


Fall 2011

Understanding Social Marketing in a Not-For-Profit NGO Setting: An Internship With PACE in Eastern Uganda

Veronica L. Tuerffs
SIT Study Abroad

Follow this and additional works at: https://digitalcollections.sit.edu/isp_collection

 Part of the [Health and Medical Administration Commons](#), [Health Services Administration Commons](#), [International Public Health Commons](#), and the [Public Health Education and Promotion Commons](#)

Recommended Citation

Tuerffs, Veronica L., "Understanding Social Marketing in a Not-For-Profit NGO Setting: An Internship With PACE in Eastern Uganda" (2011). *Independent Study Project (ISP) Collection*. 1227.
https://digitalcollections.sit.edu/isp_collection/1227

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

Students for International Training

Understanding Social Marketing in a Not-for- Profit NGO Setting

An Internship with PACE in Eastern Uganda

Veronica L. Tuerffs

SIT Uganda: Microfinance and Entrepreneurship

Academic Advisor: Dr. Dennis G. Buluma

Academic Director: Martha N. Wandera

Fall 2011

Dedication

This is dedicated to the people in my life who have inspired me to achieve a lifetime goal: to live in a country for more than a month. I extend much thanks to those who have entertained me with stories of travel, to the people who have fueled my dreamer instinct, to the few who have provided me with a life changing opportunity, and to anyone who has ever simply asked me what I wanted to do with my life. I have accomplished this chapter in my existence because of you all. Thank you.

Acknowledgements

First and foremost I would like to acknowledge the blessings of safety, health and hospitality that I have endured during my time in Uganda. These were answers to many prayers and I praise God for constantly watching over me.

To my immediate family in the United States, thank you for your blessing as I embarked on this adventure. I traveled with peace in mind knowing that you were supporting my choice to study abroad. Thank you to all of those who stayed in touch with me during my travels. Realizing that I left behind such a loving boyfriend, caring family members and kindhearted friends has helped me to fully appreciate you all. To Meghan Zafuto in the study abroad office and Jamie Esparza in the business department at The University of Colorado-Denver, thank you for slowly walking me through all of the steps that have allowed me to venture on such an opportunity.

For everyone that has been a part of the recent chapter of my life in Uganda, thank you. I thank my host family the Bukenya's for inviting me in to their home with open arms and for putting up with my cultural differences. To Martha, thank you so much for being such an influential mentor and advisor. Your advice and knowledge got me through many situations that would have had much different outcomes without you. As for Helen, Charlotte, Meddie, Miriam and everyone else on staff at the resource center thank you for making SIT the phenomenal program that it is.

Finally, I would like to thank Dr. Dennis Buluma, Elias Lutaaya, and the rest of the staff at PACE. Your passionate, hard work in the field is inspiring. My six weeks interning with you all has been an educational experience that I will never forget.

Table of Contents

Dedication.....	1
Acknowledgements.....	1
List of Acronyms	3
Abstract	4
Introduction.....	6
Background	7
Reproductive Health	8
Family Planning.....	10
Child Survival	11
Objectives.....	13
Justification	13
Methodology.....	15
Participant Observation.....	15
Clinic and Trainings.....	17
Informal Interviews.....	18
Obstacles.....	19
Ethical Consideration	19
Discussion and Analysis.....	20
Social Marketing	20
Perceptions of Products	22
Maama Kits.....	22
WaterGuard	23
Trust Condoms	25
Perception of Company	27
Health Impact Generated.....	29
Biases of Retailers and Public	29
Conclusions.....	30
Recommendations	31

Appendix.....	34
Works Cited.....	37

List of Acronyms

A2L.....	Access to Life
ACT.....	Artemisinin-based combination therapies
AIDS.....	Acquired immunodeficiency syndrome
CDC.....	Centers for Disease Control and Prevention
CSF.....	Civil Society Fund
CS.....	Child survival
CSW.....	Commercial sex worker
DALY.....	Disability adjusted life-year
FP.....	Family planning
HIV.....	Human Immunodeficiency Virus
IUD.....	Intrauterine Device
MOH.....	Ministry of Health
NGO.....	Non-governmental Organization
ORS.....	Oral rehydration salts
PACE.....	Programme for Accessible health, Communication and Education
PNFP.....	Private Not-for-Profit
PSI.....	Population Services International
RH.....	Reproductive health
Shs.....	Ugandan Shillings
STI.....	Sexually Transmitted Infection
U NDA.....	Uganda National Drug Authority

USAID.....	United States Agency for International Development
VHT.....	Village Health Team
WHO.....	World Health Organization

Abstract

The organization PACE (Programme for Accessible health, Communication and Education) focuses on generating a positive health impact throughout Uganda by the means of social marketing and other proven, evidence based techniques. An internship with the organization took place over the course of six weeks and was conducted under the A2L (Access to Life) program which is located in four of the country's eastern districts. The focus of the health and sales communication internship was the implementation of PACE's marketing scheme on their life-saving products and how the products and organization are perceived.

Any of the information gathered during this time was done so through the following methods: by gathering observational information on and the practical application of social marketing in the field, attending staff meetings, attending program trainings and clinics, conducting informal interviews, and a small amount of research. These methods were chosen because the majority of the internship was spent in the field so they allowed for the greatest amount of efficiency.

An Analysis was conducted and divided into sections by the internships four set objectives. PACE's chosen methods of social marketing were understood and examples of sales conversations were recorded. The perception of three of the organizations branded products, Maama Kits, WaterGuard, and Trust condoms were examined and assessed. Views of PACE and associations with the organization were gathered through informal interviews and evaluated as well.

The A2L program utilized social marketing methods during sales and economic gains about using PACE's life-saving products were explained as well. The products and the organization were generally perceived in a positive manner by the public. Recommendations based on findings during the internship have been included and may be implemented in order to generate further positive impact on the health of Ugandans.

The organization allowed for much knowledge to be gained on the sales of subsidized health products and how this can improve the health of the people in Uganda. The internship was a

success in that the intended objectives were met, although more time would have provided a further in-depth plan for the recommendations offered to the organization.

Introduction

The basis of this report took place during a six-week internship with Programme for Accessible health, Communication and Education (PACE). The work was completed throughout the eastern region of Uganda and was based out of PACE's office in Mbale. The main focus was to understand the social marketing methods implemented for the health products under the A2L program, find out how PACE and some of its products are perceived and to participate in sales of the products in which the company provides.

PACE is a private not-for-profit (PNFP) non-governmental organization (NGO) based in Uganda that came into existence on April 1st, 2009 with a transitional detachment from the local branch of Population Services International (PSI). This has allowed for PACE to function as an independent, sustainable local entity instead of as a broad global health organization based out of Washington, D.C. They continue to “implement and grow all programmes and interventions previously under PSI Uganda, with the support of national and Ministry of Health priorities.” PACE focuses on generating health impact in the country. As declared in their mission statement, they aim to “measurably improve the health of vulnerable Ugandans using evidence based social marketing and other proven techniques that promote sustained behavior change with added emphasis on rural populations.” They focus on the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS), malaria, child health and reproductive health but also have programmes in other areas such as rural empowerment and anti-cross generational sex campaigns. The funding for the organization is provided by multiple outside donors. A few of its major donors include Centers for Disease Control and Prevention (CDC), Civil Society Fund (CSF), an anonymous family planning donor, and STRIDES for Family Health.

The intern acted as PACE's regional sales and health communication intern. For the majority of her time, she was partnered with the head sales person of a program called Access to Life (A2L). This program is designed “to increase and expand the access to and demand for FP/RH and CS services at the community level” as well as “see a rapid scale up of access to FP/RH and CS products through the private sector.” The private sector often chooses to stock products that have high turnover rates and/or high markups. This leaves many FP/RH and CS products inaccessible in the

private sector, which is where the majority of people in Uganda go for a variety of health services (PACE- Mpanga, 2010). A2L educates the participating retailers on how to sell their products in a manner that provides faster movement and offers the products at a subsidized price which allows for higher mark-ups. The program is funded by STRIDES for Family Health, a United States Agency for International Development (USAID) funded agency. A2L must re-apply for their funding annually. The program serves in four districts: Kamuli, Kumi, Kaliro and Bugiri. These districts were chosen due to a low level of market penetration for FP/RH and CS products (PACE- Mpanga, 2010). The intern made sales visits in Bukedea, Busia, Iganda, Jinja, Kapchorwa, Pallisa, Soroti, and Tororo districts as well. The health items were sold to drug stores, pharmacies, and medical distributors at both retail and wholesale prices and quantities. The products which are sold under the A2L program include: WaterGuard tablets, PUR water purification solution, Trust condoms, and Maama Kits. • The rest of the products marketed under A2L are made available to drug shops through accredited distributors in the four districts and these include family planning pills, Intrauterine Devices (IUDs), implants, Depo-provera, Iron tablets, Fansidar, oral rehydration salts (ORS), Zinc and Artemisinin-based combination therapies (ACTs).

During her time in the field with A2L, the intern was able to collect substantial information through participant observations, sales inquiries, and informal interviews. The intern was also able to attend mobilization trainings and a family planning clinic.

Background

The main objective of this internship was to gain a practical understanding on the social marketing of health products. The term social marketing is one that has adapted over time and was coined in the 1970's. This marketing strategy focuses on the consumer and involves much in-depth research and constant re-evaluation of the program in which the strategy is being implemented. The idea is that the main marketing principles used to sell products can also be used to “sell” ideas, attitudes, and behaviors. The difference between traditional marketing and social marketing is that the benefit of success is for the general society, instead of that of the marketer (Weinreich, 2006-10).

In the past, traditional marketing has been the only marketing method used in Uganda. Though social marketing has been a term for over forty years, it has been introduced to Uganda just recently. Working with PACE allowed for the intern to witness this sales technique being implemented with one of the first organization to do in the country.

Social marketing has a large presence in various international health programmes impact schemes. The amount of research and evaluation that goes into social marketing is extensive, which gives a competitive edge when looking at the health promotion field. “It essentially uses commercial market techniques to meet social needs. Thus the model employs the 4Ps of marketing (promotion, place, price, and product)... Through market research the model seeks to understand the drivers of behavior which then are addressed through the 4Ps” (PACE- Mpanga, 2010).

Uganda is a developing country that faces numerous medical struggles amongst its population of 34,612,250 people (Central Intelligence Agency, 2011). This allows for many different areas in which PACE can generate a health impact in. The company itself has a fully staffed research department to ensure that the maximum impact is generated by the employees and that evidence is collected in a way that can later be reported on. Unfortunately, the data that has been collected shows that there is still much work to do and “global health experts say diseases that overwhelm Africa's poor must be treated, or else economic and political progress in those developing nations will remain stalled” (National Public Radio, 2002).

Poverty is a large reason why health concerns are so high in Uganda. In 2001, 35% of the population was living below the poverty line (Central Intelligence Agency, 2011). PACE makes their products and services as inexpensive as possible in order to ensure that the majority of Ugandans can afford to receive them. With 86% of the population living in rural areas, the cost of receiving any treatments for life-threatening ailments becomes much higher when transportation costs are taken into consideration (FARM Africa, 2009). The A2L program was created to increase the access to and demand for family planning (FP)/reproductive health (RH) and child survival (CS) products in the four districts or focus. When analyzing the indirect outcome of this program you see that it has the potential to lower the cases of various life-threatening conditions in the country through prevention.

Reproductive Health

The education levels on reproductive health in Uganda are either high or low; there very few cases that fall in-between. It is seen as disrespectful for a youth to talk to someone of an elderly status about sex. This leads to many adolescences turning to each other for information, which is incorrect most of the time. As the youth of the country mature, some receive medical education from a doctor and others gain their education through experience. In the first situation, patients seem to be open to ask most any questions to doctors without embarrassment and receive the appropriate answers.

In the later, many go without knowing even the most basic of RH facts. The World Health Organization (WHO) states that of all of the cases reported in the global health burden, 20% from women and 14% from men were reproductive and sexual ill-health cases.

In 2009, 6.5% of the people in Uganda were living with HIV/AIDS ranking the country with the 10th highest rate in the world. The estimated number of deaths in the country from the infection that year was 64,000 (Central Intelligence Agency, 2011). In 1986, the country was at a 29% prevalence rate in urban areas. Today the rate in urban areas is at 10%. Uganda has attributed their success in the fight against HIV/AIDS to the “ABC” program they have implemented, which stands for Abstain, Be faithful, and Condom use. But the program has its downfalls and it is mainly campaigned in urban areas. In a report done by USAID in 2010, it was stated that “Condom use is low – fewer than half of risky sexual acts are accompanied by the use of condoms.” Although the prevalence of the infection has been slowly declining, it is still a major concern in RH and it “must not detract from the huge consequences that AIDS continues to have across the country” (AVERT, 2011).

PACE’s Trust condom is the company’s product with the highest demand. It is also the preferred condom by the public. Unfortunately, due to lack of funding PACE has been out-of-stock of Trust since July this year. A small stock of the condoms was reserved for the A2L districts after this time; but that only lasted until September. There is currently an order being held with the Uganda National Drug Authority (UNDA), but it is not a large enough quantity to meet the markets demand. The employees have guessed that with the release of this order in mid-December, the condoms will be out-of-stock again by the end of February. The cost per condom for the business owners comes to 50 Ugandan shillings (Ush).

Maternal health is an area with many confounding statistics as well. An estimated one in 10 women dies from maternal causes in Uganda. Many of these are preventable with appropriate treatment (Health Systems Development, 2002). A maternal health study done in 2006 that was funded by USAID stated that “roughly between 6,500 and 13,500 women and girls die annually due to pregnancy-related complications. Additionally, another 130,000 to 405,000 women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year.” The countries infant mortality rate is high as well. It is estimated that in 2011 there will be 62.47 deaths for every 1,000 live births (Central Intelligence Agency, 2011).

The A2L program sells Maama Kits, Fansidar, Iron, and Folate as its focus product in maternal health. The Maama Kit is a product that has all of the supplies necessary for a clean, safe birth; including births with the possibility of mother-to-child HIV transmission. The kit includes a preparation sheet, a plastic sheet, soap, surgical gloves, cord ties, a safety razor blade and a new child growth and post-natal clinic card. There is also cotton wool in the kit. The business pays either 11,500Ush at whole sale price or 12,000Ush at retail price for the regular kit with 250 grams of cotton wool. The extra kit with 500 grams of cotton wool when purchasing on wholesale is 15,000 Ush and 16,000 Ush when at retail price. Although it was designed for home births, many hospitals also ask women to bring in their own supplies on delivery day in case any supplies are out-of-stock. They would have to purchase the supplies used in the birth from the hospital anyways so it is commonly an accompaniment to in-hospital births as well home births. The money received from Maama Kits follows the product and does not go to PACE's accounts. They are sold at production price and the fee associated with the purchases goes back to produce more kits.

Family Planning

The fertility rate in Uganda is currently at 6.69 children born per woman during her lifetime. This is the second highest rate in the world. The country also holds the third highest rate in the world for population growth at 3.58% (Central Intelligence Agency, 2011). 66% of all 20 year old Ugandan females have already given birth at least once and there are many early pregnancies in adolescents (The Policy Project, 2006). Pregnancy intervals are much shorter in Uganda than elsewhere in the world. This has all been in part due to a low use in family planning products and services. The Maternal Health Review on Uganda done by Makerere University Institute of Public Health and Health Systems Development Programme stated that in 2000/01 the rate of married women using contraceptives was at 22.8%. This rate has the potential to increase as more people become sensitized to the products as well as if they go to professionals for education on the products instead of just relying on peers for information. The accessibility and knowledge for family planning is available at numerous clinics throughout the country. PACE has a program called PRO-FAM that focuses specifically on FP. The FP products that are marketed through the A2L program are Trust Condoms, IUDs, implants, family planning pills and Depo-Provera. A2L also has condom dispensers strategically placed in areas marked "high-risk" throughout the participating districts. There, people can get female and male non-branded condoms for free. The dispensers are refilled once a month.

Child Survival

The median age of a Ugandan today is 15.1 years old and just below 50% of the population is 14 years old or younger (Central Intelligence Agency, 2011). In 2004, the probability of dying under the age of five year old was 138 of every 1,000 live births (WHO , 2006). Malnutrition is an underlying contributor in many of these deaths. In 2006, 16.4% of Ugandan children under the age of five were underweight (Central Intelligence Agency, 2011). Diarrhea, pneumonia, malaria, and neonatal conditions make up the most common causes of deaths among children. Most of the diseases that cause them are preventable and treatable. As stated in The Lancet journal's Child Survival Series, child survival interventions that "have been scientifically proven to reduce mortality include oral rehydration therapy, sleeping under insecticide-treated mosquito nets, vitamin A supplementation, and community-based antibiotic treatment for pneumonia" (The Lancet, 2003).

The WaterGuard tablets, ACTs, ORS, Zinc and PUR water sanitation packets are the products that the A2L program sells in order to address the child survival rates in Uganda. Water treatment products are a cost-effective intervention that prevents diarrhea that is induced by drinking unclean water. At wholesale, one WaterGuard tablet treats 20 liters of water and costs the businesses 32Ush each. One packet of PUR costs 200Ush and treats 10 liters of water.

A selection of relevant data on Uganda has been highlighted in the table below.

Table 1

Uganda: At-a-Glance

Population (2011 est.)	34,612,250
Gross National Income per capita (2009)	460 (US\$)
Population living below the international poverty line (<1.25 US\$/day) (1994-2008)	52%
Live Expectancy Rate (2011 est.)	53.24 years
Population living with HIV/AIDS (2009 est.)	6.5%
Population with sustainable access to an improved water source (2008)	67%
Total Fertility Rate (2011)	6.7 children per women during lifetime
Modern Contraceptive Use (2002)	8% of married women age 15-49
Probability of dying from maternal causes (2002)	1 (of every 10 Ugandan women)

est.)

Median age in Uganda (2011)

15.1 years old

Probability of dying under five years old (2004)

138 (per 1,000 live births)

The table provides clearly stated statistics related to FP/RH and CS. It shows that country of Uganda is relatively poor. The prevalence of HIV/AIDS and its effects are high when compared to other countries throughout the world. The fertility rate is one of the highest in the world and the lack of modern contraceptive use shows why this may be. The risk associated with the fertility rate is featured and states that one in every 10 Ugandan women die from maternal causes. The table also shows that there is much health impact that needs to be implemented on children as the median age in the country is 15.1 years old.

Objectives

The intern identified four objectives to concentrate on during her time with PACE that would help her better understand the social marketing of health products. Through her interactions with the PACE staff, medical business owners, and various customers she was able to make her intended impact within the company and collect the data needed to draw upon conclusions. The addressed objectives are as followed:

- To differentiate between social marketing from general marketing through partaking in a social marketing position.
- To understand how the subsidized health products are perceived by those who are purchasing them and analyze any found stigmas.
- To analyze the companies perceived value and perceived impact from the knowledge gained in field work and during daily interaction with employees and clients.
- To assist in the increase of products and expansion of access to and demand for family planning, reproductive health and child survival health products at a community level through the private sector

Justification

While there are many areas that classify a country as ‘developing’, health is a very basic commodity that needs to be fulfilled before a country can find themselves ranked as ‘developed’. The access to and ability to afford prevention methods and treatments in order to live a healthy life is something that the intern believes should be of focus before other issues are addressed. Uganda has the availability of the prevention methods needed in order to improve the health status of its people. Unfortunately, many stigmas and negative perceptions are currently associated with these methods and products. PACE “sells” ideas, attitudes and behaviors as they sell their live-saving products. This approach provides Uganda with a positive health impact through social marketing.

The intern chose to analyze social marketing as she admires that is used to benefit the success of the general society, rather than the marketer and believes that this approach should be implemented and studied more in order to reach its full output potential. The practicality of the internship allowed for

the intern to make an impact while she was studying abroad, which was very important to her on a personal level. She found the organization admirable and impactful from an onlooker's perspective and wished to work with them in order to verify this. She also wanted to better understand how the organization functions as she would like to have a career working for a PNFP international health organization in the future. She is currently working towards gaining her undergraduate degree in International Business and is considering going back to university to work on receiving a master's degree in Global Health.

The report provides an understanding of how social marketing is implemented in a PNFP NGO setting. It provides PACE with an analysis of how the organization and some of its products are perceived at various levels and gives those with an interest in international health organizations insight on a unique way of generating a health impact.

Methodology

Analyzing the social marketing of the health products PACE offers was done over a six week period. One of these weeks was used to conduct background research and organize data. The intern was able to participate in observational and practical pieces during her time with the organization. The majority of her time was spent in the field and traveled by the means of a PACE vehicle with her co-workers. She was in the eastern regional offices only for weekly and monthly meetings. Working with the A2L program proved to be a valuable learning experience and the opportunity to attend a clinic and a few trainings were gladly taken as well. Sales information, interviews conducted, and observations were all recorded in a work journal.

Participant Observation

As the regional sales and health communication intern, many different activities were included during her six weeks with PACE. She was traveling and working under the sales and health communicator. He is the person in charge of the A2L program in the four participating districts as well as supplying pharmacies and drug distributors in the other eastern regions of Uganda with PACE products. He is the only full-time PACE sales man in all of the four regions of Uganda. The products that were sold during the time the intern was involved with the program included Maama Kits and WaterGuard dispensers.

The A2L program focuses on providing everyone in the Bugiri, Kaliro, Kamoli, and Kumi districts with access to life-saving products. This is done through a monitoring and evaluation process. The sales and health communicator personally travels to every drug shop, pharmacy, and distributor to check and see if they have any of the participating products in-stock, once a month this is done with the district drug shop official. The drug shop does not need to be registered with the UNDA to participate, although it is preferred. Many of them are unregistered because they lack training and understanding of the registration process, so PACE offers to train them in the registration process and gives a 50% rebate for registrations that result from the trainings.

If a retailer offers any of the products then the business receives an A2L sign. This signage acts as an indicator to the public that certain products are available there, as well as to the drug shop official and other certain mobilizes. A2L offers trainings for the employees and owners of the businesses

participating. The trainings educate the employees more on the life saving potentials of the products and teach them how to inform their customers of this in a way that causes them to purchase more of their products. The use of social marketing is implemented by placing the focus on how the employee is helping the community with each sale, not just earning a profit. Unfortunately, none of these trainings were scheduled during the interns six weeks with PACE.

The program also has a promotion called “Buy More, Win More with the A2L package”. The trade promotion campaign targets drug shops and clinics participating in the A2L program by offering incentives in the form of a raffle. Each time a retailer purchases a bundle of A2L products from participating drug distributor(s) they will receive a receipt. That receipt acts as a voucher ticket for a raffle and the merchant copy is entered into the group of vouchers for the drawing. Prizes include: shopping vouchers of various amounts and t-shirts. A grand prize is given to an A2L ‘model outlet’. They receive a full stock of A2L products and have their store branded by being painted orange with the A2L logo. The intern helped remind previous participating businesses and educated new ones about this promotion. She also helped identify a ‘model outlet’ in a strategic location in the Kumi district. That outlet had their store branded by A2L as the grand prize winner of the last event had declined this service (PACE, 2011).

A List of the products required to participate in the A2L program by category of private sector have been highlighted in the following table.

Table 2

Access 2 Life Requirements (Must have at least one in stock)

Private Sector	Retail	Drug shops/ Clinics	Pharmacies
Products Required	WaterGuard, Condoms, ORS, PUR	WaterGuard, Condoms, ORS, PUR, Maama Kit, Zinc, FP Pills & Injectables, ACTs	WaterGuard, Condoms, ORS, PUR, Maama Kit, Zinc, FP Pills & Injectables, ACTs

The intern helped register new drug shops into the A2L program. This includes, but is not limited to, checking that at least one life-saving product is for sale and not expired, speaking to the

employee present about what the A2L program offers, providing them with a sign and collecting the GPS coordinates of the shop itself. Many times at the drug shop level they did not have any of the products available, but would purchase WaterGuard in order to participate in the program. The intern was able to assist the sales and health communicator in the selling of WaterGuard and Maama Kits by writing invoices, delivering products and managing transactions. This included employing the social marketing tactic. The information given usually includes disability adjusted life-years (DALYs). A DALY is “a time-based measure that combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health” and is the measurement that PACE uses when recording the amount of health impact that they have implemented (World Health Organization, 2011). This was done both in the A2L program districts and in the other areas of the eastern region. She also helped facilitate and build the relationships between PACE and those purchasing the products.

The intern helped the sales and health communicator gather information on the quality, prices and perception of the products from the business owners by conducting informal interviews during registrations, sales and check-ins. The sales and health communicator and the intern promoted A2L and the products they offer for sale through communication and by wearing promotional apparel. Over the course of the internship six distributors, about 15 pharmacies and over 100 retailers were visited. About 25 new retailers were registered into the A2L program during this time as well.

Clinic and Trainings

The opportunity was presented to attend a family planning clinic in Pallisa town. This was sponsored by the Pro-Fam program and lasted for one week. The intern attended the opening day with PACE’s eastern regional manager, while he checked on the amount of attendance. The clinic was being held at the district hospital. It was taking place in order to allow 16 recently trained employees from various health clinics in the east to put their newly acquired skills in family planning counseling and paperwork to use, as well as providing and inserting the contraceptive methods that the women had chosen to use. The different types of methods offered at the clinic were condoms, pill plans, injections, implants and IUDs. She was able to attend three group information sessions during her time at the clinic in which both men and women attended. These were conducted in the following format: ask why those in attendance were interested in FP, ask how many children they had, inform them of the different types of FP, and address any questions or misconceptions about the methods. During these sessions she observed how they receive the information given and took

note of the questions that were asked and how the clinician responded to those questions. Afterwards the intern went with the manager and a village mobilizer to two different rural areas to promote the clinic via megaphone. The three also held an assembly at a primary school. They told the school children about the clinic and explained that they should pass the information on to their families and friends.

Two trainings were also attended during the intern's six weeks with PACE. The first was held in Kaliro and over thirty parish mobilizers were in attendance. The training was on a project in collaboration with and funded by Makerere University Public Health School. The training was on identifying the signs and symptoms of diarrhea, malaria and pneumonia, the medicines associated with those illnesses and instruction on how to tell parents to take their children with the signs and symptoms of these illnesses to an A2L certified drug shop, pharmacy or clinic to receive treatment. The A2L program was explained in detail to those in attendance.

The other training was much smaller. It was held in Kumi district at a clinic in Mukongoro village. One of the newly certified family planning employees from the clinic in Pallisa that was previously mentioned worked at this clinic. Six designated village health team (VHT) members attended the training that was on PACE, the Pro-Fam program, information on all types of contraceptives, what the Mukongoro clinic was offering and other important information on family planning. The VHTs were to mobilize the surrounding parishes for a two-day event that would be held at the clinic the following week. Whichever two of them referred the most people in attendance at the event would become the Mukongoro clinic's permanent mobilizers.

Both the clinic and the trainings allowed the intern to better understand what PACE does as an organization and how its products and its services are received by the public and by the employees.

Informal Interviews

A good deal of information was collected through informal interviews that the intern conducted. The PACE staff, health retailers, and general public participated in numerous helpful conversations. When the intern was traveling throughout the eastern region with a PACE employee, she used that time to gather valuable facts and opinions. Both the sales and health communicator and the eastern regional manager provided the intern with a valuable overview on the A2L program and helped clearly explain the objectives that PACE had set in both the specific program and overall as an organization. During times when retailers were experiencing a low volume of business, the intern

conversed with the employees and gained insight on their perspectives of the products and their relationship with PACE. When the retailers visited were experiencing a high volume of business, the intern would take time to talk with the customers and ask them about various PACE products. Random informal interviews were also conducted. This was done by stopping on the roadside in the vehicle while in the field. People were asked while in both rural and urban areas on various occasions. The intern also had the two opportunities to sit down with commercial sex workers (CSW) in Busia town and gain their perspectives, specifically on PACE's condoms.

Obstacles

Lack of communication provided an obstacle during the internship. Though the intern was in the field for 14 full days, upon arrival she thought that the total number of days spent outside of Mbale town would be closer to 30. She was not told upon arrival that the field workers at PACE do not work on Fridays. Also, due to the time of year that the internship took place, PACE was ending a fiscal year. This meant that each program in the organization had a large amount of paperwork to finish during this time. The A2L program had an extensive amount because it receives its funding from outside donors and it needs to be renewed on an annual basis. Therefore, there were six days spent purely on preparing paperwork. Had the intern known that she would not be working with A2L as often as had planned, she would have broadened the scope of her paper and internship and worked with all of the PACE programmes. This would have changed the focus of her paper to how a PNFP non-governmental health organization functions.

Ethical Consideration

Due to the health aspect of this internship, all identities of those who participated in informal interviews have been concealed. Some of the individuals specifically requested that their names not be mentioned and all others have been omitted in order to protect the identities involved in the process of data collection. Some individuals requested this due to the nature of their career, such as the CSWs, and others because of the fear of losing their jobs, such as employees of unregistered drug shops. Many people disclosed personal health choices and statuses to the intern, which may have caused embarrassment in future matters had names been released.

The intern would approach the inquiry on others health history and preferences by first stating that she would not be mentioning any names in her data. She would also tell them that they do not need to feel pressure to answer any questions should it be too personal or if it makes them feel

uncomfortable. The data was collected from people willing to participate in the intern's informal interviews.

Discussion and Analysis

During her six weeks, the intern found that the participant observations taken during her internship, the trainings, the clinic and interviews discussed in the methodology allowed for her to meet each of her intended objectives. Social marketing was practically analyzed, the perceptions of the products being sold and PACE as an organization were recorded and the intern was able to actively assist in the implementation of the A2L program. The data that was collected tended to be qualitative information, rather than quantitative, due to the observatory nature of the internship and the stated objectives.

Social Marketing

In order to better understand social marketing, the intern actively partook in a social marketing sales position. During her time in the field with the sales and health communicator, she was able to observe the way that PACE implements this strategy. The A2L program is based on offering people with more access to life-saving products. In order for this to happen, more retailers need to be aware of how the products work, what they prevent and they need to have them in stock. Many times, the owners of these businesses, especially in rural areas, do not think about the lives that could be saved with the products they offer, but instead about which products will make them the most money. When selling a product such as WaterGuard to a retailer both of the economic outcome and the health impact can be addressed. The following quote is an example of a sales pitch used in the field that focuses on health impact:

On average, 30% of Ugandans don't have access to clean water. These people without improved water sources can still drink clean water if they treat it. This can be done by boiling water or using a water purification product. Also, drinking straight from the bore holes is not enough. They are still dirty, especially during the rainy season. Many people come in for diarrhea treatment, right? But if they would have consumed treated water then they wouldn't have the sickness in the first place. You can sell prevention methods as well as treatments. We are offering WaterGuard and PUR treatments today. These products will save your

customers much money compared to using firewood, charcoal, or electricity to boil their water. You can tell them this and tell them that they need to stay healthy.

Sometimes this method is enough for the retailers to purchase a dispenser. The fact that they could help make an impact does not catch others attention. PACE realizes that, unlike the organization itself, these retailers are businesses working for a profit. In order to make sure that the products are made available to the general public in these shops, the organization teaches them an alternative strategy and explains the possible outcomes. The following is an example of this:

You have many customers that come in complaining of diarrhea. When you sell them the oral rehydration salts (ORSs) then you can sell them a preventative treatment as well, such as WaterGuard. If they refuse to purchase it then you can add the cost of one slip to their bill. When they pay and you put their treatment in a bag, tell them that you are giving them the WaterGuard for free and ask them to try it. They will have it for free and they will try it. When they do they will notice that they do not get sick. When this happens they will thank you for your service and come back to purchase more water treatments. Your loyal customers will say great things about you and more customers will come. Then you can use the same method with “offering” the water treatment to them. You will sell more WaterGuard and gain more customers this way.

Other times when selling the product, the retailers would talk about how no one comes in and asks for health products like water treatment methods or condoms so they do not carry them. The retailers believe that they should not supply something that has no demand. This is when the intern would supply the retailer employees with an example. She would tell them to imagine a customer walking into the store. That customer would be glad to ask the person behind the counter for a soda. This is a common item with no real emotions attached to it. Then the intern explained that when a customer purchases a health product like a Trust condom, many more emotions are attached, such as fear, judgment and embarrassment. With such a product the retailers need to make it very visible, such as right behind them at the counter, and show that it is being offered in their store. WaterGuard and Trust condom boxes were designed as dispensers that can hang on the wall so that the customers can see if the box is empty or not. This way the customers know that the product is available and even has the option to just point to the product and purchase it without fear of being rejected.

Unfortunately, some retailers understand these methods but an obstacle arises when they do not have the financial means to purchase an A2L item that would allow them to participate in the program. In this case the retailers are told the locations of nearby pharmacies and distributors that do carry the products. Another obstacle arises when retailers refuse to purchase products because they are not commonly used or seen. It is challenging for the PACE employees to encourage the retailers to sensitize their customers to products they have for sale. The A2L program is working to educate the retailers themselves, but does not have a way to implement education or the change of stigmas amongst the general public.

The A2L program employees work very hard to implement the social marketing tactic while selling their products to retailers. The approach is successful in that the retailers become aware of the possible health impact the products have but it lacks in follow-up to make sure that the employees of the drug shops, pharmacies, clinics and distributors are explaining this to their customers. The organization does succeed in using various sales approaches as to have as many retailers as possible carry life-saving products. This expands the access of these products to the general public, which is one of the objectives of the program.

Perceptions of Products

Subsidized health products usually have many stigmas associated with them. The intern analyzed how the two main products she sold with A2L, Maama Kits and WaterGuard, were perceived by the public in Uganda. Although Trust Condoms were out-of-stock during her time with PACE, the intern gathered a considerable amount of information on this product and chose to analyze it as well.

Maama Kits

The Maama Kit is a RH product that the Ministry of Health devised “in order to reduce maternal mortality and morbidity... as an urgent and cost-effective measure to ensure that child birth is conducted in a clean environment” (Uganda Ministry of Health, 2007). The product includes all of the items needed for a clean and safe birth. It is used both in births at home and in the hospital by expectant mothers. The intern helped sell many of these products to pharmacies and clinics during her time with PACE. The smaller drug shops, especially in rural areas, were much less likely to purchase the product.

Though the product seems to be well received, many people did not know what it was. During births many expectant mothers will not know to purchase the items, cannot afford them or use makeshift items. “It was for example common for expectant mothers to turn up for maternity services with improvised torn plastic sheets” (Uganda Ministry of Health, 2007). The general public is being exposed to the kits more through word of mouth, recommendations from hospitals and VHTs and sensitization from the pharmacies and clinics that offer them. The retailers that do offer the product often struggle with the amount of shelf space that one kit takes up and the low turn-over rate that it has. But, this product seems to be one that the employees are educated on. When a woman who is visibly pregnant comes into one of the shops to purchase an item such as cotton wool, the retailers are quick to suggest the kit. This may be because it has a higher profit for the business, but either way they are educating their customers on why they need everything enclosed in the kit.

The cost of the Maama kit itself is a problem. Not only is it seen as expensive, but the price has dramatically increased in the past six months. In May 2011 a regular kit with 250 grams of cotton wool cost a retailer 7,900Ush at retail price. Today those same kits cost 12,000Ush. The larger kit has had the same price increase. The cause of the price increase of the kits is due to the increase on the price of cotton. Because the price goes up for PACE to sell the kit to the retailer, the retailer increases the prices at which they sell the product to their customers. This is causing less consumers to be able to afford to purchase the entire kit, resulting in women separately purchasing only a few of the recommended products.

WaterGuard

WaterGuard falls under the CS category of products and is one of two water purification methods that are sold under the A2L program. The other method, PUR, was not sold during the interns time with PACE although most of the findings on the product were the same as in WaterGuard. One tablet of WaterGuard treats 20 liters of water. This water should be clear and not murky, as the product only kills germs. If the water collected is dirty then PUR is the recommended treatment. WaterGuard is sold to retailers by dispensers. Each dispenser holds 80 tablets. At wholesale each dispenser costs 2,560Ush, which makes a tablet 32Ush. If a smaller quantity is being purchased than the dispenser is 2,800Ush, making each tablet 35Ush. WaterGuard was the most sold product during the internship. Many drug shops bought one dispenser of the water treatment method in order to participate in the A2L program.

Although this product has been proven to help increase child survival rates when used properly, many people do not treat their water with it (The Lancet, 2003). While conducting a random sampling of informal interviews everyone asked knew what WaterGuard was. About 80% of those questioned were able to explain the proper way to treat water using the product. The ones that did not know were younger in age. Of the people interviewed about 50% of them said that they had used the product at some point. Of the 50% that had used the product only 25% of them said that they use the treatment method on a regular basis. When asked why they do not use the product regularly, the interviewees gave numerous responses. Many stated that they think the water is safe without it. Some would back up this statement with the justification that their grandparents and their ancestors did not use the product and lived healthy lives. Others said that it tastes bad. The taste is from the chemical, chlorine, that treats the water. The health and sales communicator stated that if the water sits for a few hours then the taste goes away. He believes that if the treatment method was tasteless many more people would use it on a regular basis.

The health and sales communicator believes that people know the product works. This is because during the rainy/flood seasons the sales of WaterGuard shoot up. During this time of year the Ministry of Health usually puts out radio adds to warn people of the dangers of diarrhea that are associated with the weather; in turn people take preventative action by treating their water with products like WaterGuard. It used to be much easier to find the product in people's houses. This was when WaterGuard was also offered in liquid form. Unfortunately this is because people were using it to bleach their skin and clothes and as a household cleaning item. This caused PACE to see a high volume in sales but without much contribution to the count of DALYs. This was one of the reasons that the PACE took the liquid off the market. It was also because the liquid would go expired only six months after the manufacturing date. The tablet not only better contributes to the amount of health impact through DALYs, but also has a longer shelf life as it expires five years after the manufactured date. Retailers often ask for the liquid WaterGuard due to the high demand for that version of the product.

An obstacle is apparent with the current packaging of the tablet. The instructions are all in English and no pictures are included. This means that people who do not understand English or are illiterate would be unable to teach themselves how to use the product correctly. This causes PACE to lose a great deal of potential impact as only 66.8% of Ugandans the age 15 and over can read (Central Intelligence Agency, 2011).

The stigmas that are associated with WaterGuard cause much less of the product to be sold. Many people in the country believe that the product will give them cancer. They say this for the same reasons that they believe certain family planning methods will give them cancer: because the white foreigners want to take their land. This incorrect belief about muzungus (local slang for white people) is much more common in the rural areas. WaterGuard also tends to be associated with HIV/AIDS. This stems from the fact that diarrhea was killing the people living with the infection. Programs like PACE's Positive Living Program that support those living with HIV/AIDS by giving out free commodities, providing sensitization with the community, and counseling, started handing out WaterGuard in order for them to treat their water. Though the dispensers given to the individuals say "not for sale" on them, the treatment method is now associated with HIV positive persons. One drug shop owner in the Bukeda District said that the surround villagers believe that "if WaterGuard is in your house, you must have HIV."

Trust Condoms

This product is PACE's most demanded product and falls into both the FP and the RH categories of the A2L products. The condom is sold to retailers by dispenser. A dispenser currently costs 1,500Ush and has ten packets inside. This means that the price of each packet, which contains three individually wrapped condoms, comes to 150Ush. The Trust branded condom is a product that has carried over from when PACE was PSI Uganda. The condom, although branded differently, can be found in other countries where PSI operates.

The product hosts an ideal example of social marketing. The Trust condom itself is the exact same condom that PACE gives out for free, it is just branded and sold on the market. This was done because of the negative stigma that is associated with free health products. When someone receives a health product for free they believe that this is because it is an inexpensive product. When something is inexpensive, people associate that with low quality. In Uganda, people value the quality of the things that they own, rather than the quantity. So, when a Ugandan receives a product for free, sometimes they do not use it and go out and purchase an expensive product instead. This was solved by selling the free condoms as a branded product, Trust. Though the price is still very low, users have realized that it is a high quality product.

The product is in high demand. In the retail world, some stores request to purchase it because of its high turnover rate and high profit margin, others because it saves lives. Regrettably, this demand is

unable to be met. Trust has been out-of-stock with PACE since July. Most retailers have run out of their supply for purchase as well. This time of year, the holiday season, has the highest amount of sales of the condom causing much health impact to be lost. Though there is an order of Trust that is currently being held with the UNDA, it will not be a quantity large enough to meet the demand of the product once it has been released. The order is guessed to be released by mid-December. The health and sales communicator has estimated that Trust will be out-of-stock again by the end of February. The reason that the order is so low is because the main funding for the product has ceased. The funding came from the Civil Society Fund(CSF), who has decided to support PACE's initiatives with free condoms instead of the branded one, Trust. This will also cause the cost of Trust to increase when the order is released to PACE from the UNDA. The estimated price per dispenser upon the release is 3,000Ush.

The free condoms do help with the sensitization of the products to rural areas which are more unfamiliar or uncomfortable with it. The plastic condom only came onto the international market during the Second World War and has not been in the Ugandan society for long. The condom is a reliable contraceptive that is compact, disposable, requires no medical assistance, “offers physical post-coital evidence of effectiveness, provides protection against venereal disease and permits the male to share in actively planning his family” (Youssef, 1993). Even though this has been scientifically proven, the negative stigma of condoms causing someone to become sterile, have cancer, or receive a sexually transmitted infection (STI) still remains amongst the population. Just like with WaterGuard, people believe that foreigners who make and provide the condoms want to poison them in order to take control of their land.

The perception of the condom by those who have used it is that it is “thin and soft” when compared to competitors, which are described as “hard”. During many informal interviews the intern conducted people said that they preferred Trust and they hoped that it was what their partner would be using. One of the CSWs interviewed said that she prefers it because the lubricant on the other condoms gives her “stomach pains” and that Trust does not. Some people also said that they choose Trust because it is inexpensive.

All of the products from the A2L program that were analyzed by the intern seemed to be, in general, well received by the public. Though there are many negative stigmas and incorrect beliefs associated with the health products they are generating a positive health impact by those who are using them.

Perception of Company

PACE is a company whose vision statement is to be “an innovative, efficient and result oriented organization (that) envisions a community of Ugandans empowered to sustain healthy behavior.” They have a unique approach in that they use “evidence based social marketing and other proven techniques that promote sustained behavior change” (PACE, 2011). The intern analyzed the perceptions of the company through observation and interaction with the clients and customers, as well as with PACE employees

The retailers that work with the organization through the A2L program think that the organization is doing a good job at providing the public with life-saving products. The most common complaint about the company was the high price of its products, especially the Maama Kit. The products are already being offered at a very subsidized rate. It is hard to tell if the retailers would lower the prices in which they currently sell the products to the public if PACE was to lower their purchasing prices. Another grievance that some retailers had is over the rules on what qualifies them for wholesale prices. During a sales visit, one pharmacy owner told the intern that they were upset because they wanted to get a wholesale price on the five Maama Kits that they were purchasing and that they could not. They believed that because they had purchased 50 dispensers of WaterGuard at the wholesale price the last two months and were getting another one with this same transaction as the Maama Kits, that they should receive the reduction in the price.

Many times unregistered drug shops had an incorrect association with the organization. The employees working in such drug shops believe that PACE would shut them down or fine them for being run illegally if they were to find out. So when a PACE vehicle came near the shop, they would temporarily close until the vehicle is gone. PACE does not handle this, the UNDA does. Some registered drug shops close up the same way when no registered employees are working at the time a PACE vehicle passes by because this too is illegal. Sometimes when a new drug shop goes through the registration process into the A2L program they will not put up the Access to Life sign that they receive during the registration. This is because they fear that it will cause the UNDA and the District Assistant Drug Inspector to spot them more easily.

The clinicians, VHTs, and mobilizers that partner with PACE were happy to accept their positions. The trainings and clinics are free and provide those partners with new, valuable skills and educational information that they might not be able to obtain otherwise. Transportation is paid for

when attending the trainings and clinics and they usually offer eats, as well as some sort of PACE t-shirt to those who are asked to be there. The intern did notice that there seemed to be a difficulty in teaching these people how to fill out any paper work that was required by PACE. This may have been because there was not enough time allotted for this part of the training. It was observed that some of the information that was being given might have not been understood by those in attendance. The facial expressions witnessed seemed to be that of a confused emotion. This was especially apparent during the explanation of anything paperwork related.

Of the general public, some of the people who use PACE products do not know of the organization. This may be because the packaging of most of the products does not provide a visual indication that they are supplied by the organization. It may also be because many of the consumers are in rural areas. “Some 86% of the population in Uganda live in rural areas and earn their living from subsistence agriculture” (FARM Africa, 2009). This agriculture work usually starts early in the morning and goes past the afternoon. Many times the PACE employees that are in the field are working at this time as well, so those in rural areas are less likely to be exposed to the organization. The public that does know of PACE has a positive perspective about the company. They understand that the company works to create a health impact and that their products can be found in most drug shops and pharmacies. Many people expressed gratitude and the upmost respect towards the intern when she was traveling with PACE. This may be because when someone is associated with a health organization, the assumption is that they are a doctor.

The employees of the company are very happy to be working with PACE. During informal interviews, many of them said that they find that it is very self fulfilling to know that they are helping make an impact in their country. One employee stated that he could be working with another company and would earn more of an income, but that he would not feel as good when he left work every day with another company so it would not be worth it. The employees believe that what they are a part of is something much bigger than their personal careers. The company treats its employees well and follows its core values and guiding principles which are: “Innovation and creativity, speed and efficiency, open communication and teamwork, transparency and accountability and lastly reward and recognition” (PACE, 2011).

Health Impact Generated

The objective that meant the most to the intern to meet was to assist in the increase of products and expansion of access to and demand for FP/RH and CS health products at a community level through the private sector. This objective was met during her time in the field while working with the A2L program.

Before the intern arrived she was told in an email that the exact measurement of output for the A2L program is the number of products actually sold out to private drug shops and clinics in the community on a weekly/monthly basis. The intern helped the sales and health communicator sell 33,680 tablets of WaterGuard, 31 regular Maama Kits, and 79 extra Maama Kits. She also helped redistribute 213 Trust condoms from retailers having trouble selling the product to others who could sell them to the general public with more ease. This was at well over one hundred different locations. The intern helped sales transactions to be taken out in an efficient manner. Though PACE uses the number of items sold to measure direct impact, the intern feels as though she was able to make a sizeable difference in others ways.

The intern helped in building the relationships between the retailers that were visited and PACE. She spent time talking with the businesses owners and employees and asked them questions during her informal interviews. This showed them that their input was valued and allowed for the intern to address any issues or questions that came up. She also educated a number of people on statistics about FP/RH and CS. In doing this, those who were engaged in conversation with her would ask what products would help in making a positive impact on certain statistics. The intern would then mention the PACE products provided under the A2L program and where they could be purchased. Interactions like these lead to the increase in demand for the organizations live-saving products.

Biases of Retailers and Public

The intern would like to mention that there is a possibility that the level of her impact might have been affected by her being a white foreigner in the East African country. The sales and health communicator mentioned numerous times how he had completed a sale because the intern had been present. This was not because of the interactions that she had with the retailers, but because she was merely there at the time the visit had taken place. In some cases people may have felt more obligated to purchase an A2L product, while at other times they may have been trying to impress the sales intern with the amount that was purchased. There also may have been sometimes when fewer sales

were made because the intern was there. This is due to the incorrect belief that muzungus are using health products to poison the people using them in order to obtain their land. The intern hopes that she helped reduced this belief more than advance it, as she was traveling with PACE which is well perceived by the people of Uganda. It is understood that stigmas are very hard to change, but she feels as though she may have made an impact in the reduction of this falsified belief during her time with the organization.

Conclusions

PACE provided the intern with a valuable opportunity to examine social marketing when implemented on health products by working with the A2L program. Completing the internship with a PNFP NGO allowed her to understand the inner workings of such an organization further and has built on her desire to have a career with this type of business the future. The intern respects the way that the organization functions and admires the work ethic and motivation of its employees.

The positive health impact that is generated from PACE is large. The amount of people that have access to life saving products is much more extensive due to the increased quantity of retailers that now offer them in the A2L program's four participating districts. The problem that has been noted is that products, particularly Trust, are commonly out of stock. These need to be readily available for sale by PACE to retailers if the organization would like to create the most health impact possible and retain their good perception among the public.

The products themselves have an amazing potential to save lives. Maama Kits, WaterGuard and Trust condoms are products that consumers use because they believe that they work. However, the negative associations and beliefs that some of the products carry prevent others from using them in manner that could add years to their lives. If the organization were to put into practice a technique that would lower these associations and beliefs then many more people would use the products.

While the clinics, trainings and other events that are being used to educate clinicians, mobilizers, and VHTs are providing services, information and generating a health impact it is hard to collect the exact output that they have. If more time was spent on how to fill out the required paperwork during the time of the trainings, PACE would have a more clear view on how much they have achieved and what they need to change in order to create a larger health impact.

By using evidence based social marketing and other methods to improve the health of the people of Uganda, PACE is successfully reaching the most vulnerable of its countries people. The products that the organization sells are becoming more accepted by the rural communities through sensitization. The higher accessibility in drug shops and pharmacies of PACE's life-saving products in the Kaliro, Kamuli, Kumi and Burigi districts are in large because of the A2L programs offerings to participating retailers and the exceptional implementation of social marketing.

Recommendations

The country of Uganda has made tremendous strides in becoming healthier as a whole. PACE has played a vital role in generating to this positive advancement. While their life-saving products are scientifically proven to work, the organization should continue to increase the amount of health impact that they generate. The intern has supplied the following recommendations in order for PACE to address this: the organization should be working to improve their methods of checking on the status of the retailers in which they provide products for, make sure that they have their products in-stock in to sale to retailers in order to provide more accessibility to the public, be active in educating the public on the their live-saving products, have better documentation on the output of the outside resources the organization uses, and evaluate the A2L programs output with more detail.

The methods used to check the stock of PACE products in participating retailers in the A2L program need to be have more documenting implemented and need to be more frequent. The products in the A2L program are becoming more demanded and so this means that more people want to purchase them. This is causing the turnover rate of the products in retail stores to be higher. The intern would like to propose that a check list is created for all of the retailers in the four participating districts. The list would also include a space in which information can be recorded every time there is contact with an individual retailer. The intern suggests that an A2L representative would be required to interact with each retailer at least three times a year. This would allow for more contact to be made than with the current implementation which consists mostly of field visits. Phone contact would be considered. This way more statistics could be generated about which products are out-of-stock and when and how often they are.

The organization needs to make sure that their own products are available for retailers to sell to ensure that they are accessible to the public. In the case of Trust condoms, these statistics would be valuable when writing to potential donors about the lack of access to condoms for sale in Uganda. PACE's branded condom needs to find another donor as soon as possible. Because of the shortage of the condoms many people are unable to use the preventative method, which is causing harm to people having sex without them in matters of both family planning and reproductive health. The lack of the product is also causing pharmacies, clinics and distributors to lose their faith in PACE's reliability in offering the products that they want when they would like to purchase them.

The intern also recommends that the A2L program implements more educational activities for the public on the life-saving products in which they help provide. The challenge of the negative associations and false beliefs that products such as WaterGuard and Trust carry are difficult to address. The suggested method to change this is to frequently hold informative, educational demonstrations on how the products work with a focus on rural villages. The underlying agenda should be to place an emphasis on teaching facts that anyone can use the products and that they do not have any negative health altering effects. The demonstrations should not be rushed and should allow time for a question and answer section at the end. Though there is no way to ensure that this method would work if implemented, it would defiantly cause more people to be aware of the products existence, how the products work and realize that they are of the highest quality of standards.

Collecting data on impact can be hard, by educating trainees on filling out paperwork better it may be made easier. Though the organization does a good job of using outside resources to educate the general public on PACE's products and services offered, they could do a better job of documenting the output that these outside resources, such as clinicians, VHTs and mobilizers, actually have. Documentation on this is currently trying to be implemented by the organization, but not successfully. The instructions on how to fill out the associated paperwork are explained verbally at the end of the trainings; by this point all people in attendance are less attentive. The training facilitators should be more cautious on whether or not the instructions given are being understood. The suggested method for doing this would be to require each trainee to fill out an example piece of paperwork after the instructions are given. Then the trainee would need to have that example checked and corrected by a facilitator before he or she could receive their transportation reimbursement. This would allow for the trainees to practice the paperwork and have questions

answered about it before they leave as well as provide instant feedback to the facilitators on what would need to be clarified more in the paperwork instructions during the next training.

Also, the intern believes that the measurements of output in the A2L program should be evaluated in more detail. Currently the exact output is the number of products actually sold out to private drug shops and clinics in the community on a weekly/monthly basis. While this does provide the organization with a number to analyze, it should be more aware of where the sales of these products are taking place. If the sales and health communicator's focus is sales in the rural area of a district for a week, then the numbers will be low and would be evaluated as a poor job done by the employee. However, this does not mean that the employee did not reach numerous retailers during that week. In fact, when the intern was in the field with a focus on a more rural area, the number of businesses that were visited was much higher than in urban areas and more transactions occurred. The difference is that they were purchasing in much smaller quantities than the retailers in more urban areas. So the measurement of output should be in the number of products actually sold as well as the number of private drug shops and clinics that purchased products and where those retailers are located.

To better promote sustained behavior changes that improve the health of vulnerable Ugandans, PACE could implement the above adjustments. The intern has recommended these possible changes to the organization based off of their stated core values of speed and efficiency. If these recommendations were to be implemented then PACE would be making improvements in order to generate an even larger positive health impact than it already produces.

Appendix

Image 1

Map of Districts of Uganda



The intern worked in the eastern districts of Bugiri, Bukedea, Busia, Iganga, Jinja, Kaliro, Kamoli, Kapchorwa, Kumi, Pallisa, Soroti, and Tororo. (Uganda Multimedia News and Information, 2011)

Table 3

Products Sold During Six-Week Internship

Name of Product	Trust condoms	WaterGuard tablets	Maama Kits (regular)	Maama Kits (extra)
Amount Sold	213*	33,680	31	79

*these were uplifted from outlets that were having trouble selling the product and re-distributed to outlets that could sell them to the public.

Image 2

The 4 P's of Marketing



The 4 P's in further explanation for clarification to the readers. (RTMedia Ltd, 2011)

Works Cited

- AVERT. (2011). *HIV and AIDS in Uganda*. Retrieved November 20, 2011, from <http://www.avert.org/aids-uganda.htm>
- Central Intelligence Agency. (2011, November 10). *The World Factbook: Uganda*. Retrieved November 20, 2011, from <https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html>
- FARM Africa. (2009). *Uganda*. Retrieved November 20, 2011, from <http://www.farmafrica.org.uk/where-we-work/uganda>
- Health Systems Development. (2002). *Maternal Health Review Programme*. UK Department of International Development.
- Ministry of Health: Republic of Uganda. (2011). Retrieved October 18, 2011, from <http://health.go.ug/mohweb/>
- National Public Radio. (2002, May 20). *Bringing Health Care to Rural Uganda*. Retrieved November 25, 2011, from <http://www.npr.org/programs/atc/features/2002/may/uganda/>
- PACE. (2011). *A2L Proposal to Renew Donorship*. (Not Published).
- PACE- Mpanga. (2010, April). A2L Proposal. *STRIDES Proposal Form RFP 001* . Kampala: (Not Published).
- PACE. (2011). *PACE- Interventions for Health Impact*. Retrieved November 15, 2011, from pace.org.ug
- Population Services International. (2010). Retrieved October 18, 2011, from <http://www.psi.org/>
- Programme for Accessable health, Communication, and Education*. (n.d.). Retrieved October 19, 2011, from <http://pace.org.ug/>
- PSI. (2010). *psi- Healthy lives. Measureable results*. Retrieved November 20, 2011, from <http://www.psi.org/>
- RTMedia Ltd. (2011, December 2). *Strategic Marketing*. Retrieved December 3, 2011, from RT Brand Communications: <http://www.rtmedia.com/options/knowledge/strategic-marketing.html>

Skolas, K. (2011, May). Selling Better Health: A Social Marketing Approach to Health Delivery in Uganda. Kampala: (Not Published).

The Lancet. (2003). Child Survival Series. *The Lancet* .

The Policy Project. (2006). *Maternal and Neonatal Program Effort Index*. Gladstonbury, CT: USAID.

Tuerffs, K. (2011, November 17). The ABC's of HIV/AIDS Prevention in Uganda. Corvallis: (Not Published).

Turning Point. (n.d.). *Social Marketing: A Resource Guide*. Retrieved October 18, 2011, from http://www.turningpointprogram.org/Pages/pdfs/social_market/social_marketing_101.pdf

U.S. Global Health Policy. (2010). *Uganda*. Retrieved November 20, 2011, from <http://www.globalhealthfacts.org/data/country/profile.aspx?loc=217>

Uganda Ministry of Health. (2007). Maama Kit: Making childbirth safer and cleaner. WHO.

Uganda Multimedia News and Information. (2011, June 30). *Uganda Investment Authority reports 5.6% increase in investments*. Retrieved December 1, 2011, from Weinformers: <http://www.weinformers.net/2011/06/30/uganda-investment-authority-reports-5-6-increase-in-investments/>

USAID. (2010). *Uganda: HIV/AIDS Health Profile*. Health Profile, Kampala.

Weinreich, N. K. (2006-10). *What is Social Marketing*. Retrieved October 18, 2011, from <http://www.social-marketing.com/Whatis.html>

WHO . (2006). *Country Health System Fact Sheet* . WHO- Africa.

World Health Organization. (2011). *Global Burden of Disease (GBD)*. Retrieved November 26, 2011, from http://www.who.int/healthinfo/global_burden_disease/en/index.html

World Health Organization. (2011). *Uganda*. Retrieved October 18, 2011, from <http://www.who.int/countries/uga/en/>

Youssef, H. (1993). The History of the Condom. *Journal of the Royal Society of Medicin* , 226-228.

