Malaria Control Though ITN Marketing – Uganda
ITN Business Association
FINAL PROJECT REPORT

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1.0 INTRODUCTION

This is the final report from MEDA Trade Co. (MTC) to CIDA in compliance with the revised deliverables for the project titled Malaria Control through ITN Marketing. This project seeks to reduce the mortality and morbidity caused by Malaria in Uganda, especially among children and pregnant women, by assisting the local commercial sector there to promote the sale, distribution and use of Insecticide Treated Nets (ITNs). The key objective of this project is:

“To increase distribution of insecticide treated mosquito nets (ITNs) in Uganda by companies who are members of the ITN Business Association and their local affiliates to 500,000 nets over the period of eighteen to 24 months.”

The market for ITNs in Uganda has evolved quite dramatically since we started this project in July of 2000. New brands exist, more businesses are involved and donors such as USAID (NetMark) and the Global Fund to fight AIDS, TB and Malaria (GFATM) have expanded funding commitments for Malaria control, including ITN programs. However, this CIDA project was launched at a critical time in the market development lifecycle for ITNs in Uganda. It was the first program there to work with the commercial sector and some of these distributors credit the program with impact that far exceeds that of many other, far more expensive projects.

2.0 EXECUTIVE SUMMARY

The effectiveness of ITNs is now scientifically established. For every 1000 ITNs distributed, 5.6 lives per year are saved. numerous ITNs studies confirm that all-cause child mortality can be reduced by 25% to 40% in project areas where ITNs are properly and faithfully used. By extrapolating these statistics and with the sales data that follows in section 3, it is clear that this project has contributed to the prevention of several thousand deaths. Other public health impacts include:

• Reduction of the average 6 episodes of malaria that each family suffers each year. This will, in turn, reduce incidences of childhood anaemia, reduced childhood growth, mental illnesses and death.
• Reduction of the incidence of malaria among pregnant women and the effects of this including; maternal amnesia, intra-uterine growth retardation, premature births, low weight births, still births and miscarriages. (Women are 4 times as likely to suffer malaria attacks during pregnancy).
• Reduction of the excessive public health cost of Malaria Treatment.
• Reduction of the family and societal costs of malaria including reduced productivity and income lost through work absenteeism.

1 Swiss Tropical Institute. Lengeler et al. 1996
2.1 Problems Encountered and Solutions Applied

For the most part, the project was executed according to plan and achieved the desired outcomes without significant problems. The main issue was the slow progress of the project which resulted in MEDA requesting project extensions on two occasions, both of which were approved by CIDA. We appreciate the patience of CIDA in this regard. Some other issues faced by the project include:

2.1.1 Poor Quality Nets
The commercial distributors associated with the project sell ITNs that meet standards set by the WHO and by the Uganda Bureau of Standards. Further, the project insists that the nets promoted through the project come pre-packaged with insecticide re-treatment. But in the same way that a rising tide lifts all boats, many other importers, not associated with the project, benefited from the increased awareness and sold poor quality, sub-standard nets without insecticide. Table 2 below shows that as many as 60% of the nets being sold in Uganda are sub-standard imports. It is near impossible to curb this trend when most consumers are very poor and therefore seek the lowest prices.

2.1.2 Two Loons Marketing Co.
The original project design included the creation of an advertising agency aimed at serving the project partners amongst other clients. It was envisioned that the “placement fees” typically paid by mass media outlets to the ad agencies acting on behalf of advertisers would serve as the basis for this “marketing company with a social conscience”. In practice though, project partners preferred to book advertising directly rather than through the newly created Two Loons Marketing Co., so revenue expectations for this company were not met.

2.1.3 Slow Growth of the Market
The goal for the project was sales of 500,000 ITNs over 24 months. Table 2 shows that the market has now grown to more than 800,000 nets in just six months, from January to June 2005. However, this total figure includes nets sold through informal markets and not just the ITNs sold by the commercial partners of this and other regulated projects. By any measurement though, it is clear that the project has been partially responsible for a massive increase in the number of ITNs sold in Uganda, even if this market growth took longer than expected to materialize. Issues of low working capital and carrying costs of inventory led to orders not keeping pace with demand and stock outs were often reported by the commercial partners. For the most part, these problems have now been eliminated as the market for ITNs becomes more mature.

2.2 Lessons Learned

Some key themes and “lessons learned” that have emerged during the life of this project include:

1) Demand creation activities lift the sales of all nets, not just ITNs of acceptable quality from respected distributors.
2) Market development is a process that takes patience and time.
3) Private businesses can be an excellent and cost effective vehicle for developing markets for ITNs, but private businesses often resist the discipline of regular reporting and information sharing.
4) The activities of other donors and development agencies also affect the market for ITNs and the relationship with our project partners.
2.3 Results Achieved

We are confident that the project has succeeded in achieving its goal of “increasing the capacity of the Ugandan private sector to supply ITN products to satisfy increased Ugandan market demand for such products…thereby leading to significant local gains in malaria prevention and control”. ITNs are now a common product in Uganda, with more than 1 million being sold each year. Table 1 below indicates that net ownership amongst households in Uganda has almost doubled from 13.2% to 25.9% over the life of the project from 2000/01 to 2004/5.

2.4 Potential for Replicating the Approach

That this project has little chance of being replicated, is not for lack of success, but rather because the donor environment (and the commercial landscape) for ITNs throughout Africa has changed substantially since the beginning of the project. Most countries now receive massive grants for ITN distribution from the GFATM or other large bilateral donors. Sometimes these projects favour a commercial approach that is sustainable, but more often they involve free distribution of ITNs through the public health sector. CIDA itself is funding the free distribution of ITNs in Togo, Mozambique and Niger.

3.0 PROJECT ACCOMPLISHMENTS - PHASE 4

The CIDA project was the first in Uganda to work exclusively to support the development of local commercial capacity for ITNs. Since then other, much larger projects have been working towards the same goal. Some partners of the CIDA project give it credit for industry impact that exceeds that of other, larger projects.

Table 1 shows the growth of the market and household coverage rates for ITNs in Uganda since the project started in 2000. Among Urban households, net ownership has increased by 70%, so that now over 60% of the households own a net. Over the same period, net ownership among rural (presumably poorer) households increased by almost 100% with 20% of all households owning a net in 2005. Our commercial partners that were involved in growing these markets suggest that the CIDA project was responsible for creating the conditions that led to such positive and dramatic increases. Unfortunately, most of these nets are untreated nets and therefore not nearly as effective in the fight against Malaria.
Comparison of mosquito net ownership between 2000/01 (Uganda Demographic & Health Survey) and 2004/05 (Uganda HIV/AIDS Indicator Survey)

<table>
<thead>
<tr>
<th>Residence</th>
<th>UDHS 2000/01</th>
<th>UHAIS 2004/05</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of households</td>
<td>Percent with at least one net (95% CI)</td>
<td>Number of households</td>
</tr>
<tr>
<td>Urban</td>
<td>1,692</td>
<td>35.6 (32.8 – 38.3)</td>
<td>1,666</td>
</tr>
<tr>
<td>Rural</td>
<td>5,421</td>
<td>10.5 (9.6 – 11.4)</td>
<td>7,863</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region*</th>
<th>UDHS 2000/01</th>
<th>UHAIS 2004/05</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of households</td>
<td>Percent with at least one net (95% CI)</td>
<td>Number of households</td>
</tr>
<tr>
<td>Central</td>
<td>1,840</td>
<td>14.4 (8.4 – 12.8)</td>
<td>2,064</td>
</tr>
<tr>
<td>East</td>
<td>2,075</td>
<td>10.5 (9.1 – 12.0)</td>
<td>2,114</td>
</tr>
<tr>
<td>North</td>
<td>1,267</td>
<td>25.5 (22.9 – 28.1)</td>
<td>3,242</td>
</tr>
<tr>
<td>West</td>
<td>1,931</td>
<td>5.1 (4.1 – 6.1)</td>
<td>2,109</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>UDHS 2000/01</th>
<th>UHAIS 2004/05</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of households</td>
<td>Percent with at least one net (95% CI)</td>
<td>Number of households</td>
</tr>
<tr>
<td>Poorest</td>
<td>1,361</td>
<td>8.0 (6.4 – 9.6)</td>
<td>2,025</td>
</tr>
<tr>
<td>Second</td>
<td>1,347</td>
<td>13.1 (11.1 – 15.1)</td>
<td>2,016</td>
</tr>
<tr>
<td>Third</td>
<td>1,363</td>
<td>7.9 (6.4 – 9.5)</td>
<td>1,718</td>
</tr>
<tr>
<td>Fourth</td>
<td>1,355</td>
<td>8.3 (6.7 – 10.0)</td>
<td>1,646</td>
</tr>
<tr>
<td>Richest</td>
<td>1,687</td>
<td>33.0 (30.4 – 35.7)</td>
<td>2,124</td>
</tr>
</tbody>
</table>

| Equity ratio (poorest/richest) | 0.243 | 0.252 | 1.03 |

TOTAL | 7,113 | 13.2 (12.3 – 14.0) | 9,529 | 25.9 (25.0 – 26.9) | 1.96 |

* Regions in 2004/05 were aggregated to conform with 2000/01 regions and two districts (Soroti and Mukono) were shifted in 2000/01 to the region they were allocated to in 2004/05.

Source - Albert Killian – 2005 (unpublished)

As Table 2 shows, net sales in Uganda now exceed 1.5 million per year (815,399 in six months). While it is impossible to know the exact impact that the CIDA project has had on that growth, we do know that it has been instrumental in creating an enabling environment for private sector ITN distribution in Uganda.

There is a short video that was created by one of the project’s commercial partners. It shows the progress made by that company that was made possible by this project. It will be forwarded to CIDA under separate cover.

4.0 ITN BUSINESS ASSOCIATION–SALES FIGURES.

As at the end of the project, two commercial partners were participating in the program, although many other companies were also selling nets. The following chart is based on information gathered by the USAID funded NetMark project (www.netmark.org). The information shows that, for the period from January to June of 2005, more than 800,000 nets were sold in Uganda with over 60% of those being sold in the informal market. This figure is important because nets sold in the informal market are usually of lesser quality and are not sold with insecticide re-treatment kits.
**Uganda Net Sales or Distribution January to June 2005**

<table>
<thead>
<tr>
<th>Category</th>
<th>Net output</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulated Commercial Sales</td>
<td>264,498</td>
<td>32.4%</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>51,406</td>
<td>6.3%</td>
</tr>
<tr>
<td>Informal net market*</td>
<td>496,995</td>
<td>61.0%</td>
</tr>
<tr>
<td>Direct import public sector</td>
<td>2,500</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>815,399</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Net output</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated nets</td>
<td>443,746</td>
<td>54.4%</td>
</tr>
<tr>
<td>Bundled ITN</td>
<td>240,116</td>
<td>29.5%</td>
</tr>
<tr>
<td>LLIN</td>
<td>131,537</td>
<td>16.1%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>815,399</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

* estimated based on retail audit

Of the 264,498 nets sold from January to June this year by commercial entities that follow government of Uganda guidelines, an estimated 170,000 (64%) were sold by partners participating in the CIDA/MEDA project.

The following chart summarizes the sales figures for project partner distributors from the inception of the project to the end of November 2005. The figures are taken from reports received from the participating companies and have not been validated by third party sources. SafiNet was a partner distributor that dropped out of the project after 2003 and CooperNet is a partner that joined in 2004. KO Net has been a partner of the project throughout. The report indicates that 614,744 ITNs were sold during the life of the project and that sales momentum is growing. KO Net has clearly become the dominant player in the market and is widely known throughout Uganda.

**Partner Distributor Sales Figures for ITNs in Uganda**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>SafiNet Sales</th>
<th>CooperNet Sales</th>
<th>KO net Sales</th>
<th>Total Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>September, 2001 to September 2002.</td>
<td>95,945</td>
<td>n/a</td>
<td>40,021</td>
<td>135,966</td>
</tr>
<tr>
<td>October, 2002 to December 2003</td>
<td>47,339</td>
<td>n/a</td>
<td>87,584</td>
<td>134,923</td>
</tr>
<tr>
<td>January 2004 to December 2004</td>
<td>n/a</td>
<td>21,050</td>
<td>90,416</td>
<td>111,466</td>
</tr>
<tr>
<td>January 2005 to November 2005</td>
<td>n/a</td>
<td>42,500</td>
<td>189,889</td>
<td>232389</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>143,284</td>
<td>63,550</td>
<td>407,910</td>
<td>614,744</td>
</tr>
</tbody>
</table>
Quality Chemicals is selling approximately 18,000 ITNs per month now and during the 10 months from January to October 2005 they have sold 189,889 ITNs. The CIDA project has been instrumental to their success. A more recent addition to the MEDA project is Coopers Uganda Ltd. This company joined the project in an attempt to help it expand into ITN distribution. Since then, Coopers has sold 63,550 ITNs. Another former partner, SafiNet, no longer participates in the project because they were unable to provide documented evidence of marketing and awareness activities.

5.0 ITN BUSINESS ASSOCIATION—DESCRIPTION OF MARKETING INITIATIVES

A wide range of marketing activities and strategies have been undertaken by our project partners. Samples of a number of these were included in the second report to CIDA. A video is included along with this report that outlines a number of other marketing initiatives undertaken by Quality Chemicals Ltd. (QCL). The following two sections outline some of the marketing activities undertaken by the two participating commercial partners as described in their final project reports to MEDA.

5.1 Quality Chemicals Ltd. (QCL) Promotion

Over the past 5 years, QCL has promoted behavior change through advertising and awareness so as to encourage people to start sleeping under insecticide treated nets. These promotional activities have translated into significant ITN sales. In fact, other importers that sell untreated nets are trying to use the goodwill created by QCL by convincing unsuspecting customers that they also are selling K-O nets. This is largely due to the lax attitude of authorities whose job it is to prevent imports on untreated, substandard nets. The following channels of promotion were used by QCL.

1. Radio and TV. Over the past 5 years QCL produced and ran various adverts, talk shows and health programmes on 10 Fm stations and 2 TV stations. The FM radio stations covered the entire country and included CBS, Radio One, Capital, Radio Simba, Radio West, Voice of Toro, Kitara, WBS, Open Gate and Voice of Teso. Two TV stations, namely WBS and Uganda Television were also used. These were the most common promotional methods used by QCL.

2. Newspapers, Brochures and Billboards. Every Saturday for one year, QCL advertised in The Monitor newspaper health page (malaria alert corner). Each week, the column described a fact on malaria accompanied by an advert of K-O net. This strategy led to numerous calls and letters seeking more information on the role of K-O nets in malaria prevention. Many inquiries led to direct purchases while others were interested in knowing where K-O nets were stocked. Billboards were erected at 3 major road outlets in Kampala for one year. Over 500,000 brochures and posters with K-Onet messages were printed. These were put out in various outlets, Schools, hospitals and Clinics etc.

3. Product Launches. In order to increase product awareness, two “launches” of K-O net were organized. One was in Mbarara and the other in Kampala. A procession run by Nurses, School children, Ministry of Health officials, clinical officers, 2 brass bands and QCL staff moved from the National referral hospital through town up to the National Theatre. A K-Onet float closely followed the procession and was later driven around the city. A play on malaria and songs were presented. Some photos from these events follow:
1. Standard Chartered Bank Community Responsibility Programme. With the support of the CIDA project, QCL and Standard Chartered bank organized a series of events culminating with the bank providing 12,000 K-Onets to pregnant women and children under 5 years of age in Makindye division. A procession was organized which ended at city square where the Minister of Health was the chief guest. An evaluation by the Ministry of Health revealed that ITN coverage in households increased from a previous 9.3% to 24.1%. Usage amongst under 5’s and pregnant women increased from 10.6% and 7.6% to 42% and 31.4% respectively.

2. K-Onet team in Kampala Kids League. With the support of the project, Quality Chemicals Ltd was able to register a K-Onet football team which participated in the popular Kampala
Kids League as promotion to put the use of ITNs in the minds of children. K-Onet team won the league by beating Coca-Cola in the finals.

3. Sales Force. A sales unit was recruited to interact with customers so as to address their fears and also to increase product knowledge of staff in all retail outlets.

4. Seminars. Seminars were organized for groups such as employer-based schemes, Microfinance clients, farmers and agricultural projects.

5. Distribution Network. Advertising creates awareness and physical distribution takes the product to the people. Customers generally are not willing to travel long distances to look for a product especially one such as ITNs that has only recently been introduced. The project did not pay for the actual vehicles, but it did pay for the branding on them. Throughout the project, the number of retailers used by QCL grew from 50 outlets in 2001 to 420 in 2005.
5.2 Coopers Ltd Promotion

The Marketing strategy for Coopers Ltd. is much more recent and not as well established as QCL’s. But some aspects of the promotional approach taken by Coopers are described below:

Vision - To make CooperNet the most popular mosquito net brand in Uganda.

Long term Objective - To increase demand for ITNs as well as promote a culture of ITN use in Uganda as a means to reduce morbidity and mortality to all people especially pregnant women and children under five years of age.

Specific Objectives:

- To increase demand for ITNs through continuous advertising and public awareness campaigns.
- Expand distribution outlets by recruiting more distributors of ITNs through provision of good profit margins to traders.
- Improve distribution of ITNs to rural areas and suburban areas by making prices affordable as well as ensure delivery to grass roots.
- Liaise with Ministry of health to encourage policy formulation favouring use of ITNs.
- Expansion of field staff to ensure adequate coverage of key areas.

6.0 GENERAL PROJECT MANAGEMENT

MEDA Trade Co. continues to be satisfied with the progress of the project to date. The partnerships with Quality Chemicals and Coopers Ltd. are especially rewarding. Sales are now exceeding expectations and both companies continue to be committed to serving the market. Numerous competitors have emerged. The expenditures for marketing support activities and other expenses were on budget. Training and awareness activities have accelerated, often without any additional funding. This is especially evident in the work Quality Chemicals is doing with FOCCUS and FINCA, two Ugandan micro-finance organizations. In order to expand the market to serve the (mostly female) clients of these micro-finance banks, Quality Chemicals designed and implemented a training program for the institution’s credit officers.

7.0 DESCRIPTION OF TRAINING ACTIVITIES

7.1 Sensitizations Seminars and Training of Trainers (TOT)

During the past 5 years, QCL delivered sensitization seminars covering 30 districts and reaching out to over 36,000 community leaders. These sessions included knowledge on malaria and prevention using insecticide treated nets. Similar programs were delivered for trainers from NGO’s, Faith based Organizations, Farmer co-operatives, Nursing officers, Sub-county Health Assistants, retailers, distributors etc. These totaled 1846 in number. Detailed information on these sessions appears in Appendix 1.
Training is an activity that continues to occur on many levels. Consumers are trained or informed about the effectiveness of ITNs through advertising, through the promotional materials distributed, and through parades, plays, and special media events etc.

8.0 ANALYSIS OF MARKETING EXPENDITURES VS. SALES FIGURES.

The sales chart appearing in section 3 above indicates sales by partner distributors of 614,744 since the start of the project. Over the same period of time, CIDA’s financial contribution to the project has been $513,200\(^2\). This equates to a subsidy of slightly more than 83.5 cents per net sold directly by project partners. Further benefit has clearly been realized by other non-program distributors, although this “industry effect” is impossible to quantify. Admittedly, these figures become less clear because of the impact of other donor projects such as NetMark and the USAID Commercial Marketing Strategy (CMS) social marketing project. But we are confident in stating that this project has been among the most cost effective interventions for promoting ITN usage anywhere in Africa.

9.0 DESCRIPTION OF OTHER ACTIVITIES AND OF THE FINANCIAL SITUATION OF MEDA MARKETING CO. (TWO LOONS)

As described in earlier reports to CIDA, the MEDA Marketing Co. (called Two Loons) was not successful and was subsequently closed. Initially, MTC believed that there was a business opportunity for a marketing company that would assist participating companies to design and launch promotional campaigns and to offer business and logistical advice to these potential clients. But the participating companies clearly prefer to independently design, produce and place advertisement without the assistance of a marketing intermediary. As a result, the marketing company was closed and MEDA’s original local partner in this initiative was retained to provide a cost effective local presence that could monitor the expenditures of the private sector partners and undertake other local management and logistical activities for the project.

\(^2\) The financial report appears as appendix 2.
On two occasions, MEDA independently made loans to QCL at no cost or risk to CIDA or to the project. The first loan was for $20,000 and the second was for $40,000. These loans were used by QCL to pay for the cost of inventory that allowed them to launch the program initiative with two Micro Finance organizations (FOCCUS and FINCA).

10.0 ANALYSIS OF RESULTS OF THE CAMPAIGN IN TERMS OF WOMEN AND CHILDREN AND ENVIRONMENT

The project does not have the ability to disaggregate sales information by gender, but we have emphasized with our partners, the particular vulnerability that pregnant women and children have to Malaria. Additionally, we have asked that our partners emphasize this fact in the marketing and awareness activities that they undertake. Here are excerpts from the reports to MEDA concerning the inclusion of these vulnerable groups in their programming.

10.1 Quality Chemicals Ltd. (QCL)

In order to increase the use of K-Onets by the vulnerable groups who are also poor, Quality Chemicals Ltd linked up with two Microfinance institutions (MFIs), namely FOCCAS and FINCA (Foundation for Credit and Community Assistance). These Microfinance institutions give small loans, mostly to rural women, who use the money for informal businesses. QCL realized that a significant portion of the income of these poor groups was used to manage malaria. So they introduced those Microfinance organizations to the use of ITNs in an attempt to help these vulnerable groups increase their savings and become more productive.

These MFIs received credit to purchase K-Onets from Quality Chemicals and, in turn, sell them on credit to their clients who pay the loans over time. The staggered payment enabled those who otherwise would not have been able to afford the cost, to acquire nets and fight malaria. This Programme is continuing and is to be introduced to other Micro Finance Institutions. To date, QCL has sold over 24,000 nets through this arrangement.

10.2 Coopers Uganda Ltd.

It’s a known fact that pregnant women and children under the age of five are the most vulnerable group. In a bid to directly target these people, Coopers Ltd. organized various talks at Antenatal clinics. This mode of promotion of ITN use has been adopted by a number of stakeholders and Coopers is glad to report that it has led to an increase in the use ITNs by pregnant women and mothers with infants below the age of five.

Since Coopers started the sale and distribution of ITNs, they donated over 1000 units to under privileged groups including orphans and internally displaced people in northern Uganda.

In a bid to target students, Coopers organized a number of talks in schools, in order to present key issues about Malaria as well as respond to concerns about ITN use.

10.3 Environmental Aspects

All training of sales agents and others by both companies and other marketing activities includes information about the environmental impact of the synthetic pyrethoids used to treat nets. All partners are well aware of the information published by the World Health Pesticide Evaluation Scheme (WHOPES) regarding pyrethoids and they make that information widely
available to clients and non-clients alike. As reported in earlier reports to CIDA, the packaging and instructions for use of each of KO Tab, ICON net and Fendona insecticide contain specially developed and tested instructions for the proper use of these products. To prevent contamination of the environment and to ensure proper handling of the insecticide treatments, all these insecticides are packaged with gloves and clear instructions, including pictures regarding the proper use, cleaning and disposal of the insecticide. These insecticide instructions are extensively tested by NGOs and other institutions such as the London School of Hygiene and Tropical Medicine.

11.0 REPORT ON OTHER DONOR INVOLVEMENT

There are three significant projects promoting the use of ITNs in Uganda and numerous other smaller programs managed by NGOs. The most significant project is managed by the Ministry of Health and funded by the Global Fund for AIDS, TB and Malaria (GFATM). This $US 16 million project will focus on distribution of long lasting nets for free to pregnant women and children under five years of age through the public health system. Another $US 30 million (5 year) project funded by USAID called AFFORD is focusing providing access to a wide range of health care products, including ITNs. The final main project is the USAID funded NetMark project in Uganda. NetMark is a $US 50 million project active in about 6 African countries. The NetMark program basically offers private sector partners the same advertising matching benefits, as does the CIDA program. In addition to that, NetMark conducts extensive “generic” advertising and also makes grants to help the distribution businesses to pay for initial stocks of inventory.

Clearly, with so much other ITN activity in Uganda, this project has served its purpose. At this time, is impossible to know how the benefits of our project will be affected by the others now appearing. There is vigorous debate amongst those involved in ITN programming as to whether free distribution of nets will help or harm the private sector. Some would suggest that once people are aware of the benefits of free ITNs, the demand for commercially sold ITNs will grow. Others think that once a product is received for free, people will always expect it for free. They suggest further, that there will be little incentive for the commercial sector to invest in net distribution when so many free ITNs are flooding the market. We would certainly count ourselves amongst the latter group. There is little or no incentive for businesses to invest in marketing and distribution in a free net environment. But regardless of what we might believe about the commercial market, we certainly believe that governments and ministries of health have every right to chart the course that they feel best serves the needs of their own populations.

12.0 FINANCIAL REPORT

Financial information appears in Appendix 2. All expenses are within the amounts allowed by the project.

13.0 CONCLUSION

The ITN program in Uganda was very successful. The market has flourished and our commercial partners are strong and remain committed to the business of ITN distribution. All

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3 See www.netmarkafrica.org for more information.
4 MEDA monitors NetMark funding to ensure that there is no overlap with the CIDA project or any double payments.
segments of the population including women and children have access to ITNs. New initiatives such as marketing through micro finance institutions are being tested and seem to be going well. Clearly, as planned, ITNs are being promoted and distributed in Uganda with the assistance of CIDA Inc. Moreover, the activities of this project have led to an environment that can support other donor activities such as NetMark and the Global Fund and the project has encouraged the emergence of other ITN distribution companies as well. The impact of the project is high, relative to the donor funds spent.
QUALITY CHEMICALS LTD

MALARIA PREVENTION BY USING INSECTICIDE TREATED NETS

1.0 GENERAL

1.1 Quality Chemicals Ltd

Uganda has a population of 24 million people and covers an area of 241,038 square km of which 43,943 Sq.km is covered by water and swamps. Uganda lies between 620-5110 meters above sea level and experiences a tropical climate with an annual rainfall average of 1180mm. The economy is agro-based growing at 5.6 per annum and with a GDP of US$ 261.

1.2 Situational Analysis

Uganda is highly endemic to malaria, the disease being stable in 95% of the Country with the remaining low endemic areas being prone to epidemics. Malaria is the single major cause of illness and death in Uganda. It is responsible for more than 15% of life years lost due to premature death. The disease is known to account for 25-40% of outpatient attendances at health centres, 20% of hospital admissions and 9-14% of inpatients deaths. Out of every 1000 children born, 37 are killed by malaria before the age of 5 years. Malaria transmission is assisted by the fact that the country is dotted with fresh water bodies and marshland which provide abundant breeding ground for mosquitoes. The country has a 2 peak malaria outbreaks annually which coincide with the bimodal rainfall pattern. All these are worsened by the fact that all 3 malaria carrying mosquito species are found in Uganda.

1.3 ITNs In Uganda

Out of a total population of 24 million we now know that there are about 1 million mosquito nets of which 300,000 are insecticide treated with the rest being ordinary mosquito nets. This indicates that there is a very low mosquito net usage culture in Uganda. There is a huge potential for ITNs in Uganda if well managed. At present the private and public sectors are actively involved in ITN promotion.

ITNs distribution is minimal and coverage is still poor. There is need to increase distribution and encourage the wide use of ITNs. To go to scale, a massive awareness creation campaign for behaviour change similar to one on Aids has to be put in place. The Government has lifted duties and taxes on all ITNs. Currently SiamDutch, Vestergaad, A-Z and sunflag are the key suppliers of mosquito nets coupled with sub-standard nets from China. On the insecticide end Zaneca (Icon), Bayer (K-Otab) and BASF (Fendona) are on market.

2.0 QUALITY CHEMICALS LTD PARTICIPATION
Quality Chemicals Ltd is spearheading the private sector participation in the Roll Back Malaria initiative by availing to Ugandans, quality and efficacious ITN products. This has been achieved through partnering with reputable insecticide manufacturers (Bayer Environmental Science) and the world leading net manufacturer (SiamDutch). Quality Chemicals Ltd core business of distribution of animal health pharmaceuticals has a strong relation to the ITN business whose value chains have appealing strategic fits. We have been able to transfer skills, expertise, good will and distribution infrastructure to the ITN business. The company has achieved the ambitious ITN targets for the first year and now wishes to take its ITN business to the next level of development by scaling up to national level.

2.1 Target Group For Malaria Prevention Sensitization

Quality Chemicals Ltd is targeting its distributors, clients and their immediate communities and families in the districts, schools, NGO’s, Microfinance, Institutions and employers. This will enable us reach over 30,000 individuals which in turn will have a very strong multiplier effect.

3.0 OVERALL OBJECTIVE

The module aims to reduce malaria scourge by creating a sustainable demand for ITNs and increase their usage by households.

4.0 SPECIFIC OBJECTIVES

After covering the module, the participants would be able to:

- Enumerate the key basic facts about malaria in Uganda
- Discuss, analyse and relate the economic facts about malaria to their own situation.
- Calculate possible expenses families incur to treat a malaria case in a household
- Explain the lifecycle and feeding behavior of malaria parasite from an infected person to a normal person.
- List and explain the different symptoms of simple (uncomplicated) malaria and severe (complicated) malaria.
- Illustrate and explain the “Dos and Don’ts” of malaria case management.
- Identify the groups of people mostly at high risk of getting severe malaria and explain why such groups are mostly at risk.
- Discuss and demystify the myths about malaria transmission
- Discuss and explain the benefits of using Insecticide Treated Mosquito Nets.
- Demonstrate the treatment and re-treatment of a mosquito net with insecticide.
- Set objectives and targets to sensitize their families and communities about malaria prevention
- Set strategies to acquire/purchasing insecticide treated nets.
- Make a strategy to monitor usage of the purchased ITNs and re-treatment of ITNs.

5.0 SUMMARY OF LEARNING SESSIONS
The module is divided into 5 learning sessions with a total of 12 steps. The steps are the key activities a facilitator has to do to deliver the session in participatory manner. By the end of the module, all participants would have covered the following topics:

Session # 1: Effects of malaria  
Session # 2: Malaria the disease  
Session # 3: Malaria and high risk groups  
Session # 4: Malaria prevention  
Session # 5: Behavioral change

5.1 Methodology

The module is best delivered while using a participatory approach and non-formal adult learning methods such as brainstorming; small buzzing and sharing of experiences, discussion groups, demonstration and teaching aids (posters) and role plays and stories. These methods are built in the design of the module.

5.2 Facilitation

The module can be facilitated by any trained facilitator in the module. This group includes Community health workers, Rural Finance Managers, Micro-credit institutions, Leaders of women groups etc.

5.3 Duration

The 5 – session client sensitization module can be covered in 4 hours consecutively or broken down in sessions of 30-45 minutes sessions. Note that some sessions may require more time than others but overall time should be 4 hours only.

5.4 Materials

Flip charts, markers, posters, mosquito nets and the insecticide, water, a basin, timing module, trainer” manual.

6.0 SESSION # 1: EFFECTS OF MALARIA

Objectives. By the end of the session, participants will be able to:
- Enumerate at least 3 facts about malaria in Uganda
- Discuss, analyse and relate the economic facts about malaria to their own situation.
- Calculate possible expenses families incur to treat a malaria case in a household.

Step 1: Introduction

1. Malaria in Perspective

| Explain the scientific and statistical facts about Malaria in Uganda |

6.1 FACTS about malaria in Uganda

1. Currently over 328 people die of malaria daily in Uganda
2. Malaria may impair as much as 60% of the school children’s learning ability
3. Malaria is responsible for nearly 60% of miscarriages
4. Malaria is responsible for over 33% of absenteeism from work in urban areas and 50% in rural areas.
5. Pregnant women are 4 times more vulnerable to malaria attacks than those who are not
6. Children under 5 years are more vulnerable to malaria attacks than those above age five.
7. On average up to 54,000 Ug.shs is spent on malaria treatment per person per year.
8. Malaria is a principal contributor to infant mortality mainly due to low birth weights.
9. Complicated malaria in children can kill in 24 hours.
10. On average there are 6 malaria attacks per person per year. On average 7 days of work are lost per malaria attack giving a total loss of 42 workdays in a year!!!
11. World bank estimates that Uganda spends up to 89,000,000 (eighty nine billion shillings) on malaria treatment alone annually.
12. Regular use of K-Onet and K-Otab can reduce the malaria burden by 60%.

Step 2: Malaria is Expensive

1. Tell the participants a story about ‘Nafuna’.
2. Calculate the expenses a family spends on malaria per year.

The story about ‘Nafuna’

Nafuna wife to Kifuba has six children – the youngest is 2 years. She has a small retail shop and a dry fish stall. Unfortunately, one week after getting her 3rd loan of 300,000= Ug.shs her youngest child fell sick with malaria and she was admitted in the hospital for 2 weeks. Her elder daughter in primary seven did not go to school for those weeks as she took care of other small children at home. The girl used the shop items to feed the family and visitors who come. On return home, Nafuna also had a bad attack of malaria and had a miscarriage!

Ask the participants to discuss in pairs the following questions:
1. How much does it cost you to treat your child when it suffers from malaria i.e
   ◆ How much do you pay for transport to the health unit or hospital
   ◆ How much do you pay for medical consultation and treatment until the child recovers.
   ◆ How many days of effective work do you lose while caring after the sick child suffering from malaria.
   ◆ How much money do you miss making in your business during those days when you attend to the child suffering from malaria.
   ◆ How much time and money do other members of your family; relatives and friends lose either by helping or visiting the malaria patient.

Step 3: Costs for treating Malaria

1. Calculate the average expenditure on single case of malaria
2. Calculate the average expenditure of 2 children fell sick in a family every 3 months = (2 people x 4 times a year x the amount of money spent on a single case) = total expenses.
3. Keep these costs posted to compare with the costs of insecticide treated nets later.
7.0 SESSION # 2: MALARIA THE DISEASE

Objectives: By the end of the session, participants will be able to:

♦ Explain the lifecycle and feeding behaviour of a malaria parasite-transmitting mosquito.
♦ Illustrate how the mosquito transmits the malaria parasites from an infected person to a normal person.
♦ List and explain the different symptoms of simple (uncomplicated) malaria and severe (complicated) malaria.
♦ Illustrate and explain the “Dos” and “Don’ts” of malaria case management.

Step 4: Life Cycle and behaviour of a mosquito

Ask the participants what they know about a mosquito:

i. Its life cycle; breeding places; life span; favourable climate; differences between types of mosquitoes (males vs females; the malaria parasite transmitter and others)
ii. Its feeding habits and preys

Use the pictures to illustrate the points.

Step 5: Malaria Parasite Transmission

Ask the participants to explain what they know about malaria transmission.

(Let participants buzz in 3s and then brainstorm their views)

i. Show the diagram of how the malaria parasites are transmitted from one infected person to a normal person through a mosquito bite.
ii. How the malaria parasites multiply in the red blood cells and kill the blood cells making the person sick and/or anemic.

Step 6: Uncomplicated and Complicated malaria

Ask the participants to name the signs for:

i. Simple (uncomplicated) malaria
ii. Severe(complicated) malaria

i. Explain the difference between: Simple malaria and severe malaria
ii. Show the participants the pictorial illustrations of general symptoms of malaria
iii. Emphasis the dangers of severe malaria among children and pregnant women

Step 7: Malaria Management

i. Tell the story about ‘Mafabi’
ii. Explain the Intermittent nature of malaria – it comes on-and-off
iii. Illustrate the dangers of poor management or treatment of malaria
iv. List the “Dos” and Don’ts” of malaria case management
Mafabi’s story (1 minute)

One time, Mafabi had malaria and the nurse prescribed three injections for three days: one per day and also gave her Chloroquine and Panadol tablets for three days each. After the 2nd day, Mafabi felt better and immediately discontinued the treatment but kept the tablets for emergency.

A week later, Mafabi’s daughter and the neighbour’s son were down with simple malaria. Mafabi gave each two tablets of Chloroquine and Panadol. Their malaria disappeared and Mafabi was praised as a village nurse.

A week later, Mafabi and the two children were struck by malaria again. They were all hospitalized, and were put on drip. Mafabi was diagnosed with cerebral malaria and was also anemic!

Ask the participants to share what they do when a family member gets malaria?

1. How does the story relate to your own practices in managing malaria – share in small malaria?
2. Why don’t some people complete or get the full malaria treatment dose?
3. What are the dangers of under-dosing?
4. What are the dangers of self-medication?

8.0 SESSION # 3: MALARIA AND HIGH RISK GROUPS

Objectives. By the end of the session, participants will be able to:

♦ Identify the groups of people mostly at high risk of getting severe malaria
♦ Explain why such groups are mostly at risk
♦ Discuss and demystify the myths about malaria transmission

Step 8: Malaria High Risk Groups

Ask the participants to rank who among the following categories in a home could have more frequent and severe attacks of malaria in a typical home and to explain why:

i. Children vs Adults  
ii. Pregnant women vs ordinary adults  
iii. Elderly vs ordinary adults  
iv. Visitors vs ordinary residents

i. Explain why (due to low immunity) children < 5 years; pregnant women; the elderly and visitors entering a malarious area are most vulnerable and if they contracted the disease they will be severely affected.  
ii. Refer to the feeding habits of a female mosquito

Step 9: Myths about malaria

Ask participants to share the beliefs people have about malaria as a disease and its cause.
Ask participants to get in groups of 5-7s to discuss ways they can demystify the traditional beliefs in their communities about malaria symptoms and treatment based on discussed clinical facts and scientific statistical figures.

9.0 SESSION # 4: MALARIA PREVENTION

Objectives. By the end of the session, participants will be able to:

♦ Discuss and explain the benefits of using Insecticide Treated Mosquito Nets (K-Onet)
♦ Demonstrate the treatment and re-treatment of a mosquito net with insecticide.

Step 10: Methods of preventing Malaria

Explain to the participants the 3 main ways to prevent malaria namely:

| i. | Prevent mosquitoes from biting people |
| ii. | Control mosquito breeding |
| iii. | Kill adult mosquitoes |

Emphasize the use of insecticide treated mosquito net as the most effective and affordable way (and within the women’s means) to prevent malaria.

Divide the participants into 3 groups. Assign one method to each group and ask them to:
Discuss the advantages and limitations of the method and present.

Step 11: Preventing Malaria using an Insecticide Treated net (K-Onet)

♦ Tell the participants the sizes and costs of mosquito treated nets
♦ Compare the costs of treatment of malaria with the costs of an Insecticide Treated Net per year
♦ Convince the participants to save and buy ITN for their family members
♦ Ask for testimonies of participants who have benefited from ITN to tell the difference in saving costs.

Step 12: Treatment of Nets – K-Onet

Explain the:

| i. | Principles of treating mosquito net; |
| ii. | Treatment steps of treating a K-Onet |
| iii. | Demonstrate with a net |
| iv. | Washing and re-treatment of nets |
10.0 Session # 5: BEHAVIOURAL CHANGE

Objectives. By the end of the session, participants will be able to:
♦ Set objectives and targets to ensure sensitization at home and in their communities
♦ Set strategies to acquire (by purchasing) insecticide treated nets.
♦ Make a strategy to monitor usage of the purchased ITNs and re-treatment of ITNs.

1. Ask the participants what they intend to do to acquire ITNs in their:
   ♦ Homes
   ♦ Immediate communities

2. Ask participants to state how they are to implement the:
   i. Purchase and acquisition of insecticide treated nets
   ii. Monitor use of the insecticide treated nets in their homes and immediate communities
   iii. Re-treat the nets with a follow-up dose.

1. Record the commitments and set a time to monitor and evaluate the commitments and impact of this intervention
2. Answer questions within your ability or refer them to a technical person.

QUALITY CHEMICALS

ITN TRAINING MANUAL

FOR

GLOBAL FUND SEMINARS