-------------------------------|
| a. less than Ush. 2,000/= per dispenser | d. Ush. 3,000/= per dispenser |
| b. Ush. 2,000/= per dispenser | e. other _____ |
| c. Ush. 2,500/= per dispenser | |

13. At what price do you sell New Pilplan?

- | | |
|---|-----------------------------------|
| a. less than Ush. 250/= per box of 3 cycles | e. Ush. 400/= per box of 3 cycles |
| b. Ush. 250/= per box of 3 cycles | f. Ush. 450/= per box of 3 cycles |
| c. Ush. 300/= per box of 3 cycles | g. Ush. 500/= per box of 3 cycles |
| d. Ush. 350/= per box of 3 cycles | h. other _____ |

14. Have you attended a SOMARC training in New Pilplan? Y N

If yes, when were you trained?

- a. within the last 6 months
- b. between 6 months and a year ago
- c. between 1 and 2 years ago

If yes, where were you trained?

- a. Mbale, where? _____
- b. Kampala, where? _____
- c. other _____

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15. If you do not sell New Pilplan, would you be interested in getting trained to sell it? Y N

If yes, when would you like to be trained? _____

THE QUESTIONS BELOW ARE ONLY FOR CLINICS

16. Do you sell any injectable contraceptives? Y N

If yes, which brands? _____

If you sell Injectaplan Depo-Provera, what is your current stock level?

- | | |
|---------------------------|--------------------------|
| a. more than 4 dispensers | e. 1 dispenser |
| b. 4 dispensers | f. less than 1 dispenser |
| c. 3 dispensers | g. other _____ |
| d. 2 dispensers | |

17. How often do you receive your supply of Injectaplan?

- a. once a week
- b. every other week
- c. once a month
- d. other _____

18. Where do you get your Injectaplan stock from?

- a. someone comes to my shop, who? _____
- b. UPMA
- c. other _____

19. At what price do you buy Injectaplan?

- a. Ush. 1,500/= per dispenser
- b. Ush. 2,000/= per dispenser
- c. other _____

20. At what price do you sell Injectaplan?

- | | |
|--|--------------------------------------|
| a. less than Ush. 500/= for kit plus service | e. Ush. 800/= for kit plus service |
| b. Ush. 500/= for kit plus service | f. Ush. 900/= for kit plus service |
| c. Ush. 600/= for kit plus service | g. Ush. 1,000/= for kit plus service |
| d. Ush. 700/= for kit plus service | h. other _____ |

21. Have you attended a SOMARC training in Injectaplan? Y N

If yes, when were you trained?

- a. within the last 6 months
- b. other _____

If yes, where were you trained?

- a. Mbale, where? _____
- b. Kampala, where? _____
- c. other _____

22. If you do not sell Injectaplan, would you be interested in getting trained to sell it? Y N

If yes, when would you like to be trained? _____

Attachment 4

Attachment 5

Name of Visitor: _____

Date of Visit: _____

1. Site Information:

Name of Site: _____
 Physical Location: _____
 Mailing Address: _____

2. Personnel:

Provider in Charge (name/cadre): _____ FP Train: Y N
 Support Staff (name/cadre): _____ FP Train: Y N
 Support Staff (name/cadre): _____ FP Train: Y N

3. Temporary FP Methods:

Condoms:	Y	N	Protector:	Y	N	SOMARC Training:	Y	N
Pills:	Y	N	Pilplan:	Y	N	SOMARC Training:	Y	N
Injectables:	Y	N	Foam/Spermic:	Y	N			
Norplant:	Y	N	Other Barrier:	Y	N			

4. Counselling/Screening:

Adequate room and privacy for individual counselling? Y N _____
 Clients informed about all methods? Y N _____
 Sufficient IEC materials on all methods? Y N _____
 Clients properly screened? Y N _____

5. Facility, Equipment and Storage:

Adequate facilities for client exam? Y N _____
 (light, couch, BP, scale)
 Facility and equipment adequately maintained? Y N _____
 Adequate space and proper storage of methods? Y N _____
 Adequate supply of other methods? Y N _____

6. Infection Prevention/Injection Technique:

Area clean/sterile? Y N _____
 Use of new/sterilized needle/syringe? Y N _____
 Proper injection technique used? Y N _____
 Needle/syringe disposed of properly? Y N _____

7. Client Follow-up and Records:

System for side effect management? Y N _____
 Routine follow-up for each method? Y N _____
 System for record-keeping? Y N _____

8. Referral System:

Referral system in place for complications? Y N _____
 Name/Location of referral site: _____

9. Recommendations:

Injectaplan? Y N
 Training Needs: _____ When? _____
 If no, what next? _____

Attach any comments (by item number) on other side of paper.

Attachement 6



**Health and Population Field Manager
Uganda**

c/o The British High Commission
10/12 Parliament Avenue
P.O. Box 7070
Kampala
Uganda

Tel: 256-41-268042
Fax: 256-41-266880 (Home/Office)
Kampala, Uganda

12 March 1997

David Little
CARE-Uganda

Dear David

**Re: Procurement Requirements for Futures Group International for Work in
Uganda Family Health Project**

Thanks for your letter of the 28th February and the enclosed letter from Sarah Tiff of FUTURES .

I have discussed this with Crown Agents in Uganda by phone and they have agreed that they are happy not to insist on their Core Country rights in this instance. They appreciate the special nature of the situation, ie the existing contracts for purchase of specialized social marketing related items for the rest of the SOMARC programme, and the use of the same brands in our project, as was agreed during the tendering process. Crown Agents are, like us, keen to see the UFHP social marketing component proceed in the most efficacious way.

We also acknowledge that FUTURES have placed their existing contracts following internationally recognised tendering procedures, overseen by USAID, and that ODA has been invited to participate in reviewing the materials. It is further acknowledged that the sums of ODA money involved are not large.

Consequently, in response your and Ms Tiff's points, we accept that FUTURES may continue to procure goods and services specifically for use with their existing brands through their existing suppliers using a single subcontracting mechanism. This is subject to FUTURES meeting any CARE accounting requirements. I would suggest that CARE/FUTURES prepare a regular analysis of the expenditure involved and the proportion of the contracts being funded by UFHP for review by ourselves and Crown Agents. This will ensure that all parties remain happy with the arrangement.

Other isolated items (eg if there were to be additional vehicles) would remain the province of Crown Agents.

I hope this addresses the situation satisfactorily. If I can be of any further help please let me know.

Best regards

Pete

Pete Thompson
Health and Population Field Manager, Uganda

cc: Caroline Sergeant, BDDEA, Nairobi
Peter Jaconelli, Crown Agents, Kampala
~~Sarah Tiff, FUTURES Group, Kampala~~

Attachment 4

January 1997 FUTURES Staff Workshop Agenda

Day 1 : Condom Sensitization**PRETEST**

1:00pm - 1:30pm: Introduction / Objectives / Expectations / Ground Rules

Objectives:

1. Recap information regarding AIDS/STDs and prevention.
2. Create a more positive attitude about SOMARC products and job activities.
3. Develop an appropriate sensitization module.
4. Use sensitization to become more involved with the community.

1:30pm - 3:00pm: AIDS/STD recap (lecture/question & answer)

3:00pm - 3:30pm: TEA

3:30pm - 5:00pm: Sexuality discussion

[3:30 - 4:00pm]: Ice-breaker exercises

[4:00 - 5:00pm]: Barriers to using condoms, myths, attitudes, beliefs, fears

Day 2 : Condom Sensitization

9:00am - 9:15am: Introduce sensitization

9:30am - 10:00am: What is sensitization? (discussion)

10:00am - 10:30am: Opportunities for sensitization

10:30am - 11:00am: TEA

11:00am - 11:45am: Identifying groups of customers/retailers

11:45am - 12:15am: How to approach groups: end users/retailers

12:15pm - 12:45pm: Introduce appropriate methodology for sensitization

1:00pm - 2:00pm: LUNCH

Sensitization Methodology Continued:

2:00pm - 2:30pm: Group dynamics

2:30pm - 3:00pm: Interpersonal communications/negotiation skills

3:00pm - 4:00pm: Role plays

4:00pm - 4:30pm: TEA

4:30pm - 5:00pm: Sensitization module

-- Discuss what a sensitization module is.

-- Ask for suggestions / input.

POSTTEST

Day 3: Engabu Condoms

9:00 AM - 9:45 AM

Introduce Engabu condoms - S. Tift and L. Regan

- Background: FUTURES and GTZ. Why sell Engabu condoms? (S. Tift). 10 minutes
- Summary of Consumer and Retailer Research in Kabarole district (L. Regan). 15 minutes
- How will FUTURES work with Engabu ? (L. Regan). 15 minutes
- Questions/Discussion

9:45 - 10:45 AM

Sales Targets and Itinerary Planning

- Review 1997 sales targets (10 minutes)
- Review SOPs sections 1. - 2. (40 minutes)
- Presentation of joint Engabu-Protector sales territories
- Small groups: Study draft itineraries and team composition documents in groups (10 minutes)

10:45 - 11:15 AM

TEA

11:15 - 1:00

Itineraries and Teams, cont'd.

- Questions/Discussion of Itineraries and Teams (45 minutes)
- Simulation and Wrap Up: Form your teams and propose changes to itineraries (45 minutes)

1:00 - 2:00 PM

LUNCH

2:00 - 2:45

Engabu Product Information - B. Mwesigye and L. Regan

2:45 - 4:00

How to manage and sell Engabu and Protector side by side - R. Ramlow and S. Tift

- Review SOPs Sections 3. - 5. (45 minutes)
- Review Engabu prices and margins (15 minutes)
- Discussion of Sales Techniques (30 minutes)

4:00 - 4:30

TEA

4:30 - 5:30

Engabu and Protector sales Role Plays (L. Regan and Teams)
Discussion and Wrap Up

Day 4: 1997 Planning

9:00 - 10:00

Review 1997 Goals and Objectives - S. Tiff and R. Ramlow

- Competitive environment in 1997
- New offices: Mbale and Fort Portal
- Operational objectives
 - ⇒ Improved systems
 - ⇒ Integrated FUTURES teams
 - ⇒ Opportunities for commission sales
- Review 1997 Sales Targets
 - ⇒ Protector
 - ⇒ Engabu
 - ⇒ New Pilplan
 - ⇒ Injectaplan

- Review 1997 Organizational Principles (S. Tiff)
- Review revised position responsibilities

10:00 - 10:30 AM

Additional questions/discussion concerning itineraries and teams

10:30 - 11:00 AM

TEA

11:00 - 1:00 PM

Commission and Bonus System

- SOPs sections 4. - 6.
- Practice completing sales accounting forms (D. Sengonzi)
- Questions/Discussion

1:15 - 2:00 PM

LUNCH

2:00 - 4:00 PM

Team Exercise: Teams will create detailed routes mapping out district territories. Teams will be given district maps and MIS browse reports from 1996 to use in making initial sales targets and itinerary plans for 1997. The first itinerary for 1997, covering 13 - 22 January will be prepared.

4:00 - 4:30

TEA

4:30 - 5:30

Team presentations and wrap up.

Attachment 5

1997 Commission System, Team Composition and Itinerary Plans

PURCHASE AND COMMISSION SYSTEM

1. INDIVIDUAL SALES REP. BUYS STOCK DIRECTLY FROM KPI WITH PERSONAL MONEY (* BUY ENGABU FROM FUTURES):

PRODUCT	COST TO SALES REP
Protector	400/= per dispenser
New Pilplan	1,600/= per dispenser
Injectaplan	1,500/= per dispenser
Engabu	700/= per dispenser

2. SELL STOCK AT THE FOLLOWING PRICES:

PRODUCT	POS	PRICE	COMMISSION
Protector	Retailer	1,000/=	600/=
	Wholesaler	800/=	400/=
	NGO	600/=	200/=
New Pilplan	Retailer	3,000/=	1,400/=
	Wholesaler	3,000/=	1,400/=
	NGO	1,600/=	-----
Injectaplan	Clinic	2,000/=	500/=
	NGO	1,500/=	-----
Engabu	Retailer	1,500/=	800/=
	NGO	900/=	200/=

3. EACH SALES REPRESENTATIVE KEEPS ALL OF THE PROFITS
4. SAVE SOME PROFIT TO BUY NEXT STOCK

FUTURES Uganda 1997 Sales Targets

Product	Annual Target (Units/Dispensers)	Commercial (disp)	DSSF and Mbale Teams (dispensers)	NGOs (dispensers)
<i>Protector Condoms</i>	12,500,000 units (208,334 dispensers)	Twiga/KPI: 83,334 disp = Average 6,945/month	DSSF: 87,447 disp Mbale: 16,720 disp Average: 8,680/month	All NGOs: 20,833 disp Average: 1,736/month
<i>Engabu Condoms</i>	1,997,760 units (16,648 dispensers)	-- N/A --	DSSF joint w/Ft. Portal Rep: 8,316 disp = Average 693/month Ft. Portal Rep alone: 8,332 disp	-- N/A --
<i>New Pilplan OC</i>	480,000 cycles (8,000 dispensers)	Twiga/KPI: 2,400 disp Average: 200/month	DSSF: 4,333 disp Mbale: 467 disp Average: 400/month	All NGOs: 800 disp Average: 66/month
<i>Injectaplan Injectable</i>	82,840 vials (8,284 dispensers)	-- N/A --	DSSF: 7,099 disp Mbale: 1,185 disp	

Assumptions:

- ⇒ Protector increases 25% over 1996, from 9,950,800 pieces to 12,500,000 pieces
- ⇒ Under joint program, Engabu sales are approximately doubled from previous years
- ⇒ New Pilplan increases by 20% over 1996, from 399,480 cycles to 480,000 cycles

Modified Position Responsibilities - January 1997

David Kanyoro: Supervise Bob Mwesigye and Moses Nyonga; collect Bob Mwesigye's sales documentation and revenue, conduct itinerary planning with him. Flex team member with Bob Mwesigye in pilot Engabu-Protector sales territory. Coordinates relationship with CARE/CHREP project for regular meetings with and sales to community based agents in Kabale, Rukungiri, and Kisoro.

Robert Kyeswa: Promoted to DSSF East/North Lead Rep in December 1996. Flex team member with Bob Mwesigye in pilot territory. Supervises Richard Asimwe.

Moses Nyonga: DSSF West Promoter. Flex team member with Josephine Mwesigwa.

Richard Asimwe: DSSF East/North Promoter. Flex team member with Josephine Mwesigwa.

Josephine Mwesigwa: Specialize in New Pilplan and Injectaplan sales to clinics, as flex team member from the Clinical Methods team. Also sell Protector and Engabu to clinics. Assist Rachel Rushota with clinic assessments and site monitoring. Flex team member working with up-country DSSF teams alternating sales periods.

Olivia Kibirige-Lukwago: Focus on Kampala sales of all products. Make regular contact with NGOs based in Kampala to collect orders, estimate needs, and make sales and deliveries to them. Maintain contact with current institutional customers and re-stock them.

Rachel Rushota: As Clinical Methods Representative, directly supervises Josephine Mwesigwa. Coordinates Josephine's time and activity as flex team member. Takes full responsibility for Injectaplan sales targets, itinerary planning, and reporting; conduct site assessment and monitoring.

Deo Mugasha: As Driver/Promoter working with Rachel Rushota, sell Protector and Engabu to small shops, market, clubs, bars, etc. Take Protector to clubs/bars in Kampala two evenings per week on motorbike. Receive commissions on sales.

Bruno Serunkuma: As Driver/Promoter working with Olivia Kibirige-Lukwago, sell Protector and Engabu to small shops, market, clubs, bars, etc. Take Protector to clubs/bars in Kampala two evenings per week on motorbike. Receive commissions on sales.

Attachment 1

Sample Itinerary Plan for 1997

Territory Definitions

DSSF East/North Itinerary 1:	Mubende, Luwero, Kiboga, Masindi, Hoima, Kibale
DSSF East/North Itinerary 2:	Mukono, Jinja, Kamuli, Iganga, Tororo.
DSSF West Itinerary 1:	Mpigi, Masaka, Rakai, S. Mbarara, Ntungamo, Kabale (link with CARE/CHREP)
DSSF West Itinerary 2:	Kisoro, Rukungiri, Bushenyi, N. Mbarara, Kasese (link with CARE/CHREP)
GTZ Adjunct Itinerary:	Kabarole, Bundibugyo (alternating sales periods)
Kampala Itinerary:	Kampala area suburbs, slums, markets, small shops, clubs, bars.

Engabu-Protector Pilot Districts

**Kabarole
Bundibugyo**

Bob Mwesigye

**Bushenyi
N. Mbarara (including Mbarara town)
Kisoro
Rukungiri
Kasese**

David Kanyoro/Bob Mwesigye

**Mubende
Kibale
Hoima
Kiboga
Masindi**

Robert Kyeswa/Bob Mwesigye

Kampala

Olivia Kibirige/Deo Mugasha

Attachment 2

FUTURES Uganda Sales, Distribution and Training Team Composition

-- DRAFT --

2 January 1997

Core Team	Core Team Members	Products	Itinerary/Territory/Customers	Comments
DSSF East/North	R. Kyeswa, Lead Rep (R. Asimwe, Promoter)	Protector, Engabu, New Pilplan; Injectaplan revisits	Itin. 1: Mubende, Luwero, Kiboga, Masindi, Hoima, Kibale (w/Bob Mwesigye alternating sales periods) Itin. 2: Mukono, Jinja, Kamuli, Iganga, Tororo	<ul style="list-style-type: none"> Blue van R. Kyeswa and R. Asimwe authorized to re-stock from Jinja DISH Office depot site and/or Ft. Portal GTZ depot site
DSSF Kampala	O. Kibirige, Institutional/Lead Rep (Bruno Serukuuma, Driver/Promoter)	Protector, Engabu, New Pilplan and Injectaplan (Injectaplan in coordination with Clinical Methods Rep) Bruno: Protector and Engabu to all eligible POS in coordination with Olivia's schedule.	<ul style="list-style-type: none"> Kampala slums, suburbs and special POS in central Kampala Entebbe, Entebbe road and all trading centres/villages off Entebbe Rd. Olivia: NGO sales (ordering and estimating inventory needs) and continued sales to institutions Bruno: Bars/Clubs in Kampala 2 evenings per week 	<ul style="list-style-type: none"> Toyota Corolla "Protector" station wagon NOTE: Kampala team no longer visits Mukono, Mubende, etc. Bruno to sell Protector and Engabu and get commissions on sales. Use motorbike for evening sales to bars/clubs
DSSF West	D. Kanyoro, Lead Rep (M. Nyonga, Promoter)	Protector, Engabu, New Pilplan Injectaplan revisits	Itin. 1: Mpigi, Masaka, Rakai, S. Mbarara, Ntungamo, Kabale Itin. 2: Kisoro, Rukungiri, Bushenyi, N. Mbarara, Kasese (w/Bob Mwesigye alternating sales periods)	<ul style="list-style-type: none"> Gray van D. Kanyoro supervises B. Mwesigye D. Kanyoro and M. Nyonga authorized to re-stock from Mbarara DISH Office depot site and/or Ft. Portal GTZ depot site Special coverage of CHREP districts (Kabale/Rukungiri/Kisoro)

Core Team	Core Team Members	Products	Itinerary/Territory/Customers	Comments
Clinical Methods	R. Rushota, Clinical Methods Rep (J. Mwesigwa, Flex Team member; D. Mugasha, Driver/Promoter) Coordinates with all other teams	Protector, Engabu, New Pilplan and Injectaplan to CLINICS D. Mugasha: Protector and Engabu to all eligible POS in coordination with Rachel schedule.	As needed per Injectaplan roll-out schedule. Develop itinerary in coordination with Josephine M. Deo: Bars/clubs in Kampala 2 evenings per week.	<ul style="list-style-type: none"> Pajero, Mitsubishi pickup or hired vehicle (to be specified in each month's plan depending on requirements, schedule for other teams, and location to be visited) NOTE: R. Rushota will be J. Mwesigwa's direct supervisor Deo: Motorbike evenings
CARE/UFHP (Mbale)	A. Kyambadde (D. Musedde plus two others to be hired)	Protector, New Pilplan and Injectaplan	Mbale, Pallisa, Kapchorwa, Kumi (Later: Soroti, Lira, Moroto)	<ul style="list-style-type: none"> Two Toyota Pickups per ODA procurement
GTZ Adjunct (Ft. Portal)	B. Mwesigye (will work as a Flex Team member with DSSF East and West)	Protector and Engabu	Itin. 1: Kabarole and Bundibugyo DSSF East/North Itin 1: With Robert Kyeswa, alternating sales periods. DSSF West Itinerary 2: With David Kanyoro, alternating sales periods.	<ul style="list-style-type: none"> Itin. 1: GTZ vehicle 1/2 month Itin. 2: Part of DSSF East or West (see Flex Teams, below) Meet DSSF East: Mubende (Itin. 1) Meet DSSF West: Kasese (Itin. 2)
Training	R. Kayondo (B. Kiwanuka, C. Bayise) Coordinates with all other teams	Training on all products Simultaneous sales of Protector, Engabu, New Pilplan and Injectaplan. C. Bayise: Protector and Engabu to all eligible POS in conjunction with training schedule.	As needed per product training requirements	<ul style="list-style-type: none"> Pajero, Mitsubishi pickup or hired vehicle (to be specified in each month's plan depending on requirements, schedule for other teams, and location to be visited)
Flex Teams	R. Kyeswa and B. Mwesigye R. Asimwe and J. Mwesigwa D. Kanyoro and B. Mwesigye M. Nyonga and J. Mwesigwa R. Rushota and J. Mwesigwa			

NOTES

The two core Flex Team Members will be Josephine Mwesigwa and Bob Mwesigye. They will work as follows:

1. **Josephine Mwesigwa:** Josephine will report directly to Rachel Rushota effective 2 January 1997. Josephine will move 50% of her time with Rachel. The other 50% of the time she will join one member of either the DSSF East/North or West team and work up country. She will join R. Asimwe or M. Nyonga on up-country trips on alternating sales periods.

When moving with Rachel, Josephine's primary responsibility will be to sell Injectaplan and New Pilplan. She will visit clinics with Rachel and sell all products (Injectaplan, New Pilplan, Protector and Engabu) at these clinics. She will also visit any nearby drug shops/pharmacies to sell the same products while she is moving with Rachel. She will assist Rachel with Injectaplan clinic assessments and monitoring.

When moving with the DSSF up-country team member, Josephine will focus on New Pilplan and Injectaplan. She will also sell Protector and Engabu when she is in a clinic that is interested in Injectaplan.

2. **Bob Mwesigye:** Bob will report directly to David Kanyoro. Bob will be based in Fort Portal full time and will move independently in the Kabarole and Bundibugyo districts 50% of the time, using a GTZ vehicle. He will sell Engabu and Protector to all eligible POS in those two districts.

The other 50% of the time Bob will join one of the DSSF East/North or West team members and move with them in the pilot districts for joint Protector-Engabu sales and distribution. He will continue to sell Protector and Engabu when working with the DSSF East or West teams; the DSSF member will sell Protector, Engabu, and New Pilplan when working with Bob Mwesigye. He will join R. Kyeswa on the East/North team or D. Kanyoro on the West team.

During the times that Bob Mwesigye is with either the DSSF East/North or West teams, Josephine Mwesigwa will be with the respective East/North or West team member in the opposite territory.

Attachment 6

FUTURES Condom Sensitization Module

THE
CONDOM
SENSITIZATION
MODULE

The FUTURES Group
UGANDA
April, 1997

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Part I

Module Background

Introduction:

HIV/AIDS continues to be a health problem in Uganda and has an impact not only on the health of the people, but also on the economy of the country since it affects people at their most productive age (15 - 35 yrs). Prevention and control of HIV/STIs relies heavily on public health intervention through community education, focusing on associated risk factors and facilitating behavioral change. Though many STIs can be treated and cured, it is more cost effective and convenient to prevent them. It is therefore important to provide people with information and options so that they can be safe and lead productive lives.

Prevention of infections and unwanted pregnancies is not just about distribution of condoms, it is also about educating people and involving them in activities of prevention. Condoms prevent HIV/AIDS, STIs, as well as unwanted pregnancies. There are many people who are struggling to remain safe, but don't know how to because they lack the important knowledge for prevention. Therefore, serious sensitization on condom use is an significant part of a sales representative's job.

This module should assist you in sensitizing people about the advantages of using condoms. It is a framework from which you can pick and choose the information best fitted for whichever group you are addressing. It is also open to new information and feedback you receive from different community members during sensitization sessions.

Social marketing for change:

Social marketing is more than just distribution of products. It is promotion, education, training, advertising, and selling. Some facts about FUTURES social marketing:

- Uses donor money to produce and distribute Protector condoms, New Pilplan, and Injectaplan in Uganda
- All of the products are made in the USA
- Uses resources to reach out to the community and to improve people's lives through: promotions (Group Africa), radio advertisements, training/education workshops, and through knowledgeable sales representatives.

Who should use this module?

Anyone who wishes to sensitize the community about the benefits of using condoms for prevention of infections and unwanted pregnancies.

Module goal:

To provide all FUTURES/SOMARC sales representatives with a tool to carry out effective sensitizations. To equip the community with knowledge about HIV and STIs and inform them on the proper use of condoms.

Words that describe sensitization:

Awareness, understand, act, message, participation, information, enlighten, update, creating change, provoking, awaken, disseminate, follow up, stimulate, teaching, find out, improve, share.

Why sensitize about condoms?

1. Condoms have multiple uses: protection against HIV, STIs, and unwanted pregnancies.
2. HIV/STI prevalence rates are very high in Uganda. The rates are increasing in the rural areas and among young people especially.
3. There are many barriers to condom use: myths, attitudes, beliefs, values, and lack of knowledge about use, accessibility, and affordability.

Approaches to use when sensitizing:

1. Sensitization facilitator should be: knowledgeable, active, involved with the audience, confident, articulate, organized, social, ready to learn, sensitive to audience, and open.
2. Make sure to be gentle and friendly, using convincing and simple language with a smile.
3. Stress the benefits of the product by giving endorsements from the Ministry of Health and other qualified sources.
4. Use testimonials from the audience.
5. Present Protector as a high-quality, attractive, and dependable product.
6. Show your appreciation to endusers and retailers alike.

Learning objectives:

Sales Representatives must be able to:

1. Identify different groups of customers/retailers for Protector condoms.
2. Identify appropriate ways to relate to groups with relevant methodologies for sensitization.
3. Demystify myths, attitudes, beliefs, and fears about condoms.
4. Demonstrate proper condom use.

Community must be able to:

1. Discuss the basic facts about HIV/STIs.
2. Identify risky sexual behavior.
3. Demonstrate correct condom use and knowledge of where to purchase condoms.

Content Outline:

1. Identifying customers/retailers
2. Communicating with a group
3. Facts about HIV/AIDS
4. Facts about STIs
5. How to put on a condom
6. How to take off a condom
7. Myths and rumors
8. How to overcome person concerns about distributing condoms

How to use the module:

Activity One:

1. Identify which group you are going to sensitize. Make sure you have chosen a group that will be receptive to information and change.
2. Learn characteristics of the group: age, sex, income, profession, sexual behavior, where to find them, who to contact when you need them, which is the best time to find them, and any other relevant information.
3. Plan your visits.
 - contact the entry point person for the target group
 - discuss when, where, and for how long you can carry out a sensitization
 - let the contact person do the mobilization for you
 - bring items you need for sensitization: condoms, penis model, pamphlets etc
 - think about the key messages for the specific group.

Activity Two:

1. Make sure to keep dates and times as discussed with the contact person.
2. Always use the entry point person to say who you are and why you have called for a meeting.
3. Let the group know your role in community health.
4. Ask the group what their expectations are.
5. Use these expectations to follow through your sensitization agenda.

Hints to facilitator:

- You should always encourage full participation of the whole group.
- You should always meet a group in their natural environment: workplace, trading center, market etc.
- You should document all experiences, lessons learned, and anything memorable.

Materials:

Newsprint, markers, penis model, condoms, masking tape, pamphlets, calendars, key chains, etc.

Part 2

The Module

Identifying groups of customers/retailers:

Not all people will feel comfortable using and/or selling condoms. Therefore, always look for people who will have a big impact in condom sales and use.

Consumers:

1. Target consumers who are most-likely to be sexually active (age 15-35 yrs).
2. Target the youth because they are more likely to start using condoms, or change their current behavior.
3. Target people who are from your same age group and sex.

Retailers:

1. Target medical personnel, pharmacists, clinics.
2. Target hotels and lodges.
3. Target shop keepers and venders in strategic places like trading centers, towns, and other areas that have large numbers of sexually active consumers.
4. Target mobile professions: boda boda, hawkers, traders who move between markets in rural areas etc
5. Target men. Men are more likely to sell condoms than women.

Opportunities for sensitization:

Group	Age	Sex	Education	Where To Find	Sexual Behavior	Entry Point
students	18-25	male & female	post-secondary	campus, discos, bars, sporting events	active	school leaders, DJs, sports CM, peer groups
working-class	25+	males & female	advanced	offices, shops, pubs, sporting events, clubs	active	club officers, rotary meetings, parties, discos, sporting events
sex workers	14-30	female	drop-outs	pubs, discos, hotels/lodges, street, parties	very active	individual contact, bartender, DJs
long-distance drivers	20-50	male	low	trading centers, main roads, lodges, bars	active	company/association leader, direct approach, bar manager
fishermen	20-60	male	low	fish landing sites, trading centers, smoking parlors, lodges, bars	active	LC's, peer leaders, bartenders,
boda-boda drivers	15-40	male	low	streets, trading centers, bars, lodges	active	LC's, peer leaders, bar manager, lodge manager

Communicating with a group:

During your work you may come across an opportunity to sensitize without going through the entry points and making plans for such a gathering. You may find a market day, a social gathering, or a crowd of people in a community.

1. Ask a member of the community if it requires any procedures to have a health talk with them. You can also ask for a helper to do the mobilization for you.
2. Use promotional materials like calendars and other IEC materials to mobilize a group. The Protector vehicles will also help in mobilizing the community, even a dispenser on top of a car will be enough to gather a crowd.
3. Know the characteristics of your group and design relevant messages:
 - sexual behavior: "you can wait, it is possible" (for youth) "even married people use condoms not only for infection, but for unwanted pregnancy (married)
 - income: "Protector is not expensive, just 100/= for a pack of three"
 - sex: "carry Protector condoms with you everywhere" (men) "Provide a Protector for your man if he doesn't have one" (women)
4. Make sure your group is not over 15 people. With this number, you can have maximum attention and be sensitive to individual views.
5. Start the sensitization by telling the audience who you are, and let the discussion flow naturally by asking them what they know about the product.
6. Keep the discussion short, don't let the audience get carried away.
7. Involve everyone in the discussion by asking them questions, keeping eye contact, using visual aids (models), and using simple language that is relevant to the group.
8. Do not be an expert. Ask for volunteers in the group to help on certain tasks and questions.
9. Have fun, humor, and keep the group alert at all times. Also be sensitive and flexible in your activities.
10. Many people are struggling to be safe but don't know how to use condoms or have barriers to using them. Therefore, it is very important that you always use demonstrations (don't forget to demonstrate condom use), and demystify myths, beliefs, and values in your discussion.
11. Tell the audience where they can buy condoms, which POS you supply.

Facts about HIV/AIDS

➔ HIV is an abbreviation for Human Immuno-Deficiency Virus. HIV is the virus that causes AIDS, a condition of HIV characterized by illness. HIV affects the body by attacking the body's defense mechanism (the immune system) therefore making the body unable to fight off infections.

➔ AIDS is an abbreviation for Acquired Immune Deficiency Syndrome. AIDS is a condition one gets when their ability to fight off infection has been destroyed. AIDS is caused by HIV infecting the immune system, which leads to repeated and prolonged illness.

➔ The Point of Infection is the moment one's body is exposed to HIV by modes of: sexual intercourse with an HIV infected person, direct contact with blood by needle or otherwise, or a blood transfusion with infected blood.

➔ Window Period is the term given to the period between the point of infection and the time the body starts producing enough antibodies against HIV. During this time HIV is present in the body, but the body has not yet produced enough antibodies for HIV detection. If blood is tested during this period, an HIV test could give a negative result when the person is actually infected. This period may last between 6 weeks and 18 weeks from the moment of infection. Six months is the safest distance to start testing.

➔ HIV lives and survives in the human cells. HIV cannot live outside the body for more than a few minutes.

➔ A person with HIV can look healthy and strong.

➔ The only way HIV can be recognized is if one has an HIV antibody test.

Facts About Sexually Transmitted Infections (STIs)

- ➔ STIs are infectious diseases caused by one or more micro-organisms that are spread mainly through sexual intercourse.
- ➔ Signs of STIs in females:
Pain while urinating; pus discharge; change in color of discharge to yellow, green or brown; sores, bumps, or wounds in genital area; itching or skin rash in genital area; pain during sex; bleeding after sex; bleeding while not in your normal period; or pain in the lower abdomen.
- ➔ Signs of STIs in males:
Pain while urinating; pus discharge; sores, bumps, or wounds in genital area; or pain in the testicles.
- ➔ STIs can lead to serious complications like cancer, infertility, sterility, and death if left untreated.
- ➔ STI lesions or ulcers can enhance sexual transmission of HIV by providing a direct path for HIV-infected fluids (semen, vaginal fluid, blood) to pass.
- ➔ The most common STIs are:
 - Gonorrhea
 - Candida Vaginitis
 - Trichomonas Vaginitis
 - Chancroid
 - Herpes genitalis
 - Syphilis
 - Hepatitis B virus infection
 - Bacterial Vaginosis
 - Lymphogranuloma Venereum LGV
 - Granuloma Inguinale
 - Pediculosis
 - Venereal Warts
 - Scabies
 - Ring Worm
 - Non gonococcal genital infections
- ➔ Use of condoms prevent transmission of STIs.



How To Avoid HIV and STIs:

- ➔ Abstinence (no sex)
- ➔ Avoid multiple sexual partners
- ➔ Safer sexual practices
- ➔ Test for HIV before having sexual relationships
- ➔ Condoms should be used for both infected and non-infected persons
- ➔ Notification of partner
- ➔ Have any suspected symptoms of STIs treated
- ➔ Avoid recreational drug use
- ➔ Avoid non-emergency blood transfusions

WHAT TO KNOW ABOUT CONDOMS

Condoms are penis-shaped thin walled sheaths made from latex rubber. Like surgeon's gloves, they are designed to provide a barrier against micro-organisms without significantly reducing the sense of feel. If used correctly and consistently, they provide protection against HIV, STIs, and unwanted pregnancies.

The condom has improved over the years in quality, with automatic electronic testing now a part of national and international standards. The modern Protector condom is capable of stretching 6 - 10 times its normal size in all directions. It remains in good condition for 3 years if kept well. Protector condoms are sealed tightly in a foil or plastic wrapper, and placed in packs of three with easy to read pictorial instructions.

It is absolutely necessary to demonstrate the use of a condom. A penis model or bottle can serve as the erect penis. If possible, provide sample condoms and let each person go through the demonstration with you.

How To Put On A Condom:

- ① Check the pack for the expiration date (3 years from manufacturing date)
- ② Take one condom out of the pack.
- ③ Make sure the penis is erect.
- ④ Put the condom on before any genital contact.
- ⑤ Hold the tip of the condom between the finger and thumb on one hand, squeeze air out of the tip to make room for seminal fluid.
- ⑥ With the other hand put the condom on the end of the penis and unroll it down the length of the penis by pushing down the round rim of the condom. If this is difficult, the condom is inside out. Turn the condom the other way round.
- ⑦ When the rim of the condom is at the base of the penis (near the pubic hair), penetration can begin.
- ⑧ Note: Do not use Vaseline or petroleum jelly as a lubricant.

How To Take Off A Condom:

- ① Soon after ejaculation, withdraw the penis while it is still hard, holding on to the bottom rim of the condom to prevent it from slipping off the penis.
- ② Do not let the penis go soft inside the partner, because the condom may slip off and spill semen in or near the vagina.
- ③ Tie a knot in the top of the condom and wrap in waste paper before disposing of it safely in a toilet or pit latrine.
- ④ Wash hands to remove vaginal secretions. (Note: HIV cannot pass through skin. The only danger in getting vaginal fluid on the hands is if there is a cut or open wound that fluids can come in contact with).

Hints For Effective Condom Use :

- ✓ It is important that people talk about condoms with their partners before use. Condoms require cooperation between the two people involved.
- ✓ The genital areas of the two partners should never be in contact before the condom is on.
- ✓ Condoms should be kept in a cool dry place away from sunlight.

MYTHS/RUMORS	THE TRUTH
Condoms often break or slip off.	If used correctly and consistently, condoms are safe 97% of the time.
Condoms have holes.	Condoms are electronically tested for safety and have no holes.
U.S. condoms have HIV in them.	U.S. condom manufacturers must follow national and international safety standards. The U.S. has no reason to produce anything other than a safe latex condom.
Condoms will not fit on a small penis.	If a boy is young, the penis is still growing and may be a bit small for a condom. Abstaining from sex is the only way to stay safe in this case, think of other ways to satisfy sexual desires.
Protector condoms will not fit on a large penis.	Protector condoms are made of latex rubber which stretches to fit any penis size. (try stretching condom or filling with water)
If a man does not ejaculate in to a woman, she will not get the pleasure of the ejaculation or the nutrients from the semen.	Semen cannot be ingested through the vagina. The only thing semen will do for a woman is make her pregnant or give her HIV or an STI if her partner is infected.
Condoms make sex painful.	Only the person wearing the condom can make sex painful.
Condoms can get stuck in a woman's vagina, and she will need an operation to remove it.	At the end of the vagina is the cervix which is always closed and only opens wide during childbirth. When a condom is left in the vagina it can easily be removed by inserting a finger in the vagina and pulling it out.
Condoms promote sex, promiscuity, and immorality.	Giving people information about condoms provides them with choices and tells them how to stay safe. Each person must decide for themselves when and with who they want to have sex.

Personal Barriers To Condom Sensitization

Some people have mentioned personal conflicts with selling, promoting, discussing, and educating people about Protector condoms. Below are listed some apprehensions people have, along with possible responses or ways to look at the positive side of the job.

Concern	Response
Selling condoms when I am a Christian.	Educating people about condom use saves lives. Saving lives is a Christian belief and something to be proud of.
Having my parents, family, and friends know that I participate in distribution of Protector.	Why should you be ashamed to let people know that you are educating the community about HIV and STIs - it is important.
Using the Protector vehicle or wearing a Protector T-shirt.	Associating yourself with Protector (vehicle or T-shirt) should not be negative. Condom promotion has saved many lives in Uganda - you are helping spread the word.
Being seen as a promoter of sex or prostitute.	You know you are not a sex worker, that is what counts. If you take the time to explain to people what you do and educate the community, they should appreciate your efforts. If they do not listen, it is their problem - not yours.
Talking about condoms and sex in Uganda is taboo.	Talking about condoms and sex in Uganda has saved lives and decreased the contraction rate of HIV.

In most cultures it is taboo to talk about sex issues openly, however, it has become an important part of saving people's lives. As an educator or seller of condoms, one must learn to feel comfortable discussing sexual issues and condom use.

ADDENDUM

Edith Mukisa Ronah was contracted by FUTURES to do the groundwork for this condom sensitization module. She is a social scientist who has worked in health for the past eight years, and has done research on STDs, HIV, and youth. Ms. Mukisa has worked as a counselor in STD clinic Mulago, and more recently, has been working as an Administrator at Naguru Teenage Information and Health Centre. Additionally, she has also been involved in producing "Health Matters" and "Straight Talk," both project materials for the USAID DISH Project.

Ms. Mukisa would like to express her gratitude to all FUTURES staff who participated and shared their ideas with her. She would also like to acknowledge community members who gave further insight in to issues discussed and incorporated in this module.

Attachment 7

January 1997 press coverage

The New Vision Dec. 28, 1996

...ing for ... from Arua Park Kampala.

Photo by Cranmer Mugerwa

Condom sales up

By Lilliane Barenzi

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SALES of Protector brand condoms in Uganda increased by 60% in 1996. Sarah Tift, Country Director for the (Social Marketing for Change (SOMARC) project-backed by USAID, said the number of Protector condoms sold has increased from 5,900,000 in 1995 to 9,950,000 in 1996. The num-

ber do not include the sale of any other brands. The SOMARC programme has been operating in Uganda since 1990. With the support of the Ministry of Health, the non-profit organisation focuses on family planning and AIDS control countrywide. According to Tift, sales have increased in both rural and urban areas.

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Protector condom sales up 66%

By Catherine Watson

SALES of Uganda's leading condom, Protector Condom, grew by 66% in 1996 over 1995 sales. Protector Condom salesman David Kanyoro, 29, is one of the reasons for the success.

In 1996 the Makerere social science graduate sold over 2 million Protector Condoms in southern and western Uganda. "It's good work to promote condoms," he says. "From the volumes I've sold I

feel that I am personally helping to check the spread of HIV."

Kanyoro spends 10 to 20 days a month on the road. Each day he and his two-man team visit

25 points of sale: general merchandise shops, bars, pharmacies lodges, NGOs.

Kanyoro works for Social Marketing for Change (SOMARC) the USAID-funded social marketing project which promotes Protector Condom, Uganda's leading condom.

In 1996 SOMARC sold a record 3,979,930 Protector Condoms, up 66% on the 5,980,285 sold in 1995. Protector Condom accounts for half the 19 million condoms estimated to have been used in Uganda in 1996.

About the increase in condom sales, Dr. Elizabeth Madraa, manager of the government's STD/AIDS control programme, comments: "It is a positive move which means education is going down to the people."

David Kanyoro's former job was marketing disposable syringes. Selling condoms is harder.

"Many shopkeepers don't want to be seen selling condoms. So we tell them

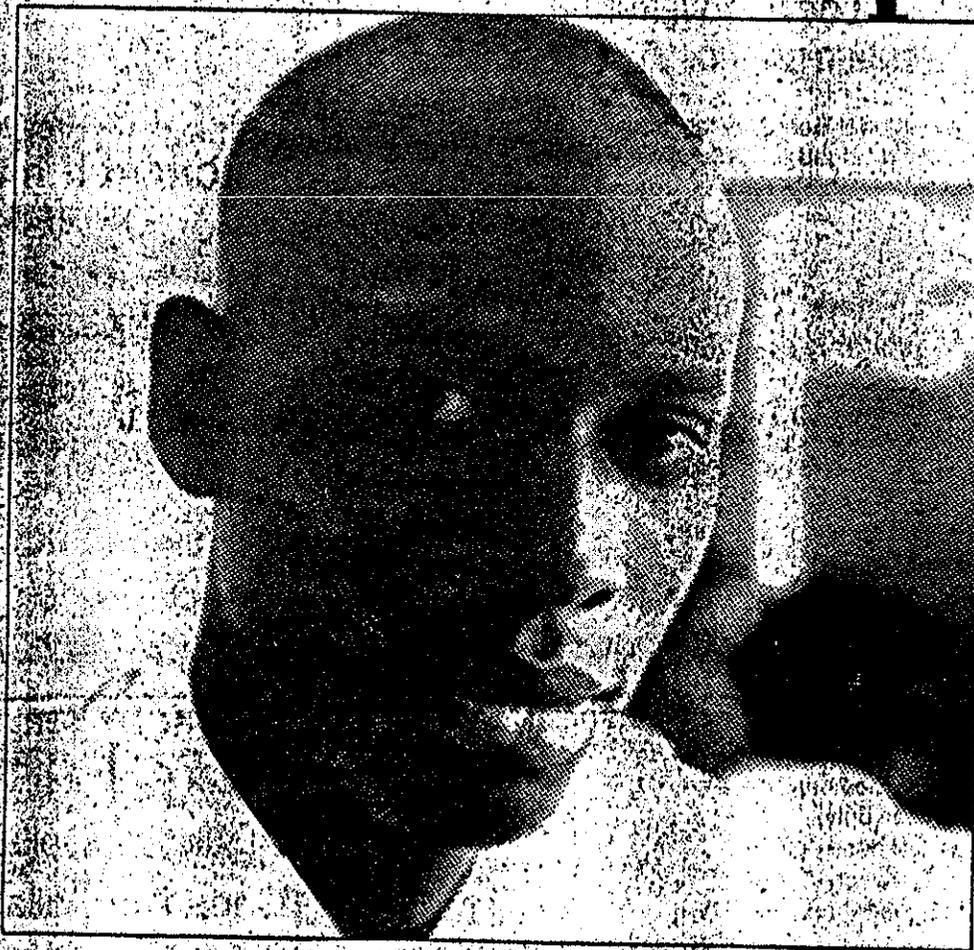
"You make 1,000/- profit on every dispenser of Protector that you sell. We also say it is an extra service they can do for their customers. So in

shopkeepers like helping the community. "We sell to a reverend who has a shop in Rwashamaire in Ntungamo. He says he stocks condoms because AIDS has devastated his parish."

Another civic-minded shopkeeper in Kanoni in Mbarara sells about 900 condoms a month.

"He is jolly and liked by all folks," says Kanyoro. "He sells a lot because he has a positive attitude. He thinks condoms are useful for his community which has many youth."

SOMARC is a reproductive



David Kanyoro, Protector Condom salesman. Photo courtesy Somarc.

health project, which works closely with the Ministry of Health's own STD/AIDS control programme.

"We still find villages where people have never seen condoms," says Kanyoro.

"Some people think a Protector Condom is a biscuit because of the beautiful wrapping."

In such places, people have many questions: How many condoms per act of sex? Do

they reduce sexual pleasure? Do they reduce disease? Why are they sold and not free?

"We talk about abstinence and faithfulness," says Kanyoro. "We are providing an alternative to those who

cannot abstain. We say rather than having unprotected sex, here is a condom."

"We demonstrate condom use on a wooden penis. We tell them that it feels better to be protected and that the latex of condoms is very strong yet very thin."

Highly subsidised by USAID, a packet of three Protector Condoms sells for 100/-.

"We sell the condom because it is a valuable item which saves lives," explains Kanyoro. "If a person spends a small amount of money on a condom, he values it more."

Experts estimate that total condom consumption will rise to 25 million countrywide in 1997. SOMARC aims to hold on to over 50% of the market with sales of 12 million this year. "The job is enormous," says Kanyoro.

Thailand and Uganda are the first countries in the Third World where the HIV epidemic may be stabilising.

In Thailand, HIV rates fell by half in army recruits after condom use was enforced in the trade. In Uganda, the adoption of safer sexual behaviour, including condom use, has led to a fall in new cases of HIV.

At Kampala's Rubaga Hospital, HIV infection rate in pregnant women fell from 29% in 1992 to 18.3% in 1995. In Mbarara, antenatal clinic HIV rates fell from 30.2% in 1992 to 16.6% in 1995.

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Masaka youth use condoms to fight 'Kony'

With the twin threats of AIDS and the greater need for birth control, condoms have become an everyday item in our lives—or almost—indicating a major change in our sexual behaviour. Not only do drug shops stock them, they are now available in numerous retail shops across the countrywide. But as we get used to the new culture of protected sex, users are yet to get to terms with how to go about asking for condoms across the counter.

A recent informal survey carried out by *The Monitor* in Masaka came up with some interesting discoveries about how people go about getting their quota of condoms. *Michael J. Small* reports:

A youngman saunters into a shop, glances uneasily at the other customers before whispering to the shop keeper that he wants to "fight Kony", at which he places some money on the counter before being handed a small well wrapped package.

It's not so much that Masaka youth would fall over each other should the UPDF High Command launch a recruitment drive in the district in a renewed bid to slash out Lord's Resistance Army (LRA) leader, Joseph Kony from the North. Rather they have found it easier to couch their demands for a condom in such "patriotic" terms as wanting to "fight Kony."

"Most of the customers are shy about the condom and wouldn't like other people to know when they want to buy one," said a shop-keeper. "They disguise the demand for a condom in terms supposed to

be understood by them and the seller only."

After noticing that there are rather too many people at the shop, for instance, a young man may ask for a condom thus: "Have you seen any man and woman around here?" The "man and woman" phrase is an euphemism for the protector condom whose packet carries the picture of a man and a woman. As he talks, he places on the counter the required amount of money at which the shop attendant bends down to get the condoms from under the counter where most of them are kept, wraps them in a piece of paper before handing the package to the customer.

The condoms on display on the shelves are seldom touched for removing some from there when people are watching would make the whole matter public.

Some simply ask: "Do you



Ugandan body builders show off their mettle: But when it comes to buying condoms this bravado usually evaporates (File photo).

have any gloves?" While others refer to condoms as *Akatwera* (polythene bag). Many youths talk of going to fight Kony intimating that they lack the necessary weapons to use. Shop attendants have to use

their wits to figure out quickly what the "weapons" being talked about are.

Some ask more casually: "Do you have *ebikampala*," a Luganda word that means missile. In Masaka it also means a condom.

Other names for the condoms are socks, shoes, and gumboots. Those who call it gumboots may begin by telling the shop-keeper a story such as, "I intend to travel to the village but I am very uncertain of the weather. The roads tend to be muddy when it rains so do you stock any gumboots?" As he spins his tale, he places some Shs 200 (the normal cost of a set of three condoms) on the counter which the shop-keeper

As he passes on the package he murmurs how he doesn't stock any gum boots. "Oh sorry Bwana X but we stock no gumboots."

In a few cases, according to shop-keepers, some customers scribble down their desire on a piece of paper which they slide into the hand of the shop-keeper together with the money.

Often after buying condoms a few times from the same store, the buyer and the seller come to understand each other to such an extent that on production of the money the buyer is automatically given the condoms without having to say anything. And because of the secretive nature of the

pick, before bending down and emerging with a wrapped package, people seldom do matter buy condoms on credit.

Ghana's 'Mukwaya' sat on president's seat

Ugandans still recall Mukwaya who in 1994 beat the presidential security cordon to take a salute next to President Museveni during NRM anniversary celebrations at Kololo Airstrip before he was apprehended. But there seems to be no shortage of the likes of Mukwaya in Africa—one of the most famous being a Ghanaian one.

An ordinary citizen confidently marched forward and took the president's seat as the president stood to salute a military fly-past.

But there was one man who could not just believe it, that is until he conducted a very risky

Black Star Square, Accra, Ghana in 1972.

The then president of Ghana, Edward Akufo-Addo, sat at the front of the presidential dais with his wife and leading dignitaries. The dais was surrounded by security men. As

Ghana was not a police state, but at the same time adequate precautions for VIPs and especially for the president was expected. It was, later established that Lamtey was acting out of sheer admiration and respect and that the greatest event in his young life was to sit on the very chair occupied by the head of state.

A classic example of lax security, the kind which would later on cost the president of Egypt, Anwar Sadat, his own life. This is a dangerous game nobody should attempt.

Drum

"But once in a while, you get people who will just come in and say quite bluntly that they want a condom without minding who is listening," said a woman grocer.

The most popular brands are Protector condoms which are the cheapest on the market. "But it is also good to stock rough rider condoms" said one shop-keeper, "as they are very popular with sophisticated young men especially those from Kampala." A set of three rough rider condoms costs Shs 1,500.

Nearly all the shop-keepers interviewed in the largely conservative Masaka town said they had never received any female buyer of condoms. Only one trader in Kinoni Trading Centre said he had sold some condoms to young women who work in a bar. He was not sure if they buy them for their own use when they get men or whether they are sent for them by the men who hire the lodges.

The vast majority of condom buyers are young men.

Business is brisk in the evenings but peak periods occur on weekends especially when there are discos or *kadongo Kamu* in the trading centres.

Shops situated near mixed secondary schools are also doing brisk condom business.

But in a few cases selling condoms has proved difficult for grocers who work with their grown-up children. Fornication is forbidden in most religions and parents too discourage it. The Catholic religion expressly forbids the use of condoms even as a measure of birth control. So some shop-keepers feel offended whenever anybody goes to their shop and asks for a condom.

No doubt, the increased demand for condoms has also been spurred on by the artistes who have composed numerous songs in a spirited bid to stem the spread of AIDS.

That notwithstanding, it's still a long way to go when the stigma over the use of condoms is slowly worn off.

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Attachment 8

Protector Condom Radio Ad Research Report

**PROTECTOR® CONDOM/RADIO AD
RESEARCH**

**The Futures Group International
SOMARC Uganda
February 1997**

PROTECTOR® CONDOM/RADIO AD RESEARCH
The Futures Group International/SOMARC Uganda
February 1997

A. Introduction

SOMARC, an international social marketing project funded by the US Agency for International Development and administered by The Futures Group International, has been providing high-quality, low-cost condoms to Uganda since 1991. The condoms have been made available through social marketing under the Protector® brand name.

In order to determine condom preferences and to pretest new Protector radio advertisements, SOMARC Uganda conducted one-on-one interviews with 50 condom users. The specific objectives of the research were:

- 1) To identify key features of condoms that appeal to male condom users.
- 2) To explore awareness of and attitudes towards Protector condoms (both the product and the brand name/logo).
- 3) To obtain reactions to five new Protector radio advertisements.

A team of three experienced interviewers from Makerere University Institute of Social Research were selected to conduct the 50 interviews. Training of interviewers and pretesting of the questionnaire tool was conducted by SOMARC Uganda staff and a technical advisor from Makerere University. SOMARC Uganda was responsible for all analysis of the results.

The research was conducted in Kampala and Luwero between January 29 and February 3, 1997. Twenty-five urban males were interviewed in Kampala, and 25 males were interviewed in Luwero. All respondents were aged between 18 and 35. In addition, all were condom users who usually pay for condoms they use. Interviews were conducted in Luganda, although respondents were screened for English comprehension since the Protector radio advertisements were in English.

B. Key Findings

The research provided quantitative and qualitative information on the following topics: preferences regarding condom features; differences between condom brands;

awareness of and attitudes towards Protector name/logo/packaging; and reactions to Protector radio advertisements.

Preferences Regarding Condom Features

- The majority of participants said they prefer a particular brand of condom (43/50), 37 of whom indicated that Protector was their condom of choice. However, when asked to compare several unpackaged/unlabelled condoms, only 14 respondents selected the Protector as the preferred condom.
- The most important condom features for both rural and urban respondents were as follows: safety (50/50); strength (45/50); lubrication (43/50); widely available (41/50); price (39/50); and smoothness (36/50). Several additional features were mentioned, including size/length and fit.
- Most respondents felt that a low price for condoms was important.
- The least important features proved to be color and studs.

Differences between Condom Brands

- When presented with four different, unpackaged condoms (Protector, Lifeguard, Engabu, and Rough Rider), all but one respondent were able to notice differences between them. The key differences noted were: color (40/49); studded/unstudded (25/49); and thickness/thinness (22/49).
- Almost half of the respondents (23/50) chose the unpackaged Lifeguard condom as their preferred condom. Respondents chose Lifeguard because it appeared to be strong and well-lubricated. A couple of respondents incorrectly chose Lifeguard, mistaking it for Protector.
- Protector was the second most-chosen brand (14/50). Reasons given were lubrication and smoothness.

Awareness of and Attitudes towards Protector Condoms

- The majority of respondents had previously used Protector condoms (46/50). Those who had used Protector identified safety, strength, and lubrication as the most important features.

- A number of respondents (17/50) indicated that there was something that did not appeal to them about Protector condoms. The most common complaints were: weakness; odor; unreliability; and holes in the condom.
- When shown a picture of the Protector couple, most of the respondents were able to identify correctly the picture as the image found on the Protector pack. Many were also able to recognize the Protector sign/slogan "Be wise. Always wear Protector condoms." However, respondents said that the slogan appeared on the Protector pack, which, in fact, it does not.

Reactions to Protector Condom Radio Advertisements

Each respondent listened to three (3) of the new Protector condom radio advertisements. With 50 total respondents, each ad was tested 30 times (listening order of the ads was rotated to avoid sequencing bias). All of the ads were in English, although the interviews were conducted in Luganda (see attached scripts for details).

- The general response to all of the radio advertisements was positive. Reactions to the five ads were similar in terms of what respondents remembered, the key messages, and what was liked about the ads.
- The features of "safe" and "strong" were very memorable in most of the ads. Most memorable ideas by each ad were as follows: "Makula example" in Ad #1 (Wise); "reliability" in Ad #2 (Safe) and Ad #3 (Shop); "Made in the USA" and "strong" were most memorable for Ad #4 (USA); and "prevents HIV/STDs in Ad #5 (Learn).
- Respondents identified "Always wear Protector condoms" as the key message in all five of the ads. Also mentioned were "strong" in Ad #4 and "prevents HIV/STDs" in #5.
- Responses were similar across all five radio ads with regards to what respondents liked about the ads: "(contains) good information" was the top reason and "encouraging (condom) use" was second for all five.
- A small number of respondents (an average of 6/30 for each ad) said that they did not like the ads. Disliked about all five ads was the music and the fact that they were not in vernacular.
- The majority of the respondents (46/50) agreed that the ads presented Protector as a good, high-quality product. They felt that the ads conveyed this idea by listing detailed qualities of Protector condoms (18/50), specifically that they are strong (14/50) and safe (9/50).

- The new radio ads mention that Protector is a “smooth” condom. In order to determine whether the concept of smoothness has relevance amongst Ugandan men, respondents were asked to define “smooth.” (NOTE: if respondents could not understand the English word “smooth,” a translation was given in Luganda.) Of the 50 respondents, 38 were able to identify and define the concept of smooth (19 in English and 19 in Luganda). Smooth was defined as “not rough,” “soft” and “thin.” No negative perceptions were mentioned.
- Many respondents (34/50) agreed that the ads mentioned that Protector is made in the USA. Of these 34 respondents, 27 said that this was a positive, appealing feature.
- Most of the respondents (41/50) liked the music in the ads, because it was “good,” “clear,” “fits well with the song,” and “is a good tune.” Reasons for not liking the music included “not interesting” and “the music covered (muffled) the words of the song.”
- All radio ads include a rap/song “Protector’s safe, Protector’s strong, Protector’s smooth.” When asked if they remembered each part of this song, 31 remembered “safe,” 38 remembered “strong,” and 26 remembered “smooth.” Additionally, 32/50 respondents were able to say or sing the words to the song.
- Respondents were asked to rank the ads in order of preference. Urban and rural respondents differed slightly. Most popular ads for rural respondents were: Ad #3, then Ads #5 and #1. For urban respondents the most popular ads were Ads #4, #1 and #3. The least popular ad for rural respondents was Ad #2 and Ad #5 for urban respondents.
- When ad preferences were analyzed by respondent age group, both the 18-24 year olds and the 25-35 year olds chose Ads #1, #3 and #4.

Conclusions

Protector brand condoms seem to be well known to the public. People prefer using a brand name, and Protector was the brand most noted. Though more respondents chose Lifeguard when presented with four un packaged condoms, image, advertising, packaging, and positive experience using Protector give way to a Protector preference.

In smoothness versus studs, smoothness was definitely preferred and was a top condom feature for 36 out of 50 respondents.

The general response to the radio ads was positive. Though many noted problems with music covering the words, a majority of respondents were able to remember the important key words "safe" and "strong."

Popularity of ads varied slightly between rural and urban: most popular for rural was #3 and the most popular for urban was #4. Though there were preferences and favorites asked for in the interview, the general feeling is that they were all good.

Recommendations

Protector condoms have a positive image and reputation. Advertising and packaging should continue along the same lines.

- The smooth, strong, lubricated Protector should not change its features.
- The packet image of the couple is easily identified and should remain the same.
- The slogan "Be Wise. Always Wear Protector Condoms" is well known and should continue.

The radio ads that were tested had a good response.

- Mixing of the music and words need to be reworked, words need to be clear.
- Rap "Protector's Safe, Protector's Strong, Protector's Smooth" is catchy and memorable, use recommended.
- Use of Makula and Kapere is positive, continuing to use these characters is recommended.
- Mentioning "made in the USA" is seen by most as positive, use recommended.

FROM : RHYC HARARE

PHONE NO. : 2634498668



AD#1: "Wise"

"Wise Guys"

COPY: FUTURE

PRODUCT: PROTECTOR "WISE GUYS"
RAIJIUJU"

DATE: 11 NOVEMBER 1996

DOCKET NO: P0236/1E

SFX:

UP-BEAT ETHNIC PUNK THROUGHOUT.

MVO SUNG LINE:

Wise guys are streetwise

FVO SPOKEN TO BEAT:

And otherwise?

MVOSUNG LINE:

They're smooth EMPHASIZE

MVO2:

Makula knows all about life's dangers and pitfalls -

FVO.

Enjoying spontaneously.

MV2:

- and pleasures
But Makula also enjoys sex sex is a wonderful gift - to celebrate - to protect. That's why Makula has made Protector condoms a part of his Life style and that's no surprise.

FVO SUNG:

No surprise.

MVOSPOKEN TO THE BEAT: For a wise guy!

MVO3:

Be wise. Always wear Protector condoms.

AD #2: "SAFE"

"Safe"

CLIENT: FUTURES
DATE: 6 DECEMBER 1996

PRODUCT: UGANDA RADIO 40" "SAFE"
DOCKET NO: FG236/ USA/R2

SFX: HIP HOP MUSIC OVER SUNG LINE

SUNG LINE(rap): PROTECTOR STRONG, PROTECTOR SAFE,
PROTECTOR SMOOTH.

SFX: NATURAL OUTDOOR ENVIRONMENT.

MVO1 MAKULA: Hey Kapere, if we're going out tonight we need to
be safe.

MVO2 KAPERERE: Look Makula, we've been to this club a thousand
times and have we ever had any trouble?

SFX: SHOP DOOR BELL

MVO1 MAKULA: No I mean Protector condom safe.

MVO3: Strong, safe, smooth and made in the USA.
Protector is Uganda's favourite
condom.

SFX: CLUB ATMOSPHERE

MVO1 MAKULA: Now I feel really

FVO1: Hi Makula

MVO1 MAKULA: Safe!

SFX: MUSICAL SIGNATURE

MVO3: Be wise. Always wear Protector Condoms.

FROM : BMCC HARARE

PHONE No. : 010-273-400000



Ad #3 : "SHOP"

"Shop"

CLIENT/FUTURES
DATE: 11 November 1996

PRODUCT: PROTECTOR 30" RADIO (DJICE)
DOCKET NO: FUZZ/BLUOP/R/30'

- SFX: IN-STORE HUSTLE AND BUSTLE
- MVO: Protector condoms..... (whispered).
- FVO: Pardon?
- MVO: Protector condoms (whispered louder)
- FVO: Sorry - I can't hear you sir.
- MVO: Protector condoms (shouted)
- SPX. Silence.
- SFX: GASPS OF HORROR - A BOTTLE BREAKS - ALADY SCREAMS
- MVO: *Kiyezi wak* for protector condoms. Made in the U.S.A.
Protector condoms, are smooth, reliable and reasonably priced.
- SFX: A SIGH OF RELIEF - UP HARMONIOUS MUSIC.
- MVO2: Be wise. Always wear Protector condoms.

"Made in USA"

AD #4: USA

CLIENT: FUTURE

PRODUCT: UGANDA RADIO- MADE IN USA
40"

DATE: 6 DECEMBER 1996

DOCKET NO: FG 236/USA/R2

SFX: HIP HOP MUSIC OVER THE SUNG LINE

SUNG LINE (rap): PROTECTOR STRONG, PROTECTOR SAFE,
PROTECTOR SMOOTH.

SFX: NATURAL OUTDOOR ENVIRONMENT

KAPERRE (MV01): Hey Makula, are those new jeans I see you
wearing?

MAKULA (MV2): They are indeed!

KAPERRE (MV1): Ooooh! And from America I see. Hey man you
are going up in the world. First it's Protector
"made in the U.S.A" condoms and now it's jeans.

MAKULA (MV2): Look they've even got a little pocket for my
Protector condoms.

KAPERRE (MV1): Hey just look at that!

MAKULA (MV2): In fact my jeans are just like Protector condoms,
smooth and comfortable yet strong....
Hey Kapere you should be like me and always wear
Protector condoms.

SFX: MUSICAL SIGNATURE

Strong, safe, smooth and made in the U.S.A.
Protector is Uganda's favourite condom.

Be wise. Always wear Protector condoms.

AD #5: "LEARN"

"Learn"

CLIENT: FUTURES
DATE: 6 DECEMBER 1996

PRODUCT: UGANDA RADIO- "LEARN" - 40"
DOCKET NO: FG236/ LEARN/R2

- SFX:** HIP HOP MUSIC OVER THE SUNG LINE
- SUNG LINE(rap):** PROTECTOR STRONG, PROTECTOR SAFE,
PROTECTOR SMOOTH.
- SFX:** CLUB ATMOSPHERE
- KAPERRE (MV1):** Hey Makula! Just look at all these lovely girls who
just want to have fun - Hi girls!
Tonight it's going to be a night to remember.
- MAKULA (MV2):** Kapere, it will be if you don't wear Protector
condoms. You'll remember it for the rest of your
life!
- Haven't you heard of STDs.....
- KAPERRE (MV1):** Hey Makula don't talk about STDs and Aids and
keep your voice down about condoms in front of
girls, you'll frighten them away.
- MAKULA (MV2):** They'll be a lot more frightened if you are not
wearing a Protector condom, they'll be scared to
death.
- MVO3:** Strong, safe, smooth and made in the USA.
Protector is Uganda's favourite condom.
- SFX:** MUSICAL SIGNATURE
- Be wise. Always wear Protector condoms.

PROTECTOR CONDOMS/RADIO AD QUESTIONNAIRE

January 28, 1997

No: _____

Names of Interviewer: _____

Date of Interview: _____

Location of Interview (circle): Urban Rural

RECRUITER: Read to all respondents before starting questionnaire (in Luganda):

SOMARC, a project that markets family planning products, is conducting a survey on the opinions of Ugandan men about family planning products and advertising. I assure you that anything you say in this interview is completely confidential, so please do not feel embarrassed or afraid to be completely honest in your responses. Additionally, your name will not be recorded on this questionnaire, so no one will ever know what responses you gave to the questions.

We will ask you some questions about your opinions about family planning and about three radio advertisements that have recently been developed. The interview will last about one half hour. At the end of the interview, you will receive a soda/samosa as a token of our appreciation of your cooperation and participation in this survey.

RECRUITER: After reading the above statement, casually screen all potential respondents for English comprehension level. If the person is able to understand English, proceed to screen him for other criteria using the following questions (Q.1 - Q.6).
(NOTE: Interviewer should re-ask Q.1-Q.6 to confirm and record responses.)

NO.	QUESTION	CODING CATEGORY	SKIP
Q.1	How old are you? _____	18-24..... 1 25-35.....2 Other: Thank and Terminate	
Q.2	What is the highest level of education you attained?	Primary/Junior.....1 Secondary.....2 Post-secondary.....3 Refused/Missing.....9 9	
Q.3	What is your occupation? _____ (Cross-check with Class schedules.)	Class C.....1 Class D.....2 Other: Thank and Terminate	
Q.4	Are you currently married?	Yes..... 1 No..... 2 Refused/Missing.....9 9	
Q.5	Do you currently use condoms for family planning or any other purpose? (within the last 3 months)	Yes..... 1 No: Thank and Terminate	
Q.6	Do you usually pay for condoms or do you usually receive them for free?	Pay..... 1 Free: Thank and Terminate	

NO.	QUESTION	CODING CATEGORY	SKIP
Q.7	How often do you use condoms? (Read list of possible responses.)	Every time you have sex.....1 Frequently, but not every time.....2 Sometimes, but not often.....3 Only when you have sex with someone other than your regular partner.....4 Refused/Missing.....99	
Q.8	Do you prefer any particular brands of condoms?	Yes.....1 No.....2 Refused/Missing.....99	Q.10 Q.10
Q.9	What are the brands that you prefer?	Protector.....1 Rough Rider.....2 Engabu.....3 Lifeguard.....4 Trust.....5 Other: _____ Refused/Missing.....99	

Q.10 Condoms vary in the kinds of features that they have. I'm going to read you a list of different features. For each feature that I mention, please tell me whether or not this feature is important to you. (Read list and circle 1, 2 or 99 for each item on the list.)

FEATURE	CODING CATEGORY		
	Yes=1	No=2	M/R=99
Safety	1	2	99
Price	1	2	99
Packaging	1	2	99
Widely Available	1	2	99
Strength	1	2	99
Studs	1	2	99
Color	1	2	99
Smoothness	1	2	99
Thickness	1	2	99
Lubrication	1	2	99
Sensitivity	1	2	99

NO.	QUESTION	CODING CATEGORY	SKIP
Q.11	Are there any other features that are important to you?	Yes.....1 No.....2 Refused/Missing.....99	Q.13 Q.13

Q.12	What other features are important to you?	_____	

INTERVIEWER: If respondent answered that price is important in Q.10 (i.e. if "1" is circled under price in Q.10), proceed to Q.13. Otherwise skip to the next interviewer instructions.

NO.	QUESTION	CODING CATEGORY	SKIP
Q.13	You mentioned that price is important to you. What about price is important? (Probe)	Low Price.....1 High Price.....2 Other : _____ Refused/Missing.....9 9	

INTERVIEWER: Review the results of Q.10, Q.12 and write down all of the features that the respondent said are important to him (all features with "1" circled in Q.10 and all written responses in Q.12) in the space provided.

Q.14 You answered that the following features are important to you. (Read list that you made at the end of Q.13) Of these features, please rank them as follows:

NO.	QUESTION	CODING CATEGORY	SKIP
Q.14a	Which is the most important?	_____	
Q.14b	Which is the second most important?	_____	
Q.14c	Which is the third most important?	_____	

INTERVIEWER: Remove Rough Rider, Lifeguard, Protector and Engabu condoms from primary package and display in front of respondent. No packaging should be shown to the respondent.

NO.	QUESTION	CODING CATEGORY	SKIP
Q.15	Are there any differences between these condoms?	Yes.....1 No.....2 Refused/Missing.....9 9	Q.17 Q.17

Q.16 What differences do you notice?

INTERVIEWER: Let the respondent examine the condoms.

NO.	QUESTION	CODING CATEGORY	SKIP
Q.17	Do you notice any (other) differences between these condoms?	Yes.....1 No.....2 Refused/Missing.....9 9	Q.19 Q.19

Q.18 What differences do you notice?

Q.19 Which of these condoms would you prefer to buy?
(Circle each condom as identified by respondent. Do not read list.)

CONDOM	CODING CATEGORY		SKIP
	Mentioned=1	Not Mentioned=2	
Rough Rider	1	2	
Lifeguard	1	2	
Protector	1	2	
Engabu	1	2	
Refused/Missing		99	Q.21

Q.20 Why?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.21	Have you used Protector condoms?	Yes..... 1	Q.24 Q.24
		No..... 2	
		Refused/Missing.....9 9	

Q.22 What appeals to you about Protector condoms? (Probe. Do not read list. Circle whether feature was mentioned or not mentioned for each response on the list.)

FEATURE	CODING CATEGORY	
	Mentioned=1	Not Mentioned=2
Nice Package	1	2
Price	1	2
Manufacturing Location	1	2
Availability	1	2
High Quality	1	2
Safety	1	2
Strength	1	2
Sensitivity	1	2
Thinness	1	2
Thickness	1	2
Smoothness	1	2
Studs	1	2
Color	1	2
Lubrication	1	2
Other: (Specify)	_____	
Refused/Missing	99	

INTERVIEWER: Review the results of Q.22 and write down all of the features that the respondent said are important to him (all features with "1" circled in Q.22) in the space provided.

Q.23 You answered that the following features are important to you. (Read list that you made at the end of previous question) Of these features, please rank them as follows:

NO.	QUESTION	CODING CATEGORY	SKIP
Q.23a	Which is the most important?	_____	
Q.23b	Which is the second most important?	_____	
Q.23c	Which is the third most important?	_____	

NO.	QUESTION	CODING CATEGORY	SKIP
Q.24	Is there anything that does not appeal to you about Protector condoms?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.26a Q.26a

Q.25 What does not appeal to you?

INTERVIEWER: Show respondent picture of Protector couple.

NO.	QUESTION	CODING CATEGORY	SKIP
Q.26a	Do you recognize this picture?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.27a Q.27a

Q.26b Where have you seen this picture? (Probe for details.)

INTERVIEWER: Show respondent Protector slogan.

NO.	QUESTION	CODING CATEGORY	SKIP
Q.27a	Do you recognize this sign?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.28a Q.28a

Q.27b Where have you seen this sign? (Probe for details.)

Q.28a What type of man uses condoms?

Q.28b What type of man uses Protector condoms?

RADIO AD PRETEST

INTERVIEWER: Write the name of the ad that is in the first position here: _____.
 (See rotation schedule.) Play the Protector radio ad that is in the first position two times and ask the following questions.

Q.29 What do you remember about this ad?

Q.30 In your opinion, what are the key messages in this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.31	Is there anything that you like about this ad?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.33 Q.33

Q.32 What do you like about this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.33	Is there anything that you dislike about this ad?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.35 Q.35

Q.34 What do you dislike about this ad?

INTERVIEWER:

Write the name of the ad that is in the second position here: _____.
(See rotation schedule.) Play the Protector radio ad that is in the second position
two times and ask the following questions.

Q.35 What do you remember about this ad?

Q.36 In your opinion, what are the key messages in this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.37	Is there anything that you like about this ad?	Yes..... 1	Q.39 Q.39
		No..... 2	
		Refused/Missing..... 9 9	

Q.38 What do you like about this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.39	Is there anything that you dislike about this ad?	Yes..... 1	Q.41 Q.41
		No..... 2	
		Refused/Missing..... 9 9	

Q.40 What do you dislike about this ad?

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INTERVIEWER:

Write the name of the ad that is in the third position here: _____.
(See rotation schedule.) Play the Protector radio ad that is in the third position two times and ask the following questions.

Q.41 What do you remember about this ad?

Q.42 In your opinion, what are the key messages in this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.43	Is there anything that you like about this ad?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.45 Q.45

Q.44 What do you like about this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.45	Is there anything that you dislike about this ad?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.47a Q.47a

Q.46 What do you dislike about this ad?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.47a	Do these ads say to you that Protector is a good, high quality product?	Yes..... 1 No..... 2 Refused/Missing.....9 9	

Q.47b Why, or why not?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.48a	Do these ads say to you that Protector is "smooth"?	Yes (English).....1 Yes (Luganda).....2 No..... 3 Refused/Missing.....9 9	Q.49a Q.49a

Q.48b What does "smooth" mean to you?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.49a	Do these ads say to you that Protector is "made in the USA"?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.50 Q.50
Q.49b	Is this appealing to you?	Yes..... 1 No..... 2 Refused/Missing.....9 9	

Q. 49c Why, or why not?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.50	Is there anything that you like about the music?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.52 Q.52

Q.51 What do you like about the music?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.52	Is there anything that you dislike about the music?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.54 Q.54

Q.53 What do you dislike about the music?

NO.	QUESTION	CODING CATEGORY	SKIP
Q.54	Do you remember the song? (Circle all that are appropriate.)	Safe..... 1 Strong..... 2 Smooth.....3 No..... 4 Refused/Missing.....9 9	Q.56 Q.56
Q.55	Can you sing or say the words to the song?	Yes..... 1 No..... 2 Refused/Missing.....9 9	

NO.	QUESTION	CODING CATEGORY	SKIP
Q.56	Of all the ads that you just heard, is there one ad that you like best? (Probe. 'Which was your favorite ad?' Or, what was your favorite part of the ads you just heard?')	First Ad.....1 Second Ad.....2 Third Ad..... 3 Refused/Missing.....9 9	Q.58

Q.57 Why? (Probe. 'Which parts of the ad did you like?')

NO.	QUESTION	CODING CATEGORY	SKIP
Q.58	Do you think all of these ads would make people interested in buying Protector condoms?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.61
Q.59	Do you think some of these ads would make people interested in buying Protector condoms?	Yes..... 1 No..... 2 Refused/Missing.....9 9	Q.61 Close
Q.60	Which ads?	First Ad.....1 Second Ad.....2 Third Ad.....3 Refused/Missing.....9 9	

Q.61 Why?

INTERVIEWER: CLOSE INTERVIEW. Thank you for your time. Your thoughts and opinions are very valuable to us. (Give soda/samosa to respondent.)

Attachment 9

First Quarter 1997 MIS Report

Total Sales by District, 1 January 1997 - 31 March 1997									
1 dispenser Protector = 60 condoms.					1 dispenser New Pilplan = 60 cycles				
1 dispenser Injectaplan = 10 vials.					1 dispenser Engabu = 120 condoms				
District	Protector		New Pilplan		Injectaplan		Engabu		District %
	No. Disp.	District %	No. Disp.	District %	No Disp.	District %	No. Disp.	District %	
Kampala	20902	45.1%	467	22.0%	369	43.1%	277	16%	
Jinja	2810	6.1%	263	12.4%	40	4.7%	80	4%	
Kamuli	898	1.9%	39	1.8%	6	0.7%	0	0%	
Luwero	1460	3.1%	31	1.5%	30	3.5%	31	2%	
Masindi	391	0.8%	25	1.2%	5	0.6%	32	2%	
Kasese	685	1.5%	72	3.4%	0	0.0%	28	2%	
Masaka	1937	4.2%	82	3.9%	27	3.2%	137	8%	
Ntungamo	406	0.9%	21	1.0%	15	1.8%	83	5%	
Rakai	775	1.7%	39	1.8%	24	2.8%	40	2%	
Mbarara	2676	5.8%	100	4.7%	55	6.4%	137	8%	
Arua	1000	2.2%	0	0.0%	0	0.0%	0	0%	
Bundibugyo	47	0.1%	0	0.0%	0	0.0%	28	2%	
Hoima	545	1.2%	23	1.1%	0	0.0%	64	4%	
Iganga	1080	2.3%	37	1.7%	3	0.4%	0	0%	
Lira	0	0.0%	0	0.0%	0	0.0%	0	0%	
Mbale	1543	3.3%	66	3.1%	189	22.1%	0	0%	
Mpigi	2536	5.5%	242	11.4%	31	3.6%	40	2%	
Mukono	1460	3.1%	76	3.6%	22	2.6%	1	0%	
Tororo	423	0.9%	18	0.8%	0	0.0%	15	1%	
Bushenyi	367	0.8%	19	0.9%	0	0.0%	75	4%	
Kabale	2061	4.4%	347	16.4%	0	0.0%	201	11%	
Kabarole	517	1.1%	6	0.3%	0	0.0%	286	16%	
Kibaale	23	0.05%	3	0.1%	0	0.0%	12	1%	
Kiboga	58	0.1%	6	0.3%	0	0.0%	25	1%	
Kisoro	67	0.1%	4	0.2%	0	0.0%	0	0%	
Mubende	588	1.3%	54	2.5%	0	0.0%	131	7%	
Rukungiri	304	0.7%	6	0.3%	0	0.0%	51	3%	
Pallisa	340	0.7%	8	0.4%	17	2.0%	0	0%	
Kapchorwa	274	0.6%	12	0.6%	22	2.6%	0	0%	
Soroti	0	0.0%	0	0.0%	0	0.0%	0	0%	
Not labelled	177	0.38%	52	2.5%	2	0.2%	4	0%	
TOTAL	46,350	99.6%	2,118	100%	857	100%	1778	100%	
SOURCE: SOMARC Uganda project MIS									
Date of report: 14-Apr-97									

Attachment 10

Project Spending and Accruals Report 1 January - 31 March 1997

SOMARC/Uganda
Spending/Accrual Analysis
DISH/Mission Line Items
2nd Quarter FY 1997
1 Jan 97 - 31 March 97
Spending and Accrual Analysis for 2nd Quarter FY 1997 (as of 3/31/97)

Line Items	FY 1995 Expended (10/94-9/95)	FY 1996 Expended (10/95-9/96)	FY 97				TOTAL Expended/Accrued
			Expended 10/96-12/96	Expended Current Quarter	Accrued Current Quarter	Expended/Accrued Current Quarter	
BUYIN							
1. Technical Assistance	158,089	222,852	63,316	56,404	-	56,404	119,720
2. Implementation Costs	27,990	5,354	334,786	28,928	21,732	50,660	385,446
3. Commodities	-	-	-	-	-	-	-
4. Project Management	183,503		217,833	43,465	-	43,465	261,298
5. Evaluation	-	-	-	-	-	-	-
Subtotal	369,582	228,206	615,935	128,797	21,732	150,529	766,464
CORE							
1. Technical Assistance	301,006 ⁽¹⁾	51,735	(5,381)	9,727	-	9,727	4,346
2. Implementation Costs	553,234	539,075	64,523	128,922	11,008	139,929	204,452
3. Commodities	-	-	-	-	-	-	-
4. Project Management	218,244	292,092	11,142	13,219	-	13,219	24,361
5. Evaluation	-	-	-	-	-	-	-
Subtotal	1,072,484	882,902	70,284	151,867	11,008	162,875	233,159
TOTAL BUYIN + CORE							
1. Technical Assistance	459,095	274,587	57,935	66,130	-	66,130	124,065
2. Implementation Costs	581,224	544,429	399,310	157,850	32,740	190,589	589,899
3. Commodities	-	-	-	-	-	-	-
4. Project Management	401,747	292,092	228,975	56,684	-	56,684	285,659
5. Evaluation	-	-	-	-	-	-	-
TOTAL	1,442,066	1,111,108	686,219	280,664	32,740	313,403	999,623

1) Includes expenses for previous periods.