



# USAID | DELIVER PROJECT

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## Task Order I Annual Report: October 2009 to September 2010



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# **Task Order I Annual Report: October 2009 to September 2010**

## **USAID | DELIVER PROJECT, Task Order 1**

The USAID | DELIVER PROJECT, Task Order 1, is funded by the U.S. Agency for International Development under contract no. GPO-I-01-06-00007-00, beginning September 29, 2006. Task Order 1 is implemented by John Snow, Inc., in collaboration with PATH; Crown Agents Consultancy, Inc.; Abt Associates; Fuel Logistics Group (Pty) Ltd.; UPS Supply Chain Solutions; The Manoff Group, Inc.; and 3i Infotech. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operation, and enhancing forecasting and procurement planning. The project also encourages policymakers and donors to support logistics as a critical factor in the overall success of their health care mandates.

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Cover Photo: In Zimbabwe, a Delivery Team Topping Up team leader enters logistics data on a rugged laptop during a visit to a service delivery point along her delivery route. USAID | DELIVER PROJECT 2010.

## **USAID | DELIVER PROJECT**

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# Acronyms

ARV	antiretroviral
ASHONPLAFA	<i>Asociación Hondureña de Planificación de Familia</i>
CCP	Central Contraceptive Procurement
CIES-UNAN	<i>Centro de Investigación y Educación en Salud de la Universidad Autónoma de Nicaragua</i>
CPT	contraceptive procurement table
CS	contraceptive security
DEC	Development Experience Clearinghouse
DMPA	depo-medroxy progesterone acetate
DTTU	Delivery Team Topping Up
EDI	electronic data interchange
ESAMI	Eastern and Southern Africa Management Institute
FY	fiscal year
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
HCMIS	health commodity management information system
IAPHL	International Association of Public Health Logisticians
IPPF	International Planned Parenthood Federation
IQC	Indefinite Quantity Contract
IUD	intrauterine device
LGU	local government unit
LMIS	logistics management information system
MIS	management information system
MIT	Massachusetts Institute of Technology
MOF	Ministry of Finance
MOH	Ministry of Health
MSH	Management Sciences for Health
NEML	national essential medicines list
NGO	nongovernmental organization
PFSA	Pharmaceutical Fund and Supply Agency
PMTCT	prevention of mother-to-child transmission

PPMR	Procurement Planning and Monitoring Report
PPMRm	Procurement Planning and Monitoring Report: Malaria
PRISMA	<i>Proyectos en Informática Salud Medicina y Agricultura (Peru)</i>
RHCS	reproductive health commodity security
RIDI	Regional Institutes Development Initiative
SCM	supply chain management
SCMS	Supply Chain Management Systems (project)
SDP	service delivery point
TA	technical assistance
TO1	Task Order 1
UNFPA	U.N. Population Fund
USAID	U.S. Agency for International Development

# Executive Summary

In its fourth year, the USAID | DELIVER PROJECT received U.S.\$7.8 million in core funds and U.S.\$31.1 million in field funds. This enabled the project to provide technical support to 22 countries and operate offices in 17. Thanks to this continued investment and commitment by the U.S. Agency for International Development, product availability of family planning and essential medicines continues to improve in these countries. System strengthening efforts utilizing innovations in data capture and management mean there is greater data visibility down to the service delivery point. More effective coordination between global partners and host country ministries of health has helped increase the funds available for procurement. These increased funds have brought greater pressure for better supply chain performance and less tolerance of breakdown resulting in product stockouts. Challenges remain in the shape of human resource development, procurement bottlenecks, and public supply chain overload.

## System Performance Improvement

Forecast accuracy continues to be within accepted industry bounds with the variation between forecast and actual consumption at 23 percent for 2009. An increase in errors for progestin-only pills was offset by a decline for all other methods. In the reporting period, six countries reported no central-level stockouts of any family planning method, while a further eight reported at least one stockout. Depo-Provera, which suffered a manufacturing recall, was the cause of 35 percent of the stockouts reported. Reporting rates general remained above 80 percent in 8 of 11 countries providing data. Low stockout rates were reported by most countries for condoms, combined orals, and injectables.

## Human Resource Development

The project continues to be a major source for training in supply chain management (SCM) for public sector staff in presence countries. In the 16 countries reporting, the project trained a little over 10,000 staff in the reporting period. What has changed is the way that training is being provided. The project is making increased use of regional training institutes, *Proyectos en Informática Salud Medicina y Agricultura* (Peru), Eastern and Southern African Management Institute, and BioForce, who between them offered 10 international course modules. None were offered directly by the project. In addition, the project developed preservice training in SCM with universities and schools in the Dominican Republic, Ethiopia, Nicaragua, and Zambia. Meanwhile, the project has had over 2,600 hits on the online distance learning course and 130 requests for over 1,000 CD editions of the course. In Nepal, the project contracted with two private companies to provide logistics management information system training. Finally, the International Association of Public Health Logisticians continues to grow as a source of professional support to its 550 members.

## **Innovative Supply Chain Strengthening**

The Zambia pilot supply chain reform is perhaps the largest scale pilot program of its kind ever implemented and measured. It involved 24 districts divided into three groups of eight districts, with two adopting different approaches and the third acting as control. Co-funding from the U.K. Department for International Development and the World Bank allowed greater scale and robustness in measuring results. Product availability improved in both pilot areas compared to the control, showing the benefit of stronger supervision. The most successful model utilized a cross-dock approach at the district level that limited scope for diversion of product from its intended destination. Ethiopia also reduced stockouts by strengthening supervision at the woreda (district) level while the roll out of a comprehensive health commodity management information system is improving data management and visibility at larger facilities combined with a paper-based system for smaller facilities.

## **Improving Commodity Security**

Working with the International Planned Parenthood Federation *affiliate Asociación Hondureña de Planificación de Familia* (ASHONPLAFA) in Honduras, the project used expertise from a sister organization in Colombia to strengthen the sustainability of ASHONPLAFA. Support was given to the development of a business plan and marketing efforts. Strengthened coordination in Pakistan helped ensure public sector contraceptive funding needs were met. Some 15 out of 17 project countries have contraceptive security (CS) strategies in place, and all countries have active CS committees. Eleven presence countries reported using some of their own funding to purchase contraceptives. Estimates suggest these funds covered between 10 percent in Pakistan to 100 percent of needs in Paraguay; seven countries covered more than 50 percent.

## **Improved Advocacy and Collaboration**

The project continues to be an open source for information and collaboration to the global public health supply chain community. For example, the Procurement Planning and Monitoring Report remains a key source of data for advocacy and donor collaboration. During the course of the year, between 9 and 16 countries reported each month. The project website, with 321,641 visits and 344,295 downloads, continues to be a key source of knowledge for the international public health supply chain community. In addition, the project fulfilled 13,368 orders for print publications, tools, and software. Guidelines for the storage of essential medicines continue to be the most popular requested publication. The SCM e-newsletter also has increased circulation. The project sought to present key data in new ways with the increased use of project maps, identifying CS trends through analysis of the CS indices and the development of the supply chain costing tool. The project enjoyed multiple collaborative contacts with over 30 different international organizations, nongovernmental organizations, cooperating agencies, and private sector affiliates.

## **Improving U.S. Agency for International Development Commodity Provision**

During the reporting period, Task Order 1 was responsible for awarding central procurement contracts for U.S.\$68 million. In addition, it completed 20 different procurement actions for the purchase of equipment and supplies for five different countries worth U.S.\$2.3 million. On-time shipments increased to 73 percent in 2010, up from 62 percent in 2009.

## **New Business Model**

Several project innovations have been previously mentioned but many more were implemented in the reporting period. The success of the Delivery Team Topping Up system led to the model being copied for a more diversified set of products including malaria, tuberculosis, and primary health care. Digital data entry for routine supervision in Ghana and commodity management in Tanzania gathered pace, while global information systems maps have increasingly been used to track system performance. The project has increasingly sought to use local hires and subcontractor capacities, and lead from family planning.

## **Conclusion and Challenges**

While progress has been made in improved product availability, much remains to be done. A more strategic approach to human resource constraints is needed. Procurement bottlenecks, distribution system failings, and supply chain integrity represent three other challenges. More needs to be done to engage the private sector and leverage appropriate technology to scale. The project will remain busy in its remaining years.



# Task Order I Overview

This USAID | DELIVER PROJECT, Task Order 1 (TO1), annual report covers October 2009 to September 2010. The report discusses the project's activities and progress toward achieving its objectives and toward implementing the U.S. Agency for International Development's new business model for the project.

The overall objective and component objectives for TO1 reflect those of the wider Indefinite Quantity Contract (IQC). The overall task order objective is to increase the availability of essential health supplies in public and private services. The component objectives include the following:

- Improve and strengthen in-country supply systems (with a particular emphasis on last mile delivery).
- Improve advocacy and collaboration with global and regional partners for commodity security.
- Improve USAID's provision of commodities to programs.

In addition, USAID expects the project to use its new business model for the project, which has the following attributes:

- using, developing, and implementing best practices
- promoting data-based decisionmaking along the entire supply chain
- partnering with local organizations
- using the private sector
- using local hires in project implementation
- using subcontractors' capacities
- leading from family planning.

The following sections describe the project's efforts in meeting the objectives of the contract and the requirements of the new business model during its fourth year of implementation. In the section on meeting the objectives of the contract, we use indicators from the performance monitoring plan to highlight project performance; including anecdotes that illustrate the impact, results, and activities of the project. In the section on the new business model, we provide a combination of data and narrative to illustrate our progress. Finally, the report discusses the challenges that we expect to meet in the year ahead, which will inform and shape next year's workplan priorities.



# Improve and Strengthen In-Country Supply Systems

The core of the project’s work is to improve and strengthen in-country supply systems using field support and core funds. In fiscal year (FY) 2010, the project received \$7,811,074 in core funds and \$31,129,640 in field funds. During the fourth year of TO1, the project provided technical assistance (TA) to 22 countries—including four Global Health Initiative Plus countries (Bangladesh, Ethiopia, Malawi, and Rwanda) and 10 Population, Health and Nutrition focus countries (Bangladesh, Ethiopia, Malawi, Mozambique, Nigeria, Pakistan, Philippines, Rwanda, Tanzania, and Zambia). The project also conducted a total of 69 trips (i.e., non-management) to these countries during FY2010 compared to 62 trips the previous year, reflecting an increase in assistance to countries that did not receive TA the previous year: The Gambia, Jordan, Philippines, Togo, and South Africa.

## System Strengthening Indicators

Table 1 summarizes the key indicators from the performance monitoring plan. The data were drawn from surveys, qualitative analyses, and quarterly reports from field offices. Each indicator is reported separately.

**Table 1. Key System Strengthening Indicators from Performance Monitoring Plan**

<b>Objective 1: Improve and Strengthen In-Country Supply Systems</b>	
<b>Outcome</b>	<b>Indicator</b>
<b>Subcomponent 1: Systems strengthening for selected countries</b>	
1.1.1 Strengthen the ability of local systems to forecast, finance, procure, and deliver a range of essential public health supplies.	Forecast accuracy for contraceptives and other products
	Stockouts at all levels of the system served by the project
	Accuracy of logistics data for inventory management <sup>1</sup>
	Reporting rates
	Countries with procurement plans reviewed and updated semi-annually for an agreed list of commodities

## Objective I: Improve and Strengthen In-Country Supply Systems

Outcome	Indicator
I.1.2 Strengthen the local capacity to design, operate, and manage logistics systems, affect policy change, ensure the quality of supplies, and monitor and evaluate logistics system performance.	Number of in-country staff trained compared to expected
	Presence countries where the project partners with local/regional institutions (including the private sector and nongovernmental organizations for system strengthening, research, training, or supply chain services
	Number of supply chain management (SCM) course module trainings conducted by regional institution training partners
	Percentage of funding for regional institution training partners' SCM course modules provided by USAID core funds

<sup>1</sup>This indicator can be collected as part of a facility-based assessment using the project's *Logistics Indicators Assessment Tool*. In the absence of any facility-based assessments, the field offices can review this indicator through supervisory visits; however, results are not uniformly collected and compiled.

### Forecast Accuracy for Contraceptives<sup>1</sup>

Accurately forecasting contraceptive requirements maximizes the efficient use of scarce public health resources by avoiding wastage when surplus products expire; avoiding program failure, including an increase in unmet need and unintended pregnancies that may result from stockouts; and efficiently planning contraceptive procurements to account for storage and distribution capacity, as well as funding schedules.

To assess the forecast accuracy of a contraceptive procurement table (CPT), the forecasted annual consumption of a contraceptive, as projected at the beginning of the report year, is compared to actual consumption at the end of that year. Procurement plans for the report year are updated based on the forecast conducted at that time, which is based on the more reliable projections of requirements for the rest of the year.

According to U.S. industry standards, optimum forecast accuracy (i.e., the absolute percentage variation between forecasted and actual consumption of a contraceptive) of the CPTs should be 25 percent or less. That is, the smaller the percentage, the better the forecast accuracy, which is consistent with the benchmark, set by Smith (1997) for U.S.-based commercial industries.<sup>2</sup>

The 2009 forecast accuracy analysis for TO1 showed a median forecast error of 23 percent, which is the same as the 2008 median error and within the accepted benchmark of 25 percent or less.

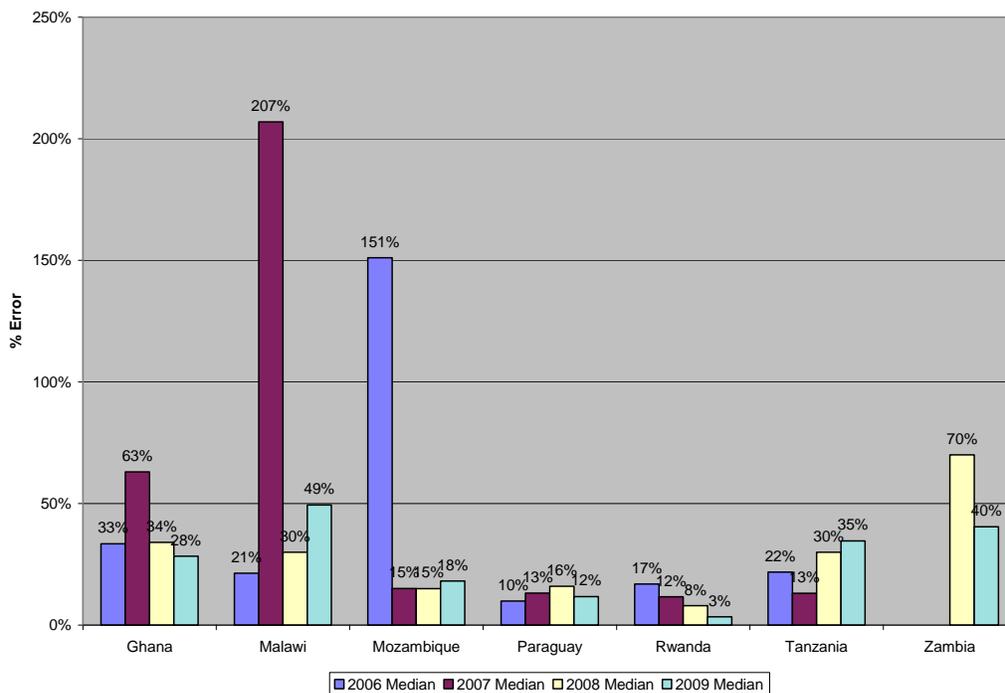
Of the seven countries analyzed in 2009, Ghana, Paraguay, Rwanda, and Zambia experienced a drop in median forecast errors since 2008. At the same time, the median error increased in Malawi, Mozambique, and Tanzania, but this increase was less than or equal to 5 percent in the latter two countries. In Malawi, the forecast error increased from 30 percent in 2008 to 49 percent in 2009, driven mainly by overforecasting for Depo-Provera, intrauterine devices (IUDs), and male condoms.

<sup>1</sup> As in the previous three years, these data are analyzed for methods common across most USAID | DELIVER PROJECT countries in order to make comparisons easier and provide a larger body of data. Less commonly used methods, such as female condoms and cycle beads, are not included here because they are not carried by more than one or two countries. This analysis includes male condoms, intrauterine devices, Depo-Provera, combined oral contraceptives, progestin-only oral contraceptives, and implants.

<sup>2</sup> Smith, B. T. 1997. *Focus Forecasting*. Fredericksburg, Va.: BookCrafters.

Notable improvement was made in Zambia’s forecast error, which was 70 percent in 2008, and has dropped to 40 percent in 2009. Rwanda’s median error rate for 2009 was a mere 3 percent, continuing the trend of decreasing error in Rwanda every year since 2006. Forecast errors by country from 2006 to 2009 are shown in figure 1.

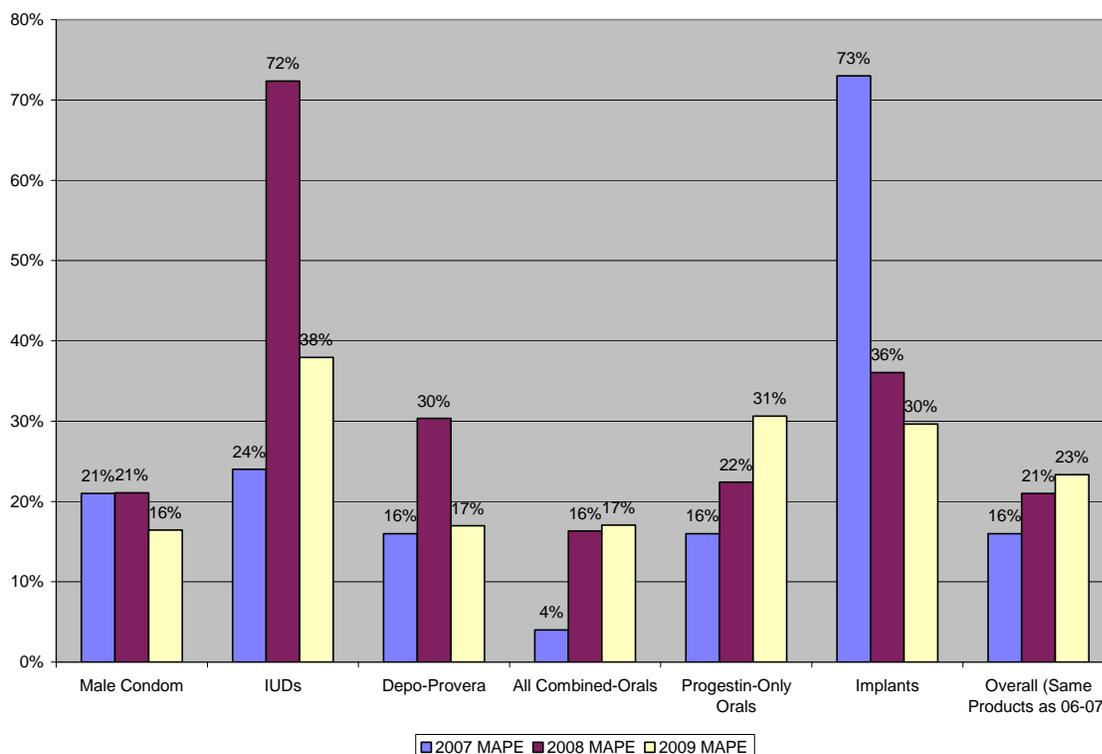
**Figure 1. Median Contraceptive Forecast Error for Seven Countries from 2006–2009**



The overall median forecast error for products increased slightly from 21 percent in 2008 to 23 percent in 2009, and is still within an acceptable range. The slightly higher error rate was driven by increased errors in forecasting for progestin-only orals from 22 percent in 2008 to 31 percent in 2009 (despite only a 1 percent increase in forecast for combined oral contraceptives), and by a change in the way that forecast error is calculated for oral contraceptives.<sup>3</sup> For all methods except oral contraceptives, the forecast error declined in 2009. Forecast error rates for IUDs and implants improved from 72 to 38 percent and from 36 to 30 percent, respectively. Errors for male condoms, combined orals, and Depo-Provera are well within the acceptable range, with each one being between 16 and 17 percent. For Depo-Provera, this represents a significant improvement from the 2008 error rate of 30 percent. Figure 2 shows a comparison of error rates, by method, from 2007 to 2009.

<sup>3</sup> In 2007 and 2008, forecasts for oral contraceptives were broken out by brand: forecast accuracy was calculated separately for the orals supplied by USAID (Lo-Feminal and Ovrette) and those provided by other suppliers such as the U.N. Population Fund. In 2009, Lo-Feminal (combined oral) and Ovrette (progestin-only oral) were discontinued and Microgynon and Microlut took their places as USAID’s oral contraceptives for the public sector. However, countries still forecasted for both products in 2009, as they needed to account for depletion of existing stocks of Lo-Feminal and Ovrette, which carried over into 2009. As stocks of both Lo-Feminal and Ovrette were used up sometime during the year, the 2009 analysis therefore analyzes forecast and actual data for all brands combined by method. This combination of Lo-Feminal/Microgynon forecasts and Ovrette/Microlut forecasts makes the range of error rates for orals higher than in previous years, increasing the median error overall.

**Figure 2. Median Forecast Error for Seven Contraceptives from 2007–2009**



**Note: MAPE stands for mean absolute percentage error.**

### Reporting Rates and Stockout Rates at All Levels of the System Served by the Project

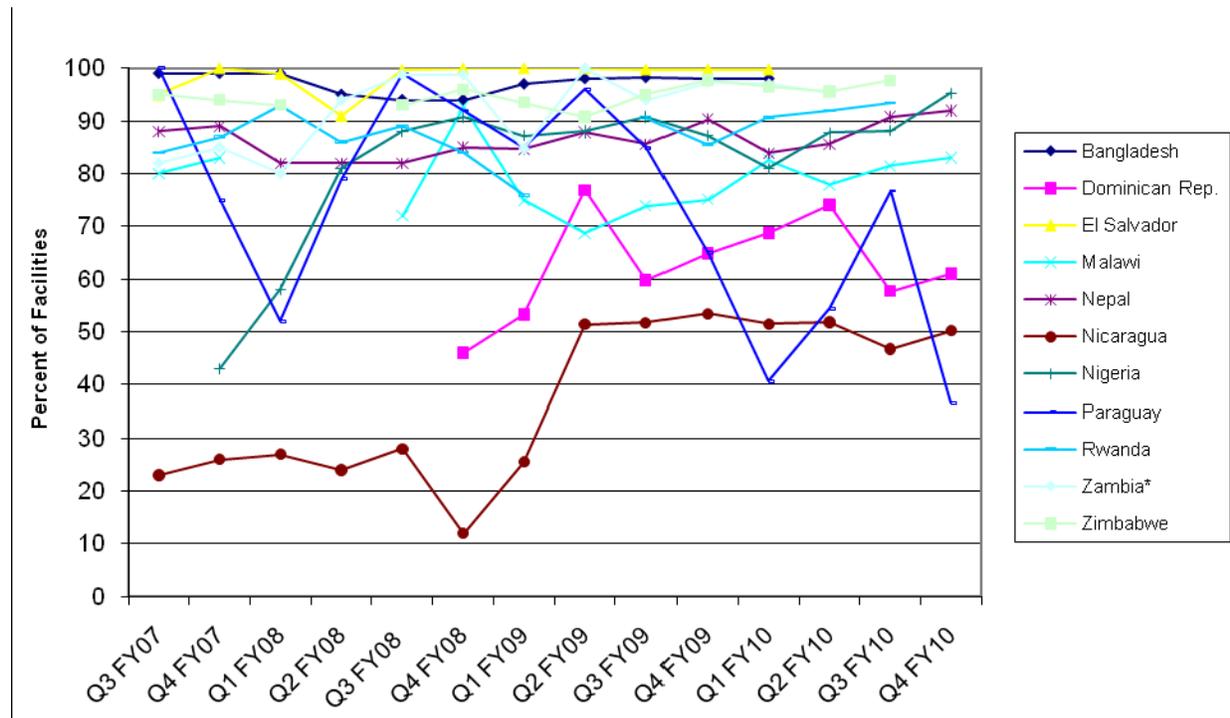
The project has been routinely monitoring contraceptive availability at the central and facility levels in most of the countries that have a project presence and receive TO1 funding. Over FY2010, the number of countries reporting in the Procurement Planning and Monitoring Report (PPMR) increased from 16 to 19, and the number of project presence countries in the report increased from 13 to 14. Appendix A shows stockouts by product and country for project presence countries during FY2010.

During this 12-month reporting period, six project presence countries did not experience any stockouts at the central level: Ethiopia, Malawi, Nepal, Paraguay, Rwanda, and Zimbabwe. Eight of the 14 project presence countries reported at least one stockout at the central level (Dominican Republic, Ghana, Liberia, Mozambique, Nicaragua, Nigeria, Tanzania, and Zambia). On average, there were four individual product stockouts per month over the fiscal year in project presence countries. Thirty-five percent of these stockouts were of Depo-Provera, which was subject to a product recall at the beginning of the reporting period. Due to quality concerns and the need to reexamine their manufacturing line, Pfizer had difficulty meeting existing Depo-Provera orders, which contributed directly to stockouts in these countries. Two countries (Dominican Republic and Nicaragua) stocked out of Depo-Provera only. Only two countries experiencing stockouts did not stock out of Depo-Provera.

Liberia, Mozambique, and Zambia experienced short-term (two months or less) stockouts of specific products at the central level. Nigeria, which reported irregularly, reported stockouts of four products in May 2010. The remaining two countries, Ghana and Tanzania, experienced longer-term stockouts of Depo-Provera, as well as other products. In Ghana, the stockouts that did not involve Depo-Provera were primarily IUDs and a specific brand of progestin-only pills (Micronor), which was not ordered because the country was holding significant stocks of a substitute product (Ovrette). Ghana was using up existing supplies of Ovrette instead of ordering more Micronor. Tanzania is the only country in the group reporting on more than the central level. That country's reports combined stocks for the central and zonal levels, the highest two levels in its supply chain. Tanzania experienced longer-term (three months or more) stockouts of Implanon and progestin-only pills, and a one-month stockout of male condoms.

In addition to these project presence countries reporting to the PPMR, 10 of the same countries also submitted quarterly figures for contraceptive availability from the service delivery point (SDP) level, available through each country's logistics management information system (LMIS). Figure 3 presents reporting rates from FY2007 to FY2010.

**Figure 3. Percentage of Facilities Reporting during Fiscal Years 2007–2010**



- The Bangladesh and El Salvador field offices closed at the end of CY2009 and data are no longer available.
- The Dominican Republic office opened and began reporting in the fourth quarter of FY2008.
- The low reporting rates in Nicaragua are to be expected because SDP-level stock status information is only obtained from a small percentage of SDPs, while the process of integrating the LMIS is being rolled out nationally.
- Reporting rates in Paraguay dropped at the end of FY2009 when contraceptives were integrated with other commodities.
- \* Zambia LMIS form reporting for antiretroviral medicines.

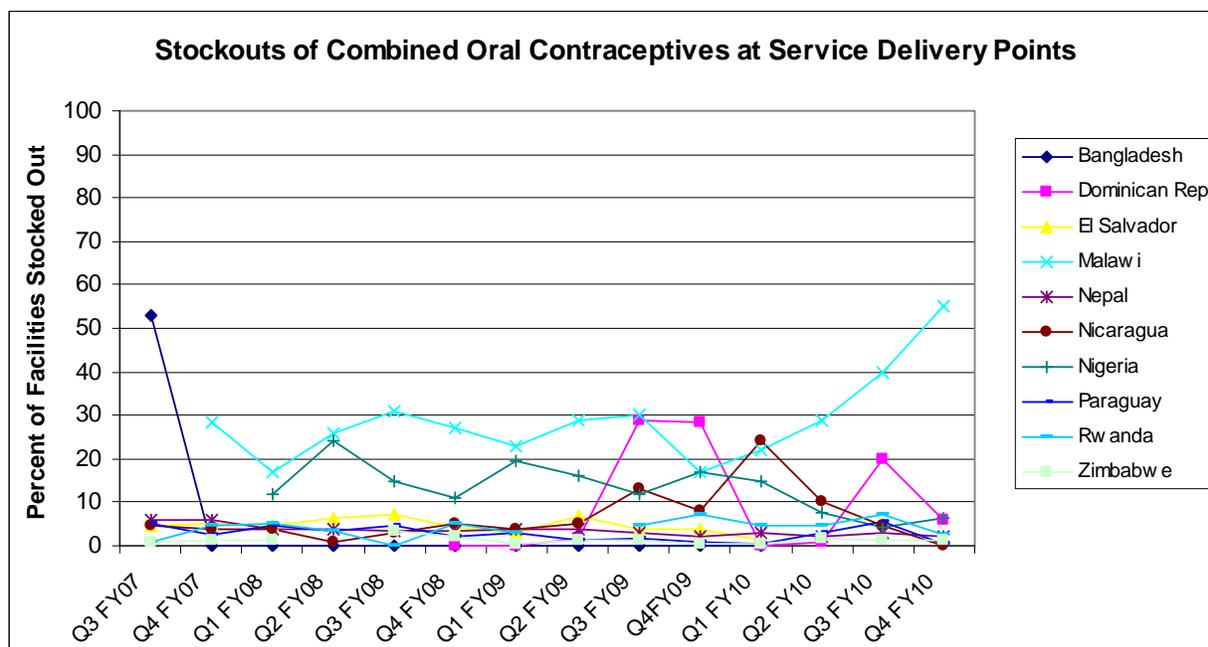
In almost all countries, reporting rates have remained consistently high, averaging around or above 80 percent during each quarter. Several countries have maintained almost 100 percent reporting rates

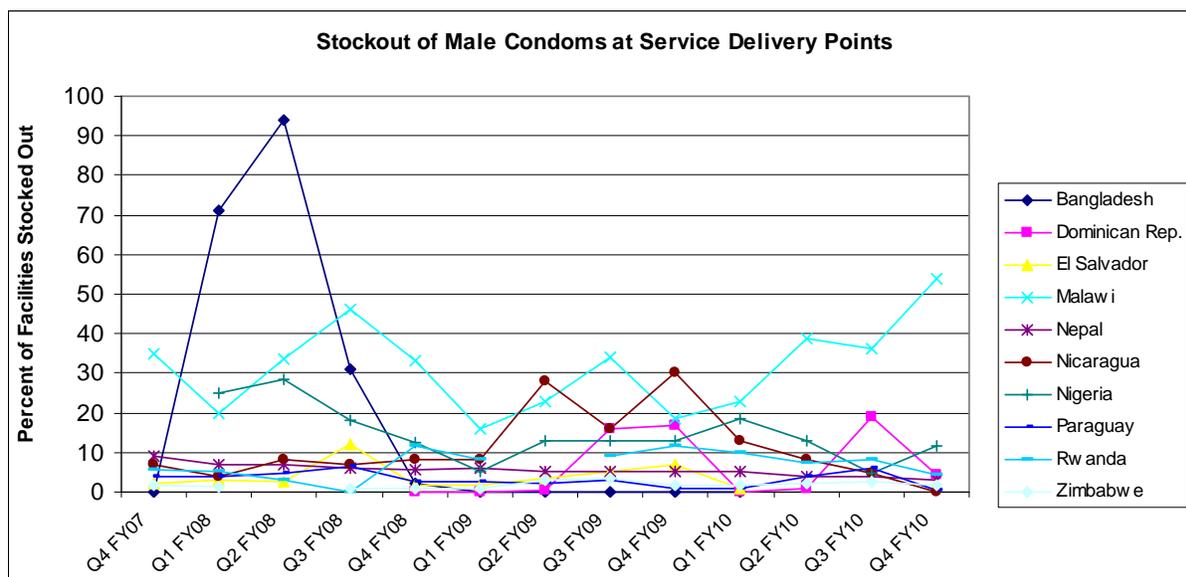
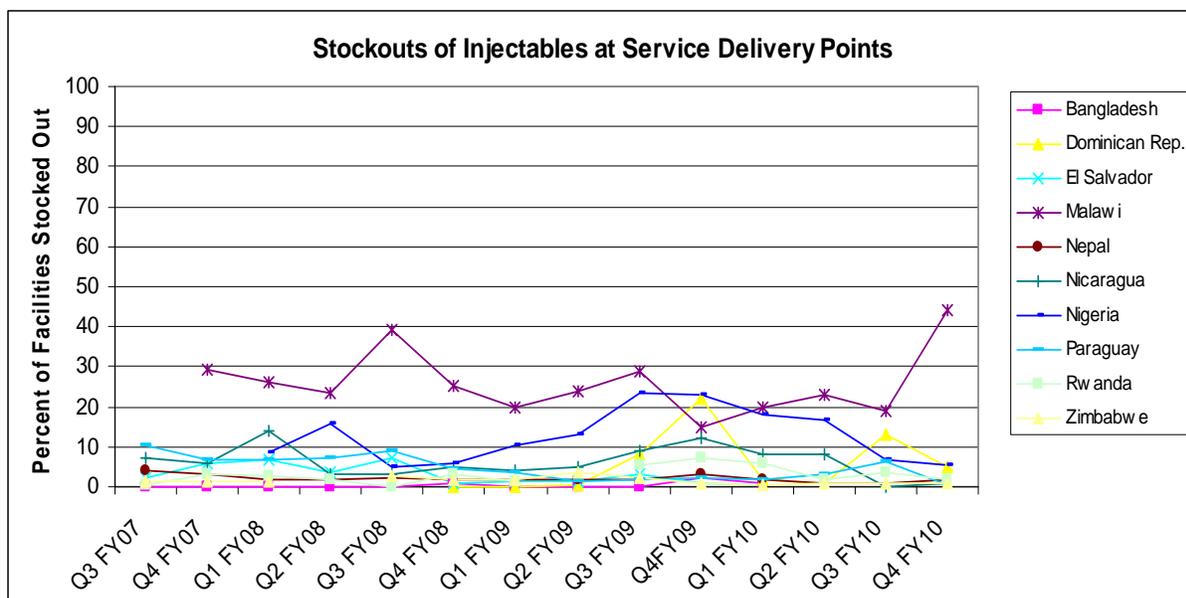
(Bangladesh, El Salvador, and Zimbabwe). Likewise, with the exception of the first quarter of FY2009, when reporting rates dipped slightly, Zambia has also maintained almost perfect reporting rates for the past year for antiretrovirals (ARVs).

Although Nicaragua has been rolling out a national integrated LMIS, reporting rates have risen above 50 percent in the past year, as more facilities begin reporting stock status from the facility level. In Paraguay, reporting rates decreased in the fourth quarter of FY2009 because family planning is now part of an integrated logistics system. Overall, 8 of the 11 countries have maintained an average reporting rate of more than 75 percent for the past year, if not longer.

As noted previously, contraceptive stockout rates continue to be routinely monitored in 10 countries with a project presence, using data from the in-country LMIS. These data are presented in figure 4 for combined oral contraceptives, injectables, and male condoms from the middle of FY2007 to FY2010.

**Figure 4. Stockout Rates for Oral Pills, Injectables, and Male Condoms, FY2007–FY2010**





These three high-demand resupply methods require a continuous and reliable supply to meet clients' needs. The graphs in figure 4 show that, for the most part in reporting countries, these methods are routinely available to clients at SDPs; stockout rates were at or below 10 percent for at least six to seven out of 10 countries, for most methods during this time period.

For combined oral pills, almost all countries have maintained impressively low stockout rates (well below 10 percent). In Nigeria, stockout rates for pills have continued to fall over the course of FY2010 and have remained below 10 percent for most of the past year. Stockout rates for pills in the Dominican Republic had risen to almost 30 percent in the second half of FY2009 due to economic problems within the Ministry of Health (MOH), which delayed the release of funding and slowed procurement. However, stockouts had dropped down to almost zero in the first half of FY2010 and remained relatively low in the second half of the year. In Malawi, stockouts for pills remains a persistent challenge with continuing financing and policy issues despite the concerted efforts of project staff and MOH counterparts.

Likewise for injectables, stockout rates have remained at or below 10 percent on average for most countries across this time period and well below 10 percent on average for each quarter across countries. In Malawi, stockouts of injectables had fallen to 15 percent by the fourth quarter of FY2009 and had hovered around 20 percent for the next two quarters before jumping up again at the end of FY2010, also due to financing issues. Stockouts of injectables in Nigeria rose in the second half of FY2009 due to stockouts at the Central Contraceptive Warehouse, where the project had not been working; however, they have since dropped back down well below 10 percent.

Finally, most countries presented here have also maintained very low stockout rates at or below 10 percent for male condoms. Bangladesh has maintained zero stockouts over the course of FY2009 and into FY2010 after some procurement issues in early FY2008. In Nicaragua, stockout rates for male condoms had increased in FY2009 due to MOH procurement delays but have since dropped back down below 10 percent in FY2010, reaching nil by the fourth quarter. Stockout rates for male condoms in the Dominican Republic had fallen down to zero in early FY2010 and, despite a small jump in the third quarter, were back under 5 percent by the fourth quarter. Similar to pills and injectables, Malawi continues to struggle with stockout rates above 20 percent for condoms.

### **Countries with Procurement Plans Reviewed and Updated Semi-Annually**

Semi-annually, most project countries are expected to review procurement plans against current stock and update the plans accordingly. All the reporting countries reviewed procurement plans for family planning products in the first half of FY2010, and all except Paraguay reviewed them in the second half of FY2010, as well.

Reporting countries comprised Bangladesh (in the first quarter), the Dominican Republic, El Salvador (in the first quarter), Ethiopia, Ghana, Malawi, Mozambique, Nepal, Nicaragua, Nigeria, Paraguay, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe.

### **Number of In-Country Staff Trained**

Ten core-funded training events took place during the year, including the international piloting of a course on monitoring and evaluation and a course on using quantification for advocacy, which was conducted for International Planned Parenthood Federation (IPPF) member associations in Nairobi, Kenya. As detailed in the “Partnering with Local Organizations and Strengthening Local Capacity” section of this report, eight courses were also conducted by three regional training institutes. Two field-funded training module courses were conducted as well. In addition, the project held two Development Leadership Initiative courses.

Numerous training events took place at the country level during this fiscal year. Table 2 shows the number of people trained in logistics with project support by project country. It also indicates the percentage of people trained compared to the expected number. Notably, the project exceeded overall training targets by 3 percent, particularly by meeting or surpassing the expected number of trainees in nine of 16 countries. The lowest percentage of planned trainees to be trained was in Nigeria, where 91 percent of the target was met. As shown in table 3, the project trained more people at the service delivery level than at any other level.

**Table 2. Trainings by Country**

<b>Country</b>	<b>Number Trained<sup>1</sup></b>	<b>Trained Compared to Expected (%)</b>
Bangladesh <sup>2</sup>	5	100
Dominican Republic	747	100
El Salvador <sup>2</sup>	64	99
Ethiopia	2,116	121
Ghana	219	91
Malawi	621	106
Mozambique	36	103
Nepal	1,635	94
Nicaragua	292	97
Nigeria	691	91
Pakistan	23	92
Paraguay	1,076	108
Rwanda	115	93
Tanzania	571	100
Zambia	1,513	96
Zimbabwe	289	122
<b>Total Overall</b>	<b>10,013</b>	<b>103%</b>

- The number of times an individual received training; one person may have received more than one training.
- For Bangladesh and El Salvador, the number of people trained represents only October to December 2009.

**Table 3. Trainings by Level, All Reporting Countries Combined**

<b>Level</b>	<b>Number Trained<sup>1</sup></b>	<b>Percentage Trained Compared to Expected (%)</b>
Central	364	101
Regional	315	96
District	1,452	106
SDP	6,962	103
CBD	456	100
Other (e.g., training subcontractor, pharmacy professors, unspecified)	464	92

CBD, community-based distribution; SDP, service delivery point.

This includes all reporting countries, as listed in table 3.

Trainings were conducted on a variety of topics for individuals at various levels of the in-country logistics systems, as well as for additional stakeholders. Examples of the trainings include the following:

- In the Dominican Republic, the project and the MOH trained community health workers on HIV/family planning integration. SDP staff members participated in logistics and contraceptive technology trainings. District-level staff attended a workshop on monitoring LMIS program indicators, and central warehouse staff members attended logistics training.
- In Ethiopia, the project trained district and SDP staff members on the Ethiopian Contraceptive Logistics System, through the supervisors training and the general Ethiopian Contraceptive Logistics System training. In addition, over 850 SDP employees participated in paper-based LMIS trainings; regional level staff participated in a training-of-trainers. Staff from the Pharmaceutical Fund and Supply Agency (PFSA) participated in the supply chain management (SCM) and quantification and forecasting training held in Tanzania (and organized by the Eastern and Southern Africa Management Institute [ESAMI]). National and regional staff participated in a five-day contraceptive forecasting workshop. Approximately 270 SDP staff members participated in trainings on the electronic LMIS (health commodity management information system [HCMIS]).
- In Nepal, approximately 680 SDP staff and 40 district staff participated in basic health logistics trainings. SDP staff members were also trained on the ARV Dispensing Tool. Other trainings included HIV logistics management trainings, central- and district-level procurement trainings, an orientation on the web-based LMIS and inventory management system, and an orientation to community-based prevention of mother-to-child transmission (PMTCT).
- In Nigeria, state, local government area, and SDP-level family planning service providers participated in trainings on the contraceptive logistics management system. SDPs providing tuberculosis diagnosis and/or treatment services, as well as their local government area and state supervisors, participated in trainings on logistics. Other trainings included a project-facilitated course on PipeLine.
- In Zambia, SDP- and district-level trainings included the following topics: the ARV drug logistics system, the HIV tests logistics system, PMTCT logistics, and a training-of-trainers workshop on essential medicines.

### **Partnering with Local/Regional Institutions (Including the Private Sector and Nongovernmental Organizations) for System Strengthening, Research, Training, or Supply Chain Services**

The project routinely works in close collaboration with local and regional partners in all of the countries where we have field offices. As table 4 shows, TA included work in reproductive health, family planning, HIV, and laboratory. It focused mainly on systems strengthening through capacity building, particularly in preservice training and coordination. These partnerships are critical for making project activities sustainable.

**Table 4. Project Partnerships with Local Organizations**

<b>Countries</b>	<b>Project Partnerships</b>
Burkina Faso	Provided assistance to Bioforce, a private professional training institute, to facilitate SCM courses.
Dominican Republic	Worked with <i>Eugenio Maria de Hostos University</i> to establish preservice training in logistics for sexual and reproductive health supplies at the School of Nursing. Planned and facilitated mini-workshops in HIV/family planning service integration for 102 community leaders to increase access, demand, and quality of services. The work was coordinated with the Peace Corps.
Ethiopia	Held coordination meetings with Integrated Family Health Programs to define areas of collaboration between the projects and the local nongovernmental organizations (NGOs) supported by Integrated Family Health Programs. Collaborated with the Arba Minch Health Science College, Hosanna Health Science College, the Aman Health Science College, and Hawassa Health Science College to establish preservice training. Logistics courses were added to the curriculum in two of the colleges.
Honduras	Provided assistance to <i>Asociación Hondureña de Planificación de Familia</i> (ASHONPLAFA), an IPPF affiliate, to develop a marketing plan and identify new procurement resources, especially for oral pills.
Malawi	The project, in collaboration with Howard University Technical Assistance Project, provided TA to establish preservice training at Malawi College of Health Sciences by including a supply chain component in the laboratory training curriculum.
Nepal	Contracted with two private sector companies, Yellow Digital Pvt. Ltd. and Information System Solutions Pvt. Ltd., to complete the district-level orientation on the web-based LMIS and inventory management systems in all 75 districts.
Nicaragua	Collaborated with the National University of Nicaragua to include logistics in the pharmacy school curriculum and shared the teaching methodology guides with the School of Medicine. Worked with <i>Proyectos en Informática Salud Medicina y Agricultura</i> (Peru) (PRISMA), a Peruvian NGO focused on sustainable development, to facilitate SCM courses and coordinate efforts with national public health schools to carry out regional workshops. Collaborated with the Pan-American Social Marketing Organization's Women's Health project to strengthen coordination of family planning efforts.
Tanzania	Presented on advocacy for contraceptive funding to the Tanzania Midwives Association (the meeting was attended by the permanent secretary and the chief medical officer). Provided assistance to ESAMI, a private professional training institute, to facilitate SCM courses.
Zimbabwe	Assisted Population Services Zimbabwe, a Marie Stopes International affiliate, in quantifying Jadelle requirements for a start-up project. Contracted with a local private sector company, WestChase Consultants, to develop and upgrade software to automate deliveries and data encoding under the Delivery Team Topping Up (DTTU) distribution system.

## **Supply Chain Management Course Modules Presented by Regional Training Institution Partners**

To increase access to logistics courses traditionally delivered directly by the project, using the Regional Institutes Development Initiative (RIDI), we increased the capacity of the regional training institutes in Africa and Latin America and the Caribbean. The four courses the RIDI teach are frequently updated; because they are not country-specific and not based on the design of any particular system in a country, they can be applied anywhere. During the reporting period, the following SCM courses were conducted:

- Overview of Supply Chain Management and Commodity Security
- Quantification of Health Commodities
- Commodities Security: Principles and Practice
- Strengthening Supply Chain Systems Through Monitoring & Evaluation.

As a result of the RIDI work, 350 people from many countries across both regions received training in English, French, and Spanish during FY2010. Notably, *Proyectos en Informática Salud Medicina y Agricultura* (Peru) (PRISMA) presented all four SCM courses (with co-facilitation by the project on one course), ESAMI presented two of the module courses twice (with co-facilitation by a project staff member three times), and Bioforce (the Francophone organization) presented one course (also with project co-facilitation). Moreover, ESAMI and PRISMA developed and used a tool (reviewed by the project) to self-evaluate their facilitation skills at the end of each course.

**Table 5. Projected Number of Courses to be Held, by Year**

<b>Organization</b>	<b>2007–2008</b>	<b>2008–2009</b>	<b>2009–2010</b>	<b>2010–2011</b>
USAID   DELIVER PROJECT	2	1	1	0
PRISMA	2	3	3	3
ESAMI	N/A	3	4	5

**Table 6. Number of Courses Held, by Year**

<b>Organization</b>	<b>2007–2008</b>	<b>2008–2009</b>	<b>2009–2010</b>
USAID   DELIVER PROJECT	2	1	0
PRISMA	2	4	3
ESAMI	N/A	2	4
Bioforce	N/A	N/A	1

The project developed a prospectus, defining five specific objectives, to evaluate RIDI, now in its third year. Although the evaluation report is still being written, the primary results can be reported here. PRISMA achieved a rating of 5 (on a five-point scale) on all indicators. ESAMI encountered some challenges in including the SCM training initiative into their business model, achieving a score between 5 and 3 on four indicators. They are still working on a strategy to become consultants in SCM.

PRISMA's program is now independently sustainable, and the organization has begun contracting with donors and institutes. For example, PRISMA formed a partnership with the *Centro de Investigación y Educación en Salud de la Universidad Autónoma de Nicaragua* (CIES-UNAN) to present the Commodity Security: Principles and Practice course, in which participants are to receive academic credit from CIES-UNAN. PRISMA is also assisting CIES-UNAN in incorporating logistics into the public health curriculum. Also, during the year, PRISMA established a memorandum of understanding with the U.N. Population Fund (UNFPA)/Latin America and the Caribbean Regional Office to adapt and deliver all four SCM courses to meet the country-specific needs of personnel from the Panamanian MOH.

In addition to the courses conducted by the RIDI, project staff conducted the SCM courses in-country (included in table 5 and 6) and conducted two course modules for the Development Leadership Initiative in Washington, DC.

## **Supply Chain Strengthening and Last Mile Delivery**

The main emphasis of the project's work continues to be strengthening the in-country supply chain systems. The increase in product availability previously summarized reflects the outcome of project work in sustaining improvements in public supply chains. We now present some highlights of work undertaken in the last year.

### **Pilot of New Supply Chain System in Zambia Dramatically Increases Medicine Availability**

The USAID | DELIVER PROJECT in Zambia was a key partner in the piloting of a new supply chain system that helped stockouts of depo-medroxy progesterone acetate (DMPA) decrease to less than 5 percent in intervention districts versus a rate of 40 percent in control districts. DMPA is the most popular contraceptive in the country. The pilot was a partnership between the project, USAID, the MOH, the World Bank, and the U.K. Department for International Development. It tested two operational models, both of which introduced commodity planners at the district level who are responsible for ensuring orders are correctly placed and fulfilled. While both models resulted in improvements in performance, the model in which the central level prepared individual facility orders and distributed them to the districts (which served as a cross-docking facility) showed significantly better results. The reductions in stockout rates for DMPA were replicated for all tracer medicines. For example, amoxicillin stockouts for intervention districts were less than 15 percent versus 50 percent for controls; for pediatric artemisinin-based combination therapy, the figures were just over 10 percent for intervention districts against almost 50 percent for controls. The project is currently rolling out the successful model in the other trial districts, and the MOH has approved a plan for a nationwide roll-out.

### **Ethiopia: Last Mile Support and National Level Monitoring and Coordination Reduce Contraceptive Stockouts**

Project advisors in Ethiopia work at the woreda (district) level in collaboration with local personnel to ensure facilities place and receive their contraceptive orders, and to monitor their performance. In 2006, when the project started work, a survey showed stockout rates of 25 percent for the most widely used injectable contraceptive (DMPA) and 16 percent for oral pills. The most recent routine survey data (for nearly 500 facilities) found stockout rates of less than 7 percent for injectables and less than 6 percent for oral pills. These low stockout rates have been consistent for the past two years. Product availability at the last mile is only possible through continuous availability at the first mile. From June 2009 to June 2010, Ethiopia had no stockouts of contraceptives at the central level. Government commitment and partner financial support, combined with project support for preparing and monitoring supply plans and stock levels, meant that products were available to fulfill orders placed by facilities in Ethiopia.

### **Ethiopia: A Locally Developed Computerized Inventory Management System Rolls Out to Facilities and Warehouse Hubs**

Ethiopia continues its ambitious Logistics Master Plan roll out with the project working closely with Supply Chain Management Systems (SCMS) to ensure complementary support to PFSA (the Central Medical Stores in Ethiopia). The USAID | DELIVER PROJECT is primarily responsible for

support to the district and facility levels and, as part of that support, developed a computerized inventory management system—the HCMIS—for district hospitals and larger facilities. The system has been implemented in over 100 facilities and its success was recognized when PFSA decided to use it in its regional hub warehouses. The hub version has been implemented in two PFSA hub warehouses already. Meanwhile, the project is also implementing the roll out of the paper-based version of the LMIS in smaller facilities. To date, staff has been trained in over 600 facilities. The Ethiopia HCMIS and paper-based LMIS are important components of an integrated system strengthening approach, with the project working in close collaboration with SCMS. The goal is to have a seamless logistics system in which products and data flow freely between all levels and component systems, including the HCMIS.

### **Philippines: Supporting Supply Chain System Strengthening with Local Partners in a Decentralized Environment**

The Philippines recently graduated from commodity assistance, but challenges remain for contraceptive security (CS). The supply chain is completely decentralized with local government units (LGUs) responsible for all supply chain functions for contraceptives, including forecasting and procurement, and almost all financing. The USAID mission requested the assistance of the project in 2009 to provide technical expertise to the LGUs, the federal MOH, and local partners to strengthen CS and SCM. Recognizing that without central procurement and ordering, a national LMIS to provide logistics data was unfeasible, the project began working on two activities: a monitoring system to provide data on contraceptive stock levels in LGUs to regional and national decisionmakers, and an inventory management system to help LGUs better manage the medicines they procure. Both systems were developed, piloted, and turned over to a local project (HealthGov, a USAID bilateral) to implement nationally. The project will continue to provide support for roll-out as well as continue with new support work in 2011.

### **Strengthening Country-Level Commodity Security**

Strengthening in-country commodity security continues to represent a key focus of the project's work. Most project countries facilitate coordination and advocacy with local and donor partners to ensure financing and policies are in place to meet forecast demand for contraceptives. In the following, we present selected highlights of our work.

#### **Honduras: South-to-South Collaboration for Sustainability**

*Asociación Hondureña de Planificación de Familia* (ASHONPLAFA), the local IPPF affiliate in Honduras, is a leading provider of contraceptive products and services in that country (more than 20 percent of all modern methods used in 2006). The project recognized a need to build the capacity of ASHONPLAFA to make it more financially independent and sustainable. The project also recognized that the capacity to help ASHONPLAFA existed in another regional IPPF affiliate, Profamilia in Colombia. The project has organized support from Profamilia to ASHONPLAFA including training in advocacy, exchange visits for ASHONPLAFA personnel to Colombia, and support for development of a business plan including strategies to improve product marketing efforts.

#### **Pakistan: Forecasting and Supply Planning Ensures Contraceptive Security**

Due to the global recession and increased spending on security, the Government of Pakistan has experienced severe constraints in its ability to fund contraceptive procurement. When USAID stepped in with a pledge of U.S.\$10 million in contraceptive commodities (by far, the largest contribution of any donor), the project carried out a forecasting and supply planning exercise in

2009 that identified quantities, recipients, and shipping schedules for all programs offering services. These include the Ministry of Population Welfare, MOH, Greenstar Social marketing, and various nongovernmental organizations (NGOs). The exercise has ensured contraceptive availability for all programs. The project office in Pakistan continues to monitor stock levels and shipments to ensure CS. Meanwhile, efforts continue to strengthen the overall supply chain through warehouse renovations for the Ministry of Population Welfare and development of a national LMIS in Pakistan to ensure those contraceptives get to the hands of clients.

## Contraceptive Security Indicators

Table 7 summarizes the key CS indicators from the performance monitoring plan. The data for these indicators are drawn from quarterly and annual indicator reports from field offices and centrally managed core-funded activities.

**Table 7. Key Country-Level Contraceptive Security Indicators from the Performance Monitoring Plan**

<b>Subcomponent 2: Enabling Environments</b>	
<b>Outcome</b>	<b>Indicator</b>
1.2.1 Promote a policy environment that strengthens commitment to the improved availability of contraceptives, pharmaceuticals, diagnostics, and other essential health supplies through public and private sources, over the long-term.	Presence countries with CS strategies in development and/or implementing
	Presence countries with active coordinating mechanisms in place
	Percentage of MOH requirements covered by government resources
	Countries receiving assistance with drug policy and regulatory issues identified and working toward resolution
1.2.2 Mobilize resources from a variety of sources to meet commodity and logistics system needs.	Presence countries where the project assisted local organizations in developing proposals for supply chain improvement or commodity procurement
1.2.3. Improve data management and decisionmaking.	Quarterly and PPMR reporting rates

## Countries with Commodity Security Strategies

The project continues to work with countries to both develop and support implementation of CS strategies to comprehensively address the numerous challenges our in-country partners face in strengthening CS. Out of 17 project countries, the following 15 countries have contraceptive or reproductive health commodity security (RHCS) strategies, or broader strategies that include CS: El Salvador, Ethiopia, Ghana, Honduras, Liberia, Malawi, Mozambique, Nepal, Nicaragua, Nigeria, Pakistan, Paraguay, Rwanda, Zambia, and Zimbabwe. In addition, in recognition of CS issues at the lower levels of the health system, Ethiopia has recently conducted an assessment and resulting action plans for RHCS at the regional level to support the Regional Health Bureaus in the implementation of activities. Furthermore, several countries are adapting the CS model to other commodities or other contextual factors. For example, three countries (Ghana, Nepal, and Zambia) have strategies for HIV commodity security. Implementation of these strategies varies from country to country, although a number of countries, including Malawi and Nigeria, where implementation has been weak and the current strategies are about to expire, are seeking to develop new strategies with an emphasis on improving implementation.

## Countries with Active Coordination Mechanisms in Place

Country coordinating bodies are one of the most effective mechanisms for keeping CS on the agenda in countries as well as playing a vital role in coordination. The role of the project in supporting these mechanisms and building their capacity varies from country to country based on needs. Project staff make every effort to support these committees and their leaders as a way to build capacity and ensure sustainability. Specifically, the project helps by working with key stakeholders to generate essential commodity information as evidence for key decisions on resource allocation, forecasting, procurement, and routine monitoring.

As shown in table 8, out of the countries where TO1 works, all have an in-country coordinating mechanism that has met at least once during the past year (the majority met three times or more).

**Table 8. Representation of Country Coordinating Committees**

	MOH	MOF	CMS	SM	NGO	Donor	GFATM	Private
<b>DR</b>								
<b>El Salvador</b>								
<b>Ethiopia</b>								
<b>Ghana</b>								
<b>Honduras</b>								
<b>Liberia</b>								
<b>Malawi</b>								
<b>Mozambique</b>								
<b>Nepal</b>								
<b>Nicaragua</b>								
<b>Nigeria</b>								
<b>Pakistan</b>								
<b>Paraguay</b>								
<b>Rwanda</b>								
<b>Tanzania</b>								
<b>Zambia</b>								
<b>Zimbabwe</b>								

For CS to become a reality, stakeholders from various sectors—public, NGO, social marketing, and private—must work together. Representation of the various stakeholders on a country’s coordinating committee is a helpful indicator of effective coordination.

Of the countries with a coordinating mechanism, all included MOH and donors.

Only six countries (Ethiopia, Ghana, Malawi, Nepal, Nigeria, and Zambia) include a representative from the Ministry of Finance (MOF) on their committee. MOF representation will become increasingly important as more countries use government resources for contraceptives and need to navigate the budgetary and public financing systems and procedures.

Two countries (Rwanda and Zambia) reported representation of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) on their coordinating committee. Because GFATM is a possible new resource for contraceptives, their representation can help identify potential opportunities to leverage GFATM to help address CS. Of these countries with committees, most include representatives from the social marketing organizations, NGOs, and the Central Medical Stores.

Five countries (Ghana, Honduras, Nigeria, Rwanda, and Tanzania) reported that their respective coordinating committees included the commercial sector (other than NGOs and social marketing). These included representatives of professional bodies, as well as commercial logistics and pharmaceutical companies.

### **Percentage of Ministry of Health Requirements Covered by Government Resources**

Financing of contraceptives, other commodities, and the supporting health systems is a fundamental requirement for commodity security. Using government resources to finance these commodities and systems indicates a strong national commitment to CS.

According to the most recent project reports, with the exception of Liberia, Malawi, Mozambique, Nigeria, and Zimbabwe, which relied fully on donor funding for contraceptives in the most recent year, the remaining presence countries (11 countries) reported using national resources—either internal revenues, World Bank credits, or basket funds—to finance contraceptive procurement. The following list of countries use government sources for contraceptive financing: the Dominican Republic, Ethiopia, Ghana, Honduras, Nepal, Nicaragua, Pakistan, Paraguay, Rwanda, Tanzania, and Zambia. Of those spending government resources on contraceptives, many, including the Dominican Republic, Ethiopia, Honduras, Nepal, Nicaragua, Pakistan, Paraguay, Rwanda, and Tanzania, spent internally generated funds.

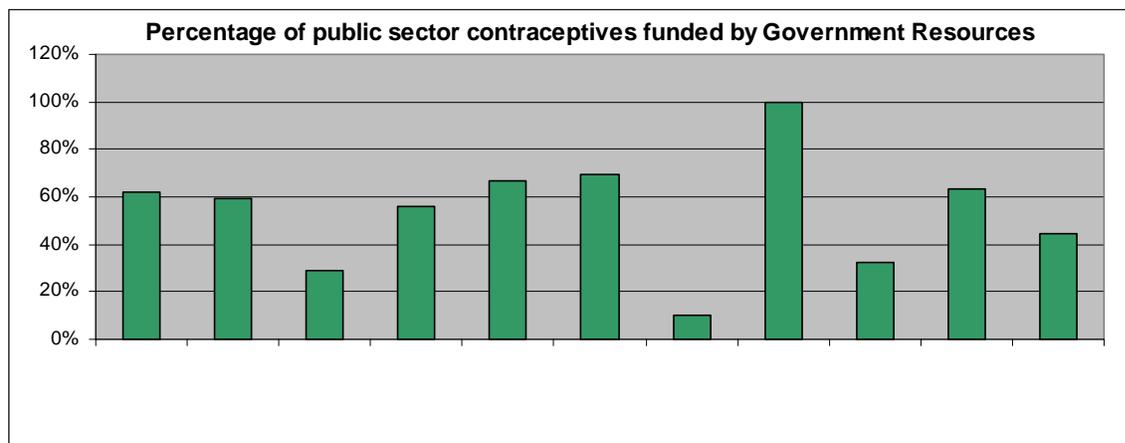
Other countries are trying to diversify their funding base by leveraging GFATM funds for contraceptives. To date, only Rwanda has been successful in using GFATM funding for the procurement of contraceptives other than condoms. However, with project support, other countries are also trying to tap this potential resource. For example, Zambia has included contraceptives in the most recent GFATM proposal. In Nigeria, approximately U.S.\$120,000 has been approved for procurement of contraceptives in the GFATM Round 9 HIV grant. Most recently, Ethiopia and Tanzania have begun discussions about leveraging GFATM funds for contraceptives.

Of the countries that did spend government funds for the procurement of public sector contraceptives, the government share of total spending varies significantly among countries. For example, the share of government spending ranges from 10 percent (Pakistan) and 33 percent (Rwanda) to 67 percent (Nepal) and 100 percent (Paraguay). In Ethiopia, government funding for contraceptives comes not only from the central government but also from some of decentralized funding sources, such as the regional governments.

According to project reports, several countries are increasing their commitment to contraceptives either by determining a target monetary amount or by setting a goal of increasing the percentage of government funding. For example, the Government of Nepal is committed to increasing the

government funding from 67 percent in 2010 to 100 percent after 2011 in preparation for the end of *Kreditanstalt für Wiederaufbau* support in 2011. The Government of Rwanda has committed to increasing its funding by 3 percent each year. While in the past in Zambia, the government has committed a flat figure of U.S.\$540,000 per year for reproductive health commodities, they agreed to increase this figure by more than 40 percent during recent MOH planning meetings.

**Figure 5. Percentage of Public Sector Contraceptives Funded by Government Resources**



Many countries advocate for the establishment of a budget line item for contraceptives as a way to mobilize government resources. According to project reports, 10 countries report having a government budget line item dedicated for the procurement of contraceptives or, in the case of Zambia, reproductive health supplies. Of those countries, all but Zimbabwe were successful in spending government funds (including internally generated funds, World Bank credits or loans, basket funds, or other funds given to the government) on contraceptive procurement in the most recent complete fiscal year. In addition, several countries (the Dominican Republic and Honduras) spent government funding on contraceptives despite not having a dedicated budget line item.

The project continues to support countries in using data to drive resource mobilization efforts and to help understand the total market and ways to encourage various sectors to coordinate their services and/or develop long-term plans for increasing financing. For example, through the CS indicators, countries have critical information to help them organize and understand their commodity resource envelopes, funding trends, and the government share of financing. In Tanzania, the project supports the MOH track funding commitments against actual disbursements, as well as the timing of the disbursements as a way to hold the government accountable for their stated commitments. Furthermore, the project has supported numerous countries over the past year in conducting market analysis and segmentation strategies. In particular, in August 2010, the Latin America and the Caribbean CS team piloted a total market approach in Nicaragua that combines desk analysis of Demographic and Health Survey data, secondary market segmentation analysis, and provider supply data to identify strategies to reach underserved populations.

### **Countries Receiving Assistance with Drug Policy and Regulatory Issues Identified and Working toward Resolution**

Project in-country staff are often asked to provide input to the preparation and update of essential medicines lists at the local and national level. The project is sometimes also tasked to assist in the

drafting of legislation pertaining to different aspects of drug policy and other aspects associated with the supply chain.

Examples of work on essential medicines lists included working with the PFSA to refine the draft essential health commodity/pharmaceutical list in Ethiopia. Project staff then attended a workshop organized by the Drug Administration and control agency to finalize the drug and commodity list for each level of the ministry. In Nicaragua, project staff met with the Essential Drugs and Supplies Directorate to review and make changes to the essential drugs management manual. This was then followed up with the preparation of two brochures on rational drug use for clinical staff and for clients. Work was then undertaken with Solidaridad Hospital to review and update their essential drugs list and medical supplies based on the facility's needs.

In Paraguay, the project worked with representatives in the Chamber of Representatives to redraft Law 2907. A comparative analysis was prepared to show the benefits in terms of price savings from procuring through UNFPA rather than through local procurement. Law 2907 will permit the use of third-party procurement through UNFPA using up-front payments under local contracting laws.

In September 2010, the project was able to recruit and second eight pharmacy managers to the Ministry of Health and Child Welfare Provincial Medical Directorates. These staff will reinforce rational drug use and pharmacy and supply chain management at the provincial level.

### **Inclusion on National Essential Medicines List**

Inclusion of contraceptives on the national essential medicines list (NEML) is a critical first step in ensuring family planning and, specifically, contraceptive methods are prioritized for procurement. It is also an important indicator of commitment. As shown in table 9, of the 17 project presence countries analyzed, all but Bangladesh have at least four of the eight (or 50 percent) major contraceptive methods included on their respective NEMLs. By country, percentage coverage of the main contraceptive methods varied from a low of 38 percent (Bangladesh) to 100 percent (Ghana and Zambia).

All countries included combined oral contraceptives, injections, and IUDs on their country list, and most countries also included progestin-only pills and male condoms. Emergency contraceptive pills were included in 10 (out of 17) country lists.

The Interagency List of Essential Medicines for Reproductive Health is often a model for countries as they review and revise their NEMLs. Two methods commonly available in countries are not currently included in the interagency list—female condoms and implants.<sup>4</sup> As such, it is not surprising that many countries do not include these methods on their country lists. Only 10 of the country lists include implants, and only eight of the lists include female condoms.

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<sup>4</sup> It should be noted that while the Interagency List does not include implants, they are included in the latest Model Essential Medicines List from the World Health Organization.

**Table 9. Inclusion of Contraceptive Methods on the National Essential Medicines List**

<b>Country</b>	<b>COC</b>	<b>POP</b>	<b>Injection</b>	<b>Implant</b>	<b>IUD</b>	<b>Male Condom</b>	<b>Female Condom</b>	<b>ECP</b>	<b>Methods by Country (%)</b>
<i>Dominican Republic</i>	√	√	√	X	√	√	X	X	63
<i>El Salvador</i>	√	X	√	X	√	√	X	√	63
<i>Ethiopia</i>	√	√	√	√	√	√	X	√	88
<i>Ghana</i>	√	√	√	√	√	√	√	√	100
<i>Honduras</i>	√	√	√	X	√	√	X	X	63
<i>Liberia</i>	√	√	√	X	√	√	√	X	75
<i>Malawi</i>	√	√	√	√	√	√	√	X	88
<i>Mozambique</i>	√	√	√	X	√	X	X	√	63
<i>Nepal</i>	√	X	√	√	√	√	X	√	75
<i>Nicaragua</i>	√	X	√	x	√	√	X	X	50
<i>Nigeria</i>	√	√	√	√	√	√	√	X	88
<i>Pakistan</i>	√	√	√	√	√	√	X	√	88
<i>Paraguay</i>	√	X	√	X	√	√	X	√	63
<i>Rwanda</i>	√	√	√	√	√	√	√	√	100
<i>Tanzania</i>	√	√	√	√	√	√	√	X	88
<i>Zambia</i>	√	√	√	√	√	√	√	√	100
<i>Zimbabwe</i>	√	√	√	√	√	√	√	√	100
<b>% of countries by method</b>	100%	76%	100%	59%	100%	94%	47%	59%	

• Combined oral contraceptive (COC); emergency contraceptive pill (ECP); intrauterine device (IUD); progestin-only pill (POP).

• √ = yes

• X = no

## **Drug Registration**

With the exception of Ethiopia and Mozambique, all countries report that all the contraceptive brands managed in-country (i.e., through public sector, social marketing, etc.) are registered in their country.

In Ethiopia, the project reported that Sino Implant, managed by DKT, is currently in the registration process; it is on the second inspection. In Mozambique, contraceptive brands managed in-country are not registered because the registration requirement for public sector commodities only recently came into effect in the country.

## **Presence Countries Where the Project Assisted Local Organizations in Developing Proposals for Supply Chain Improvement or Commodity Procurement**

The project continues to help in-country counterparts leverage GFATM resources for contraceptives. In Rwanda, the project provides support to the MOH to help ensure that the funds included in the GFATM proposal for contraceptives are actually used for these commodities. In the most recent fiscal year, GFATM financed U.S.\$855,278 in contraceptives.

While Rwanda is the only country to date that has been successful in using GFATM resources for contraceptives, other project country offices, such as those in Nigeria, Zambia, Tanzania, and Ethiopia, help in-country stakeholders with their GFATM proposals, providing concrete data to help justify funding and raising awareness about the ability to use GFATM funds for contraceptive procurement. In Tanzania, the project participated in the Family Planning Working Group meeting and two subsequent working sessions to include contraceptive procurement for HIV-positive women in the GFATM Round 10 proposal. In Zambia, while GFATM Round 8 funds were identified for contraceptive procurement, a GFATM audit of the MOH has resulted in the U.N. Development Programme replacing the ministry as a principal recipient on behalf of the MOH, causing delays in the release of funds for contraceptive procurement.

The project has also supported stakeholders with other proposals. In Malawi, the Department of Health Technical Services and Support Pharmaceuticals of the MOH asked the project to lead the development of a U.N. proposal to strengthen pharmaceutical SCM.

In support of Edo State in Nigeria, the project has worked to facilitate the development of a proposal to access African Development Bank funds to be used for SCM strengthening.

In Tanzania, the project is supporting the Ministry of Health and Social Welfare in designing and developing a cellphone-based reporting system intended to strengthen the Integrated Logistics System. This reporting system has been designed to capture SDP data to enhance data visibility at the central and supervisory levels to facilitate more informed decisionmaking, to improve system functionality, and to monitor SDP stock levels for contraceptives.

In Pakistan, the project is supporting the development of a warehouse management system similar to that used in Bangladesh. The project has facilitated the proposal review process to help identify a local partner/vendor for installing a pallet racking system and carrying out other warehouse improvement activities.

## **Quarterly and Procurement Planning and Monitoring Report Reporting Rates**

The quarterly reports received from field offices assist the project with management, information sharing, and tracking progress against project performance indicators. All TO1-funded field offices reported quarterly this year, as expected. This amounted to 16 countries in the first quarter and 14 countries thereafter (after the Bangladesh and El Salvador field offices closed). Pakistan, a relatively new project country, submitted quarterly reports for the first time this fiscal year. The 14 field offices that currently submit quarterly reports are the Dominican Republic, Ethiopia, Ghana, Malawi, Mozambique, Nepal, Nicaragua, Nigeria, Pakistan, Paraguay, Rwanda, Tanzania, Zambia, and Zimbabwe. The Madagascar field office did not submit quarterly reports this fiscal year because many activities were suspended last year following political unrest in the country. Liberia does not submit quarterly reports because TO1 funding and activities are limited there.

The PPMR was launched in September 2007. A total of 21 countries now report monthly or quarterly, and two additional countries are reporting on an ad hoc basis (with the goal of regular

reporting once consistent access to data is established). Of these, 14 are project presence countries. Table 10 shows the reporting rates for FY2010.

Project presence countries with TO1 funding not currently included in the PPMR are Honduras and Pakistan, both of which are expected to begin reporting in the future. This year, the project began receiving monthly reports from project countries Liberia and Zimbabwe, quarterly reports from Nepal, and additional reports from Nigeria (the office in Nigeria is still determining the frequency at which data can be obtained). Reporting responsibilities were successfully transferred to Management Sciences for Health (MSH) projects in Bangladesh and Uganda, and to Abt Associates in El Salvador in FY2010. In addition, three new MSH countries began submitting data (Haiti, Mali, and Senegal). Because of staff turnover, Marie Stopes International in Sierra Leone, which had provided ad hoc reports in the past, has not reported since January 2010. .

**Table 10. Countries Reporting in the Procurement Planning and Monitoring Report, FY2010**

Country Name	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10
Bangladesh*	√	√	√	√	√	√	√	√	√	√	√	√
Dominican Rep.	√	√	√	√	√	√	√	√	√	√	√	√
El Salvador*	√	√	√	√	√	√	√	√	√	DNR	√	√
Ethiopia—quarterly	√			√			√			√		
Ghana	√	√	√	√	√	√	√	√	√	√	√	√
Haiti—quarterly	NI	√		DNR								
Kenya*	√	√	DNR	√	√	√	√	√	√	√	√	√
Liberia	NI	√	√	DNR	√	√	√	√	√	√	√	√
Malawi	√	√	√	√	√	√	√	√	√	√	√	DNR
Mali*—quarterly	NI	NI	NI	√			√			√		
Mozambique	√	√	DNR	√	√	√	√	√	√	√	√	√
Nepal—quarterly	NI	√			DNR							
Nicaragua	√	√	√	√	√	√	√	√	√	DNR	√	√
Nigeria**	NI	√		DNR								
Paraguay	√	√	√	√	√	√	DNR	√	√	√	√	√
Rwanda—quarterly	√			√			√			√		
Senegal*	NI	NI	NI	√			√			√		
Sierra Leone*	√			√	X	X	X	X	X	X	X	X
Tanzania—quarterly	√			√			√			DNR	√	
Uganda*				DNR	√		√			√		
Zambia—quarterly			√			√			√			√
Zimbabwe—quarterly	NI	NI	NI	√			√			√		
Total reporting in month	13	10	9	16	11	11	16	12	12	14	11	10
Total missing in month	0	0	2	2	0	0	1	0	0	4	0	2
<b>Total # countries incorporated</b>	<b>15</b>	<b>16</b>	<b>16</b>	<b>19</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>

- DNR = Did not report: the country was unable to send a report for this month.
- NI = Not incorporated: the country had not yet joined the PPMR.
- Quarterly: All countries are requested to report at least once per quarter, but some countries report *only* quarterly due to data collection schedules; shaded cells indicate months where countries were not expected to report.
- X = It is not clear if reporting from this country will continue. It is not a project presence country. Reports were formerly provided on an ad hoc basis by Marie Stopes International in Sierra Leone.

\* Note that, because the USAID | DELIVER PROJECT has no staff in these countries, data are provided by MSH project offices, except in El Salvador where Abt Associates provides them.

\*\* The frequency with which Nigeria can report is still being determined.



# Improve Advocacy and Collaboration with Global and Regional Partners for Contraceptive Security

A central component of the project’s work is coordinating with global partners to improve CS, including by disseminating information and best practices, and leveraging the project’s work to strengthen CS in countries where we either do not have a presence or where funding is limited.

## Indicators

Table 11 summarizes the key indicators from the performance monitoring plan on which we report. The data for these indicators are taken primarily from centrally managed, core-funded activities. While the information on PPMR reporting has previously been referred to, we also provide examples of improving advocacy and collaboration.

**Table 11. Key Advocacy and Collaboration Indicators from the Performance Monitoring Plan**

<b>Objective 2: Improve Advocacy and Collaboration with Global and Regional Partners for Commodity Security</b>	
<b>Outcome</b>	<b>Indicator</b>
2.1. Increase awareness of and generate/disseminate knowledge about commodity security among international and regional partners.	On-time submission of CS-related publications to the Development Experience Clearinghouse (DEC)
	Number of downloads and order fulfillment for project materials
	Number of regional/global events convened or attended by project staff
	Number of countries that submit reports to the PPMR on a quarterly basis

## Publications Submitted to DEC.Org

Over the last year, the project submitted more than 60 publications to the USAID Development Experience Clearinghouse (DEC) website at <http://dec.usaid.gov/index.cfm>. The project submits project publications to DEC monthly.

## Information Sharing and Dissemination of Best Practices

As the project's commodity security and SCM work continues to evolve and become more complex (e.g., more products, more funders, increased technical breadth), an effective communications function becomes even more important to ensure that objectives are achieved. For example, as greater emphasis is placed on devolving technical implementation directly to field offices and local partners and agencies, it is critical that these partners have access to the most current methodological advances, best practices, and lessons learned from other contexts. One of the most effective ways to make these available to all of the project's partners is through the project's website. As the project engages other donors and funders to mobilize resources for global RHCS, innovative approaches and technologies must be developed (many have been developed for individual country needs but may have wider applicability), well documented to facilitate replication, and successfully disseminated through an effective communications vehicle.

The project website is a primary vehicle for sharing and disseminating information. Over the past year, there were 321,641 visits to the project website and 344,295 downloads from the site, including software. The most visited pages were the home page/news section, the Resources section, and the My Commodities page. This demonstrates increased activity in the resources page and publications downloads from the last fiscal year. In 2010, the Distance Learning Online Logistics Training site received 2,882 visits from 1,815 unique visitors. Of these, over 20 percent were international visits.

The project has fulfilled orders for more than 13,368 print publications, tools, and software requested by individuals and organizations in more than 62 countries. The top five publications disseminated by mail were the *Guidelines for the Storage of Essential Medicines and Other Health Commodities*, the *Contraceptive Security Index 2006*, *Resources for Managing the HIV and AIDS and Laboratory Supply Chains* CD, the *Logistics Handbook*, and the *Lessons in Logistics Management for Health Commodities* CD. The three most requested printed publications were the *Lessons in Logistics Management for Health Commodities* CD, the *PipeLine* CD 5.0, and *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. The project completed or updated more than 60 publications during this reporting period.

Since June 1, 2009, when the *Lessons in Logistics for Health Commodities* CD launched (and until September 2009), this publication had 55 orders and disseminated 169 CDs, becoming the most requested publication. The following year (October 1, 2009, through September 30, 2010), 762 CDs were disseminated in response to 143 individual orders.

To share current and cutting-edge logistics information and practices from the commercial sector and academia, the USAID | DELIVER PROJECT publishes an SCM e-newsletter every quarter. The newsletter contains articles about the project's desktop research and other up-to-date information about issues commonly faced by international public health supply chains, as well as highlights from innovations tried in countries of operation. Topics include supply chain best practices, public and private sector supply chain technology, and descriptions and evaluations of pilot programs. The newsletter reaches an audience of professionals who are working to improve health supply chains throughout the world, including the International Association of Public Health Logisticians (IAPHL). The newsletter is also posted on the project's website.

## **Number of Regional/Global Events Attended by Project Staff**

During the past year, the project participated with more than 10 global, regional, and local partners and organizations at meetings, events, and workshops in Washington, DC, and throughout the world. Several are listed in table 12.

Of particular note, the project hosted a *Critical Issues Series: Strengthening Human Resources for Supply Chain Management of Health Commodities* on October 6, 2010. This event brought together 19 speakers from 10 different organizations. As a follow-on from previous partnerships and activities, presenters are from the Council of Supply Chain Management Professionals, MSH, the Massachusetts Institute of Technology (MIT)-Zaragoza Logistics Center, the Georgia Institute of Technology, the American Logistics Aid Network, and PRISMA. Panels addressed optimizing policies and plans, strengthening work force development, and increasing work force effectiveness.

## **Number of Countries That Submit Quarterly Reports to the Procurement Planning and Monitoring Report**

The PPMR has expanded to provide visibility into country-level stock issues for 22 countries. The report continues to provide timely evidence to inform global donor coordination through the Coordinated Assistance for Reproductive Health Supplies group dedicated to addressing country-level contraceptive stockouts and other stock crises. As a result of this critical data, the group took action that helped resolve 45 distinct stock issues between January and August 2010 (see the section on strengthening country-level CS).

## **Examples of Improving Advocacy and Collaboration**

Based on the project's strong understanding of the country context, the timely data it collects, and its ability to use the supply chain as a window into other issues that affect commodity security, numerous partners recognize and consider the project as a primary source for information and evidence to drive advocacy and influence CS efforts.

Consequently, partners routinely reach out to the project to help fill gaps in data/evidence and country context that are needed to develop strong interventions and strategies for advocating for and improving CS (see table 12 for a list of collaborations). In particular, the project worked on several key activities during the past year that serve as critical evidence for advocacy and priority setting, including—

- *Mapping CS data to provide advocates and decisionmakers with user-friendly information:* By offering a visual display of data items, such as government financing for contraceptives and contraceptive methods offered, the maps aim to further encourage informed advocacy and decisionmaking, and present data in a way that stakeholders can easily identify their advocacy messages and programmatic needs.
- *Identifying key CS trends through analysis of CS indices:* A longitudinal analysis of results from three rounds of the *Contraceptive Security Index* (2003, 2006, 2009) shows global-level improvements in all five components of the index: health environment, logistics management, financing, contraceptive access, and contraceptive use. Most regions have also achieved improvements in their scores from 2003 to 2009. Of special significance is that the lowest scoring countries from 2003 made the most progress in total scores by 2009, with the biggest increases observed among sub-Saharan African countries.

- *Informing programmatic decisions in Zimbabwe through supply chain costing:* While the Zimbabwe Delivery Team Topping Up (DTTU) system has achieved some of the lowest contraceptive and condom stockout rates in sub-Saharan Africa, questions have persisted about its sustainability. Application of a newly developed supply chain costing tool determined that the DTTU is a cost-effective system. The MOH used these results as evidence in favor of expanding the DTTU approach to malaria, tuberculosis, and primary health care drug kits.

## Collaboration with Other Partners

The USAID | DELIVER PROJECT recognizes the importance of working with partners to further CS. As such, the project continues to develop strong partnerships at the global, regional, and national levels to build the skills and systems needed for effectively empowering CS leaders, and to help shape and improve approaches to CS and improved commodity availability. In addition, the project’s approach to CS, technical expertise, and materials continue to be relied upon and incorporated into numerous partners’ trainings, advocacy efforts, and strategies. Table 12 provides an illustrative list of partners and activities engaged and supported by the project.

**Table 12. List of Partners and Collaboration<sup>1</sup>**

Organization	Activity
Reproductive Health Supplies Coalition	<ul style="list-style-type: none"> <li>• Provided routine support and was a resource for the Reproductive Health Supplies Coalition Secretariat; participated in working groups, providing the country perspective.</li> <li>• Participated in Coordinated Assistance for Reproductive Health Supplies discussions providing PPMR data, country context, and follow-up actions.</li> <li>• Commissioned and supported consultant to document the evolution of CS and the Reproductive Health Supplies Coalition.</li> <li>• Participated in an Istanbul +10 Task Force to help inform and support the secretariat in framing this initiative.</li> <li>• Supported the development of and provided key data to inform country pages.</li> <li>• Co-branded brief on <i>Reducing Contraceptive Stockouts through Data and Partnerships</i>.</li> </ul>
RHInterchange	Supported RHInterchange efforts to promote use and expand data, including in-country work in several countries.
World Health Organization	<ul style="list-style-type: none"> <li>• Participated in revision of <i>The Male Latex Condom Specification and Guidelines for Condom Procurement</i> developed by the World Health Organization/UNFPA/Family Health International.</li> <li>• Supported development of and provided resources to the <i>Reproductive Health Essential Medicines Knowledge Exchange</i> (<a href="http://www.who.int/rhem">www.who.int/rhem</a>). This resource portal is designed to highlight key information about reproductive health essential medicines produced by our partners to meet identified information needs.</li> <li>• Participated in annual AIDS Medicines and Diagnostics Toolbox meeting and contributed approximately 15 new tools and documents to the site (Amsterdam, November 2010).</li> <li>• Presented on quantification at regional Procurement and Supply Management workshop (Burkina Faso, February 2010).</li> </ul> <p>Presented on “Automation in the Supply Chain” at AIDS Medicines and</p>

<b>Organization</b>	<b>Activity</b>
	Diagnostics Partner meeting (Kuala Lumpur, March 2010).
UNFPA	<ul style="list-style-type: none"> <li>• Provided technical support to UNFPA in conducting market segmentation analysis.</li> <li>• Supported revision and strengthening of training curriculum on RHCS and SCM.</li> </ul>
Georgia Tech	Participated in a panel at the Georgia Tech Health and Humanitarian Logistics workshop. This led to their participation in the project annual meeting and the secondment of a doctoral student to work on inventory modeling.
LLamasoft, Inc.	<ul style="list-style-type: none"> <li>• Contracted with LLamasoft to undertake the 2020 modeling work and facilitated them being used by the World Health Organization for similar activities.</li> <li>• Modeled 14 potential transportation scenarios for the direct delivery of essential medicines to district-level facilities to estimate cost.</li> </ul>
Transaid	Contracted Transaid to undertake work on a transport management manual.
MIT	Panel participant in the Second Public Health Logistics Conference in Zaragoza; also included them in the procurement excellence Technical Advisory Group.
EngenderHealth	<ul style="list-style-type: none"> <li>• Co-drafted a technical brief on <i>Quantification: A Supply Chain Management Best Practice</i> to support introduction and expansion of long-acting and permanent methods of contraception.</li> <li>• Reviewed Reality Check software for forecasting long-acting and permanent methods.</li> </ul>
Futures	Partnered with the USAID   Health Policy Initiative to develop resources to help countries identify operational policies affecting financing and procurement of contraceptives.
Abt Associates	Conducted review of pharmaceutical management component of a health systems assessment tool used in Zimbabwe.
MSH	Facilitated MSH providing data for several countries for PPMR and PPMR: Malaria.
PATH	Served as resource for Depo-SubQ in Uniject product introduction plan.
SCMS	<ul style="list-style-type: none"> <li>• Provided ongoing linkages and information sharing to strengthen SCM initiatives in-country.</li> <li>• Coordinated around formation of a joint Sustainability Technical Advisory Group.</li> </ul>
Pathfinder	<ul style="list-style-type: none"> <li>• Collaborated in developing brief on the role of service providers in contraceptive security.</li> <li>• Provided overview on CS at Regional Pathfinder meetings in South Africa and Vietnam.</li> </ul>
Population Action International	<ul style="list-style-type: none"> <li>• Served as resource for and participated in meetings on increasing access to maternal health supplies, organized by Population Action International.</li> <li>• Participated in Sexual and Reproductive Health Advocacy and Research: Best Practices &amp; Partnerships Meeting.</li> </ul>
Clinton Foundation	Collaborated in the review and development of a tool to quantify laboratory supply needs, in association with SCMS.
Council of Supply Chain Management	Participated in the Annual Council of Supply Chain Management Professionals conference.

<b>Organization</b>	<b>Activity</b>
Professionals	
IAPHL	Membership in the IAPHL, a USAID-supported community of practice that promotes networking, knowledge sharing, and professionalization among its members, grew by 40% between July 2009 and June 2010. New countries represented in IAPHL include Australia, Cameroon, Canada, Guatemala, Liberia, Madagascar, Malaysia, and Yemen. As of July 2010, 535 members from 75 countries have joined IAPHL. Member-initiated discussions and postings on the IAPHL website and listserv have increased significantly (a sign of growing member ownership of IAPHL), and many are from supply chain practitioners in developing countries (versus donor or technical agency staff). A new “Gallery of Experts” provides members with information about experts in specific logistics subject areas and announcements of professional development opportunities.
GFATM	Provided technical input to new country profile format for GFATM.
Regional Training Institutes	<ul style="list-style-type: none"> <li>• Collaborated with ESAMI and PRISMA to build capacity and transfer skills to provide SCM short courses.</li> <li>• After three years of USAID support, minimal funding supported PRISMA to provide six training modules for SCM and commodity security to participants from across the Latin American and Caribbean region.</li> <li>• After two years of USAID support, ESAMI is now providing high-quality training four times per year in two supply chain technical areas and has received high marks from course participants.</li> <li>• Drawing on experience with ESAMI and PRISMA, support Francophone training in Africa, in collaboration with Bioforce.</li> </ul>
IPPF	Trained staff from nine Anglophone IPPF member affiliates in quantifying contraceptive requirements and linking quantifications to advocacy.
PhD candidate	Subcontracted to provide a major update to the project’s warehousing guide (forthcoming).
Population Reference Board	Provided technical input to <i>Contraceptive Security: A Toolkit for Policy Audiences</i> .
MEASURE/Evaluation	Contributed suggested CS-related indicators to <i>Compendium of Indicators for Evaluating Reproductive Health Programs</i> .
American Public Health Association	Participated in the American Public Health Association annual meeting.
Global Health Council	Participated in the Global Health Council annual conference.
American Society of Tropical Medicine and Hygiene	Participated in the American Society of Tropical Medicine and Hygiene annual meeting.

<sup>1</sup>Note that this table refers to global collaboration. At the country level, project offices collaborate with a variety of partners on many activities.

# Improve USAID’s Provision of Commodities for Programs

Commodity availability is at the heart of the USAID | DELIVER PROJECT. Through the Central Contraceptive Procurement (CCP), an estimated U.S.\$74 million worth of commodities were shipped to 42 countries during the past year. See appendix C for a detailed map showing the TO1 commodity distribution.

## Indicators

Table 13 summarizes the key indicators from the performance monitoring plan. The data for these indicators are drawn from Orion and project records. Each indicator is reported separately.

**Table 13. Key Indicators from the Performance Monitoring Plan**

<b>Objective 3: Improve USAID’s Provision of Commodities to Programs</b>	
<b>Outcome</b>	<b>Indicator/Result</b>
<b>Subcomponent 1: Support to USAID’s central procurement systems</b>	
3.1.2. Support USAID central commodity procurement system.	Indicator: Percentage of orders received within 30 days of desired date  Result: 73%
<b>Subcomponent 2: Direct procurement service</b>	
3.2.1. Establish an effective, competitive, transparent capability to procure required commodities compliant with U.S. Government regulations.	Indicator: Contract process from request for proposal announcement to contract signing is fewer than 250 calendar days for new procurement  Result: Of the three contract actions completed during the reporting period, none exceeded the 250-day benchmark.

## Support to USAID’s Central Contraceptive Procurement System

The project’s supply operations team continued to provide support to CCP through the ongoing processing of orders. Throughout this time, the team issued shipping instructions and release orders, and worked with manufacturers and the shipper on transactional reports, bar code label formats, and procedures. The project continues to manage funds, accounts, and invoices for both USAID and project contracts.

## Percentage of Orders Received Within 30 Days of Desired Date

Timely response to contraceptive assistance requests is an important measure of success for the CCP system. The project monitors responsiveness to clients by measuring on-time shipment rates, using the receipt date. During the past year, the on-time shipment rate increased to 73 percent, the highest level measured so far since FY2005 (see table 14). Of the 334 orders measured during this reporting period, 243 were received within the acceptable one-month range.

Although the on-time shipment rate increased significantly from the previous year, it was still below the 80 percent target set for FY2010. The most important reason for this was a product recall that interrupted production. Other factors included shipper issues, mostly when the shipper did not deliver within their agreed-to lead time; the abrupt transition to a new freight forwarding and warehousing partner; contract or production issues; inventory availability; and product registration issues.

**Table 14. Summary of On-Time Shipments over Time<sup>1</sup>**

<b>Fiscal Year</b>	<b>On-Time Shipments (%)</b>
2005	60
2006	57
2007	73
2008	68
2009	62
2010	73

<sup>1</sup> Until FY2008, on-time shipments were calculated by comparing desired ship date to actual ship date. In FY2008, shipments through the end of March were calculated that way; subsequent on-time rates have been calculated by comparing desired receipt date to actual receipt date.

Some of the lessons learned this year are being incorporated at a strategic level. Moving forward, we will look at production redundancy, requesting business continuity plans, reviewing inventory levels, and other tactics to mitigate the impact of interruption to supply. We will use the results of the inventory modeling and recommendations from a report that we commissioned from a Georgia Tech doctoral candidate, in conjunction with USAID’s inventory policy, to inform our inventory planning. We are also planning procurement excellence activities to address the issues of product access and registration.

We are addressing the late shipments related to freight forwarding at a more operational level. With the freight forwarding and warehousing elements of the supply chain now within the project, we will closely track all shipments in transit and will monitor and update shipping lead times regularly to further minimize the effect on on-time deliveries.

### **Direct Procurement Services**

During this reporting period, we had no requests to issue requests for proposal for central procurement IQCs. We issued product orders valued at nearly U.S.\$68.4 million against existing contracts, and completed field support-funded contracts for Nicaragua, Mozambique, Pakistan, Paraguay, and Zambia for over U.S.\$2.3 million (see tables 15 and 16). All of these procurement actions were completed well within the 250-day benchmark:

- sole sourced Depo-Provera from Pfizer: 150 days
- sole sourced IUDs from Injeflex: 30 days
- limited competition lubricant from Suretex: 90 days
- sole sourced Implanon from Merck: procurement began May 25, 2010, pending Office of Acquisition and Assistance approval; will be completed in FY2011.

**Table 15. Central Procurement Contracts Issued during FY2010**

<b>Contracts—Value of Product Orders Issued during FY2010</b>	<b>Award Value (\$)</b>
Bayer Schering Pharma (orals)	19,346,839.20
Bayer Schering Pharma (implants)	7,518,000.00
Cycle Technologies (CycleBeads)	232,580.00
Female Health Company (female condoms)	4,794,350.00
Injeflex (IUDs)	405,279.00
Karex Industries (male condoms)	9,788,505.78
Pfizer (injectables)	9,500,000.00
Qingdao Double Butterfly Group Co. (male condoms)	7,514,192.80
Suretex (lubricant)	149,028.00
Unidus Corporation (male condoms)	6,323,396.40
United Parcel Service	2,800,000.00
<b>Total</b>	<b>\$68,372,171.18</b>

**Table 16. Procurement Contracts Issued during FY2010 Using Field Support Funds**

<b>Country</b>	<b>Commodity</b>	<b>Order Date</b>	<b>Value U.S. Dollars (\$)</b>
Nicaragua	Personal computers	Feb. 2010	61,900.00
Nicaragua	Personal computer installation	June 2010	14,080.00
Nicaragua	Medical equipment	Jan. 2010	228,600.00
Paraguay	Plastic pallets	May 2010	47,748.15
Paraguay	Pallet racks	May 2010	61,772.00
Pakistan	Servers	Feb. 2010	32,688.44
Pakistan	Software	Mar. 2010	11,079.00
Pakistan	Hospital equipment	Sep. 2010	60,727.78
Pakistan	Generator	Mar. 2010	19,508.39
Paraguay	Warehouse connections	June 2010	28,315.90
Paraguay	Air conditioning units	Nov. 2009	6,550.23
Paraguay	Information technology equipment	Jan. 2010	185,008.00
Paraguay	Printers	Aug. 2010	48,339.00
Paraguay	Printing	Dec. 2009	21,240.42
Zambia	Racks	Dec. 2009	135,200.50
Mozambique	Zinc sulfate	Aug. 2010	152,460.00
Mozambique	Sulphadoxine-pyrimethamine	Aug. 2010	499,671.20
Paraguay	11 trucks	Mar. 2010	478,027.00
Paraguay	3 trucks	Mar. 2010	206,181.82
Paraguay	Forklift	Jan. 2010	35,385.00
			<b>\$2,334,482.83</b>

## **Management Information System**

The project provides information via the management information system (MIS) to facilitate coordinated management of the commodity supply chain, including inventory management, order management, and shipping. During the past year, the MIS team focused mainly on day-to-day systems operations, status reports, and bug fixes and minor enhancements, as directed by the Change Control Board, to ensure accurate and timely information for decisionmaking. The Change Control Board process ensures that USAID and other stakeholders can assess the business impact of individual issues so the most critical problems are addressed first. Table 17 shows the performance measurements for the MIS.

Some highlights of improvements made to the MIS include the following:

- *View Shipments Report*: Upgraded the selection criteria for the View Shipments Report on the USAID | DELIVER PROJECT website, providing more focused and user-friendly subcategory and task order choices.
- *Multi-Bill-Booking/ Contract Utilization*: Successfully implemented phase two of the Multi-Bill-Booking/Contract Utilization project, providing the capability to apply multiple freight bills to a shipment while ensuring financial accuracy. The project resulted in improved funding information, which may prevent delays in procurement of commodities.
- *Electronic data interchange (EDI) analysis*: Completed business requirements and technical solution design to implement EDIs with the freight-forwarders; the implementation, planned for FY2011, will include the 211/214/940/944 EDIs with the United Parcel Service (UPS) and the 211/214 EDIs with Logenix.

**Table 17. Management Information System Performance Measurements**

<b>Support Area</b>	<b>Operational Area</b>	<b>Indicator</b>	<b>Status</b>
MIS	Availability of USAID   DELIVER PROJECT website	Percentage of time the USAID   DELIVER PROJECT website is available	99.86 % (99.50% standard)
	Total number of visits	Total number of visits to the USAID   DELIVER PROJECT website	369,966
	Number of logins	Total number of logins to the USAID   DELIVER website	7,137

# Progress on Implementing the Project's New Business Model

At the project's inception, key USAID staff conveyed to project management that they wanted the project to do business in a new way. We have reflected that requirement in our workplans and monitoring tools. As the new business model does not have specific indicators in the project performance monitoring plan; progress against each requirement is qualitatively described in the following.

## Innovation and Best Practice

The project has increasingly demonstrated the ability to innovate in supporting in-country supply chain system strengthening. That innovation includes both cutting edge applications of mobile technology and integrated automated LMIS and the new application in several countries of tried and tested paper-based LMIS. It also includes the adaptation and application of commercial best practice for SCM to the public health setting, both as innovations and as roll-out of previously developed innovations. Some of these innovations have been previously mentioned in this report and so are referenced rather than repeated.

Earlier in this report, we summarized the Zambia supply chain system pilot, the largest such experimental implementation of its kind. Also on page 15 we described the ongoing roll-out of Ethiopia's HCMIS that seeks to automate information flow from district and facility levels. On pages 28 and 40, we described the supply chain costing tool, developed with Abt Associates, to improve supply chain decisionmaking. In Zimbabwe, the tool helped donors and the Ministry of Health and Child Welfare to determine that expanding the DTTU model to other commodities was a viable option.

The Zimbabwe Informed Push system was first piloted and then rolled out, adapting the DTTU approach to other products including malaria and tuberculosis, as well as laboratory supplies. The project helped with the design and implementation of the Zimbabwe Informed Push pilot and then the subsequent roll-out by NatPharm. The approach was then harmonized with Primary Health Care kit distribution.

In Tanzania, the project began work on a cellphone-based short message service system for commodity monitoring that evolved into the Integrated Logistics System Gateway covering 10 family planning products. Extensive work went into requirements gathering, reviewing alternative technology options and building stakeholder consensus.

In Ghana, with Ghana Health Service staff, the project used the Lot Quality Assurance Sampling method and DataDyn software to undertake supply chain monitoring for family planning, ARVs, and essential medicines in the Central Region. The approach was also used in the Western Region and has since become part of the Ghana Health Service's routine monitoring.

In Nigeria, the project applied supply chain segmentation techniques, whereby commodities are classified according to key characteristics, to help with supply chain system design. In Edo and Kano States, local staff were trained on the concept of supply chain segmentation and shared analysis on system performance and how different vertical systems could be integrated and managed more effectively.

The project has started to examine scope for using global information systems for monitoring and analyzing supply chain performance. Initial work in Rwanda and Zambia has shown that global information systems representation of data holds promise to improve performance monitoring.

## **Partnering with Local Organizations and Strengthening Local Capacity**

The project continues to demonstrate its commitment to strengthening local and regional capacity. In addition to partnering with regional training institutes, the project strengthened local capacity by establishing preservice training programs in Rwanda, Ethiopia, and Zambia; by promoting and disseminating the online and CD-ROM versions of its distance learning course, *Lessons in Logistics Management for Health Commodities*, and by continuing to moderate and enhance the IAPHL.

### **Preservice Training**

The efficiency and effectiveness of supply chains depend on the quality of information available at the SDP. Frequently, service delivery personnel—nurses, doctors, or pharmacists—are responsible for logistics tasks, such as reporting logistics information to higher levels. Ensuring that such personnel are well trained to perform their logistics tasks is a challenge for many countries. Integrating basic SCM skills and knowledge into existing professional school curricula is one strategy to address the challenge of training new personnel in health commodity logistics.

The project conducted several preservice training activities in 2010. In Rwanda, the USAID | DELIVER PROJECT conducted a lecturers' orientation and developed a supply chain curriculum with the National University of Rwanda's pharmacy program. During the five-day orientation, which was conducted in Kigali in January 2010 with seven university faculty and partners from the MOH and SCMS, facilitators introduced the faculty to adult learning theory, and faculty practiced teaching the new curriculum and participated in reviewing and editing the curriculum. The class was integrated into the program and implemented the same year, during the semester starting in July. The university, with project support, is currently working to finalize its logistics lecturer guide and student guide.

In Ethiopia, out of four Colleges of Health Sciences where lecturers received the logistics orientation, two (Hossana and Harbamich) integrated the SCM curriculum into the existing curricula. In these colleges, the course is taught by the college instructors.

In Zambia, the USAID | DELIVER PROJECT and SCMS, in partnership with the MOH, conducted lecturers' orientations and developed a supply chain curriculum with four schools for diploma and degree programs for pharmacists and pharmacy technicians. To date, project staff has been teaching the final year pharmacy and pharmacist technician students, but starting in fall 2011, the curriculum will be fully integrated and taught by university lecturers.

In 2011, the project is currently initiating the process of preservice training with field support funds in Zimbabwe.

In other activities, the project completed the preservice training guide, *Initiating In-Country Pre-Service Training in Supply Chain Management for Health Commodities: Process Guide and Sample Curriculum Outline*, and published preservice training success stories for activities conducted in Ethiopia, Rwanda, and Zambia.

### **International Association of Public Health Logisticians**

IAPHL is an ideal capacity building program. Through its listserve and website, the association serves over 550 public health SCM stakeholders worldwide. More than two-thirds of these members live in the developing world and work for MOHs, local NGOs, and private organizations. IAPHL has helped strengthen local capacity by fostering resource sharing among its members, including links to the updated the Procurement and Supply Management Toolbox and training calendar; the MIT-Zaragoza Supply Chain Management Program website; and tools, such as a document on outsourcing to private sector logistics companies.

IAPHL also provides a forum for members to engage in technical discussions that expose them to different ways of handling current challenges in SCM. Some of the topics discussed this year were building a database of suppliers; integrating various information management systems, such as health, logistics, and project MISs; and evaluating immunization logistics in rural areas.

Many organizational strengthening activities are integrated with other organizational activities. For example, some people used the online or CD-ROM overview of a SCM course as a prerequisite for taking the quantification course; this flexibility helps meet the needs of more people in the field.

### **Distance Learning Program**

Distance learning is any learning situation in which a student and a teacher are not physically located in the same place. It is increasingly being used in academic and professional development settings to increase access to learning materials. The USAID | DELIVER PROJECT has developed a computer-based logistics training course as a solution ([www.jsi.com/Independent/Deliver/LogisticsCD/htdocs/](http://www.jsi.com/Independent/Deliver/LogisticsCD/htdocs/)). While only limited numbers of health care personnel can leave their jobs to attend training courses in logistics, most have access to computers. A project survey of 94 professional development courses for public health commodity managers revealed that:

- Seventy-nine courses require at least one trip to the site where the course is offered.
- Ninety-one courses have a fee; 70 of them charge more than U.S.\$1,000.
- Eighty-one courses require attendance of one week or more; 53 of them require two weeks to more than a year.

The same survey indicated that among potential participants:

- Sixty percent would not be able to leave their workplace for 15 days or more.
- Seventy percent agreed or strongly agreed that paying tuition or fees was difficult.
- Fifty-eight percent indicated an interest in Internet-based courses.

In-country courses are offered only infrequently, if at all; courses in other countries are typically expensive and require prolonged absences from the job site. With few options, commodity managers are left to depend on whatever skills and knowledge they already possess, and whatever means they may identify to expand their knowledge.

To capitalize on the learning opportunities computers provide, the USAID | DELIVER PROJECT has developed five interactive e-learning sessions in basic logistics management that can be accessed online or through a CD. Different than classroom-based training, CD-based or online learning is self-paced and “chunked” into short activities that keep the learner engaged using any combination of audio, text, graphics, interaction, and animation.

The sessions currently available include Introduction to Logistics, Logistics Management Information Systems, Assessing Stock Status, Maximum-Minimum Inventory Controls Systems, and Selecting Maximum-Minimum Inventory Controls Systems. In addition to interactive instruction, each lesson includes a knowledge check, and each session a review and a final assessment. By the end of 2010, the project began preparations to develop sessions on Storage, Assessing Logistics Systems, and Quantification and Supply Planning.

## **Using Local Hires in Project Implementation**

The project employs many national and regional country directors and key staff, demonstrating our commitment to using local and regional hires in project implementation. While there have been a number of senior staff changes, there has thus far been no change in the proportion of national, regional third-country nationals, and U.S. citizens employed in project offices.

Of note is the very sad loss of Emmanuel Taylor in Liberia. We have included a dedication to him in the inside cover of this report. His death left a vacuum that is being covered temporarily by the former country director from Malawi. Her position is currently vacant. There were also changes in Rwanda, Tanzania, Mozambique, and Nigeria, with staff returning from the field to the United States or from one field office to another.

The trend to increase the number of technical national staff in each office and to reduce short-term TA from the United States continues. This is particularly pronounced in that monitoring and evaluation activities are being implemented in-country with limited or virtual TA. Another example is that eight countries now have local staff developing CPTs with no outside assistance. In an additional six countries, limited TA is provided to local staff to complete CPTs.

## **Using Subcontractor Capacities**

The project continues to leverage subcontractor capacities, both through on-site staff and short-term assistance. Subcontractor expertise is often used for specific projects and assignments. Abt Associates continued to provide assistance in the development of the supply chain costing tool with application of the tool in Zimbabwe.

Subcontractor staff have made significant contributions in procurement activities. For example, a PATH staff member serves as the procurement manager, and a Crown Agents staff member was recently promoted to the role of deputy procurement manager. Both provide ongoing leadership and technical expertise to the procurement team across all three task orders. The Manoff Group, Inc., staff support the project’s knowledge sharing and dissemination effort. Two staff from 3i Infotech work on-site to provide ongoing support for the maintenance of Orion—MIS software used for procurement and shipment tracking of all commodities. Full time PATH, Crown Agents, and The Manoff Group, Inc., staff all contribute to TO1 work.

Field offices also rely on subcontractor expertise: the project office in Pakistan is receiving TA from PATH in the area of contraceptive procurement. Llamasoft undertook the Supply Chain 2020 work,

while PHD and Transaid provided technical input to work on warehousing and transportation and VillageReach provided input to last mile distribution analysis and data capture.

## **Leading from Family Planning**

### **Procurement Planning and Monitoring Report: Malaria Version Continues to Grow**

The PPMR is an invaluable tool for making decisions at both global and national levels. The report captures country-level stock positions for contraceptives, as well as up-to-date information on product shipments; it is the main information source for partners, including USAID, UNFPA, the World Bank, the Reproductive Health Supplies Coalition, MOHs, and CS committees, for planning activities that ensure adequate stock positions. The PPMR served as a template for creating a similar tool for malaria commodities—the PPMRm—to which 15 countries currently report data. The PPMRm is primarily a decisionmaking tool for the President’s Malaria Initiative, though inspired by the success of the PPMR, it is being shared widely with partners, including GFATM, the World Health Organization, and the World Bank to help in their decisionmaking and to promote coordination.

### **Supply Chain Costing Analysis and Tool Inform Future Supply Chain Design in Zimbabwe**

The project developed a costing tool to help in-country decisionmakers measure the cost of their supply chains. This data can help compare various supply chain designs or options, support better budget decisions, or advocate for resources. The tool was tested in Zambia (for HIV commodities) and Zimbabwe (the DTTU system for contraceptives and HIV commodities), where it showed that for certain scenarios the DTTU system is less costly than a traditional pull system, where facilities place orders and receive deliveries. The costing tool is now being applied in Nigeria, starting with the vertical family planning supply chain, and then applying it to the vertical malaria system to help decisionmaking for both systems.



# Conclusion

The international commercial SCM literature is coming to terms with volatility and complexity. The April 2010 eruptions of the Eyjafjallajökull volcano in Iceland had an immediate and long-lasting impact that affected trade and supply chains on a global scale. For example, European car manufacturers could not get access to key high-value parts from Japan because of airport closures. The project, working with its UPS partners, was able to minimize the disruption to our scheduled deliveries of family planning commodities to client countries. But the disruption suffered by commercial supply chains illustrates the kinds of complexity and volatility public health supply chains have to face on a daily basis. While we fortunately have not had to contend with tectonic and volcanic disruptions of the scale experienced in Iceland, there are similarities.

In many countries, we are working with partners who have limited control over their supply chains because of environmental or external factors. Supplies typically originate from international sources, requiring sea and air freight to arrive in-country. Data visibility between the multiple partners involved is either non-existent or at best limited. Unpredicted public health needs or sudden ruptures in-country can lead to unanticipated volatility in demand and supply. In addition, general health sector human resource constraints are compounded by a lack of professional supply chain cadre.

Despite this complexity and volatility, this report has shown that progress is being made in multiple countries in improving product availability. Much remains to be done. Procurement bottlenecks, distribution system failings, and supply chain integrity represent three key challenges. A more strategic approach is needed to address human resource issues. More also needs to be done to engage the private sector and leverage appropriate technology to scale. The project will need to continue to innovate and engage partners to address these challenges in the in the next few years.



## Appendix A

### Central-level Stockouts by Country and Products

	Dominican Republic	Ghana	Liberia	Mozambique	Nicaragua	Nigeria	Tanzania <sup>1</sup>	Zambia <sup>1</sup>	Total # Stockouts
Oct. 2009	0	3 (Depo, Jadelle, Micronor)	not yet incorporated	0	0	N/A	2 (Implanon, progestin-only pills)	N/A	5
Nov. 2009	0	2 (Depo, Micronor)	0	0	0	N/A	N/A	N/A	2
Dec. 2009	0	2 (Depo, Micronor)	0	N/A	0	N/A	N/A	0	2
Jan. 2010	0	2 (Depo, Micronor)	N/A	0	0	N/A	2 (Implanon, progestin-only pills)	N/A	4
Feb. 2010	0	2 (Depo, Micronor)	0	0	0	N/A	N/A	N/A	2
Mar. 2010	0	3 (IUD, Depo, Micronor)	1 (Depo)	0	0	N/A	N/A	0	4
Apr. 2010	0	3 (IUD, Depo, Micronor)	1 (Depo)	0	1 (Depo)	N/A	1 (progestin-only pills)	N/A	6
May 2010	0	1 (Micronor)	1 (Depo)	0	1 (Depo)	4 (female condom, male condom, Noristerat, progestin-only pill)	N/A	N/A	7
June 2010	0	0	1 (cycle beads)	1 (Microgynon)	1 (Depo)	N/A	N/A	1 (female condom)	4
July 2010	0	0	0	1 (Microgynon)	N/A	N/A	N/A	N/A	1
Aug. 2010	1 (Depo)	0	1 (male condom)	0	0	N/A	2 (Depo, male condoms)	N/A	4
Sep. 2010	1 (Depo)	1 (progestin-only pills—all brands)	0	0	0	N/A	N/A	1 (female condom)	3

Depo = Depo-Provera.

NA = country did not report for this month.

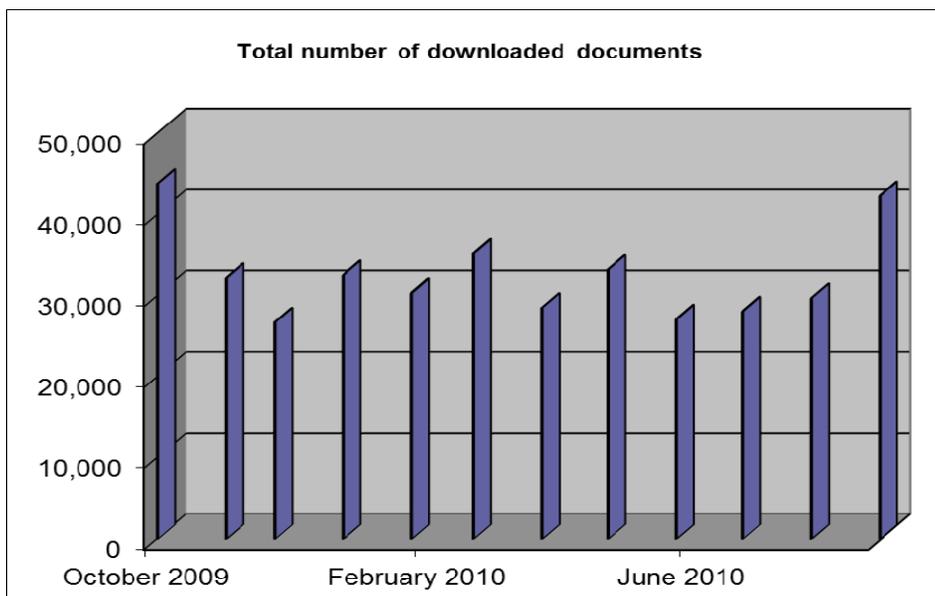
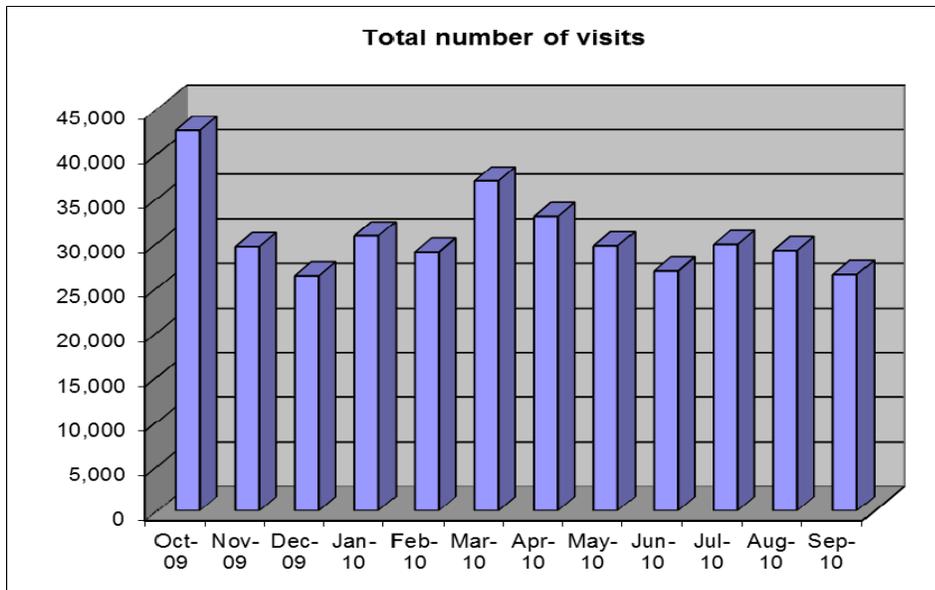
1. Tanzania and Zambia report quarterly



# Appendix B

## Performance Metrics

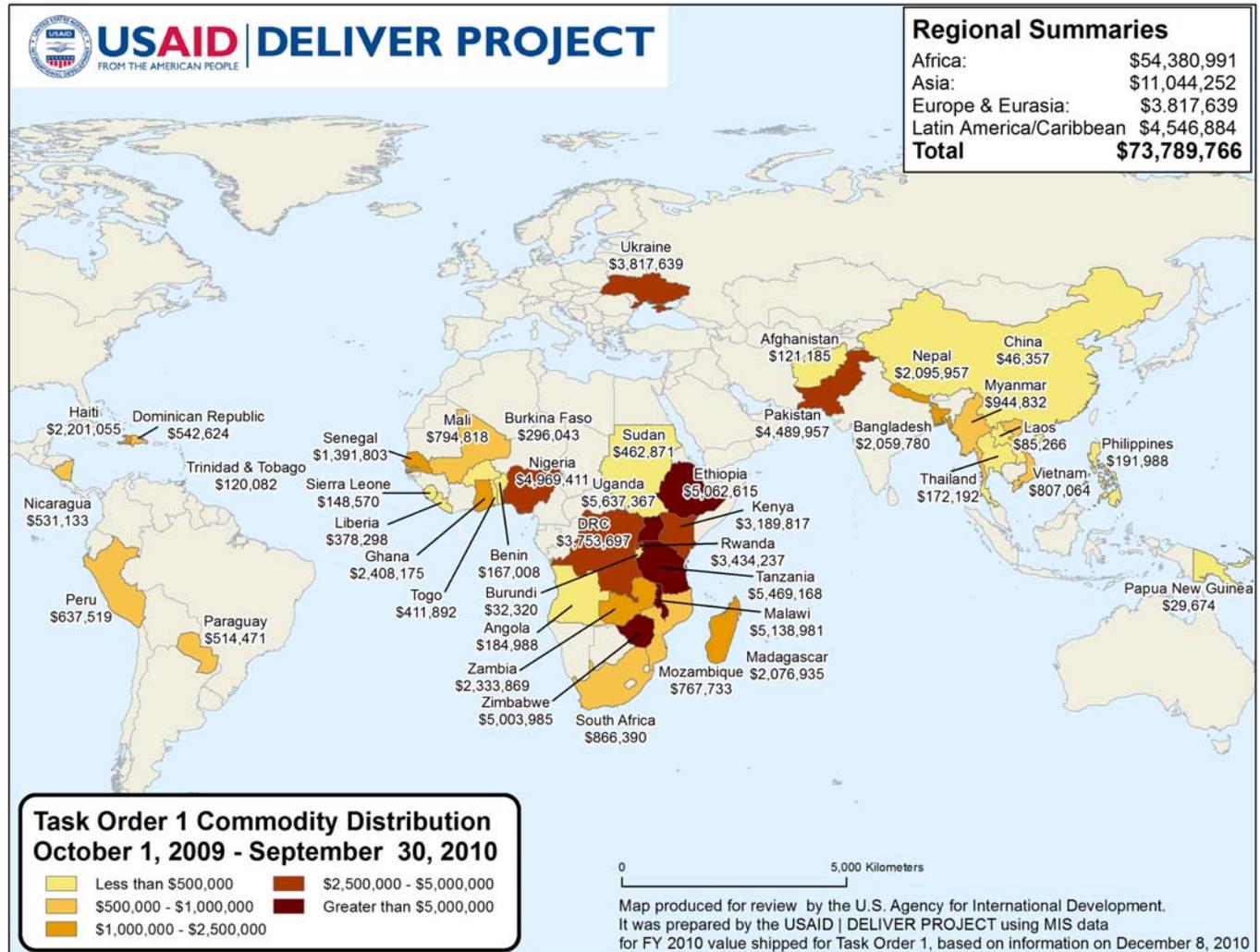
### October 1, 2009 to September 30, 2009





# Appendix C

## Task Order I Commodity Distribution





For more information, please visit [deliver.jsi.com](http://deliver.jsi.com).

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