
First Quarterly Report

Enhancing HIV/AIDS Prevention and Improving
Reproductive Health in Zimbabwe (Phase II)

August - October 2001



Submitted by PSI/Zimbabwe
February 7th, 2002

Submitted to the Core Collaboration Team:

Department for International Development (DfID)
United States Agency for International Development (USAID)
HIV and TB Programme, Ministry of Health and Child Welfare
National AIDS Council (NAC)
Zimbabwe National Family Planning Council (ZNFPC)
PSI/Washington

QUARTERLY PROGRESS REPORT

Name of Activity:	Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)		
Country:	Zimbabwe		
PSI Project#:	Core:	39-942-01	
	Protector Plus Male Condom Social Marketing Project (MCSMP):	39-947-01	
	Care Female Condom Social Marketing Project (FCSMP):	39-949-01	
	ProFam Integrated Private Medical Sector (IPMS):	39-950-01	
	New Start Voluntary Counseling and Testing (VCT):	39-945-01	
	Targeted Communication Initiative (TCI):	39-946-01	
	Zimbabwe Social Marketing and BC Programme (DFID)	39-2019-81	
Implementing Agency:	PSI/Zimbabwe		
Start Date:	01 August 2001 USAID		
	01 February 2002 DFID		
End Date:	31 July 2005 USAID		
	31 January 2006 DFID		
Total Budget:	\$17,500,000 USAID		
	UKL 6,800,000 DFID		
Current Obligation:	\$6,050,000 through 12/31/2002 USAID		
Cost-Share Commitment:	\$4,414,825		

Reporting Period Covered:	01 August 2001 – 31 October 2001
Date of Report:	November 30 2002

Country Representative:	Andrew Boner
Program Manager:	Katie Schwarm

I. Benchmarks

This reporting form covers the life of your activity. You will receive the same form each reporting period, including your prior updates, so you will have a convenient running record of your achievements. In the sections below, report **only** on those **unshaded** areas, as they are part of this reporting period or were not completed during an earlier reporting period. (The shaded areas are for future reporting periods.) Under "status at time of report," note simply *C* for *complete* or, if incomplete, *%C* for *percentage complete*. If a benchmark from this reporting period has not been met, please briefly describe why in the last column.

Key Benchmarks for Program Implementation	Target Completion Date	Status at time of report (C or %C)	Reason for Incomplete Status (if applicable)
<u>New Start VCT</u>			
Open Third Direct Site	Q3 2002		
Operating Agreements with Indirect Sites Revised	Q2 2002		
Redesign/reopen Hwange Site	Q3 2002		
Redesign/reopen Bindura Site	Q3 2002		
Integrate FP/STI services into 2 New Start Direct Sites	Q2 2002		
Integrate New Start VCT services into ZNFPC FP clinic	Q2 2002		
Launch New Start VCT outreach integrated with ProFam services	Q3 2002		
Launch New Start advertising campaign	Q2 2002		
Establish ELISA testing capacity at NAH	Q3 2002		
Launch TV mini-series to address benefits of VCT to HIV positive persons	Q3 2002		
<u>IPMS</u>			
Integrate ProFam services into New Start Outreach	Q3 2002		
Launch redesigned communications	Q3 2002		

**Enhancing HIV/AIDS Prevention
and Improving Reproductive Health in Zimbabwe**

**Quarterly Report
August to October 2001**

campaign			
Add two new products/services to ProFam basket (e.g. EC, Pap Smears, PTKs)	Q4 2002		
Register Dr. Reddy's Female Condom with MCAZ	Q3 2002		
Targeted Communications and Condom Social Marketing			
Launch new Protector Plus brand	Q3 2002		
Launch new PP ad campaign	Q1 2002		
Launch new care brand	Q3 2002		
Launch new care ad campaign	Q1 2002		
Generic BC Campaign launched	Q2 2002		
Evaluate PP ad campaign	Q3 2002		
Evaluate care ad campaign	Q3 2002		
Evaluate BC campaign	Q4 2002		
Sustainability and other Core Objectives			
Revise Strategic Sustainability Plan	Q3 2002		
Management Retreat	Q2 2002		

Program Indicators (2001 – 2005)

New Start Voluntary Counseling and Testing Services

Indicators	Date of Completion	Progress to Date
1. 150,000 clients counseled at New Start centers. 2. 86% (DFID), 50% (USAID) of New Start clients are LSM 1-6 3. Recurrent (DFID) Cost-per-client decreases to \$36 in final year of project.	1. July 2005 2. July 2005 3. July 2005	1. 14,860 clients seen during quarter; 14,860 seen during phase II; 48,038 clients seen during life-of-activity. 2. 53% KAP 2001 3. TBD
1.1 Increase from 10% to 70 % of target group who can cite at least one place where s/he could obtain VCT services (USAID only). 1.2 93% of target group can cite correctly at least one place where s/he could obtain VCT services (DFID only) 1.3 Increase from 54% to 65 % (USAID) (46% to 86%- DFID) of target group who report that they are likely to utilize VCT services. 1.4 60% of target group who are aware of <i>New Start Centers</i> believe that the centers provide confidential services. 1.5 No significant differences in above indicators by LSM in target areas 2.1 (10 - USAID) (7 – DFID) <i>New Start</i>	1.1 – 4.1 July 2005	1.1 92.7% in KAP 2001 1.2 92.7% in KAP 2001 1.3 45.6% in KAP 2001 1.4 89.2% in KAP 2001 1.5 KAP 2001 2.1 Twelve (12) centers currently operational

**Enhancing HIV/AIDS Prevention
and Improving Reproductive Health in Zimbabwe**

**Quarterly Report
August to October 2001**

<p>integrated VCT centers operational through LOP.</p> <p>2.2 3 <i>New Start</i> direct VCT centers operational by EOP.</p> <p>2.3 80% (USAID) and 85% (DFID) of <i>New Start</i> counselors attend at least 3 refresher training courses during LOP.</p> <p>2.4 75% (USAID) and 85% (DFID) of clients report satisfaction with counseling and testing services.</p> <p>2.5 Rapid Test Kits introduced in all <i>New Start Centers</i>.</p> <p>2.6 60% (USAID) and 86% (DFID) of target group who are aware of <i>New Start Centers</i> believe that the services are affordable.</p> <p>3.1 15% (USAID) and 80% (DFID) of clients are offered information on at least one community group to provide follow-up support.</p> <p>4.1 Report on population-based data on attitudes and practices related to <i>New Start</i> VCT disseminated</p>		<p>2.2 Two (2) currently in operation</p> <p>2.3 41% (MIS)</p> <p>2.4 89% (Client Exit survey 2001)</p> <p>2.5 10 out of 12 centers have rapid test kits</p> <p>2.6 85.8% in KAP 2001</p> <p>3.1 15%, KAP 2001</p> <p>4.1 TBD</p>
---	--	---

Integrated Private Medical Sector Program (IPMS)

Indicators	Date of Completion	Progress-to-date
<p>1.1 60% (USAID), 40% (DFID) of <i>ProFam</i> contraceptive users are LSM1- 6.</p> <p>1.2 Sales of <i>ProFam</i> supported contraceptives provide 160,000 CYPs</p> <p>1.3 Modern method CPR among LSM1 – 6 remains stable or increases over LOP</p> <p>1.4 Feasibility of engaging independent nurses in STI treatment assessed.</p>	<p>1.1 – 1.4 July 2005</p>	<p>1.1 27%, KAP 2001</p> <p>1.2 16,120 CYPs in this quarter; 16,120 CYPs over LOP</p> <p>1.3 TBD</p> <p>1.4 37% (KAP 2001)</p>
<p>1.1 Proportion of LSM 1-6 who can relay the message of at least one <i>ProFam</i> campaign increases from 63% to 83%.</p> <p>1.2 70% of target population aware of services offered by <i>ProFam</i> members.</p> <p>1.3 80% of target population currently using contraceptives familiar with at least one <i>ProFam</i> contraceptive method.</p> <p>1.4 Proportion of LSM 1-6 reporting demand for <i>ProFam</i> increased from X% to Y% (DFID only)</p> <p>1.5 Proportion of <i>ProFam</i> users from LSM 1-6 increased from X% to Y% (DFID only)</p> <p>2.1 90% of urban pharmacies offer at</p>	<p>1.1 – 3.2 July 2005</p>	<p>1.1 10% (KAP 2001)</p> <p>1.2 80% (KAP 2001)</p> <p>1.3 50% (KAP 2001)</p> <p>1.4 TBD (DFID only)</p> <p>1.5 TBD (DFID only)</p> <p>2.1 90% (KAP 2001)</p>

**Enhancing HIV/AIDS Prevention
and Improving Reproductive Health in Zimbabwe**

**Quarterly Report
August to October 2001**

<p>least 4 <i>ProFam</i> family planning brands at prices < 2.5% of per capita GDP for one CYP.</p>		
<p>2.2 At least 80% of <i>ProFam</i> trained providers score 80% retention six months after training.</p>		<p>2.2 80% (Training follow up survey 2001)</p>
<p>3.1 Appropriate referrals to <i>New Start</i> clinics by <i>ProFam</i> providers are made 75% of the time</p>		<p>3.1 TBD</p>
<p>3.2 Policy change allows Independent Nurses to prescribe and dispense antibiotics.</p>		<p>3.2 TBD</p>

Targeted Communications and Condom Social Marketing

Indicator s	Date of Completion	Progress-to-date
<p>1. Condom use in last sex act with non-spousal partner increased from:</p> <p>a. 42% to 62% (USAID), 70% (DFID) among urban male youth aged 15-25 and 12% to 30% (USAID), 66% (DFID) among rural male youth aged 15-25</p> <p>b. 29% to 39% (USAID), 72% (DFID) among urban single women aged 15-34</p> <p>c. 72% to 92% among truckers in project areas (USAID only)</p> <p>2. Percent of people having more than one partner in past 12 months decreased from:</p> <p>a. 30% to 15% (USAID), 82% to 50% (DFID) among urban male youth aged 15-25 and 14% to 9% (USAID), 76% to 50% (DFID) among rural male youth aged 15-25</p> <p>b. 31% to 21% (USAID) and 66% to 50% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 79% to 69% among truckers in project areas (USAID only).</p> <p>3. 50 million <i>Protector Plus</i> condoms sold.</p> <p>4. 700,000 <i>care</i> female condoms sold.</p>	<p>1 – 4 July 2005</p>	<p>1.</p> <p>a. 79% among urban and 66% among rural youths (KAP 2001)</p> <p>b. 72% (KAP 2001)</p> <p>c. 75% (KAP 2001)</p> <p>2.</p> <p>a. 82% and 76% among urban and rural youths respectively (KAP 2001)</p> <p>b. 66% (KAP 2001)</p> <p>C. 79% (KAP 2001)</p> <p>3. 4,318,020 condoms sold during quarter; 4,318,020 sold during LOP</p> <p>4. 96,134 pieces sold in quarter; 96,134 sold during LOP.</p>

Indicator s	Date of Completion	Progress-to-date
<p>1.1 <i>Protector Plus</i> available in 80% of liquor related and other night outlets</p> <p>1.2 80% of pharmacies stock <i>care</i>.</p> <p>1.3 <i>Care</i> is available in 30% (USAID) and 25% (DFID) of outlets (e.g. Bars/Night clubs and Hotels) in CSW project areas.</p> <p>1.4 Percent of people who know of at least one specific source of <i>care</i> increased from (USAID only):</p> <p>a. 43% to 63% among urban single women aged 15-34</p> <p>b. 40% to 80% among CSWs in project areas.</p> <p>c. 13% to 53% among LSM1-6</p> <p>2.1 <i>Protector Plus</i> perceived as affordable by:</p> <p>a 75% (USAID) and 89% (DFID) urban male youth aged 15-25 and 50% (USAID) and 84% (DFID) rural male youth aged 15-25</p> <p>b 61% (USAID) and 90% (DFID) among urban single women aged 15-34 (USAID and 15-25 (DFID).</p> <p>c 80% (USAID) and 70% (DFID) among CSWs in project areas.</p> <p>d 81% among truckers in project areas (DFID only)</p> <p>e 84% among LSM1-6</p> <p>2.2 <i>Care</i> perceived as affordable by:</p> <p>a. 73% (USAID) and 50% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID).</p> <p>b. 80% (USAID) and 70% (DFID) among CSWs in project areas.</p> <p>c. X% among LSM1-6</p> <p>3.1 Agreement with the statement: "I believe condoms are effective against HIV" increased from:</p> <p>a. 63% to 80% (USAID) and 86% (DFID) among urban male youth aged 15-25 and</p>	<p>1.1 – 3.4 July 2005</p>	<p>1.1 40% (Distribution Survey 2001)</p> <p>1.2 60% (Distribution Survey 2001)</p> <p>1.3 5% (Distribution Survey 2001)</p> <p>a. 16%(KAP 2001)</p> <p>b. 40% (CSW study 2001)</p> <p>c. 13% (KAP 2001)</p> <p>2.1</p> <p>a. 89% and 84% among urban and rural youths respectively (KAP 2001)</p> <p>b. 78% KAP 2001</p> <p>c. 40% (CSW study 2001)</p> <p>d. 81% (KAP 2001)</p> <p>e. 84% (KAP 2001)</p> <p>2.2</p> <p>a. 53% (KAP 2001)</p> <p>b. 60% (KAP 2001)</p> <p>c. 61% (KAP 2001)</p> <p>3.1</p> <p>a. 86% for urban and rural (KAP 2001)</p>

Indicator s	Date of Completion	Progress-to-date
<p>35% to 60% (USAID) and 86% (DFID) among rural male youth aged 15-25.</p> <p>b. 61% to 80% (USAID) and 83% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID).</p> <p>c. 80% among LSM1-6</p>		<p>b. 83% (KAP 2001)</p> <p>c. 80% (KAP 2001)</p>
<p>3.2 Among those who did not use condoms in the last sex act with a casual partner, % of risk perception increased from (USAID):</p> <p>a. 35% to 55% among urban male youth aged 15-25 and 14% to 20% among rural male youth aged 15-25.</p> <p>b. 36% to 55% among urban single women aged 15-34.</p> <p>c. 42% to 52% among truckers in project areas.</p> <p>d. X% to Y% among LSM1-6</p>		<p>3.2</p> <p>a. 28% and 26% for urban and rural respectively (KAP 2001)</p> <p>b. 37% (KAP 2001)</p> <p>c. 42% (Truckers study 2001)</p> <p>d. 36% (KAP 2001)</p>
<p>3.3 Percent of people who report that their peers support using a condom increased from:</p> <p>a. 31% to 46% (USAID), 33% to 50% (DFID) among urban male youth aged 15-25 and 26% to 31% (USAID), 34% to 50% (DFID) among rural male youth aged 15-25</p> <p>b. 46% to 66% (USAID), 22% to 45% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 20% to 50% among LSM1-6</p>		<p>3.3</p> <p>a. 33% and 34% among urban and rural respectively (KAP 2001)</p> <p>b. 22% (KAP 2001)</p> <p>c. 20% (KA 2001)</p>
<p>3.4 Percent of people who think it is acceptable for a woman to request use of a condom increased from:</p> <p>a. 57% to 75% (USAID), 46% to 76% (DFID) among urban males aged 15-25 and 25% to 30% (USAID), 48% to 78% (DFID) among rural males aged 15-25.</p> <p>b. 46% to 66% (USAID), 46% to 71% (DFID) among truckers in project areas.</p> <p>c. 45% to 70% among LSM1-6</p>		<p>3.4</p> <p>a. 46% AND 48% among urban and rural youths respectively (KAP 2001)</p> <p>b. 46% (Truckers study 2001)</p> <p>c. 45% (KAP 2001)</p>

Sustainability LogFrame

Indicators	Date of Completion	Progress-to-date
<ol style="list-style-type: none"> 1. Successful achievement against Purpose-level indicators in above indicators 2. Follow-on funding commensurate with sustained or increased program operations secured 	1. – 2. July 2005	<ol style="list-style-type: none"> 1. TBD 2. TBD
<ol style="list-style-type: none"> 1. Consistent improvements in PRISSM assessments, 2001-2005 2. GoZ health strategies embrace social marketing 3. Donors intend to provide funding sufficient to support planned activities beyond EOA 	<ol style="list-style-type: none"> 1. On-going 2. On-going 3. July 2005 	<ol style="list-style-type: none"> 1. Positive 2. Positive 3. TBD
<ol style="list-style-type: none"> 1.1 70% of local PSI/Z staff report they are applying increased skills acquired in previous year 2.1 Key GOZ officials consider PSI/Z critical collaborative partner for achievement of health objectives. 3.1 Continuing collaborative operations considered successful by PSI/Z and NGOs 4.1 Follow-on funding proposals negotiated with donors 4.2 PSI/Z expenditure in line with approved budgets 4.3 Positive reports from annual external audits 	<ol style="list-style-type: none"> 1.1 Annual; on-going 2.1 On-going 3.1 On-going 4.1 2004-5 4.2 On-going 4.3 Annually 	<ol style="list-style-type: none"> 1.1 See training schedule 2.1 Positive 3.1 Positive 4.1 TBD 4.2 TBD 4.3 TBD

Note: LSM refers to Living Standard Measures. LSMs provide a state-of-the-art means for categorizing people into groups that describe their net worth in terms of assets and amenities. Surveyed populations are divided evenly between eight (8) LSMs. LSM 1 represents the poorest segment of the population, LSM 8 the wealthiest. X & Y values for these indicators will be determined following a baseline KAP to be conducted during year one of the proposed intervention (see below).

Note: percentage estimates for the baseline values presented as estimates from other studies will be obtained from a baseline KAP to be performed in the first year (2001) of the project.

Note: all indicators are to be met by the end of the project unless otherwise specified.

Please include a brief narrative paragraph summarizing the project's progress along the following guidelines:

New Start Voluntary Counseling and Testing Services

I. Goals for this quarter and progress against those goals

1. Opening of Bulawayo free-standing site and Gwanda New Start Centre; both centers were opened in August.
2. Introduction of Rapid Test Kits (RTKs) at MAC, Nkulumane and Triangle integrated sites – this was achieved during the quarter
3. Official launch of Gweru New Start Centre
4. Orientation and VCT Counselling training workshop for Bulawayo Counsellors 2 to 17 July 2001; and one-week training programme for New Start receptionists
5. VCT price promotion for Youth, run from August 27 to September 9, 2001
6. Outreach VCT operations conducted in Norton and Epworth
7. Continuing collaboration with PACT/Zimbabwe for the launch of HIV Post Test Clubs.

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

Major highlights of the quarter include:

During this quarter, Mr. Chuck Szymanski joined the PSI/Z program as Deputy Country Director, filling a vacancy created by the departure of Dr. Gloria Sangiwa last year. Dr. Sangiwa was the Technical Advisor to New Start VCT; Mr. Szymanski will have management oversight of the New Start VCT portfolio as well as sharing responsibility for the general management of PSI/Z.

Challenges and actions taken to address them during the quarter :

A. Preparations for opening of Bulawayo Direct Site.

- Renovations for Bulawayo Direct Site (BDS) were undertaken. Staff for the site were trained and attached in Harare at New Africa House. Furniture and equipment was procured.
- Media campaign for the opening of Bulawayo Direct Site was conducted. The VCT team from PSIZ Head Office in Harare participated in the opening of site. The Medical Laboratory Scientist set up the laboratory and implemented rapid testing equipment and procedures. Medical and non-medical supplies were procured and sent to site.

B. Preparation and opening of Gwanda New Start Centre.

- Renovations for Gwanda Site were completed. Medical and non-medical supplies were procured and sent to site. The Medical Laboratory Scientist set up the laboratory and implemented rapid testing. The receptionist was trained in New Start reception skills. Members of the Head Office VCT team presided over the opening of site.

C. Revision of RTK implementation plan and introduction of rapid testing at all three Bulawayo sites, Gwanda, and Triangle.

D. Organizing and participating in official launch of Gweru New Start Centre. (Gweru City Health department conducted local publicity for the launch).

E. Concerns arising regarding performance of certain indirect sites.

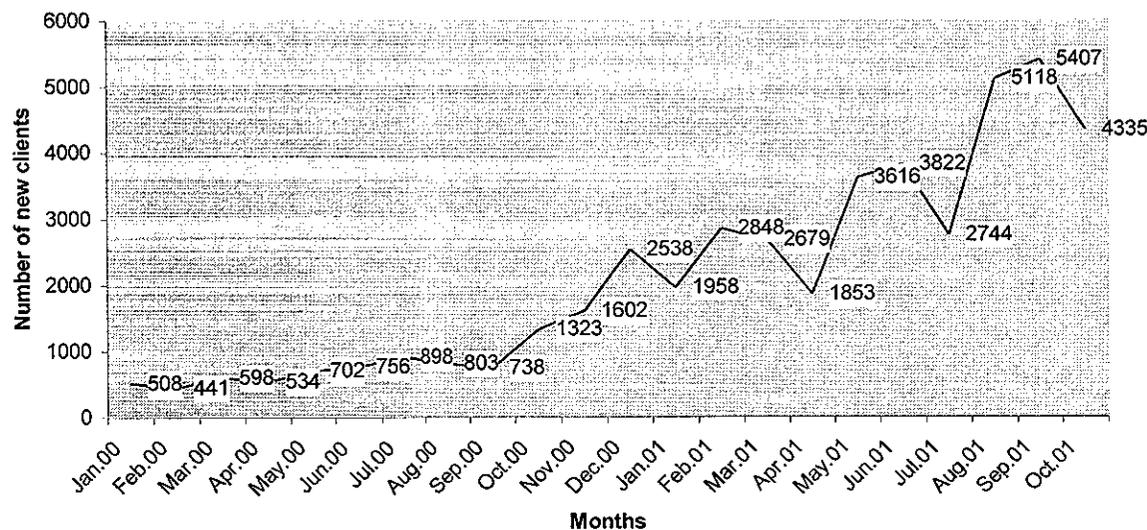
- Purposeful delay of RTK rollout in Bindura and Wankie sites in order that their counselling capacity for managing RTK implementation be further assessed. Other management difficulties identified at Bindura site.
- Low client flow at several sites, particularly Triangle and Wankie.

RESULT REPORTING

The twelve New Start Centres are, in order of opening: Harare City GU Hospital, Chinhoyi Hospital, Triangle Hospital, Matabeleland AIDS Council (MAC) (Bulawayo), Wankie Colliery Hospital (Hwange), Bindura Hope Humana, Mutare City, Nkulumane Clinic (Bulawayo), Gweru City, , Bulawayo Direct Site (BDS), and Gwanda Hospital. The table and graph below show the cumulative new visits from January 2000 thru October, 2001 for the twelve centres. Two of the centres--Bulawayo Direct Site (BDS) and Gwanda--commenced operations in August 2001 of the current quarter.

Site	Date of Opening	Prior Yrs' Clients	Jan 01	Feb. 01	Mar 01	Apr 01	May. 01	Jun. 01	Jul 01	Aug 01	Sep. 01	Oct 01	Total
NAH	9 Oct 2000	2,182	929	1,705	1,614	1,031	2,097	2,128	1,411	2,347	2,559	1,875	19,878
BDS	1 Aug 2001	0	0	0	0	0	0	0	0	926	880	742	2,548
Harare	31 Mar 1999	4,055	219	185	191	182	250	275	259	201	322	269	6,408
Gweru	2 May 2000	480	70	123	90	80	204	240	131	168	225	142	1,953
Mutare	17 Feb 2000	827	150	142	121	92	213	235	137	241	231	191	2,580
Nkulumane	10 April 2000	388	64	88	83	52	131	162	67	154	162	138	1,489
MAC	18 Aug 1999	3,010	308	313	368	231	416	466	485	266	334	201	6,398
Bindura	26 Jan 2000	1,390	122	123	79	141	138	143	169	568	354	568	3,795
Chinhoyi	16 Apr 1999	545	37	70	33	18	97	105	31	119	227	95	1,377
Gwanda	29 Aug 2001	0	0	0	0	0	0	0	0	29	56	47	132
Triangle	20 Apr 1999	654	46	88	81	20	42	59	38	84	44	56	1,212
Wankie	23 Aug 1999	127	13	11	19	6	28	9	16	15	13	11	268
		12,400	1,029	1,143	1,065	1,853	3,616	3,822	2,744	5,118	5,407	4,335	48,038
Total													

New Start VCT new clients by month: January 2000 to October 2001



A cumulative figure of 48,038 was seen from April, 1999 to October, 2001, of which 14,860 were seen in the quarter between August and October, 2001. This quarterly total represents more than cumulative clients seen in the first two years of operation. New Africa House (NAH) continued to contribute the highest percentage (around 44%) to the total number of clients seen at New Start, while Bulawayo Direct Site (BDS) follows in second (contributing about 18%).

The fall in the number of new clients seen in the New Start network in October is likely attributable to a lack of price promotion during the month of October 2001.

III. Goals for following quarter (November, December 2001 only)

New Start VCT Manager to provide technical assistance to PSI/Mali for the start-up of a VCT program (Nov 12-18)
New Start VCT Site Facilitator to attend regional HIV/AIDS counselor training in Zambia (10-23 November)
Co-host the VCT regional workshop in December to follow directly after the PHN Officers regional meeting in Harare.
World AIDS Day price promotion

Integrated Private Medical Sector (ProFam)

I. Goals for this quarter and progress against those goals

The Deputy Director Technical Services and two (2) Field Support Specialists will attend the medical detailers' training workshop in Tanzania on 27th to 31st August 2001;
Continued Medical Service Provider Training (see below)
Continued institutional education program

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

A. INTRODUCTION

The Integrated Reproductive Health Programme (IRHP) is aimed at harnessing the potential of the private medical sector in the delivery of reproductive health services in Zimbabwe.

The program focused on six components during the first quarter of August, September and October 2001. The components are as follows: Support and Follow-up; Product Marketing – Contraceptive Supply; IEC and Demand Creation; Training; Advocacy; and Provider Relations.

HIGHLIGHTS

TRAININGS

TABLE 1. Trainings Conducted - August – October 2001

DATE	VENUE	NAME OF COURSE	NO. OF PAX. TRAINED DURING QTR	NO. OF PAX. TRAINED DURING PHASE II	NO. OF PAX. TRAINED DURING LIFE OF ACTIVITY
7–10 Aug	The New Ambassador Harare	Nurses HIV Counselling and STI Management Refresher	20	20	
20–22 Aug	Spilhaus FP Clinic Harare Hospital FP Clinic Parirenyatwa FP Clinic	Doctors' Reproductive Health Practical Course in IUD and Norplant insertion and removal	22	22	
22–23 Sep	The New Ambassador Harare	Pharmacist Reproductive Health Course	18	18	
6–7 Oct	Holiday Inn Harare	Doctors HIV Counselling and STI Management Refresher Course	11	11	
16–19 Oct	Hwange Colliery	Nurses HIV Counselling and STI Management Refresher Course	22	22	

INSTITUTIONAL TRAININGS

Mgrs = Managers – Emp = Employees

PERIOD	COMPANY	# REACHED	ACTIVITY	SESSION HELD
AUGUST	Surrey Farm	3 Mgrs	Pitch presentation	1st session 1st session
	Surrey Farm	120 Emp	Reached and trained	
	Stanbic	34 Emp	Reached and trained	
SEPTEMBER	Construction Companies-Byo	45 Mgrs	Pitch presentation	1st session 2nd session
	First Mutual Life	120 Emp	reached and trained	
	Danhiko College	250 Emp	reached and trained	
OCTOBER	Paint and Allied Services	4 Mgrs	Pitch presentation	1st session
	United Bottlers Bulawayo	33 Emp	reached and trained	
	Pioneer Trucking Co	4 Mgrs	Pitch presentation	
	Livestock Development Trust	5 Mgrs	Pitch presentation	
	United College of Education	9 Mgrs	Pitch presentation	

E/S AFRICA – REGION MEDICAL REPRESENTATIVE TRAINING WORKSHOP

The Deputy Director Technical Services and two (2) Field Support Specialists attended the medical detailers' training workshop in Tanzania on 27th to 31st August 2001.

SENIOR TECHNICAL ADVISOR MARKETING, RESEARCH AND COMMUNICATION

Soumitro Ghosh, the new Technical Advisor Marketing, Research and Communication commenced duty on the 27th August 2001.

INTERNET STRATEGIC PLAN

Steve Leventhal from Washington was in the country on 13th September 2001, to assist in the design and implementation of a comprehensive internet strategy, whereby PSI would provide computers, internet access, training and support to local health care clinics to provide up-to-date health information and online training/distance learning.

SALES

TABLE 2: Sales and Targets per quarter August – October 2001

PRODUCT	SALES in QTR	TARGET THIS QTR	CUM. SALES (PHASE II)	CUM. SALES LIFE OF ACTIVITY
Marvelon	88 390	75000 cycles	88 390	
Duofem	39 890	45000 cycles	39 890	
Exluton	45 570	45000 cycles	45 570	
Depo Provera	9 910	4 500 vials	9 910	
Multiload	54	0	54	

SUPPORT AND FOLLOW UP VISITS

TABLE 3: August – October 2001 Visits done by Field Support Specialists

Northern Region	Doctors	82
	Nurses	20
	Pharmacists	76
Southern Region	Doctors	93
	Nurses	77
	Pharmacists	52

III. Goals for following quarter

Conduct following courses:

- OTC and Nurse Aids VCT Orientation and IPC Skills course - 7th – 8th November 2001.
- Nurses HIV Counselling and STI Management Refresher Course - 13th – 16th November 2001
- Pharmacists Reproductive Health Refresher course - 17 November 2001.

Male and Female Condom Social Marketing (M/FCSMP)

I. Goals for this quarter and progress against those goals

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

In concluding the CSMP report of the past quarter we expressed confidence of achieving better sales this quarter. Our confidence though strong was still guarded because of internal challenges being met by our distribution partner Johnson and Johnson and how those challenges have necessarily diverted their attentions from the distribution of our products to traditional outlets. There was some uncertainty posed by PSI/Z's funding situation with the end of the project scheduled during the third quarter. Happily, a proposal for PSI to regain distribution from J & J was approved at the end of August, with implementation starting in October. About the same time, USAID approved funding for phase 2 of the project in August. Every body at PSI/Z is overjoyed and grateful to our donor – USAID – for its show of confidence in PSI/Zimbabwe's ability to use its resources to improve the health of the population.

Record sales of Protector Plus (PP) were achieved thanks to careful planning and timely intervention by the sales team, which delivered orders to traditional outlets in cases where J&J were unable to do so. Also, to reduce the amount of selling time lost through the sales force traveling to Harare every month for meetings it was decided in September that beginning October instead of regional officers (ROs) and their assistants (AROs) traveling to Harare, management would travel out to the regions to meet with the ROs. Apart from affording the sales team more time in the field, this arrangement has the advantage of allowing head office staff to deal with the challenges and issues of each region on-site.

In September PSI/Zimbabwe approached Coca Cola (Central Africa) and United Bottlers (UB), the bottlers of Coca Cola brands in Zimbabwe, with a distribution proposal under which United Bottlers would distribute PP and care in rural areas serviced by its delivery trucks. In the urban areas UB will sell them to the public from its kiosks. If approved by Coca Cola, this proposal is expected to extend distribution coverage of PP in the rural areas considerably given UB's extensive network of rural stockists and dealers.

Ellison Murevesi, the sales manager, resigned from PSI/Zimbabwe on the 21st September 2001 to join his family in Australia. Since joining PSI, Ellison was instrumental in initiating and implementing many of the policies that have transformed the sales force into a highly professional and committed team with a passion for excellence. He will be remembered most for putting together and leading a team that surpassed all previous sales records of PP and care. Not only have sales of PP been consistently kept above one million pieces every month since January 2001, they reached another record high of 1.7 million pieces in September. It is no coincidence that this came soon after the sales review and planning meeting held in early August 2001 at which steps to boost sales were agreed on. We wish Ellison good luck and all the best for the future.

A new sales manager, Nkanyiso Ndlovu has been hired and is expected to start work on the 1st November 2001. Nkanyiso is expected to bring into PSI as a whole and the sales department in particular, a wealth of relevant experience, having worked in the fast moving consumer goods (fmcg), hospitality and transport industries for almost a decade.

The marketing department flighted generic adverts on the national television station – ZBCTV – whose themes were to encourage the youth to practice safe sex through the consistent use of condoms and being faithful to one's partner. The department also initiated a new youth radio programme, called On Our Level, which was launched in September. The programme aims to provide the youths with valuable information that encourages them to make informed decisions on issues that affect them, particularly HIV/Aids.

2. Sales and Distribution

Protector Plus

Sales continue to grow and yet another monthly record of 1.7 million pieces was achieved in September, with total sales for the quarter exceeding 4.3 million pieces (see table 1). While sales throughout this year have been remarkable in light of past years' performances, they have until this quarter been lagging slightly below the ambitious annual targets. This quarter's sales not only reversed this trend, they also made good the cumulative target deficits. Sales to date are now above target by 3.8 percentage points, giving high hopes that the annual target of 14.4 million pieces of PP will be met.

Table 1 **PP sales and targets per quarter, Feb - Oct 2001.**

Quarter	Sales	Sales growth (%)	Target	Sales-Target Variance (%)
Q1 - Feb to Apr	3,338,610	-	3,400,000	-1.8
Q2 - May to Jul	3,482,210	4.3	3,680,000	-5.4
Q3 - Aug to Oct	4,318,020	24.0	3,732,000	15.7
Year to date (Jan-Oct)	12,254,050	-	11,810,000	3.8

The impressive sales of this quarter are due largely to the timely intervention of the sales team in assisting with product deliveries to traditional outlets (TOs) in the face of reduced delivery frequencies by J & J. At the sales planning and review meeting held in August it was observed that Johnson and Johnson had cut back its deliveries because of acute shortages on most of its products. This move affected condom deliveries as well, with the result that stock-outs at Wiruma depots and in some traditional outlets became more frequent. In a few isolated cases, point-of-purchase (POP) material and product dispensers were pulled down from the shops because of prolonged delivery delays.

The extent of the decline in the reliability of J & J deliveries is evident from the drop in its share of total sales from 49% during the 2nd quarter to 41% (see table 2 below).

In light of the foregoing factors, it was decided as a short term solution that ROs would deliver to customers orders placed with J & J. Regaining the entire distribution of condoms from J & J was considered to be the best solution as this would give PSI total control - a view that was accepted by top management in late August and beginning September most of the key traditional outlets were signed on as direct customers of PSI/Zimbabwe. It is expected that by the beginning of December van sales will have taken over all traditional outlets from Johnson and Johnson.

Table 2 **PP sales by channel of distribution, February – October 2001**

Period	Total	Van sales (NTOs)	J & J (TOs)	TOs' share of total sales (%)
Q.1 (Feb-Apr)	3,338,610	1,729,640	1,608,970	48
Q.2 (May-Jul)	3,482,210	1,774,980	1,707,230	49
Q.3 (Aug/Oct)	4,318,020	2,560,290	1,757,730	41
Total	11,138,840	6,064,910	5,073,930	46

The significant increase in sales since September bears out the sales department's conviction total control of distribution is critical to the continuous enhancement of the quality and coverage of condom distribution.

It must be stressed however that by highlighting Johnson and Johnson's recent difficulties in meeting customer requirements for condoms and their core products the intention is not to criticize them. PSI recognizes that the operational problems facing J & J are not peculiar to it; they are a result of depressed national economic conditions over which it has no control. J & J was associated with the development of a commercial distribution network for Protector Plus and *care* condoms in Zimbabwe from the start of the project. The initial acceptance of both products by the commercial sector owed a lot to the reputation of J & J with which they were associated.

Regarding sales distribution across the six sales region into which the country is divided, it is evident from table 3 that Harare region accounts for the largest share of PP sales – 35%, followed by regions 1 and 2 with 18% and 16.6% respectively.

Table 3 Protector Plus sales by region: August to October 2001

Sales Region	Sales	Target	Sales as % of target
1	778,030	731,472	106
2	716,540	548,604	131
3	388,580	438,883	89
4	347,670	329,162	106
5	1,513,270	965,543	157
6	558,720	643,695	87
Institutions	15,210	74641	20
Total	4,318,020	3,732,000	116

In chart 1 below PP sales are broken down by customer type. The volume of product moved through wholesales continues to increase, rising by 2%. Every effort will be made to strengthen this trend as it releases more time for the field sales force to concentrate on extending coverage into rural growth points where penetration is weaker. The share of direct sales to supermarkets continues to decline as many of them increasingly turn to wholesales for their requirements. Liquor outlets will continue to be given special attention by the field sales force because a significant proportion of their sales are to the high-risk customers.

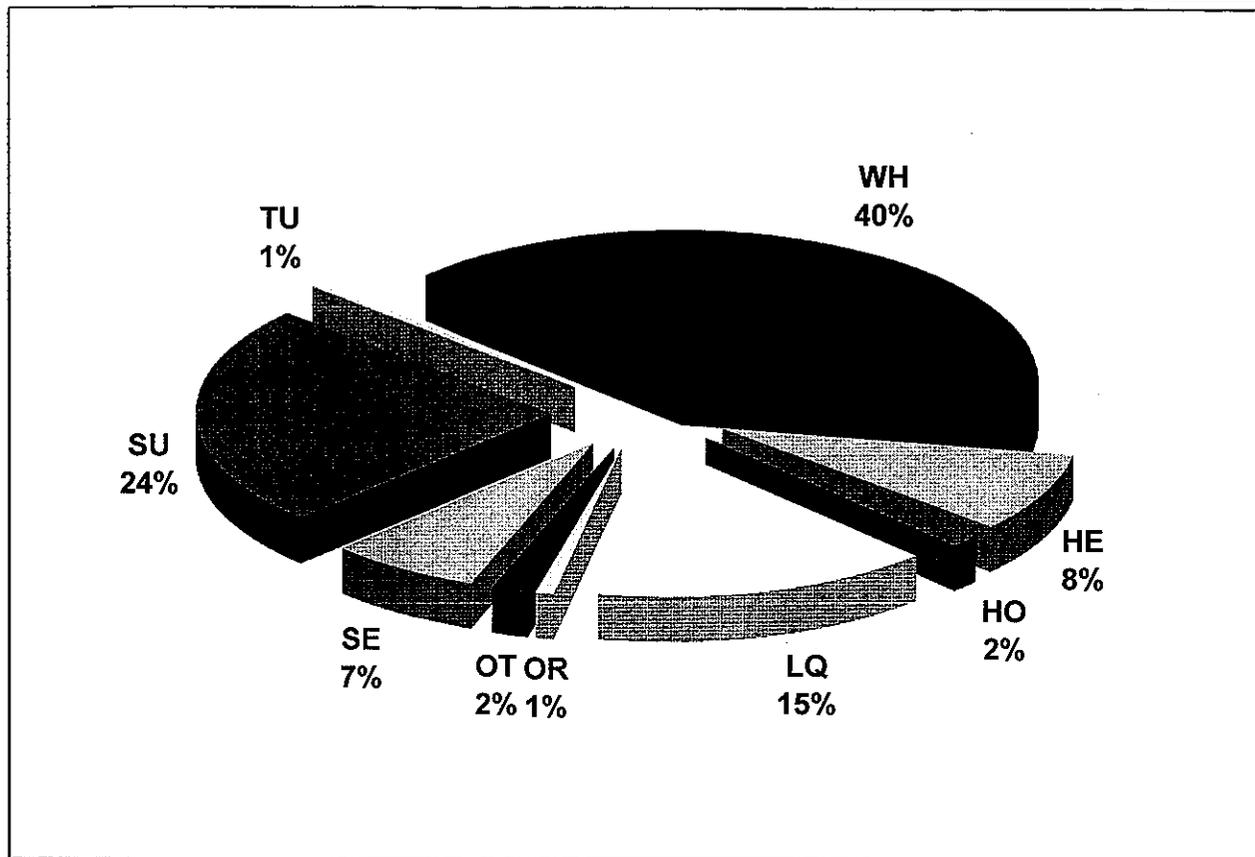
Table 4 Sales of Protector Plus by risk, May to October 2001

Risk level	May to July	Share of total (%)	Aug to Oct	Share of total (%)
Low	1,849,602	53	2,322,173	54

High	1,632,608	47	1,995,847	46
Total	3,482,210	100	4,318,020	100

The split between high and low-risk sales shows little change from the previous period. High-risk sales dropped by 1 percent from 47% during the 2nd quarter (May and July) to 46% this quarter. The apparent minimal change can be attributed to the increasing share of sales going through wholesalers. Wholesalers were initially estimated to contribute equal proportions of condoms to the two risk-level segments. As more outlets turn to wholesales for condom supplies, it is likely that an increasing number of those doing so will be the high-risk outlets whose PP stock turnover is relatively high. The split of wholesalers' sales between high- and low-risk will therefore have to weigh more heavily towards the high-risk, which will in turn increase overall the share of high-risk sales.

Chart 1 Sales of Protector Plus by outlet type, August to October 2001



The steady rise of PP sales in Beitbridge since the start of the Corridors of Hope (CoH) project in Beitbridge in August 2000 is a classic example of the significant impact that localized inter-personal communications activities can have on condom usage. The CoH project is funded by USAID regional funds, run by PSI/Z with collaboration from Development Aid From People to People (DAPP) under a subaward to PSI/Z. It focuses on raising awareness of the dangers of high-risk behaviour among uniformed officers, truckers and cross-border vendors by promoting the consistent and accurate use of condoms. 42,840 pieces of PP were sold in the town this quarter, bringing the total since February to 111,240 pieces. Average sales per quarter have grown by just over 7,200 from 29,790 pieces between August 2000 and January this year to 37,080 between February and October 2001 (see table 5). For a town with a population of about 12,000 these sales certainly

represent a fairly high consumption rate, which suggests increasing knowledge and appreciation of the benefits of avoiding risky behaviour.

It is hoped that the extension of the CoH initiative to other towns such as Chirundu, Mutare and Victoria Falls will see a similar reduction in risky behaviour, which will translate to increased demand for condoms.

Table 5 **Protector Plus sales in Beitbridge, August 2000 to October 2001**

Period	Sales in units
Aug – Oct 2000	21,600
Nov 00 – Jan 2001	37,980
Q.1 2001	39,690
Q.2	68,400
Q.3	42,840
Total	111,240

care

The rise in *care* sales anticipated in the previous quarter's report was realized and sales were almost double those of the previous period. The distribution of sales bears close resemblance with the past in that institutional and health care buyers from Harare and Bulawayo account for the majority of sales (see tables 6 and 7). The proportion of *care* sales estimated to be accounted for by high-risk users is higher than that for PP as some of the key institutional buyers target their distribution to high-risk groups.

Table 6 **Care sales by outlet type risk-level, August – October 2001**

Risk level	Out type	Sales in units	Percent of total sales
Low Risk	HE	20,200	
	OT	11,104	
	SU	1,020	
	WH¹	1,735	
	Subtotal	34,059	
High Risk	HO	240	
	LQ	600	
	OR	58,600	
	SE	860	
	TU	40	
	WH²	1,735	
	Subtotal	62,075	

A key challenge of *care* distribution is to make it a more widely acceptable product on the market than is the case. To this end a *care* sale promotion will run in regions 1 (Matabeleland) and 2 (Midlands/Masvingo) from the 1st November to the end of December in selected TM and OK supermarkets. For every 4 packs of care (up to a maximum of 8) a customer buys he/she will get a 50-dollar voucher.

Table 7 **care sales by region: August to October 2001**

Sales Regions	Sales	Target	Sales as % of target
1	11,150	3,240	344.1
2	1,520	2,428	62.6
3	2580	1,944	132.7
4	4,180	1,460	286.3
5	61,184	4,277	1,430.5
6	2,420	2,851	84.8
Institutions	13,100	37,800	34.6
Total	96,134	54,000	178.1

Critical elements of the promotion are the product demonstrations and information dissemination by a team of trained in-store promoters to be based in all the participating outlets. The main objectives of the promotion are to create more consumer interest in, and knowledge of, *care*, which will lead to greater product usage.

Our experience with *care* in Beitbridge under the CoH project is that given a sustained effort of interpersonal communication it is possible to increase consumer interest and usage of *care*. Sales have been growing slowly but steadily, from 80 pieces in the first quarter (Q.1) to 580 this quarter. The forthcoming sales promotion is expected to not only raise usage levels in the two regions but also make the product more acceptable. Furthermore it must be viewed as part of a wider effort to reposition *care* as every young lady's best protection against STI's, including HIV – an expression of how she cares - which will culminate in its re-launch under new colours and a new, smaller square pack early next year.

Table 8 **Care sales in Beitbridge, August 2000 to October 2001**

Period	Care (pieces)
Aug – Oct 2000	1,000
Nov 00 – Jan 2001	220
Q.1	80
Q.2	340
Q.3	580

Johnson and Johnson

- Owing to the worsening product supply situation being experienced by J&J it was not possible to see a resumption of sales of their products for commission by our van sales. The position is not likely to change in the near future

Personnel and Administration

- The sales truck for Matabeleland, which had been prone to frequent breakdowns of late because of age was replaced in August with a new Mazda B1800 truck.
- Events since the preparation of the budget for the second phase of the project, particularly the regaining of the entire condom distribution from J & J, has created an urgent need for additional sales vehicles to cope with the increased responsibilities. With the current number of sales personnel, an extra 3 – 4 trucks are required.
- Apart from the requirement for new vehicles, and in light of the imminent end of PSI/Z's distribution relationship with J&J, additional warehouses will also be needed. PSI/Z initiated discussions with Geddes pharmaceutical company in September for the latter to provide PSI warehousing space in its depots in Harare and Mutare. Geddes is now considering a draft distribution and warehousing agreement prepared by PSI/Z. The agreement is expected to be approved in November so that its implementation can start in December. In Gweru, where Geddes does not have

a depot PSI will lease a 50m² warehouse from the Zimbabwe Reinsurance Corporation at a monthly rental of Zim\$3,750.00.

- An additional Regional Officer hired for the Harare region, Kenneth Bhauti, started work on October 1, 2001. However, following the suspension of Daniel Zendera, the regional officer for the Mashonaland North (West and Central), Kenneth has been moved to that region.

4. Research

Commenced planning of a Monitoring and Evaluation (M&E) plan for all projects as per the requirement of USAID. The M&E plan will include,

- (1) the results to be achieved by the project;
- (2) the indicators to be used to measure achievement of the results;
- (3) the methods of data collection to be used to obtain the indicator data; and
- (4) targets of indicators by year.

The M&E plan will be in two components; the impact component (evaluation) and the activity (monitoring) component (this latter component will be integrated into the project workplans for VCT, IPMS and TCI/CSMP). Research is working with all departments to make sure that each and every department understands their set of indicators and the role of M&E.

The Research Department completed a distribution survey for CSMP this quarter. The broad objectives of this study were:

- to provide comprehensive information on the extent and nature of the distribution of Protector Plus and *care* condoms in Zimbabwe, and
- to gather related information in order to provide a picture of the local Protector Plus and *care* market

More specifically the research sought to: -

- determine the reach of Protector Plus, measured by the number of outlets which stock Protector Plus as a proportion of the total number of outlets visited

- measure how well Protector Plus was being merchandised in retail outlets and whether brand point-of-sale materials are being displayed in the different types of outlets
- measure the price range for Protector Plus that is being charged by retail outlets
- measure the reach of competing brands, particularly public sector condoms , in the retail outlets
- determine sources of supply of Protector Plus, *care* and other condom brands

III. Goals for following quarter

The next quarter will be full of challenges largely centered on ensuring a smooth take over of distribution from J&J and successfully running the *care* sales promotion in regions 1 and 2 and well as progress on a partnership agreement with Coke CA.

The success of the takeover of J&J's traditional outlets will hinge a great deal on the speed with which,

- (1) A warehousing agreement with Geddes will be finalized, and,
- (2) Funding for additional 3-4 vehicles for the field sales force will be secured.

With a new sales manger joining in November, there is also a great deal of excitement that he will bring his wealth of experience from United Bottlers to bear towards the continued refinement of PP and *care* distribution.

Targeted Communications Initiative (TCI)

I. Goals for this quarter and progress against those goals

Two main activities were implemented during the quarter. These include the flighting of generic communications on television and the launch of the youth radio programme.

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

Generic Communications

- Generic adverts developed in Kenya and targeting the youth were flighted on television during the period under review. The adverts conveyed the messages that you cannot tell whether someone is infected or not just by looking and that your partner has a sexual history and you are connected to that history the moment you engage in unprotected sex. The adverts further highlighted the dangers of not using condoms whilst engaging in serial monogamy.
- The adverts, which were flighted in Shona and English, generated a lot of discussion countrywide. A lot of letters commenting on the adverts appeared in the print media whilst some of the letters were sent directly to PSI/Zimbabwe. Informal discussions coupled with an analysis of the letters, indicated that whilst most adults were embarrassed by the adverts, most youths liked them and positively identified with the adverts. A media impact study is currently underway to determine the effectiveness of the adverts in changing behavior among the target group.

Several lessons were learnt from comments raised by the public concerning the adverts:

- The level of interest and discussions surrounding the adverts indicate that the majority of people identify and easily understand adverts, which are flighted in the vernacular language. However, it is important to develop the adverts in all the major languages of Shona, Ndebele and English as in this instance, Ndebele viewers were complaining about the absence of adverts in their vernacular language.

- There is need to highlight the benefits of knowing one's status in the generic ads in addition to condom use. The generic communications provide an excellent platform to remind people that condom use should be stopped only when you know your status and that of your partner, and you are in a mutually faithful relationship with that partner.
- It is important to pre test the adverts before flighting to determine whether or not they do not offend people's cultural values.

Youth Radio Programme

- A youth radio programme entitled ' **ON OUR LEVEL**' run by the youth and coordinated by PSI/Z was launched on Radio 3 in September 2001. ' **ON OUR LEVEL**' is a vibrant, trendy, informative yet entertaining discussion forum for the youths. The programme aims to provide the youths with valuable information that encourages them to make informed decisions on issues that affect them.

The main goals of the programme include the following:

- To create a friendly platform for the youths (16-25 years old), which is developed and sustained by the youths themselves.
- Motivate and encourage youths to understand, voice, question and appreciate information related to their reproductive health.
- To give youths the opportunity to inform, advise, share and support each other on issues pertinent to them.
- To create a smart generation which is knowledgeable enough on issues of HIV/AIDS and reproductive health to make wise decisions.

Some of the topics covered to date in the programme include boy / girl relationships, parents /children relationships and peer/peer pressure. Under these topics, issues on what constitutes a good relationship, the problems commonly faced by youths in relationships and the possible solutions to those problems were discussed.

III. Goals for following quarter

The next quarter will focus on developing communication materials to revamp the image of Protector Plus following the results of an Image study conducted in September 2001. Preparations are underway to launch a Care promotion in major supermarkets in Bulawayo, Masvingo and Gweru.