
FEASIBILITY STUDY



Condoms Always!
The Coca - Cola Route,
The HIV/AIDS Prevention Route

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SPECIFICATIONS



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ABBREVIATIONS

CA	Community Agent
AMODEFA	Mozambican Association for Development of the Family
IPC	Interpersonal Contact
CVM	Mozambique Red Cross
ECOSIDA	Businessmen Against AIDS
GASD	Group of Activists Against AIDS and STDs
IPPF	International Planned Parenthood Federation
KUYAKANA	Network of Women Affected and Infected by HIV/AIDS
MEDIMOC	Medicamentos de Moçambique
MJD	Ministry of Youth and Sports
MISAU	Ministry of Health
MONASO	Mozambique Network of AIDS Service Organisations
NCNC	Non Spouse, Non Cohabitant
NPCS	Provincial HIV/AIDS Nucleus
CBOs	Community Based Organisations
OMES	Women's AIDS Education Organisation
NGOs	Non Governmental Organisations
CSOs	Civil Society Organisations
AP	Administrative Post
PCD	Home Care Providers
PSI	Population Services International
PLWHA	People Living with HIV/AIDS
RENSIDA	National Associations Against AIDS Network
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The HIV/AIDS pandemic has rapidly become an international problem, and its effects have been reflected in many countries, particularly those in Sub-Saharan Africa, of which Mozambique is a part. Mozambique has one of the highest HIV prevalence rates in the world, estimated at 16.2% in 2004.

Faced with the scenario described above, the country has focused on the promotion of campaigns aimed at behaviour change and condom use as a strategic part in the prevention of HIV/AIDS, in line with the Strategic Plans for the Fight against AIDS of the two main institutions heading the national response to HIV/AIDS, namely the National AIDS Council (CNCS) and the Ministry of Health (MISAU).

The Mozambican Government adopted a multisectoral approach centred on involving all social actors in the fight against HIV/AIDS. However, a significant part of the Mozambican population does not have access to condoms and educational materials, and is not aware of the manners in which HIV/AIDS is transmitted, or how to prevent this transmission, which to some extent jeopardises the efforts made by various actors involved in the fight against AIDS.

Coca-Cola Moçambique intends to play a more active role in the fight against HIV/AIDS, by confirming its institutional commitment to issues regarding private initiatives' social responsibility. This multinational company has introduced a system to distribute its products, reaching many out-of-the-way areas, far from the main roads and commercial centres in rural Mozambique. The objective is to analyse the feasibility of capitalising on the network introduced by Coca-Cola for the distribution of its products and, through this network, support a system to distribute condoms and relevant educational materials. The objective is to contribute to increased access to these products, which are crucial to consolidating the initiatives aimed at reducing HIV/AIDS propagation.

It is in this context that the feasibility study was carried out, focusing on the following objectives: to analyse the feasibility of Coca-Cola's intended initiative, and; to identify potential actors and institutions that may be interested in establishing partnerships to that end. This study focuses on the analysis of the current condom distribution system, paying attention to possible gaps and areas that need to be complemented by other actors and sectors.

For this task, we used a methodology focusing on an analysis of the strengths, weaknesses and threats, as well as the opportunities that could be capitalized on. The work included field visits, interviews with key actors involved in the distribution of condoms, as well as a review of literature on the current condom distribution system in Mozambique.

There were two stages of data collection and consultations were held with key actors in the three regions of the country covered by the study. Nampula represented the northern region, Manica the central region, and Maputo city and province, the southern region. Several districts, localities, Administrative Posts and villages were visited in each Province.

The first stage of data collection began in April and May, and covered the provinces of Nampula and Manica. In addition to the district of Nampula, also covered in the province of Nampula were the districts of Nacala Porto, Murrupula, Meconta and Mogovolas, locality of Namialo and administrative post of Chalaua. Two districts were visited in the province of Manica, namely Manica and Sussundenga. The country's southern region was represented by the city and province of Maputo, where actors involved in the distribution of condoms and educational materials at national level were consulted.

The second stage of data collection took place during the first 15 days of October 2006 and covered only the province of Nampula. During this phase, the districts of Meconta, Mogovolas and Murrupula were visited, where essentially the district depots and soft drink redistributors were heard. In the first district, the depots and soft drink redistributors based in the villages of Nacavala and Niphuro were consulted. In the second district, in addition to the person in charge of the Coca-Cola depot in the district, redistributors in the administrative posts of Nametil, Namacarru village and Meluri were interviewed. In the third district, these included the depot and redistributors based in the principal district, in the villages of Nacurrare, Rovuma 1 and Campo 1. The provincial coordinator for PSI-Jeito and PSI's Director of Operations and Sales at central level were also interviewed during this phase.

It was found, based on the results of the study, that the current condom distribution system covers the entire country and that it involved two main institutions, PSI and MISAU. On PSI's side, redistribution is carried out mostly by retailers, wholesalers, pharmacies, kiosks, bars and community agents, while MISAU's category of redistributors involves Provincial Directorates of Health (DPS), health units, provincial government institutions, Provincial HIV/AIDS Nuclei, in the case of some districts (NPCS and NDCS, respectively) and national and foreign NGOs.

It was also found that Coca-Cola has a soft drink distribution route based in the country's three regions. Coca-Cola uses its own trucks to redistribute its products, and reinforces its distribution capacity with hired ones, particularly during the periods when there is greater demand for soft drinks.

The study allowed us to conclude that the joint initiative is feasible, seeing as there are intersection points between the distribution routes for Coca-Cola's products and the circulation of condoms (PSI's), inasmuch as the soft drink redistributors in the districts, localities and administrative posts have also been involved in the retail and redistribution of condoms. Furthermore, the actors and institutions interviewed emphasised that they would greatly welcome an initiative aimed at increasing the possibility of the population's access to condoms and educational materials, as a means of contributing to stem the propagation of the epidemic. The only proviso is that this greater availability of condoms must be accompanied by awareness-raising packages and materials aimed at specific age and social groups, in order to avoid coming into conflict with socio-cultural values or groups.

I. INTRODUCTION

One of the main challenges facing initiatives to combat HIV/AIDS in Africa is to ensure that awareness campaigns for behaviour change and for promoting regular use of condoms are systematically used as strategies for preventing the propagation of HIV/AIDS.

In Mozambique, the baseline study on “Households’ Answer to HIV/AIDS”, carried out in four districts in the province of Tete (Angónia, Magoé, Changara and Tete), identified continued inconsistent condom use with non-regular partners of around (17%), partly owing to the inconstant supply of condoms, misconceptions and negative attitudes with regard to condoms. This was particularly the case in rural areas most distant from the main road corridors and principal district (Gujral, L. et al., 2004).

Following the perspective of a multisectoral approach to combat HIV/AIDS, the Government of Mozambique and the National AIDS Council appealed to the Private Sector, Community Based Organisations, faith-based organisations and Society, as a whole, to commit to and become involved in activities to prevent and combat HIV/AIDS. The CNCS and several national and international organisations have already conceived and are implementing coordinated actions at national, provincial and district levels. However, there are still only a few private sector initiatives.

Coca-Cola Moçambique, as one of the leading companies in the private sector, intends to play a more active role in the fight against HIV/AIDS. Coca-Cola has a distribution system for its products which reaches many of Mozambique’s rural areas, far from the main roads and commercial centres. Thus, Coca-Cola Moçambique intends to make space available within its distribution system to distribute condoms as well, thereby ensuring that more people have regular access to condoms, information and also HIV/AIDS awareness and educational materials.

Coca-Cola intends to work in coordination with international partners that are already established and working with HIV/AIDS, in order to capitalise on existing experiences and resources. The expectation is for one or more partners to lead the programme and ensure that once the condoms and HIV/AIDS educational materials are transported to the districts and administrative posts, with assistance from Coca-Cola, these will be distributed to the population. These partners should have experience, be capable and have a liaison system capable of distributing condoms and educational materials to the communities. Coca-Cola Moçambique would be willing to assume responsibility for transporting condoms and educational materials on its trucks to all points of the country, free of charge.

As a result of various meetings between Coca-Cola and DANIDA, it was agreed that DANIDA would fund the present feasibility study and, if the project is deemed feasible, the partner chosen for the implementation of the project would be responsible for all the other steps in the development, mobilisation of necessary resources, implementation, monitoring and reporting on the project, in coordination with Coca-Cola. The Executive Secretariat of the National AIDS Council (SE-CNCS), in its role as coordinating institution for the national response to HIV/AIDS, was consulted on the relevance of carrying out this study and subsequently returned a favourable opinion.

The present study is structured in nine chapters, including the introduction and conclusion. The first chapter contains the introduction, while the second contains a brief presentation of the methodological aspects that guided the study. The third chapter portrays and characterises the current system for the distribution of condoms and IEC materials. The fourth chapter presents the opinions of key actors with regard to the current condom and IEC materials distribution system, while the fifth deals with the system's weaknesses. The sixth chapter characterises the soft drink distribution network at national level, focusing on the country's central and northern regions. The possible mechanisms for using the Coca-Cola route to redistribute condoms to the districts are presented in chapter seven. Finally, the main conclusions and recommendations are presented, after which the outline for a possible design of the project proposal is presented.

I. 1. PROBLEM

African countries have been fighting HIV/AIDS for approximately three decades. The impact of HIV/AIDS has changed the social structure of many groups, impacting on individual and community lifestyles and the countries' development programmes. In countries like Mozambique, where most of the population is affected by poverty, the impact of AIDS is even more severe.

Although there are drugs on the international market to reduce the viral load, these are still beyond the reach of the majority of the population in poor countries like Mozambique. In this context, the campaigns to combat HIV/AIDS have focused on condom use, information dissemination and educating the population on the disease, in the hope that a change in behaviour will help contain indices and infection. [Despite condoms being increasingly available in the country in terms of quantity and stability in national stock replacements](#), access, both to condoms and to educational materials, is still fairly low, leaving a vast segment of the population without access to these products and services, particularly in the rural areas.

I. 2. OBJECTIVES OF THE STUDY

In general terms, the objective of this feasibility study is to analyse the possible channels and mechanisms to contribute to the effort to make condoms accessible to a large number of Mozambicans.

The specific objectives of this research are to:

1. Describe and assess the existing system for the distribution of condoms and HIV/AIDS education materials;
2. Describe the project idea, in terms of acceptability, relevance and management, based on the main stakeholders' point of view;
3. Identify possible partners that could be responsible for the distribution of condoms and HIV/AIDS educational materials in the [localities and villages](#);

4. In the event of a positive response to the project idea, to propose channels and mechanisms to improve the project;
5. In the event of a positive response to the project idea, to propose a project plan;
6. In the event of a negative response to the project idea, to summarise the main stakeholders' and consultants' arguments for the non-implementation of the project.

I. 3. MAIN ISSUES OF THE STUDY

The study attempts to answer the following issues:

- ② What are the existing mechanisms for the distribution of condoms and HIV/AIDS educational materials?
- ② How could Coca-Cola Moçambique use its distribution system to distribute condoms and other HIV/AIDS-related materials in the country?
- ② How do the main stakeholders perceive Coca-Cola's intention of associating the distribution of its products with the distribution of materials used in initiatives to combat HIV/AIDS?
- ② Who could be Coca-Cola's partner in this type of initiative?
- ② If the proposed project is well received, how can it be properly implemented?

I. 4. EXPECTED RESULTS

According to the terms of reference, the results expected from this study are: **First**, to show the set-up of the distribution of condoms and educational materials in the country and the respective strengths, weaknesses and opportunities. **Second**, to assess the practicability of Coca-Cola's involvement in the condom and educational material distribution system. If the response is positive, to prepare a draft of the project proposal, to be finalised by the chosen implementation partner.

II. METHODOLOGY

This study was carried out using qualitative methodologies, focusing on the SWOT model to analyse data, which allowed the current condom distribution system's strengths, weaknesses, opportunities and threats to be shown.

The study was based on two forms of collecting data, namely literature surveys and interviews. This study involved two stages of data collection, the first during the months of April and May and the second during the first two weeks of October.

It was possible, through bibliographical reviews, to have access to the findings and conclusions of other studies carried out on the same subject. Therefore, existing documents containing issues linked to the condom and educational material distribution system were used to prepare the study. Most of the literature examined was found within the organisations that plan, implement and work with this issue in the field, with emphasis being on PSI-Moçambique, MISAU, CNCS, amongst other institutions.

Likewise, semi-structured interviews and field visits were also carried out in two stages. The study selected a sample representing the country's three main regions. Interviews were held with various actors and institutions in charge of the redistribution and circulation of both soft drinks and condoms, as well as with organisations implementing actions aimed at preventing and combating HIV/AIDS (see annexed list of institutions and persons interviewed).

The first stage in the collection of data took place in April and May, and covered the provinces of Nampula and Manica. In addition to the district of Nampula, also covered in the province of Nampula were the districts of Nacala Porto, Murrupula, Meconta and Mogovolas, locality of Namialo and administrative post of Chalaua. Two districts were visited in the province of Manica, namely Manica and Sussundenga. The country's southern region was represented by the city and province of Maputo, where actors involved in the distribution of condoms and educational materials at national level were consulted.

The second stage of data collection took place during the first 15 days of October 2006 and covered only the province of Nampula. During this phase, the districts of Meconta, Mogovolas and Murrupula were visited, where principally district depots and soft drink redistributors were consulted. In the first district, the depots and soft drink redistributors based in the villages of Nacavala and Niphuro were consulted. In the second district, in addition to the person in charge of the Coca-Cola depot in the district, redistributors in the administrative posts of Nametil, Namacarru village and Meluri were interviewed. In the third district, these included the depot and redistributors based in the principal district, in the villages of Nacurrare, Rovuma 1 and Campo 1. The provincial coordinator for PSI-Jeito and PSI's Director of Operations and Sales at central level were also consulted during this phase.

III. CURRENT CONDOM AND IEC MATERIAL DISTRIBUTION SYSTEM

The main strategic instruments guiding the interventions for the prevention of and fight against HIV/AIDS¹ refer to the distribution of condoms and IEC materials as an essential component in the reduction of HIV propagation indices. However, despite streamlining the policies and strategies, and the fact that various actors are providing practical input by making condoms available, existing procedures for condom and IEC material distribution are not yet efficiently coordinated, thereby contributing to a limitation in the coverage and stability of the distribution.

There are several institutions responsible for the circulation of condoms and IEC materials. However, the circulation of condoms and IEC materials does not follow systematic monitoring mechanisms, and is based on restricted interventions and initiatives carried out by different organisations, which makes it difficult to list all the institutions circulating condoms and IEC materials. Despite this, it can be said that most of the NGOs working with the prevention, treatment and follow-up of people infected and affected by HIV/AIDS circulate condoms and IEC materials. As an example, we can mention institutions like Mozambique Red Cross, Mozambican Women's Association, Mozambican Christian Council, Kindlimuka, Foundation for Community Development (FDC), AMODEFA, and World Relief, amongst others.

The circulation of condoms and IEC materials is also carried out by private and public sector organisations that put in place initiatives to combat HIV/AIDS in the workplace. This activity is directed at their employees and some population groups covered by their services.

Most of the condoms and IEC materials circulated in the manners described above are generally supplied by MISAU and by PSI-Moçambique. Condoms are also procured in pharmacies, where the offer in terms of quality and price is varied.

In more formal and structural terms, the condom distribution system in Mozambique covers all of the country's regions and is concentrated in two institutions: MISAU and PSI-Moçambique, each of which has its own strategy and means of intervention.

III. 1. MISAU'S CONDOM DISTRIBUTION SYSTEM

MISAU's condom distribution system was initially conceived in the 1980s, as a family planning component. However, with the outbreak of the HIV/AIDS pandemic, MISAU began to implement the National HIV/AIDS/STD Programme. Thus, condoms began to be sold and widely distributed throughout the national territory as a mechanism to reduce HIV/AIDS infection.

To this end, MISAU established a partnership with MEDIMOC to provide free condom distribution services nationwide, in collaboration with the National HIV/AIDS/STD Programme. MEDIMOC is an institution with nationwide coverage in the distribution of drugs, and has delegations in all of the

¹CNCS 2004 and MISAU 2004

country's regions. MEDIMOC distributes *Condom Man* and *FEMIDON* condoms, imported from India and donated by USAID.

Through MISAU/MEDIMOC, no-name-brand condoms are distributed to the Provincial Directorates of Health (provincial depots), that are in turn responsible for channelling the condoms to the relevant Health Units in a certain province. Users, consumers or clients of the free public condom distribution network are reached through normal medical visits and, sporadically, during STD/AIDS awareness campaigns, as well as during family planning and mother and child health lectures directed at men and women attending medical consultations (also see Casimiro 2002). MISAU's condom distribution system not only uses normal medical consultations, but also involves provincial directorates, Provincial AIDS Nuclei (NPCS), provincial government institutions and NGOs. Each institution that receives these condoms is responsible for making these available to their network of clients and direct service users, as set out in the organisational chart below:

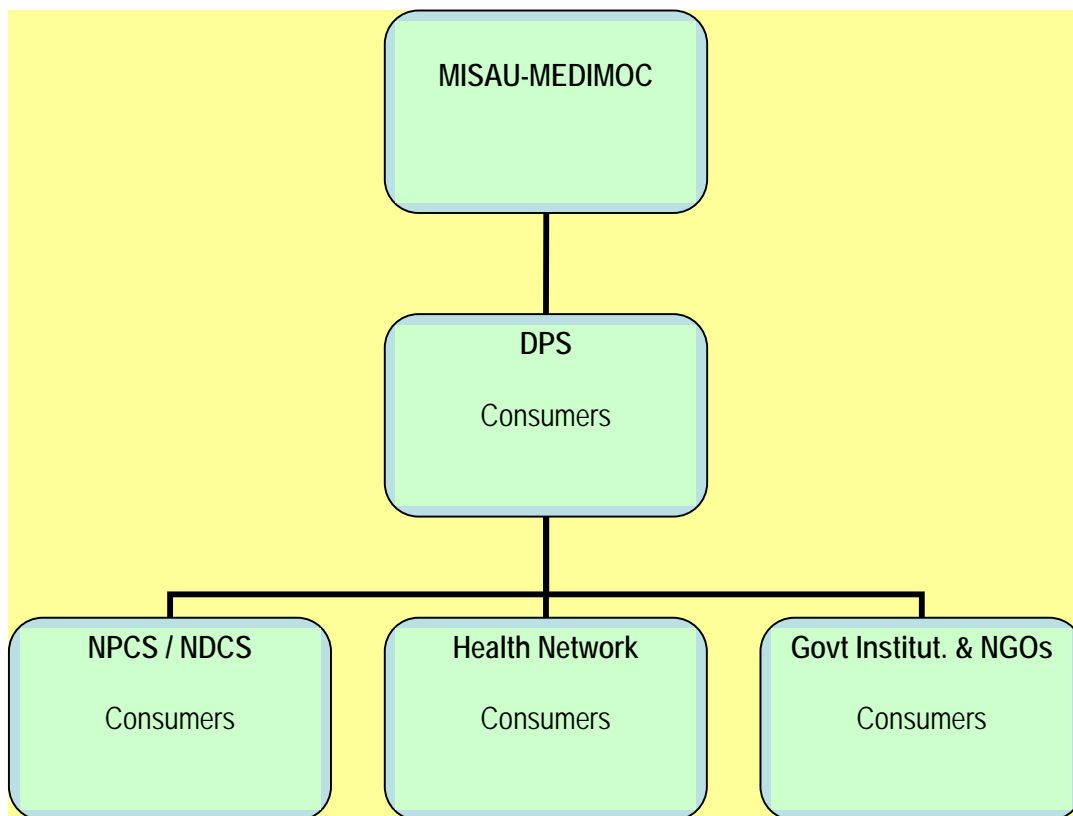


Diagram 1. Condom and IEC material distribution chart, MISAU

III. 2. PSI'S CONDOM DISTRIBUTION SYSTEM

The second-largest institution linked to the distribution and commercialisation of condoms is PSI-Moçambique. PSI is an international NGO dedicated to providing services in the health communications field. PSI is involved in the distribution of condoms through its condom social marketing strategy, selling this product at symbolic prices. In 1995, at MISAU's invitation, PSI-Moçambique began to distribute and sell the JeitO brand condom in Mozambique. In a first phase,

the institution limited its activities to the urban markets, and subsequently expanded its condom social marketing and distribution activities nationwide.

JeitO condoms are distributed through the commercial network and are currently sold to consumers at a price of 1000 Meticaís per pack of 3 condoms. PSI-Moçambique also distributes *Trust* and *Lovers Plus* condom brands which, due to their fairly high cost, are mostly placed for sale in the urban centres. The JeitO brand condom is sold and distributed at national level by 5 categories of vendors: pharmacies, complexes, kiosks, shops, tobacconists' kiosks and markets, basically covering cities and villages, while following the method described below:

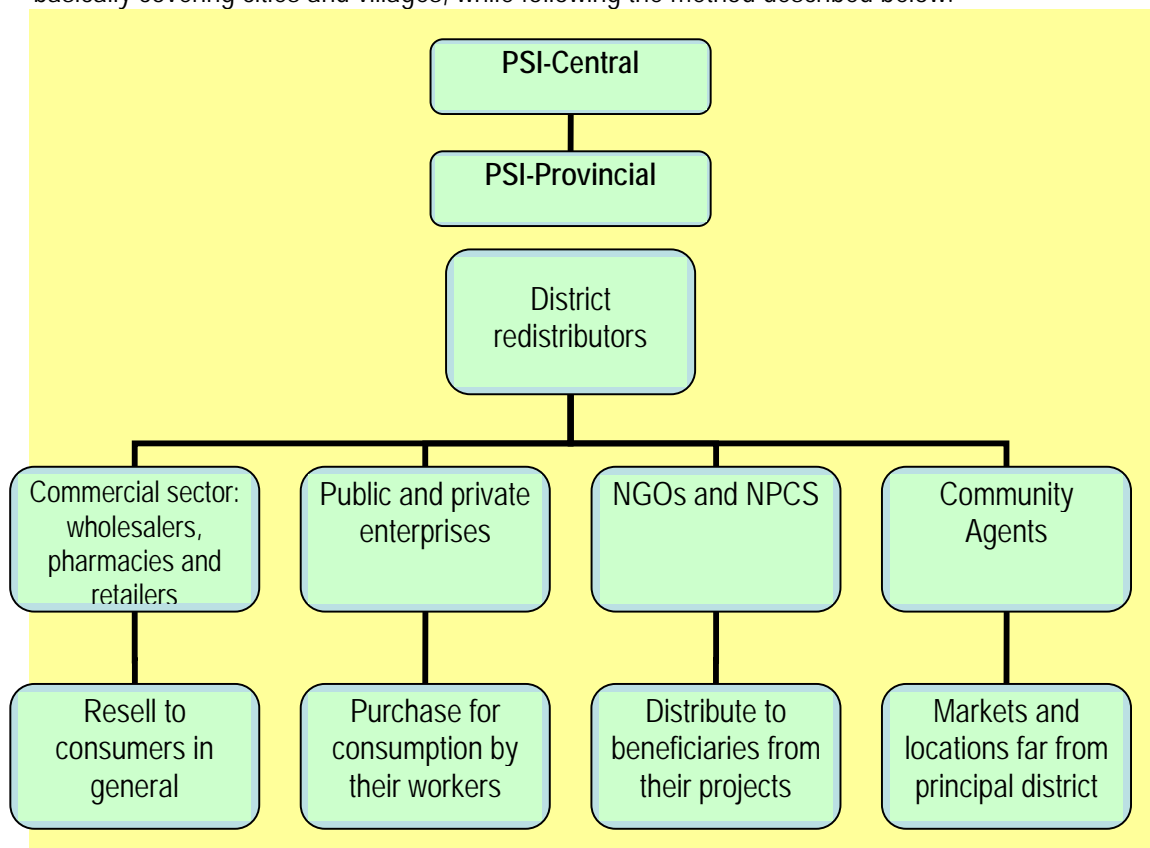


Diagram 2. PSI's condom and IEC material distribution chart

The central office is responsible for guaranteeing sufficient stocks of condoms for the provincial warehouses. These, in turn, guarantee that the condoms and IEC materials reach the district redistributors and administrative posts, where own transport is used in the distribution of these products.

PSI sells condoms to the district redistributors, a category involving the following actors: formal and informal commercial sector, made up of pharmacies, wholesalers, retailers, public and private enterprises, national and foreign NGOs and community agents. Community agents receive a sum equal to 1.500 (one thousand five hundred meticaís) to purchase the condoms from PSI itself and supply the markets, neighbourhoods and retailers located far from the principal district or localities.

For this reason, community agents are considered to be redistributors, with an important role in the process. According to one of PSI's representatives in Nampula, the funding provided by PSI to Community Agents has two objectives: first, to ensure that condoms reach areas not covered by its conventional transport (expand coverage); second, to encourage self-employment.

While the commercial network in the principal district and Administrative Posts (AP) resells condoms to consumers in general, community agents do the same thing, but try to cover the outlying localities, markets and neighbourhoods. Enterprises, in turn, purchase JeitO condoms, which are used mostly by their workers. The enterprises' redistribution strategy consists in placing the condoms in areas of easy access, such as restrooms and corridors.

There are six institutions, in addition to MISAU's and PSI-Moçambique's partner MEDIMOC, circulating and selling condoms (see table 1). However, these institutions do not have national coverage and are very often limited to the urban areas. In general, condoms are not presented as a product for profitable business, which is why of the 34 drug import companies registered in the country, only six buy and sell condoms.

Institutions	Type of institution	Type of Service	Condom brands	Coverage
MEDIMOC/ MISAU	Private/ Public	Import/ Export Distribution	Condom Man FEMIDON/Preventur	National
PSI/JEITO	NGO	Import Distribution Commercialisation	Jeito Trust Lovers Plus	National
MEDIMPORT	Private	Drug Distribution	Preventur	South
MEDIS FARMACEUTICA	Private	Drug Distribution	Trust, Ziz Zag Control	South/ Beira
GENERIC	Private	Drug Distribution	Romantic	Maputo
SHANY	Private	Drug Distribution	Romantic	South/ Beira
MAPUTO HEALTH CARE	Private	Drug Distribution	Kama Sutra	Maputo
MEDIFARMA	Private	Drug Distribution	Spicy love	Maputo

Table 1. Institutions involved in the distribution of condoms in Mozambique²

The current condom distribution system has two main components, one managed by MISAU and the other by PSI-Moçambique. Other activity-coordinating institutions working in the fight against AIDS, such as MONASO, RENSIDA, ECOSIDA and OMES, receive free condoms from MISAU or purchase them from PSI for subsequent free redistribution to the institutions in their networks. Although some institutions receive condoms directly from donor agencies such as USAID and UNFPA, it is important to note that all the institutions integrated in this study receive condoms from MISAU or from PSI-Moçambique, in the areas where access conditions are easier.

The logic behind the current condom distribution system foresees that, while MISAU guarantees condom availability in the rural areas, through its health units and local level Government institutions, PSI is responsible for the urban and commercial areas. Following a path similar to the diagram, there is an intersection between these two institutions' geographical areas of activity.

² Dados fornecidas pelo Departamento de Marketing da MEDIMOC e relatórios da PSI-Moçambique

Therefore, despite its focus on rural areas, MISAU distributes condoms in the central areas through its depots and health units. Likewise, despite PSI's focus on the urban and commercial areas, it carries out activities in the rural areas, where it also distributes condoms.

The condoms distributed by both MISAU and PSI-Moçambique are transported by road to the different points, where they are then redistributed. Given both institutions' insufficient means of transport, condom and IEC material quantities become increasingly scarce the further away we move from the main provincial towns and districts. Other institutions circulating condoms and IEC materials work in specific geographical areas and with specific groups, and do not have the capacity to cover all of the areas where MISAU and PSI-Moçambique's condoms and IEC materials are not received regularly.

The CNCS and the respective NPCSS assume the roles of coordinators for HIV/AIDS-linked activities and, as a result, play an important role in the circulation of condoms. However, existing monitoring and evaluation systems in place at the CNCS, PSI-Moçambique and MISAU still do not supply detailed information on routes and geographical coverage, quantities and regularity of product distribution.

III. 3. THE CASES OF NAMPULA AND MANICA

The organisation and characteristics of the national condom distribution system are similarly duplicated in the provinces. MISAU and PSI-Moçambique are the key distributors and there is a set of actors that participate in the redistribution and circulation of condoms and IEC materials in the provinces. In general, the NPCSS assume the role of coordinators for the redistribution activity in partnership with PSI-Moçambique, which has representations in all of the country's provinces.

In the province of Nampula, the NPCSS carries out the redistribution of condoms as a secondary activity, regularly covering the districts of Nacala Porto, Angoche and Ribáue. According to Sara Jane, NPCSS's coordinator in Nampula,

...[The] distribution strategy at city level consists in making condoms available in places of easy access. For the districts and administrative posts, because of a lack of transport and financial resources, the Nucleus cooperates with the district delegations to provide the transport of condoms. The CBOs, in turn, receive the condoms and then distribute them. This was the solution found to overcome the shortage of financial resources to fund the activity³

Despite some routine in the activities aimed at redistributing condoms, the process has still not been systematised. For example, redistribution is not carried out regularly in terms of periodicity and quantities. Arlindo Machava, responsible for the NPCSS database in Nampula, noted that

...due to the secondary nature of the activity, it is difficult to determine how many condoms are distributed and their regularity. Whenever the NPCSS receives

³ Interview (13/ 06/06)

materials from the DPS or from PSI, it attempts to distribute them at central, district and administrative post levels. One institution that has frequently requested condoms and IEC materials is ADAP, a NGO focusing on extension officers. This NGO combines the payment of salaries with the distribution of condoms in the districts of Ribáue and Rapale.⁴

In the province of Manica, the procedure follows the same lines. The NPCCS requests condoms and the DPS tries to maintain a stock of condoms to be distributed within the scope of its activities while at the same time being available to provide condoms to associations and organisations that need small quantities. As Josefa Mazive, Coordination and Civil Society assistant for the NPCCS in Manica, explains,

[We] work with associations and various organisations. They come and ask for condoms and we provide them, depending on the existing stock. When an institution needs a quantity that we do not have, we issue an order form for that institution to go and collect the condoms from the Provincial Directorate of Health.⁵

The NPCCSs try to distribute condoms to all of the districts, but this activity is only successful in the districts where they carry out other activities, seeing as the distribution of condoms is not their main activity. Therefore, for example, the district of Catandica, in the province of Manica, is the most visited by the NPCCS and is therefore one of the districts benefiting the most in terms of circulation of condoms.

It is important to note that, within the scope of the Government's multisectoral strategy to combat HIV/AIDS, the different Government institutions at provincial level also participate in the condom circulation process. Thus, institutions such as the district directorates of Health, Education and Culture, and Women and Social Action circulate condoms at district level according to the activities that they carry out in the administrative posts and localities and, also, according to the available transport to take the condoms to those places.

In the two provinces visited, and also in the province and city of Maputo, PSI-Moçambique is the most influential actor in the condom distribution and redistribution process, thanks to a strong social marketing campaign and to the use of commercial redistributors, and also due to its reasonably systematic supply, storage and redistribution system.

⁴ Interview (13/ 06/06)

⁵ Interview (15/ 05/06)



Photograph 1: PSI-Moçambique Warehouse, Nampula

As Salis Pedro, from PSI-Moçambique's sales department in Nampula notes, "*PSI's interventions were made easier because it has the capacity to store the materials, and it also has specific transport for the Sales Department.*"⁶ This finding was added to by Arlindo Manchava, when he highlighted that:

*"PSI is the only institution in the province that has an efficient condom distribution mechanism, since it has a mechanism that is capable of covering a large number of districts (...) and it is able to determine the quantities coming in and going out (...)"*⁷

The fact that PSI-Moçambique's condom is bought and sold, allows it to circulate according to the market dynamics. The advantage is that the condom tends to be found where the demand is high. This demand for condoms is associated, in part, to the PSI-Moçambique's social marketing campaign. However, the circulation of commercialised condoms excludes a large part of the population. This is due, on the one hand, to the fact that a significant part of the population lacks the means to purchase condoms, and on the other, because of the limited provincial and district coverage of PSI's current distribution network.

At provincial level, in addition to MISAU and PSI-Moçambique, there are several NGOs and NGO networks with an important role in the distribution of condoms. For example, in Manica, networks such as MONASO and OMES and organisations such as KULIMA, KUBATSIRANA, AFRICARE, HAI and ROTANDA participate in the circulation of condoms and IEC materials within the context of their activities in the different districts. However, it is important to note that these organisations' activities are not always complementary, and that there are some districts that are more popular than others, with several organisations concentrating their activities in a few locations.

⁶ Entrevista (13/06/06)

⁷ Entrevista (13/05/06)

Furthermore, these organisations also have problems with transport and in many cases also with storage space for the condoms.



Photograph 2: OMES Office, Manica

IV. LESSONS ON THE DISTRIBUTION OF CONDOMS AND IEC MATERIALS

Similarly to a large part of the activities to combat AIDS, the distribution of condoms and IEC materials does not have the same impact in the different regions, or on the different actors and beneficiaries. In general, key actors interviewed in this study consider that the current condom and IEC distribution model has the capacity to make condoms available in the entire country. However, all of the interviewees stated that the system needs to be improved in order for condoms to reach more people on a regular basis.

The current condom and IEC material commercialisation and distribution system covers all provinces in the country, although with some difficulties. The process involves a series of governmental and non-governmental actors who cooperate with the CSOs in the redistribution of condoms.⁸

According to one of AMODEFA's representatives in Maputo, despite its deficiencies, the condom and IEC material distribution system works and the products reach the entire country. The first lesson learned from the fieldwork and interviews is that the Government's multisectoral strategy to combat AIDS is positive in the sense that there are various actors that are aware of and involved in the fight against AIDS simultaneously.

Despite weak formal coordination of the different actors' activities, at local level institutions find ad-hoc solutions to carry out their activities. An example of this is the way in which NGOs and Government sectors with transport on hand make space available to transport condoms and IEC materials, which are not necessarily directly linked to their main activities.

Another lesson learned from the study is that condoms circulate in two main routes, according to the distributors. Condoms distributed by PSI-Moçambique, are fundamentally circulated through the commercial goods circulation routes and areas with highest concentrations of commercial establishments. Thus, there is a greater concentration of the JeitO brand condom in the urban centres and commercial villages in districts with a similar route to that of other consumer goods. Entertainment areas and areas selling alcoholic beverages are particularly targeted by PSI-Moçambique.

MISAU's condoms are distributed in the areas where there are health units. Both the condoms distributed by MISAU and those distributed by PSI-Moçambique benefit from a vast network of organisations comprised of NGOs working with AIDS in the various districts and localities in the country.

Based on these main condom circulation routes, it is possible to characterise the areas where condoms are less available. In general terms, condoms are scarce in areas where there are no, or only a few, health units, far from the centres or commercial villages, and where there is no significant activity by an organisation working with HIV/AIDS. However, even in the urban centres

⁸ Marcelo Canto (Oficial da Juventude da AMODEFA, Maputo) Entrevista (04/05/06).

where condoms are generally available, the absence of a monitoring system results in periods when condoms become scarce, as noted by Gaspar Sitefane from MONASO, in Maputo:

In general, we do not have a record of the condoms we circulate. We also do not have a set schedule for circulating condoms. We provide condoms whenever members come and ask for them. If, at that time, we do not have sufficient stock, we order them from the Ministry of Health, because we do not have a storage system.⁹

Based on their working experiences, key actors interviewed for this study identified two main lessons that may contribute to improving the existing condom distribution system, namely: the use of an appropriate marketing system, and activity coordination and monitoring.

IV. 1. CONDOM SOCIAL MARKETING

The present condom distribution and redistribution system is done in conjunction with a social marketing campaign aimed at behaviour change. The expectation is that, with acquired knowledge on forms of HIV/AIDS transmission, people will begin to change their behaviour, and begin to use condoms during sex in general, and during casual sex, in particular.

The study "*Condom use, reduction in the number of sexual partners and VCT: Behaviour Change Assessment*", provided by PSI-Moçambique in 70 districts, revealed that reported condom use by men during their last sexual encounter with non-regular partners increased from 43.3% in 2001 to 62.9% in 2004. Condom availability, the importance of safe sex and the perception of the threat of HIV transmission are indicated as the main reasons behind this behaviour change (2005:02)

The study identified, in the 70 districts, a series of reasons behind the inconsistent use and non-use of condoms during sex, namely: trust in partner, personal aversion to condoms and lack of condom when it was needed.

However, despite condom availability having been indicated in the study as a category that influenced interviewees' behaviour change, a difference between men (7.8%) and women (20.3%) who did not use condoms during sex with Non Spouse/ Non Cohabitant (NCNC) partners because they did not have them when needed, was noted.

The condom distributed and commercialised by PSI-Moçambique is the most widely known condom brand on the market, probably a direct result of the huge marketing apparatus accompanying its distribution. However, there is a discussion on up to what point the weak purchasing power of the majority of Mozambicans affects the demand for condoms. While some argue that, for most Mozambicans, condoms are at the bottom of the list of needs,¹⁰ others suggest that the fact that condoms cost money, adds value to the product, creating a demand for this product by people who understand the need for condom use.¹¹

⁹ Gaspar Sitefane (MONASO), interview (01/05/06)

¹⁰ Jorge Nicols (GASD), interview (03/05/06) and Gaspar Sitefane (MONASO), interview (01/05/06)

¹¹ Balbina (ECOSIDA), interview (04/05/06).

Studies on the knowledge, social perceptions, availability and use of JeitO brand condoms propose an intensification of IEC campaigns to show the importance of condoms in the prevention of STD/AIDS. It is hoped that in the extended medium-term an ever-increasing number of clients will use condoms. (PSI-Moçambique 2001, 2002 and 2003).

With the exception of the condoms distributed by PSI-Moçambique (JeitO and no-name-brands) and MISAU (*Trust* and *Lovers Plus*), other condom brands have restricted circulation and are generally limited to the urban centres of the large cities, particularly the city of Maputo. There are 12 other condom brands on the national market, imported by other institutions as shown in Table 1 above: Midnight, Intensity, Erótica, Control, Lovers, Lovers Plus, Gossana, Durex Ribbed, Trust, Safe Secret, and FEMIDON, with this last brand being a female condom (Casimiro 2002).

Most of the organisations working with HIV/AIDS carry out awareness campaigns emphasising condom use as a means of prevention. Although these organisations participate in the circulation of condoms throughout the country, some researchers and key actors advocate that participation by people with status in the communities is a key factor to the success of the awareness campaigns and to sexual behaviour change and condom adoption (Casimiro 2002).

Despite the relative success of the social marketing campaigns in conveying information on HIV/AIDS, behaviour change and condom use are not significant. According to the experience of the key actors interviewed in this study, it is necessary to change the approach perspective of HIV/AIDS programmes, with special emphasis being placed on condom marketing:

..... the content, and language used in the dissemination of educational messages are outdated in relation to the social and cultural reality of the target population, because the materials and distribution strategies are conceived without involving the beneficiaries and key actors in the communities.¹²

In his study on condom social marketing in Mozambique, James Pfeiffer said that “the process used in developing messages is perhaps more important than the final message itself.” (2004: 95).¹³ Key actors interviewed think that an attempt should be made to adapt the campaigns to the different contexts and social groups in the country, instead of being conceived and implemented from Maputo, in a top-down approach, without previously consulting the social groups involved or without their participation.

IV. 2. COORDINATION AND MONITORING

Here we are already organised. When the condoms reach us, we distribute them to the posts and they in turn ensure the condoms reach the localities. We use the health (sector) vehicles. We use the Government's administrative structure to distribute condoms to the

¹² Júlio Mujojo (Executive Secretary of RENSIDA, Maputo) Interview (05/05/06).

¹³ Our translation

outlying localities. When the condoms reach us, we carry out the distribution by percentages.

...Here, at grass roots level, there is willingness to work and the message has already been successfully conveyed. Every citizen, down to the last, knows that AIDS exists. But the management is poor. There are insufficient condoms. The Government's funds do not reach us here at grass roots level.¹⁴

The extract above, taken from an interview with one of the members of the District AIDS Nucleus in Sussundenga, province of Manica, reflects the feeling held by many trainers, activists and volunteers working in the districts and localities. In some localities and villages, one cannot speak of stock-outs, because there was never any stock in the first place. This is a huge paradox because, at central level, communications indicate that the volume of condoms available in the country is over 28 million (with a tendency to increase), of which only 7 million were distributed free of charge through the public network in 2005¹⁵. This situation is a major constraint for the different individuals and institutions working directly with the communities, because most of the HIV/AIDS activities refer directly or indirectly to condom use.

With the present system, the success stories are more due to the efforts of individual persons and organisations that, at grass roots level, try and find alternatives in order to receive and circulate condoms. The National HIV/AIDS Council created district AIDS nuclei in some of the country's regions, but because of scarce resources, the success of the district nuclei's activities varies significantly, depending on the specificities of each district, which range from their geographical location to the number of NGOs operating in the area.

While actors at district level find short- and medium-term ad-hoc solutions to enable the circulation of condoms and IEC materials, weak coordination of the distribution system for these products at provincial level, together with the absence of a monitoring system to control the quantities distributed to the different parts of the province, results in partial or total unavailability of condoms, particularly at administrative post and locality levels. In the point of view of Armando Machiana, CVM officer in Maputo,

...the absence of a coordinating entity makes it difficult to streamline intervention strategies, and to monitor the condom distribution and commercialisation system at community level. For example, condoms distributed by MISAU only benefit the population living in the areas surrounding hospitals or health centres, because the health system does not take into consideration the involvement of activists who distribute condoms and IEC materials.¹⁶

The interviewees in this study believe that the present condom distribution system still has some weak points, but that it can be improved with the creation of an organisation responsible for ensuring that reasonable quantities of condoms reach more people on a regular basis.

¹⁴ Chagas Santos Fabião (member of the District AIDS Nucleus, Sussundenga). Interview (17/03/06)

¹⁵ Communication via e-mail, sent by Dimitri Peffer (USAID), to NAIMA+ partners, on 03 March 2006.

¹⁶ Armando Machiana (CVM Home Care Officer, Maputo), Interview (03/05/06).

V. WEAKNESSES IN THE CONDOM DISTRIBUTION SYSTEM

V. 1. TRANSPORT AND LOGISTICS

One of the main weaknesses of the current condom and IEC material distribution system is local or community retailers' and redistributors' lack of transport and storage conditions, which contribute to condom stock-outs in the community and villages. This situation is also aggravated by the fact that PSI's provincial delegations do not have sufficient means of transport capable of covering all of the districts, APs and localities, and respective villages in the provinces.

"One of the constraints PSI-Jeito faces in the condom distribution process is the lack of means of transport to effectively satisfy the demand for condoms, thereby preventing its timely intervention in certain localities and APs. (Felizardo da Costa)"¹⁷

The NGO networks and the NPCCS do not have prior information on the dates or which partner organisations will be needing condoms or IEC materials. The partner institutions go and collect condoms and IEC materials from the NGO networks or NPCCS according to their needs for specific activities. The result of this haphazard redistribution model is that there are times when the redistributing institutions have problems with space because they have large quantities of condoms; however, there are also times when stock-outs occur, due to many institutions requesting condoms simultaneously.

The issue of the logistics and transport of condoms affects all institutions that participate in the circulation and redistribution of condoms on a regular basis, beginning with institutions based in the provincial capitals and down to organisations operating at locality level.

Other activities in the localities complement the distribution of condoms, with emphasis going to the activities focusing on lectures based on printed and electronic materials, and theatre presentations to demonstrate the proper use and advantages of condoms.

If, on the one hand, the institutions are faced with transport problems due to a lack of vehicles or fuel, on the other, when transport conditions exist, the quantities of condoms to be transported have to be limited to the space available at their final destination. This dilemma affects even the health units at district level, where they have to choose between the space to store drugs and the space to store condoms.

Key actors are of the opinion that a condom distribution system with regular transport and specified quantities could strengthen the existing condom distribution system.

Meanwhile, this problem can only be properly dealt with if a system to monitor and evaluate local and contextual demands for condoms is developed, in order to optimise estimates of the number of condoms to be sent to a specific place.

¹⁷ PSI – Jeito's Director of Operations and Sales, interview 06/11/06. Maputo

V. 2. REGULARITY

Another weak link the current condom distribution system is the lack of a coordinating entity, allied to the incapacity to supply condoms on a regular basis. This situation was pointed out by Arlindo Machava¹⁸ as being one of the components weakening the condom and IEC material distribution system in general, and in the province of Nampula, in particular.

PSI-Moçambique's distribution network, which includes pharmacies, markets, shops, tobacconist's kiosks, bars, kiosks and hotels, works in function of market opportunities. Redistributors of the JeitO brand condom are commercially motivated, but citizens' weak purchasing power means that the sale of condoms is not a lucrative business, with implications on the regularity with which condoms are available from the various redistributors. As an example, in Chalaua we had the opportunity to talk to António Guarda¹⁹, who said that condoms are not purchased from PSI regularly, since purchases depended on their stocks in the warehouses, with sales (resale to the public) being very slow.

Another reason affecting regular availability of condoms, particularly PSI's, is stock-outs among local redistributors, particularly in the rural areas (PSI 2002). Although PSI-Moçambique has an ever-increasing number of community agents involved in the distribution of condoms, current data indicate that there is only 1 community agent per district.²⁰ With a low ratio of community agents, their contribution to a regular availability of condoms in the communities is fairly low.

"Condom stock-outs in the community are exacerbated because many condom wholesalers and retailers wait for PSI's sales persons to travel to the different areas to deliver the condoms, a situation that makes the redistribution process burdensome and contributes to the poor availability of condoms in the community. (Felizardo da Costa)"²¹

The study "*Condom use, reduction in the number of sexual partners and VCT: Behaviour Change Assessment*", suggests that it is not necessary to expend a lot of energy and financial resources to overcome the problem of condom availability in the districts; rather, the existing channels should be increasingly maximised in order to ensure continued open and active distribution of condoms that meets the increase in demand, achieved through behaviour change communication. It is also necessary to carry out further studies to determine whether the high level of perception on the availability of condoms is extensive to other districts. This is to say, the programme should attempt to establish whether it is achieving an adequate coverage in the rural areas (2005:4).

MISAU's condom distribution system, partially administered by MEDIMOC, makes condoms available to health units throughout the country. At provincial and district levels, condoms are also distributed by Government institutions, such as provincial directorates of Youth, Education and Culture, Women and Social Action that, in turn, redistribute them to the communities where the Government institutions are represented. However, the system still has some gaps, because

¹⁸ Nampula NPCS database officer, interviewed on 13/06/06

¹⁹ Manuel Sobral, Manager of Commercial Establishment in Chalaua, interviewed on 20/06/06

²⁰ Felizardo da Costa, Director of Operations, PSI, Maputo Interview (050506)

²¹ Idem, Interview, 06/11/06

condoms and IEC materials are not regularly available to the communities, particularly in the rural areas.

A large part of the condoms stored in MISAU's provincial depots is distributed to specific services, organisations and organisation networks working with HIV/AIDS at national level, as is the case of MONASO, RENSIDA, NPCS, Aro Moçambique, KUBATSIRANA, and AMODEFA. Júlio Mujojo²² stated that the delivery of condoms to these organisations and institutions in the provinces is carried out through the presentation of a written order form to the DPSs.

Similarly to what happens with PSI-Moçambique's distribution system, MISAU's distribution system faces frequent stock-out problems, particularly in the areas most distant from the provincial capitals. On the one hand, there is weak coordination between the DPSs and other Government institutions for the regular supply of condoms to the communities. On the other, NGOs working with HIV/AIDS do not generally have the necessary logistics and transport conditions to supply condoms on a regular basis to the target groups they work with.

V. 3. COORDINATION BETWEEN KEY ACTORS

Weak coordination between actors involved in the condom distribution process could be pointed out as weak link in the system. For example, MISAU has a formal partnership with MEDIMOC for the distribution of drugs and condoms to all health units, but there are no other formal agreements with other institutions. Both MISAU's and the CNCS's strategic plans acknowledge this weakness, but the actions concerning the distribution of condoms and IEC materials have still not been formalised. Only in August 2006 did the Minister of Health issue a note informing of the availability of condoms at the Provincial and District Directorates of Health, to be requested by means of a written request and submission of an activity plan, together with the Provincial AIDS Nuclei's opinion. However, the implementation of this circular is only just beginning, and it must be accompanied by actions aimed at encouraging its materialisation.

Despite this, some institutions have sought to work together in the condom distribution and redistribution process. A noteworthy example of this is the case of PSI-Nampula, which has been obtaining no-name-brand condoms from the DPS for redistribution at zero cost.²³

Enterprises that import and sell condoms act according to the potential profit offered by the business, seeking to gain clients within the national market, particularly in the urban areas. The condom importers' and sellers' clients vary according to the preferences of the distributors, vendors and entities working with IEC activities, and according to the nature and type of public and private organisations and NGOs.

²² Executive Secretary of RENSIDA, interviewed on 05/05/06

²³ Luciano B., Communications Supervisor for PSI-Moçambique, Nampula, interview (13/06/06)

For PSI-Moçambique, increased coverage in the distribution and sale of condoms entails an increase in sales outlets, but requires, most of all, a population with more information on AIDS, thereby increasing consumers' demand for the product (CNCS 2004).

The various institutions, services and programmes involved in the redistribution of condoms still lack an efficient coordination mechanism for the distribution of IEC materials and condoms. Thus, the distribution and redistribution of condoms is done according to each institution's programme, when they too are not faced with stock-outs. This situation could be at the root of the different perceptions by beneficiaries since, during the distribution activities, each actor makes use of its own communications strategy.

VI. COCA-COLA IN THE FIGHT AGAINST HIV/AIDS

In the scope of the Government's strategy to combat HIV/AIDS, private sector institutions have an important role as employers of a segment of the population and actors in the country's development process. Coca-Cola (SABCO) Moçambique proposes to expand its contribution by participating in the condom distribution system.

This initiative by Coca-Cola Moçambique focuses on two lines of intervention, developed by the enterprise, to combat AIDS. The first is at institution level, where a department was created to disseminate information aimed at increasing workers' awareness and provide assistance to workers infected or affected by the pandemic. The second consists in supporting NGOs and institutions working with HIV/AIDS programmes.

Highlighted amongst the actions supporting civil society programmes is Coca-Cola Moçambique's participation in initiatives such as the "*Tudo Pela Vida*" (Everything for Life) Road Show, a programme produced by *Arte Social*, which gathered musicians in an excursion carrying the HIV/AIDS message to a series of selected districts in the three regions of the country.



Photograph 3: Front View of Coca-Cola's Facilities in Nampula.

In this new initiative, Coca-Cola Moçambique plans to guarantee wider access to and circulation of condoms in the rural areas where condoms are not available, or where they are available in reduced quantities. Thus, Coca-Cola Moçambique intends to establish one or several partnerships with reputable institutions working with HIV/AIDS. Coca-Cola Moçambique will make available space on its trucks to transport condoms. The results of this study show that Coca-Cola's initiative was well received by government and civil society institutions and, particularly, by key actors in the fight against AIDS.

PSI-Moçambique highlighted the importance of involving more actors in the distribution of condoms, and a possible involvement by Coca-Cola may be the solution for expanding the current condom distribution system's reach, thereby benefiting the populations interested in the product.

The CNCS's Executive Secretariat is of a similar opinion, and underscores that the CNCS would be willing to participate in that undertaking, financing the acquisition of condoms and educational materials targeting specific age groups and taking into consideration social and cultural specificities.

In another interview it was highlighted that:

The joint initiative is attractive and will help overcome the weaknesses of the current condom and IEC material distribution system, because Coca-Cola will be able to deliver condoms to the more distant and least supplied regions.²⁴

VI. 1. THE COCA-COLA ROUTE AS A HIV/AIDS PREVENTION ROUTE

Coca-Cola's soft drinks are one of the widest-circulating goods in the country. Coca-Cola's distribution system is centred in three redistribution centres for the southern, central and northern regions. Each regional redistributor has a fleet of trucks that covers most of the region's districts. During the festive periods, such as national holidays and the festive season, Coca-Cola increases its fleet by hiring trucks in order to guarantee sufficient supply of soft drinks to a large number of citizens.



Photograph 4. Coca-Cola truck off-loading soft drinks in Namialo, Nampula.

During the soft drink distribution process, the trucks supply the redistributors in the principal administrative posts and districts. These redistributors are then responsible for ensuring the redistribution to the outlying localities and neighbourhoods. Depending on the condition of the

²⁴ Cláudia Simbine, Department for Youth, MJD, interviewed on 03/05/06

access routes and the demand for the product, there are districts that receive Coca-Cola soft drinks twice a week. All districts along the Coca-Cola route receive at least one load of soft drinks per week. The distribution of Coca-Cola's products is carried out according to the diagram below:

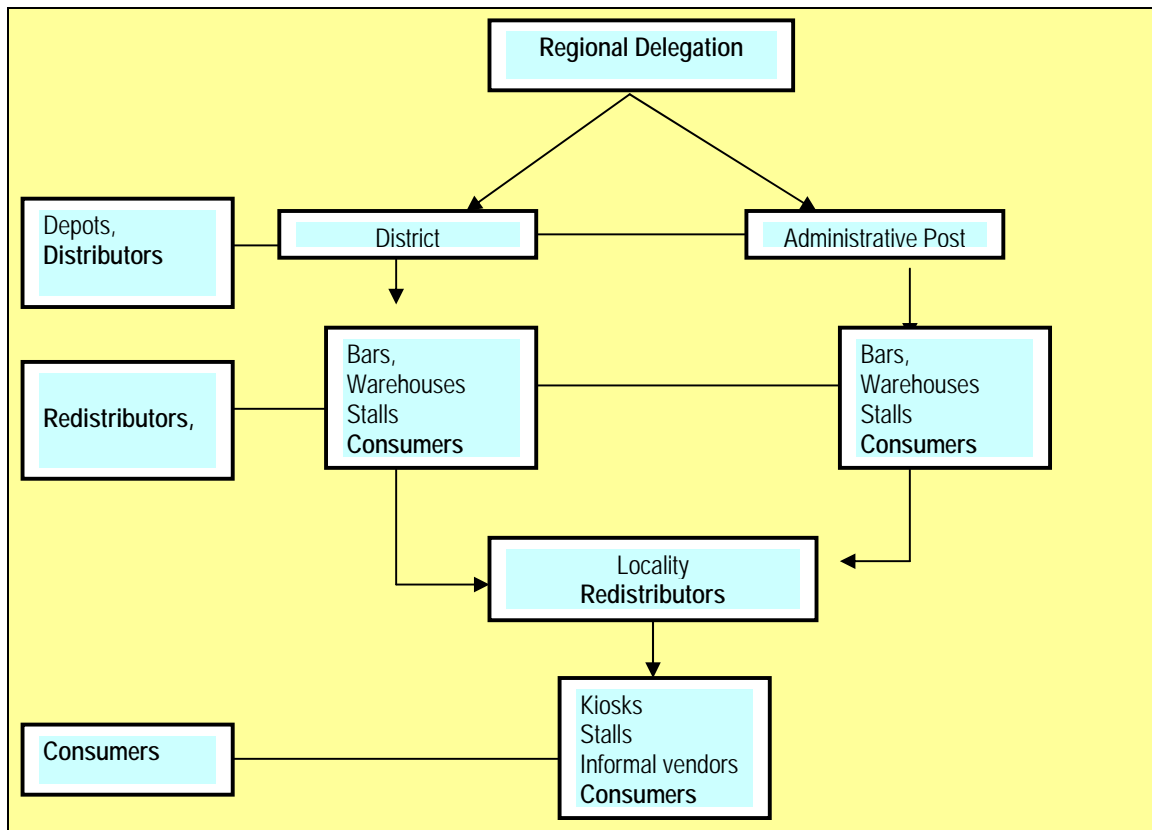


Diagram 3: Coca-Cola soft drink distribution route, out of the regional delegations

In order to try and gain a better understanding of the Coca-Cola soft drink distribution route in the Province of Nampula, we spoke to António Guarda²⁵, who informed us that in Chalaua there is only one actor responsible for the redistribution of Coca-Cola soft drinks.

(..) we receive the soft drinks once a week and we are the only ones here in Chalaua redistributing Coca-Cola soft drinks. We use our vehicles not only to supply Chalaua, but also to supply the locality of Mavuco, situated 25km from the Chalaua Administrative Post.

António Guarda added that he intends to expand his commercial activities soon, up to the village of Moma, seeing as he already has a commercial establishment in that location of the Province of Nampula, and he showed an openness and willingness to cooperate with the initiative in both the administrative post of Chalaua and the village of Moma.

²⁵ Manager of the commercial establishment “Restaurante Bar Floresta”, interviewed on 20/06/06



Photograph 5 and 6 – On the left, off-loading soft drinks from the Coca-Cola vehicle to the Bar Floresta vehicle. On the right, Interior of the Restaurant Bar Floresta in Moma, Nampula

VI. 2. Possible Partnerships

Starting with the interest shown by Coca-Cola in making space available on its trucks for the distribution of condoms to the different parts of the country, the study heard opinions from key actors involved in HIV/AIDS programmes, condom retailers and wholesalers, and local Coca-Cola soft drink redistributors, in an attempt to determine which partners, in addition to their interest and willingness, have the necessary conditions to join this initiative.

District soft drink redistributors and organisations working with HIV/AIDS programmes at community level showed an interest in joining this initiative. Therefore, the study identified three groups of possible partners: partners involved in HIV/AIDS activities at district and provincial community levels; partners involved in activities with a national scope; and local Coca-Cola soft drink redistributors.

Of the group of institutions involved in activities at community level, some have the necessary conditions to guarantee the redistribution of condoms and IEC materials to the districts or localities where they operate. However, establishing partnerships with these organisations has some disadvantages: First, a large part of these organisations have short-term programmes. Second, many of these organisations operate based on donations, without guarantees of medium- and long-term sustainability, running the risk of suspending their activities as soon as financing is terminated. Third, Coca-Cola would be obligated to enter into partnership agreements with as many organisations as those existing in the various districts and localities in the country. Even if these multiple partnerships were possible, as mentioned before, there is a tendency for organisations to concentrate in specific regions, to the detriment of areas not considered at risk.

The second group, comprising institutions that carry out activities at national level, also reacted positively to the initiative proposed by Coca-Cola. However, there are few institutions with national coverage executing significant activities at community level. Of these, MONASO and PSI-

Mozambique are presented as the two institutions with the best conditions to cooperate with Coca-Cola in the initiative to take condoms and IEC materials to the neglected groups and communities.

MONASO

MONASO, standing for “Mozambican Network of AIDS Service Organisations”, coordinates civil society actions in the fight against HIV/AIDS. It began its activities in 1995, and has delegations and members in all of the country’s provinces.

The network’s member institutions implement a series of programmes and projects concentrating on prevention, care and treatment in all provinces. Although the redistribution of condoms in those activities is considered secondary, most of them redistribute condoms to their project beneficiaries on an ad-hoc basis.

MONASO, as the coordination platform for organisations committed to combating HIV/AIDS, provides a clear opportunity to involve the network in the condom redistribution system. Despite the fact that the provincial delegations lack the necessary conditions to store condoms and IEC materials for long periods of time, and also probably lack sufficient transport to distribute the condoms, they can act as provincial redistributors, since the different organisations linked to the network could collect condoms and IEC materials from them for subsequent redistribution to the beneficiaries.

As stated above, the lack of vehicles and shortage of storage space for the materials is one of the constraints faced by the platform, which could be the reason for late responses to the requests made by the organisations working in the localities and administrative posts. This represents one of the organisation’s weaknesses, in terms of real management capacity for the condom redistribution programmes.

Despite the problems it faces, MONASO is indispensable to the intended objectives, since it holds some elements that could be an advantage for joint initiatives, such as the fact that it is a network involving a multiplicity of actors implementing grass roots programmes, with vast experience in HIV/AIDS and with delegations in all of the provinces. For that reason, MONASO could be considered a potential partner, of importance to the success of the joint initiative since it will be able to distribute condoms, through its member institutions, to the outlying regions far from the main administrative post and localities, and include community mobilisation for peer education.

PSI-Moçambique

PSI has been operating in Mozambique since 1994 and is represented in all of the provinces. Its activities are centred on the implementation of health communication programmes, with one of the components being to provide communities with the means and knowledge to prevent disease in general, and HIV/AIDS in particular. The distribution of educational materials and the commercialisation of the JeitO brand condom is PSI-Moçambique's contribution to the efforts aimed at reversing the ever-increasing HIV/AIDS epidemic. PSI's interventions focused strongly on condom use, but also included reducing the number of sexual partners, delaying the onset of sexual activity, and voluntary counselling and testing in its programmes.

PSI's interventions include a substantial and sustained interpersonal communication (IPC) component reaching approximately 500.000 people per year in small groups: promotional and educational messages disseminated through television, radio, external means of communication and the written press, as well as the sale of subsidised condoms in the commercial sector.

PSI-Moçambique relies on the participation of the following actors to fulfil its mandate of distributing condoms: formal and informal commercial agents (pharmacies, wholesalers, retailers, enterprises, kiosks, bars, discos) and community agents, focusing on non-formal agents.

In an attempt to expand its services, PSI-Moçambique created a subsidy that allows community agents to purchase condoms for subsequent redistribution. This subsidy was created with a double objective: first, to ensure that condoms reach the areas where PSI is unable to reach with its own transport, and; second, to encourage self-employment in the areas more distant from administrative representations and commercial centres. Thus, PSI's community agents are responsible for supplying the principal districts' or localities' outlying markets, neighbourhoods and retailers.

Alongside the community agents' activity, PSI has a body of technicians that carry out IEC activities targeting the following target groups: soldiers, truckers, highly mobile workers, miners, highly mobile women, youth (both in and out of school), civil servants and private sector workers. The activity is characterised by the distribution of pamphlets, condoms, caps, t-shirts, awareness lectures and theatre presentations.

Despite PSI-Moçambique's representation and vast experience in the sale and distribution of condoms, its system is still not efficient, this is to say, it has some limitations, particularly with regard to the fact that it involves few community agents, considered important to the PSI system. This scenario explains the ineffective response to the demand for condoms in some areas of the country.

Even so, due to its wide scope and vast experience in commercialising and distributing condoms, together with the fact that it focuses its activities on nationwide marketing for the health sector, PSI-Moçambique could be considered an indispensable partner for the success of the joint initiative.

The benefit of this partnership lies in the fact that the two institutions carry out activities covering the entire country and, above all, to the fact that, in its distribution programme, the soft drink distributor is able to cover some localities and administrative posts not easily reached by PSI.

Thus, there would be a need for the two actors to cooperate in the distribution of condoms and IEC materials, with PSI using Coca-Cola's vehicles to transport IEC materials and both brand and no-name-brand condoms to the regions that it considers of difficult access.

Accepting Coca-Cola's openness to transport IEC materials and condoms to the areas of difficult access, PSI should bring in more community agents or partners to carry out the subsequent redistribution to the formal and informal sectors in those areas.

The entities in charge of monitoring the process should prepare an order/supply form to keep control of movements and subsequently prepare activity monitoring reports.

CNCS

The National HIV/AIDS Council, responsible for coordinating all HIV/AIDS initiatives in Mozambique, has shown an interest in supporting the initiative with financial resources and technical assistance to produce IEC messages and materials to accompany the process for expanding access to condoms. The Provincial HIV/AIDS Nuclei could play an important role in monitoring the activities and involvement of local actors and institutions.

VII. PSI, COCA-COLA AND THE COMMUNITY COMBATING HIV/AIDS

VII. 1. Community Partnerships vs. Incentives

The condom marketing and sales activities implemented by PSI-JeitO in the Nampula delegation cover 21 districts, with 16 of these districts receiving direct coverage through Community Agents (CAs) in each district, responsible for redistributing condoms to the communities. The other 5 districts, namely Lalaua, Migincual, Mossuril, Nacala Velha and Muecate are assisted by CAs from neighbouring districts, called satellite CAs.

...although our condom marketing and sales activities cover all districts, our capacity to respond to community demand for condoms is inadequate, since the sales teams travel to the sales areas irregularly due to lack of transport; the sales department only has two vehicles (Inácia Maria José)²⁶.

The joint initiative to be implemented in Nampula could be used as an opportunity to strengthen the existing condom and soft drink distribution and redistribution network, as well as a way of involving the community in the fight against HIV/AIDS. On the one hand, because it contributes to meeting the community's demand for condoms and Coca-Cola soft drinks, and on the other, because it provides an opportunity for community participation in the dissemination of information and means of preventing HIV/AIDS, where behaviour change and condom use during sex are crucial.

The openness and interest shown by the interviewed depot managers and local condom and soft drink redistributors, in wishing to participate in the initiative, reveals that the community is aware that the demand for condoms in the community is high, and that there have been insufficient quantities available. The reason given for this insufficiency is the lack of transport to distribute condoms to the outlying communities. This situation creates a continued imbalance between the access to condoms by communities in the principal districts, administrative posts and localities and those in out-of-the-way areas, with condoms only being available in reasonable quantities in the principal administrative posts and localities.

The interviewees, mostly retailers and wholesalers, have been redistributing Coca-Cola soft drinks for over 5 years, which means they have a fair amount of experience. Although they lack experience in the condom component, they are willing to add their contribution to the realisation of the joint initiative.

The interest shown by soft drink redistributors could become reality once their limitations in terms of the necessary material, financial and transport resources to meet community demand for soft drinks and condoms are overcome. This is why most of the interviewees requested that bicycles (two- or three-wheel) and motorbikes be made available for the redistribution of condoms to the communities and/or villages.

²⁶ PSI Jeito Coordinator in Nampula, interviewed on 23/10/06

"We do not have the means to redistribute the soft drinks, and therefore it would be difficult to redistribute condoms to the communities... we ask for means of transport as an incentive for effective participation in the initiative (Amade Noventa)"²⁷

The means of transport mentioned as an incentive for effective participation in this initiative by depots and local Coca-Cola soft drink redistributors could, in the medium and long term, contribute to the multiplication of community interventions in the process, and become a driving force for the activity. On the one hand, these means of transport would be used to transport condoms to the communities, villages or towns far from the depots. On the other, they would reinforce the already existing means to transport soft drinks from the depots to the communities, particularly in those cases where community redistributors are to some extent limited in terms of transport.

"These bicycles will also be used to transport soft drinks in cases where a retailer in a village orders soft drinks.... or is unable, for whatever reason, to collect the soft drinks from the depot. (Jorge Rafael)"²⁸



Photograph 7. Shows the bicycle that Amade Noventa uses to transport soft drinks from the Nacavala depot to Niphuro



Photograph. 8. Amade, en route to Niphuro village, located 3 km from the depot

Many districts in Nampula lack regular electricity supply, which limits the commercialisation of some goods, including Coca-Cola soft drinks. In order to improve this situation, together with the need to sell its products, Coca-Cola's depots, in addition to providing cooler-boxes (colemans) and blocks of ice free of charge to local retailers, also contract some people to resell/ redistribute soft drinks to markets, to areas along the transport corridors, to neighbourhoods and to cashew nut sales outlets, amongst others. The reason for the request by distributors and redistributors interviewed for more cooler-boxes and three-wheel bicycles with sun-shades is to combine the redistribution of soft drinks and condoms to the communities.

Once the local redistributors have received the cooler-boxes and bicycles, they will be informed of the need to combine the distribution of soft drinks and condoms, as well as how to order the products and distribute them to the communities.

²⁷ Head of the mini-complex Wha Jhamilla in Nacavala, in the village of Niphuro, interviewed on 16/10/06

²⁸ Manager of the Coca-Cola Depot in Nacavala, interviewed on 16/10/06



Photographs 9 and 10. On the left, the Coca-Cola depot in Murrupula and the respective freezer used to make blocks of ice. On the right, image depicting cooler-boxes (colemans) and youngsters contracted by the depot to resell soft drinks to the markets in Campo 1 and Rovuma 1.

“There are many days when we have no electricity, which reduces the sale of Coca-Cola soft drinks. At times local redistributors don't buy soft drinks for fear that they will remain on the shelves and in the warehouses for long periods of time. The direct implication of this situation is an overstocking of the depots' warehouses, thereby making it difficult to achieve the monthly targets foreseen for sales and orders... the initiative is a good one, because Murrupula is a corridor, so more condoms are welcome. However, in order to combine the distribution of soft drinks to that of condoms, we will require more cooler-boxes and bicycles, to serve as an incentive for the local redistributors to participate in the redistribution of condoms. (Abílio Martinho)”²⁹

Júlio Ismael³⁰, is a redistributor of Jeito condoms and Coca-Cola soft drinks in Mogovolas, more specifically in the Nameitil Administrative Post (AP). His establishment, called “No Próprio Júlio”, is located in the village of Namacarru, four kilometres from the principal Administrative Post. In addition to this establishment, he has some cashew nut sales outlets in the village of Meluri, employing an average of 230 workers, and therefore considered the initiative good, since it would strengthen the local condom redistribution system and could reach people residing in outlying villages.

“At the moment I do not have condoms on the shelves because PSI-Jeito's vehicle has not supplied the District for the last three weeks... in order to combine the redistribution of condoms to the that of Coca-Cola soft drinks, it would be necessary for Coca-Cola to provide some cooler-boxes and means of transport in order for the soft drinks and condoms to be transported to the cashew nut sales outlets and to the cotton fields, for free distribution to the workers and local population in the respective fields” Júlio Ismael³¹.

²⁹ Head of the Murrupula depot, interviewed on 19/10/06

³⁰ Interviewed on 18/10/06, Mogovolas

³¹ Interviewed on 18/10/06, Mogovolas



Photograph 11. Júlio Ismael's establishment in Nametil, village of Namacarru



Photograph 12. Cashew nut resellers' homes, Meluri

Because this product needs to be handled with care, and because there is a need to avoid stock-outs of condoms, the communities hope that Coca-Cola will also contribute to the construction of small warehouses using local materials, in order to avoid problems with insufficient condom stocks, as well as to store other products considered toxic, although those products were not specified.

"...for condoms to be available in the community at any given time, it would be ideal for these to be made available in significant quantities, and for this it is necessary to build a separate compartment to store them, because in our warehouses we store some products that may be considered toxic... (Amade Noventa)"³².

VII. 2. Condoms in the Community at all times: role of each actor

The two enterprises proposing to be responsible for guaranteeing condom availability in the communities, namely PSI-Jeito and Coca-Cola, should ensure that sufficient quantities are transported to Coca-Cola's district depots, for subsequent redistribution to the communities.

The plan for the distribution of condoms to the community using the local Coca-Cola soft drink redistribution system, should be put into action through the establishment of a tripartite network of redistributors, involving Coca-Cola's depots, the community (through community soft drink redistributors, such as retailers and stalls) and activists from some CBOs working in the respective sites.

Within the scope of implementing the initiative, the depots shall be responsible for receiving and storing condoms during a period of not more than three weeks, and will also be responsible for establishing a control system in coordination with the main local redistributors in each village, locality and/ or administrative post to be covered by the initiative.

³² Foreman of the Mini Complexo Wha Jhamila in Niphuro-Nacavala, interviewed on 16/10/06



Photograph 13. Coca-Cola Depot in Nacavala, district of Meconta



Photograph 14. Coca-Cola Depot in Nametil, district of Mogovolas

Local redistributors will be responsible for ordering the condoms from the depots and for their subsequent redistribution to the villages or communities. The same means of transport used by the community to transport soft drinks, and those that Coca-Cola may make available to the redistributors, shall be used to transport condoms to the communities.

“Transport of condoms shall be carried out using our bicycles, at the same time as we transport soft drinks from the depot for resale... but we would like to request an additional bicycle and cooler-boxes so that we can transport larger quantities of the products” (Fernando Lopes Agostinho)³³.

The different actors called upon to contribute within the scope of the implementation of the initiative shall decide on the free distribution of condoms, since one of the initiative’s objectives is to make condoms available to the community, in order to encourage increased condom use.

“During the first months we will not be in a position to receive condoms for resale, only to distribute free of charge.... First we must create the necessary conditions for the local population to get used to using condoms.... Only after the community has become aware of the importance of condom use during sex, can we embrace these two distribution strategies. Let PSI-Jeito sell condoms to its regular clients and let the depots, in partnership with the community, distribute them free of charge.”(Jojo Manuel)³⁴.

In order to put the condom redistribution process into effect in the sites to be selected, it would be ideal to analyse and take into consideration the capacity of each actor interested in contributing, and attempt to define each actor/ community redistributors’ radius of action, according to the community intervention plan pre-established by PSI-Jeito - Nampula, so as to avoid an overlapping of actions.

³³ Owner of the “Ao Amanhecer” establishment in Murrupula, village Campo 1, interviewed on 19/10/06

³⁴ Foreman of the Mogovolas Depot, in Nametil, interviewed on 17/10/06

"Since the market is a thoroughfare for people, I think that placing condoms in a box and writing "Please Take" would be a good idea... the rest will be transported to my cashew sales outlets in my own vehicles...(Raquel Saleva)³⁵



Photograph 15. The image shows Raquel Saleva's stall, retailer in Mogovolas, village of Meluri, who has experience in the redistribution of condoms and is the only soft drink redistributor in the village (market) of Meluri.

For the initiative to have a wider scope, and due to the need to reach target groups, condom redistribution to the communities should not be implemented only by local Coca-Cola soft drink redistributors. Rather, this initiative should involve other social actors that contribute directly or indirectly to the development of the district, locality or community, with emphasis on NGOs and CBOs (through their activists), bearing in mind that there are some organisations with a fair amount of experience in the condom redistribution process.

In the northern region, more specifically in Nampula, *World Relief*³⁶ finances activities and provides home care for families and people affected and infected with HIV/AIDS in the entire Meconta district. One of the organisation's activities, with the objective of preventing reinfection, is the distribution of condoms to the partners of infected persons and their family members. Condoms destined for distribution are bought at pharmacies in the city of Nampula, and therefore this initiative could contribute to reducing the cost of condom purchases.

"Because the distribution of condoms is one of the components foreseen in the organisation's programmes on home care, World Relief would be interested in becoming a partner in this initiative... we would agree to use our home care providers' (HCP) network to carry out redistributions in the villages and communities. Some forms of transport (bicycles) were made available to the HCPs, however, if the initiative were able to provide

³⁵ Owner of the mini-establishment " Casa Arune" in the district of Mogovolas, Administrative Post of Nametil, Village of Namacarru. Interviewed on 18/10/06.

³⁶ Foreign NGO dedicated to community development

some form of material or financial incentive, it would benefit the initiative itself, since the services could reach more villages, communities and localities (Pilatos Matusse)³⁷.

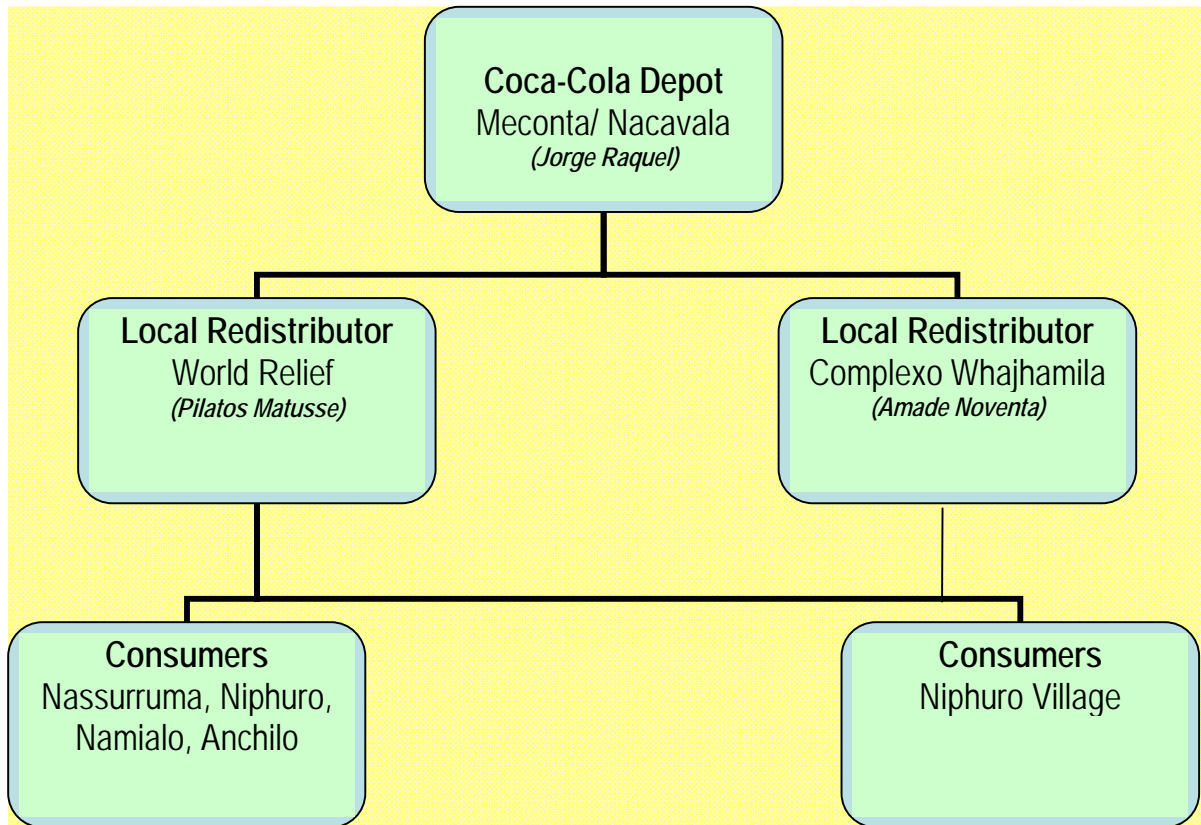
The specificities and potentials of each district are elements that will allow for diversification and local implantation of CBOs and ONGs operating in specific areas. However, the condom redistribution process should involve, as far as possible, all organisations working in those communities, regardless of their sphere of action or subject area. It is necessary to have collaboration between the depots and senior managers of the respective local organisations, focusing on those that, due to their nature, work continuously with the local population.

“The Meluri and Luluti area has potential for the production of cotton and cashew nuts, which is why many organisations dedicated to agricultural and community development, with little experience in HIV/AIDS, work there....during the cotton and cashew nut harvest seasons, these two villages are visited by foreign and national dealers..... the distribution of those materials does not fit in with our field of action, but if we are provided with the materials, we can redistribute them to our extension officer colleagues based in the different fields during our weekly visits to the cashew and cotton fields...(Felisbela Mtomi)³⁸

³⁷ Manager of the home care programme in Nacavala. Project financed by World Relief - Nampula, interviewed on 21/10/06.

³⁸ District representative for OPHAVELA, interviewed on 18/10/06, Meluri - Mogovolas

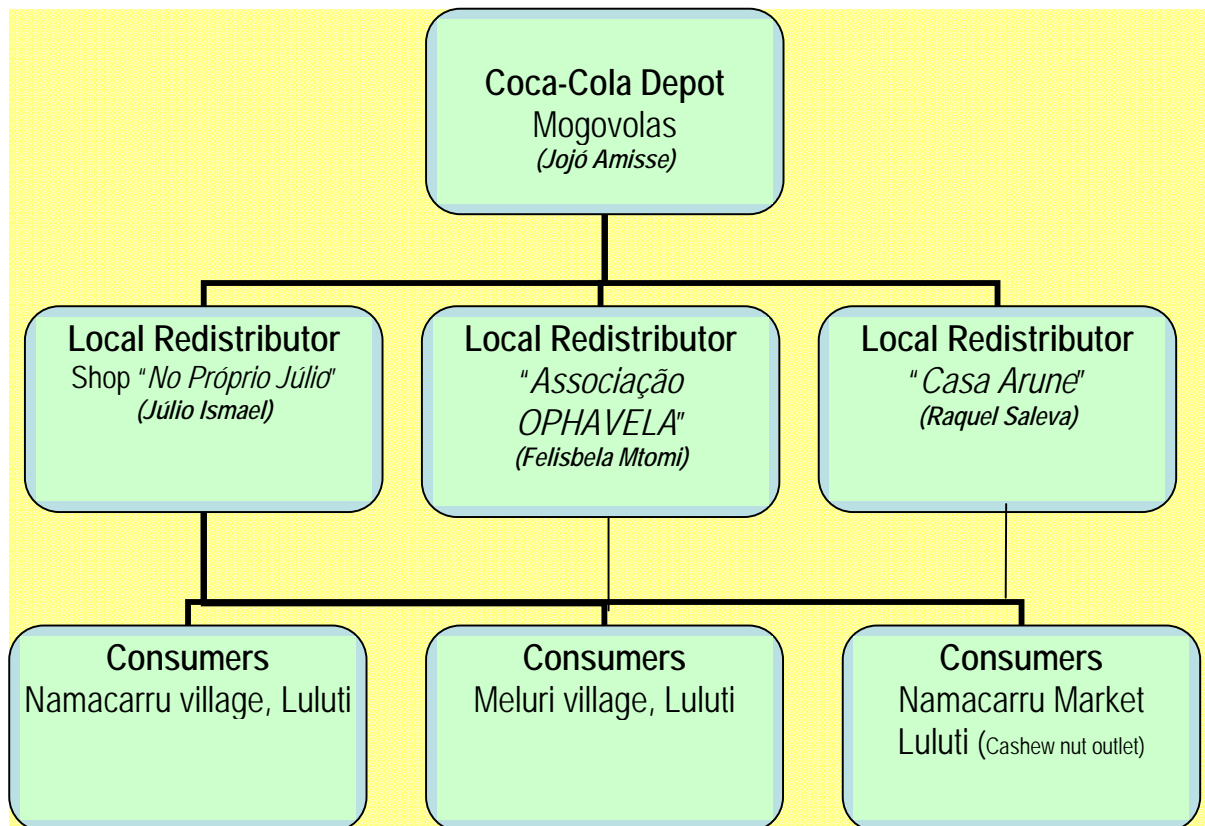
Condoms will be supplied to the communities, settlements and villages through the provincial and/or district soft drink distribution routes established by Coca-Cola, which should follow the example of the Province of Nampula, shown below:



Organisational Chart 4. Possible plan for the redistribution of condoms to the Community in the District of Meconta

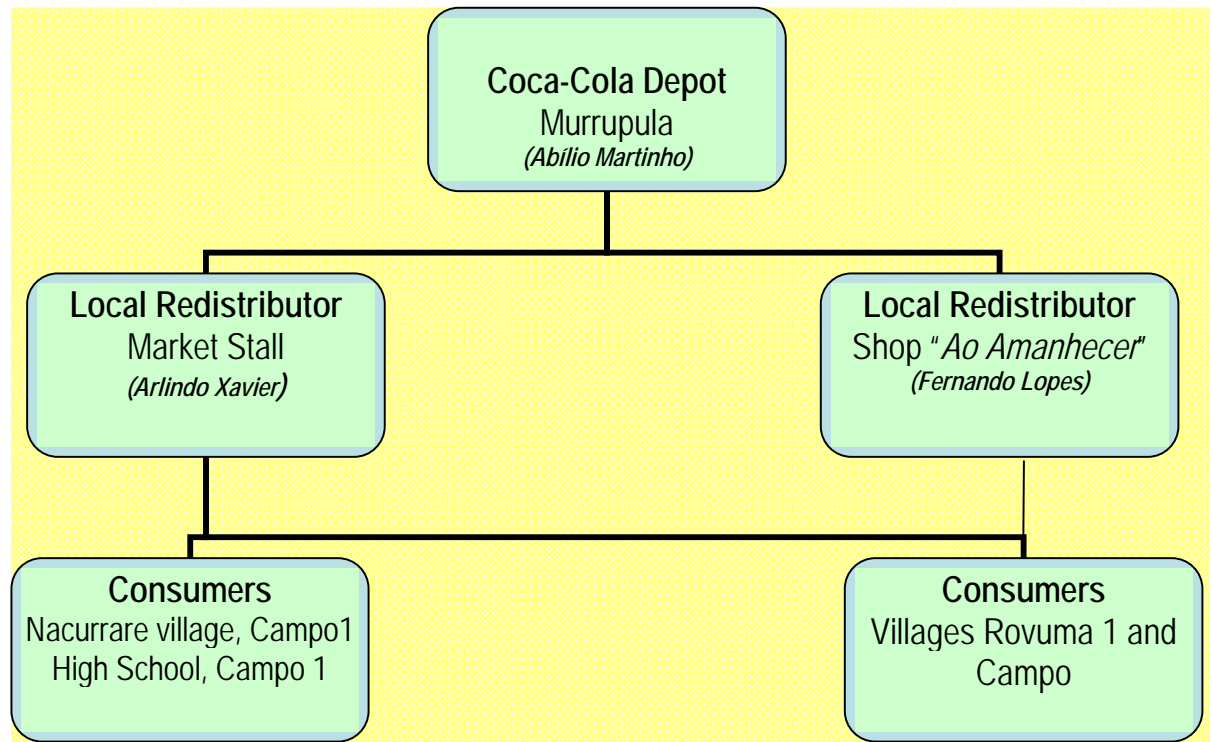
1. Coca-Cola's depot should be responsible for receiving the condoms;
2. World Relief's home care programme manager, in coordination with the person in charge of Coca-Cola's depot in Nacavala, should ensure that condoms reach the villages of Nassurruma, Anchilo and Namialo. This activity is to be implemented by the NGO's Home Care Providers, and bicycles will be made available to them to transport the materials.
3. With regard to the village of Niphuro, still in Meconta-Nacavala, condoms will be made available through the Whajhamila establishment, since this establishment redistributes soft drinks to that village. Coca-Cola/ PSI should/ could make available bicycles to help with the transport the condoms, given that there is only one bicycle used by this establishment to transport soft drinks from the depot to the village, located 3 km away from the depot.

Organisational Chart 5. Condom distribution plan for the district of Mogovolas



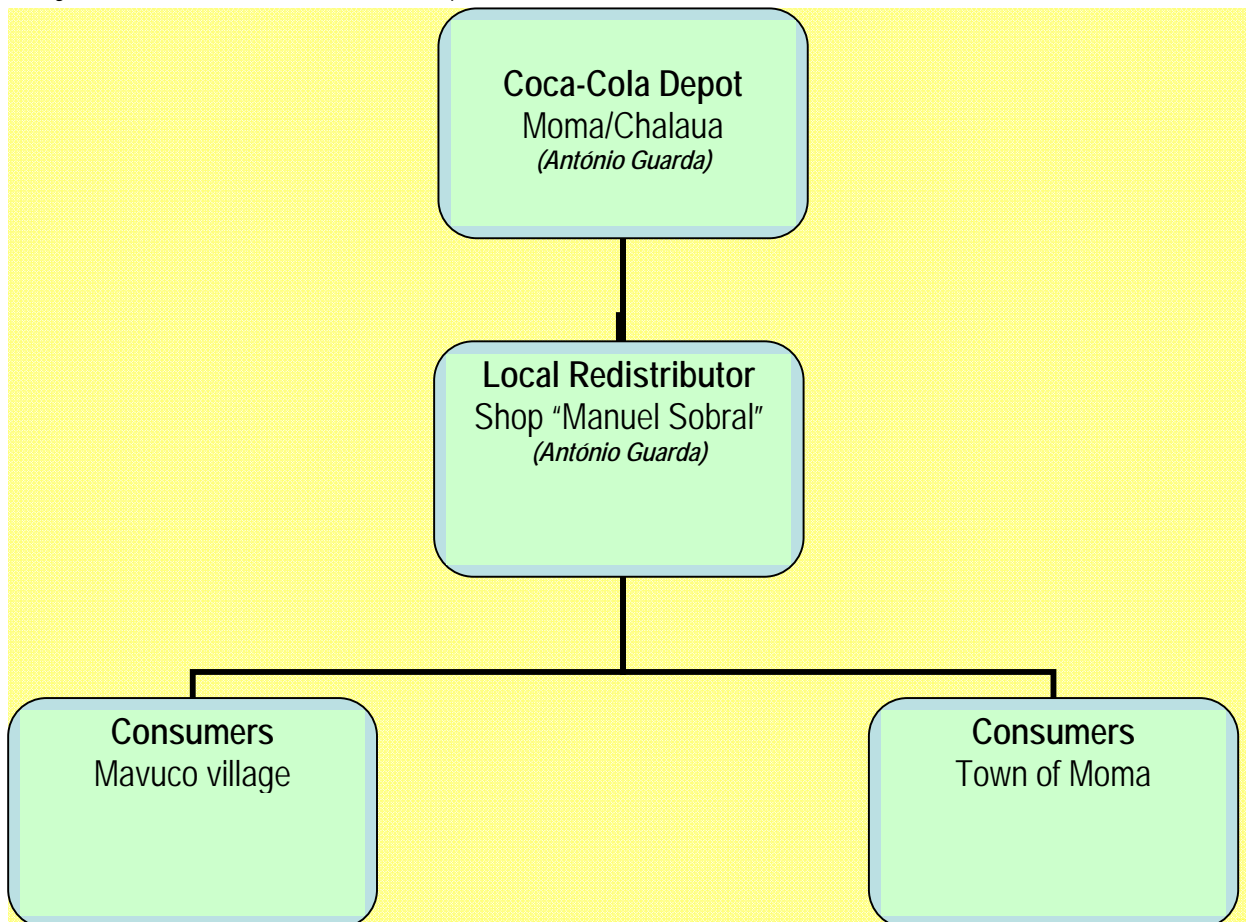
1. The plan is for condoms to reach the community through the Coca-Cola soft drink distribution/ redistribution network. Thus, in Mogovolas, Coca-Cola's depot should be responsible for receiving the condoms. Jojo Amisse (in charge of the depot) should work with the local redistributors, namely: "No Proprio Julio", "Casa Arune" in the Namacarru market, and "Associação OPHALEVA", amongst other establishments.
2. Since the owner of the shop "No Proprio Julio" has several cashew nut sales outlets, he should ensure that condoms are supplied to both Namacarru, and Luluti, at the time of his purchase trips to the cashew plantations. This process should be implemented together with OPHALEVA's district representative, since she has also made some trips to contact extension officers and peasants based in that village. To this end, Coca-Cola should provide some means of transport and cooler-boxes to link the distribution of condoms to the sale of soft drinks in that village.
3. "Casa Arune" should ensure the redistribution of condoms in the Namacarru market.

Organisational Chart 6. Condom distribution plan for the district of Murrupula



1. Coca-Cola's depot, in the district of Murrupula, is located in the Nacurrare neighbourhood, and it is managed by Abílio Martinho. Because of the irregular supply of electricity, he has distributed cooler-boxes to the local redistributors and to some informal redistributors, as a means of ensuring that cold soft drinks reach the more distant neighbourhoods.
2. The depot has cooperated with a series of district actors in the soft drink redistribution process, as is the case of Arlindo Xavier, in the village of Nacurrare and Fernando Lopes in the village of Campo 1, amongst others.
3. Due to the irregular supply of electricity, soft drink sales have not been easy. In order to overcome this problem, and to ensure that cold soft drinks are sold in the communities, the depot supplies cooler-boxes and blocks of ice to the local and to some of the informal redistributors.
4. In order to encourage and associate the distribution of condoms to that of soft drinks, Coca-Cola should provide, in addition to two- or three-wheel bicycles, more cooler-boxes for the depot. In this manner, condoms could be handed to the local soft drink redistributors when they collect the soft drinks and ice blocks from the depot.
5. For the specific case of Murrupula, this activity should also involve some informal traders so as to make condoms accessible to the more distant villages.

Organisational Chart 7. Condom distribution plan for the district of Moma



1. Coca-Cola's depot in the district of Moma is located in the Administrative Post of Chalaua, more specifically based in the shop "Manuel Sobral". This actor is relatively influential and has an advantage, seeing as his is the only establishment in the AP of Chalaua that has electricity and the capacity to supply relatively cold soft drinks.
2. Chalaua is an example of a location where Coca-Cola's and PSI-Jeito's routes become a single route, since a single actor is responsible for the redistribution of both products. The shop (Manuel Sobral) is a reference point for both Coca-Cola and PSI-Jeito in Chalaua, and therefore has the necessary requirements to coordinate the local condom redistribution activity.
3. Condoms could be made available to the village of Mavuco and others using the shop's transport, however, this initiative's implementers must, together with the community, find other means and resources for the redistribution of condoms to those villages not directly covered by the shop's commercial activities.

VII. 3. Sustainability and Monitoring of the Initiative

PSI and Coca-Cola, in coordination with the district depots, should make available at least two bicycles for each village or district. These will be used in the interests of the communities, to transport mainly condoms. In this way, problems related to a lack of means to transport condoms to the communities will be minimized. The criteria for the selection of managers to look after the means of transport shall be defined by the community, in coordination with the depot managers.

During the implementation of the initiative, Coca-Cola and PSI Jeito should cover all expenses incurred with the purchase and transport of condoms to the district depots. The depots, in coordination with local retailers, will then ensure the free distribution of these condoms, only to the communities.

The present condom distribution system has been implemented using two intervention approaches, namely: sale and free distribution. PSI Jeito, the institution leading the process for commercialising condoms at national level, intends to provide some condoms for free redistribution to the communities at the same time.

In order for PSI to safeguard its commercial interests and those of its partners in the various points of the country, it should inform them of the initiative, and emphasise this initiative's feature of condom social marketing, which will probably lead to advantages in the long term for its clients/wholesalers and retailers. In other words, the manner in which this initiative may, in the long run, become a catalyst in local demand for condoms.

Because this initiative is based essentially on complementarities, PSI could use Coca-Cola's busses to transport the condoms for sale in the villages, localities and towns considered difficult to access. In order to put the commercial side of the condom into action, within the scope of implementing the initiative, PSI should place Community Agents in all of the districts contemplated by the initiative. These Community Agents, in coordination with the depot managers, should be responsible for the distribution of condoms to the formal and informal sectors in the villages.

"PSI Jeito has a network of actors, in all of the provinces, with whom it has been working since its implementation. In order to provide the initiative with some sustainability, in conjunction with the need to safeguard its commercial interests and those of its local clients, the condoms to be distributed for free should be no-name-brand condoms, with only the date of manufacture/ expiry on the packaging. However, Coca-Cola's busses can be used to transport JeitO brand condoms and other IEC materials to the localities not covered by PSI in its activities. (Inácia Maria José)³⁹.

The condom redistribution process should also involve community representatives, teachers and students from the Secondary Schools in the localities, administrative posts and villages.

³⁹ Interview 23/10/06

"In addition to having my own commercial activity, I am a teacher at the Murrupula Combined School, located in the Rovuma 1 community, and therefore I could influence the School Principal to involve teachers in the redistribution of condoms....(Arlindo Xavier)"⁴⁰



Photograph 18. Stall belonging to Arlindo Xavier, retailer in the district of Murrupula, village of Nacurare. One of the retailers carrying out the distribution Coca-Cola soft drinks using the depot's cooler-boxes.

Redistributors located in the markets and cashew nut sales outlets, as well as other places used as a thoroughfare by the population, should be supplied with specific boxes where condoms could be put out, for the people to help themselves to condoms. Name tags, t-shirts, pamphlets and other advertising materials that can be used to identify and market the two products should be made available to the communities, as far as possible.

Taking into consideration PSI Jeito's experience in the condom distribution process, it is recommended that PSI prepare an instrument to control the quantities received and distributed per district. The depot managers and bus drivers involved in the distribution of soft drinks will be responsible for filling-in the referred-to instrument each time they receive and distribute condoms. If, in the first three months, the distribution strategy establishes a weekly delivery of materials to the depots, the quantities should not exceed 30 boxes per week.

"It is difficult to say exactly what quantities of condoms we would like to receive. Only after we have assessed the demand for condoms will we be able to define the quantities needed....(Jojo Amisse)"⁴¹

⁴⁰ Retailer in the village of Nacurrare-Murrupula, interviewed on 19/10/06. Murrupula

⁴¹ Nametil Depot - Mogovolvas

VIII. CONCLUSIONS AND RECOMMENDATIONS

The present analysis allows us to conclude that condoms are distributed throughout the country. However, this is done with some difficulty due to a lack of financial and transport resources to be able to effectively satisfy national demand for condoms and educational materials. The distribution of condoms and educational materials is centred on two institutions: MISAU and PSI-Moçambique, with each institution having its own mechanism for the acquisition and distribution of condoms and IEC materials.

Coca-Cola Moçambique has a redistribution system centred in the country's three regions, where the regional delegations are responsible for supplying the districts, localities, and sometimes even administrative posts in that region, on a weekly basis.

Condoms reach the consumer in one of two ways, namely sale and free distribution, while soft drinks only reach the consumers through sales. However, the marketing, intervention and redistribution strategies for these goods, used by soft drink redistributors and condom redistributors in the districts, localities and administrative posts, are fairly similar.

The actors and institutions approached during this study were unanimous in viewing the initiative as an opportunity to boost and broaden the present system for the distribution of condoms and IEC materials, as well as to satisfy community demand for condoms.

Meanwhile, in order for the initiative to be successful, it is recommended that there be greater and better coordination between the potential actors to be involved in the initiative. Due to their lack of experience in this process, new actors should work in close collaboration with those actors that have already worked on initiatives for the promotion and distribution of condoms and educational materials, so as to avoid a duplication of efforts and overlapping areas of intervention.

In terms of experience, institutional capacity and material resources, PSI Moçambique and MONASO were shown to be institutions having the necessary conditions to collaborate with Coca-Cola in the initiative for the distribution of condoms and IEC materials. In addition to these two institutions, Coca-Cola soft drink redistributors in the districts are considered important elements, indispensable to the achievement of the initiative.

The results of this study also allow us to recommend that, due to the cross-cutting issues involved, partnerships entered into within the scope of the initiative should also involve some local CBOs and CSOs working with HIV/AIDS projects and programmes as well as other actors, in addition to soft drink and condom redistributors.

The Study recommends that the initiative (pilot) be centred in Nampula. This is due, on the one hand, to the fact that it is in this part of the country where there are greater problems in accessing condoms and IEC materials; on the other hand, there is an availability of logistic and human resource capacity, as well as the willingness shown by depots and soft drink redistributors to free up part of their storage space to store condoms, transported by Coca-Cola, for short periods of time. Another reason is the willingness shown by the main provincial condom redistributors (PSI and

NPCS) to work together with Coca-Cola, since they acknowledge that Coca-Cola, with its means of transport, reaches some areas not covered by them because of difficult access routes.


OUTLINE FOR THE DESIGN OF THE PROJECT PROPOSAL

<p>1. Title</p>	<p>Condoms Always! <i>"The Coca-Cola Route, The HIV Prevention Route"</i></p>
<p>2. INTERVENTION RATIONALITY AND JUSTIFICATION</p>	<p>In Mozambique, more than two thirds of the population live in rural areas. HIV prevalence, estimated in 2004, is around 16.2%, one of the highest in the world. In response, the Mozambican government adopted a strategy based on involving all social actors in the fight against AIDS, campaigning for behaviour change and condom use as prevention strategies.</p> <p>However, for several reasons, the prevention approach adopted has not had the desired effect. One of the reasons is the weak capacity in making available products and services aimed at creating awareness and preventing HIV/AIDS, such as educational materials and condoms.</p> <p>This scenario is further exacerbated by the fragile infrastructures and conditions of access to health services and main centres where the dissemination of prevention measures takes place, limiting access to condoms and health education and communication materials.</p> <p>Taking into consideration that most of the organisations carry out their IEC activities in the urban centres and main road corridors, rural populations living far from the urban and peri-urban centres have greater difficulty in accessing these products and services. A study carried out in 2004 showed that populations living close to health services and to large commercial centres are able to access services and preventive measures, including condoms, more easily than other populations. Furthermore, knowledge on HIV/AIDS is relatively lower in the more distant rural areas⁴².</p> <p>Experiences in other countries (Kenya, Uganda, South Africa) indicate that there is a large potential for the private sector to contribute to the national response to HIV/AIDS, by participating as actors that contribute to the redistribution of health information materials and products through their own products' distribution and sales systems.</p> <p>Coca-Cola was established in Mozambique in 1994, and currently has a distribution system for its products that covers the entire country. Furthermore, the company is recognised, through its corporate image, for its responsibility and commitment to social causes.</p> <p>The project proposal intends to capitalise on the already existing awareness on HIV/AIDS within the company and on its distribution network, so as to contribute to the promotion of HIV/AIDS prevention measures and instruments in Mozambique. Coca-Cola undertakes to distribute the condoms to its regional and provincial depots. From these provincial centres, subcontracted redistributors will deliver the products to the district centres. Following this, district redistributors (MDCs) will ensure that the products reach the resellers. The intention is for these final local distributors to liaise with locally active NGOs and activists, in order to coordinate the distribution of condoms in conjunction with educational and awareness activities.</p> <p>The intention is for condoms to be distributed for free, in order to avoid conflict of interests and competition with the already existing distribution systems (Coca-Cola products x. condom Social Marketing). PSI, one of the main actors involved in the distribution of condoms to the communities, should play an important role in the project, in order to avoid duplication and overlapping of efforts, as well as conflicts with its system for condom social marketing.</p>

⁴² Please see : MISAU and Danida: Family responses to HIV/AIDS, May 2004

<p style="font-size: 2em; color: orange;">3.</p> <p>OBJECTIVES</p>	<p>General Objectives</p> <ol style="list-style-type: none"> 1. Contribute to a reduction in HIV propagation levels, by making available means of prevention (condoms) and raising communities' awareness. <p>Specific Objectives</p> <ol style="list-style-type: none"> 2. Contribute to an improvement in the current national condom and HIV/AIDS educational material distribution and circulation network. 3. Facilitate the transport of condoms and educational materials to the districts and localities least served by these services. 4. Increase access to condoms and educational materials for rural areas and/or least covered areas
<p style="font-size: 2em; color: orange;">4.</p> <p>APPROACH</p>	<p>Approach</p> <ol style="list-style-type: none"> i) Take advantage of Coca-Cola's distribution capacity and reach, to turn Coca-Cola's route into an HIV prevention route, by providing an effective instrument (condom) and relevant educational materials (pamphlets, posters, etc), which will be distributed for free, in addition to other sources, or even as an only source, of access to these materials by remote rural communities. ii) Establish partnerships with community-based entities and organisations, so that they may add to Coca-Cola's distribution efforts. These local partners could support the initiative by working as activists to educate and raise awareness on HIV/AIDS, condom use and could even participate in activity monitoring (Provincial / District AIDS Nucleus and Youth Associations can play an important role). iii) Take advantage of the communications and marketing system already established by Coca-Cola, with emphasis on social responsibility, and use it to build a complementary source of attractive educational messages targeting awareness of HIV/AIDS and promoting condom use. Special emphasis could be placed on the idea of turning Coca-Cola's route and its distribution system into a dynamic and competitive prevention route, with the involvement of youth, schools and communities, in order to make the initiative more attractive and competitive. <p>The partner responsible for designing the project should comply with the following recommendations in order to improve the project: firstly, ensure that district actors working with HIV/AIDS, community development and local Coca-Cola soft drink redistributors are involved in the educational condom redistribution campaigns. As a guiding principle, increased access to condoms should be accompanied by the availability of educational materials adapted to specific ages and groups.</p> <p>Target group In general, all communities in the districts, localities and administrative posts, targeting the 15- to 49-year old age group, with particular emphasis on the youth.</p>

<p>5. PARTNERSHIPS</p>	<p>Levels of Partnership</p> <p>Establish strategic partnerships between institutions with experience in the distribution of condoms, Coca-Cola and district soft drink redistributors, and community entities.</p> <p><u>1st Level</u> Coca-Cola vs. PSI-Moçambique – the partnership should be based on two pillars. PSI-Moçambique will be responsible for placing the materials in the province, while Coca-Cola will be responsible for transporting these to the district depots.</p> <p>PSI-Moçambique is the favoured implementation partner, due to its vast experience and capacity in terms of human, material and logistic resources. It will be responsible for improving the project in terms of content, budget and regularity of deliveries, and M&E activities.</p> <p><u>2nd Level</u> PSI-Moçambique vs. Coca-Cola – both actors should be responsible for making available means of transport (bicycles) to transport the materials from the depots to the communities. They should also agree on the quantities and the mechanisms for the delivery of materials to Coca-Cola.</p> <p><u>3rd Level</u> Coca-Cola vs. Depots/ Community – Depot managers and local redistributors should jointly define the priority routes for the distribution of materials to the districts, localities, administrative posts and villages, in accordance with the route for the distribution of Coca-Cola soft drinks. They should also define the persons in charge of these means of transport.</p> <p><u>4th Level</u> PSI-Moçambique vs. Depots, redistributors, CBOs and beneficiaries – M & E of the activities should involve the five categories of actors. It should be based primarily on a strategy of consulting with the redistributors and beneficiaries.</p> <p>Coca-Cola is prepared to distribute the condoms and educational materials through its distribution network, but it needs technical assistance to develop a project proposal and to coordinate the implementation of the pilot project; it also needs assistance with planning the implementation of the initiative at national level.</p> <p>The Funds for the implementation of the Project should be requested from other partners, including the CNCS, within the private sector initiative component. Coca-Cola should take part by making space available on its trucks and by analysing other forms of participating in the initiative.</p>
<p>6. RESULTS</p>	<p>Expected Results</p> <p>It is hoped that the initiative will strengthen the current condom distribution system in the districts, localities, villages and towns, in terms of circulation, regularity and quantities.</p> <p>That condoms and educational materials will also be accessible in remote areas.</p>
<p>7. BUDGET</p>	<p>Budget</p> <p>The actions to be budgeted for include: PSI should be responsible for the acquisition and transport of condoms and educational materials from central level to the provinces. Coca-Cola and PSI should be jointly responsible for the acquisition of means of transport (bicycles) for the community. Provincial PSI Delegations should be responsible for costs incurred with community mobilisation and involvement of local actors, and delivery of the materials to Coca-Cola. Coca-Cola should be responsible for making space available on its trucks and transporting the goods to the district depots.</p>

<p> MONITORING</p>	<p>Monitoring & Evaluation</p> <p>PSI & Depot managers and local redistributors shall be responsible for monitoring and evaluating the activities at provincial and district levels.</p> <p>Coca-Cola participates through its routine supervision visits and informs on availability of stock.</p> <p>The Project could contribute to feed the following indicators</p> <ul style="list-style-type: none">• Number of people receiving free condoms• Number of people who know how to use condoms correctly• Number of people receiving educational materials• Number of people benefiting from peer education activities and education, information and communication through community intervention networks.
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REFERENCES

Bagnol, B. and Chamo, E. (2003). *"Titios" e "Catorzinhas", Pesquisa Exploratória sobre "Sugar Daddies" na Zambézia* (Quelimane and Pebane). DFID/PMG, Maputo.

Carvalho, F. (2005), *Representações Sociais do HI/SIDA numa Comunidade Religiosa: o Caso das Testemunhas de Jeová da Congregação de Sommerchild (Cidade de Maputo)*. Projecto de pesquisa apresentado para a obtenção do grau de Licenciatura em Sociologia, FLCS-Universidade Eduardo Mondlane

Casimiro, I. et al (2002), *Levantamento e Estudo sobre o Grau de Cobertura na Disponibilização do Preservativo Masculino pelos Intervenientes Existentes*. Maputo: CEA-CNCS

Chaleca, I. (2002), *Representações Sociais do Sida: Relações entre as Representações Sociais e o Comportamento Sexual, entre os Jovens Estudantes da Escola Secundária de Nhamatanda*. Dissertação apresentada para obtenção do grau de licenciatura em Sociologia, UFICS-Universidade Eduardo Mondlane

Conselho Nacional de Combate ao HIV/SIDA (2004), *Plano Estratégico Nacional de Combate ao HIV/SIDA 2005-2009, Livro II Objectivos Estratégicos*,

Graça, F. (2002), *HIV/AIDS Prevention and Care in Mozambique, a Socio-Cultural Approach: Literature and Institutional Assessment, and Case Studies on Manga, Sofala province and Morrumbala District, Zambézia Province*. Maputo: UNESCO

Gujral, L. et al (2004), *Respostas dos Agregados Familiares Face ao HIV/SIDA: Um Estudo de Base - Província de Tete: Changara, Mágoe, Cidade de Tete, Angónia*. MISAU/DANIDA, Maputo Moçambique.

Manuel, S. (2004), *Love and Desire: Concepts, Narratives and Practices Amongst Youths in Maputo City*. Dissertação de Mestrado Department of Social Anthropology. University of Cape Town

Manuel, S. (2005), "Obstacles to Condom use among Secondary School Students in Maputo City, Mozambique" *Culture, Health and Sexuality*, 7 (3): 293–302

Mapolisa, S.(2001), *Socio-cultural Beliefs Concerning Sexual Relations, Sexually Transmitted Diseases and HIV/AIDS amongst Young Male Clients at a Gugulethu STD Clinic*. Dissertação de Mestrado. Department of Social Anthropology. University of Cape Town

Marole, E. (2001), *Análise da Bibliografia sobre o HI/SIDA em Moçambique – 1988-2000: Processo de Circulação e Legitimação*. Projecto de pesquisa apresentado para a obtenção do grau de licenciatura em Antropologia, UFICS-Universidade Eduardo Mondlane

Matsinhe C. (2005), *Tábula Rasa, Dinâmica da Resposta Moçambicana ao HIV/SIDA*. Maputo: Texto Editores

Mufune. P (2005), "Myths about Condoms and HIV/AIDS in Rural Northern Namibia *International Social Science Journal* 57 (186): 675-686

MONASO, (2002), et al, *Estudos e pesquisas sobre o HIV/SIDA em Moçambique (1986-2002)*, Maputo

Ministério da Saúde (2004), *Plano Estratégico Nacional de Combate ao HIV/SIDA 2004-2008*.

Nyamnjoh, F. (2005). "Fishing in Troubled Waters: Disquettes and Thiefs in Dakar", *Africa* 75 (3): 295-324

Pfeiffer, J. (2004), "Condom Social Marketing, Pentecostalism, and Structural Adjustment in Mozambique: A Clash of AIDS Prevention Messages" in *Medical Anthropology Quarterly* 18 (1):77-103.

PSI-Moçambique (2005), *Uso do Preservativo, Redução do Número de Parceiros Sexuais e Aconselhamento e Testagem Voluntária em Moçambique: Avaliação de Mudança de Comportamento. Tendências, Impacto e Determinantes dos Comportamentos Relacionados com a Saúde*, Maputo

PSI-Moçambique (2005), *Comunicação e Marketing Social Para Saúde, Relatório Anual 2005*

PSI-Mozambique (2003), *Survey of Condom Distribution In Mozambique (Final Report)*

PSI-Moçambique (2002), *Relatório Trimestral do Progresso No 11: Julho a Setembro de 2002*

PSI-Moçambique (2002), *Inquérito de Distribuição Dos Preservativos em Moçambique*, Relatório final

PSI-Moçambique (2001), *Relatório do Progresso Trimestral nº 8: Outubro e Dezembro Incluindo 2001* (Incluindo informação anual referente a 2001)

PSI-Moçambique (1999), *Preservativos Jeito: Plano de Marketing para 1999*. Estratégia Da Fase II: 1999 para 2002

ANNEX - LIST OF INSTITUTIONS AND PERSONS INTERVIEWED

INSTITUTION	PERSON CONTACTED
<i>SE-CNCS</i>	PASCOA THEMBA
<i>PSI – MAPUTO</i>	BRIAN SMITH
<i>PSI - MAPUTO</i>	FELIZARDO DA COSTA AROUCA
<i>PSI – NAMPULA</i>	INÁCIA MARIA JOSÉ
<i>CVM-MAPUTO</i>	ARMANDO MACHIANA
<i>GASD- MAPUTO</i>	JORGE NICOLS
<i>RENSIDA-MAPUTO</i>	JÚLIO MUJOJO
<i>KUYAKANA-MAPUTO</i>	JOSÉLIA MBANZE
<i>MONASO-MAPUTO</i>	GASPAR SITEFANE
<i>ECOSIDA-MAPUTO</i>	BALBINA M.
<i>AMODEFA-MAPUTO</i>	MARCELO CANTO
<i>MJD/FNUAP-MAPUTO</i>	CLÁUDIA SIMBINE
<i>NPCS-NAMPULA</i>	SARA JANE
<i>NPCS-NAMPULA</i>	ARLINDO MACHAVA
<i>PSI - NAMPULA</i>	SALIS PEDRO
<i>PSI -NAMPULA</i>	LUCIANO B.
<i>Coca--Cola NAMPULA</i>	EDUARDO PARUQUE
<i>SAAJ NACALA PORTO</i>	GAMITO NICURA
<i>Coca-Cola Depot in NACAVALA</i>	JORGE RAQUEL
<i>Retailer in Niphuro</i>	MANUEL TRINTA
<i>Complexo Whajhamila Niphuro</i>	AMADE NOVENTA
<i>World Relief- Nacavala</i>	PILATOS MATUSSE
<i>Pousada Namialo</i>	ANONIMATO
<i>Retailer in Namialo</i>	PEDRO JUMA
<i>Centro Comercial Mogovolas</i>	VALETIM ADOLFO
<i>Coca-Cola Depot in Mogovolas</i>	JOJO MANUEL AMISSE
<i>Retailer in Mogovolas Market</i>	RAQUEL SALEVA
<i>Trader Nametil-Mogovolas</i>	JÚLIO ISMAEL
<i>Associação OPHAVELA Mogovolas</i>	FELISBELA MTOMI
<i>Coca-Cola Depot in Murrupula</i>	ABÍLIO MARTINHO
<i>Retailer in Murrupula</i>	ARLINDO XAVIER
<i>Retailer in Murrupula</i>	FERNANDO LOPES
<i>Bar Restaurante Floresta-Chalaua</i>	ANTÓNIO GUARDA
<i>Trader in Chalaua</i>	ANTÓNIO FERRÃO
<i>PSI-MANICA</i>	FELIZARDO
<i>NPCS-MANICA</i>	JOSEFA MAZIVE
<i>NDCS-SUSSUNDENGA</i>	CHAGAS SANTOS FABIÃO