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DEPARTMENT OF HEALTH & HUMAN SERVICES

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Centers for Disease Control

Memorandum

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Subject Foreign Trip Report (AID/RSSA): Contraceptive Distribution and Logistics--Division d'Hygiene Familiale, Haiti, May 18-June 6, 1981

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden, Director
Center for Health Promotion and Education (CHPE)

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SUMMARY

During a previous consultation to Haiti on contraceptive logistics (see CDC-AID/RSSA Foreign Trip Report of April 9, 1980), our principal recommendations included the use of the FIFO (First-In, First-Out) method of warehousing, that annual physical inventories be performed, and that cartons of supplies be warehoused in a manner which would avoid spoilage. During this visit, we found that these recommendations have been implemented at the national level but not in all areas at subnational levels. In addition to following up our previous recommendations, during this visit, we were asked to: (a) analyze the relationship between service statistics and contraceptive distribution data; (b) determine the availability of contraceptives in the field, and (c) obtain information on the special distribution systems run by community councils and the military.

Stock control warehousing procedures were reviewed and a physical inventory performed of the Division of Family Health (DHF) contraceptive supplies in the Port-au-Prince warehouses. Field visits were made to observe practices and procedures in hospitals, health centers, dispensaries, and outreach programs in a number of districts.

Our recommendations were that:

1) The procedure for maintaining warehouse stock cards be changed in order to facilitate summarizing quarterly and annual distribution figures. This data would be used to prepare regular reports to USAID and other donor agencies.

2) Stock card balances should be more frequently reconciled with actual physical inventories. Physical inventories should be done twice per year and the FIFO system of supply management more closely monitored.

3) Common report forms should be developed for the DHF and its parent organization, the Department of Public Health and Population, to record family planning clients and the quantity of contraceptives distributed to them, by method. This should be done in coordination with the Rural Health Delivery System project.

4) The supply system remains unchanged at the regional and district levels, since supplies of contraceptives are available at these levels. However, the supply system should be modified at the health center and dispensary level. The major modification is that the system of supply from the district level downward be changed from a requisition or "pull" system to an allocation or "push" system. This would transfer the decision-making for supply deliveries from the health center or dispensary to the district level office. We designed a form to be used at the dispensary level to implement this change.

5) Service statistics at the dispensary level combine in one form information on clients by method with the quantity of contraceptives distributed by method. We proposed a draft form for this purpose.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Port-au-Prince, Haiti: Neal Ewen, May 18-June 4, 1981; Jay Friedman, May 24-June 5, 1981, at the request of USAID/Haiti, AID/DS/POP/FPSD, and the Division d'Hygiene Familiale (Division of Family Hygiene) of the Department de la Sante Publique et de la Population (Department of Public Health and Population) to provide consultation on the logistics of contraceptive distribution and the family planning service statistics system. This travel was in accordance with the Resource Support Services Agreement between the Office of Population, AID, and CDC/CHPE/FPED.

The purpose of this consultation was to:

1) Followup recommendations made during a previous consultancy to the Division d'Hygiene Familiale (Division of Family Health--DHF) in January-February 1980 (see CDC AID/RSSA Trip Report dated April 9, 1980).

2) Determine the availability of contraceptive supplies at the field level and develop a more effective distribution system, if indicated.

3) Analyze the relationship between service statistics and contraceptive distribution data in order to improve the usefulness of this information.

4) Obtain more detailed information on the contraceptive distribution system managed by the Armed Forces of Haiti.

5) Evaluate the operations of the outreach contraceptive distribution program, which uses the services of volunteer collaborators named by community councils in several districts of Haiti.

Discussions were held in Port-au-Prince with officials of USAID and the DHF to review the objectives of the visit. A review was made of stock control and warehousing procedures and a physical inventory performed of DHF contraceptive supplies in the Port-au-Prince warehouses. Field visits were made to observe practices and procedures in hospitals, health centers, dispensaries, and outreach programs in a number of districts. Field trip notes, describing these visits in detail, are in the Haiti country file of FPED, CDC. Before leaving Haiti, we summarized our recommendations in a French language report, which was then discussed in detail with DHF and USAID staff. A more comprehensive preliminary English language report was left with USAID/Haiti.

II. PRINCIPAL CONTACTS

USAID

1. Jerry Russell, Chief, Public Health Office
2. Susan Gibson, Population Officer

Division of Family Health

1. Dr. Ary Bordes, Chief
2. Dr. Adelyne Verly, Deputy Chief
3. Bogard Marseille, Chief Administrator
4. Sylvio Albert, Administrative Assistant
5. Denis Rudolphe, Stock Controller
6. Antoine Dadaille, Stock Controller
7. Jacques-Francois Vincent, Warehouse Supervisor
8. Guy Celestin, Chief, Evaluation and Statistics Section

Department of Public Health and Population

1. Dr. Yves Alexandre, Miragoane District Hospital
2. Dr. Julio Deshormeaux, Petit Goave District Hospital
3. M. Gerard, Jacmel District Hospital
4. Carol Julien, Jacmel District Hospital
5. Dr. Gerard Lubin, Cape Haitian District Hospital
6. Reynold Martelly, St. Marc District Hospital
7. Auguste Charles, St. Marc District Hospital
8. Emmanuel Perard, Gonaives District Hospital
9. Franckel Pierre, Gonaives District Hospital

10. Maxi Ruzard, Estere Dispensary
11. Dr. John-Baptiste Renoir, Fond des Negres Dispensary
12. Jose Appolin, Cayes-Jacmel Dispensary
13. Rita Chere, Marigot Dispensary
14. Marie Denisse Fleurant, Petite Anse Dispensary
15. Dr. Jean-Claude Bastien, Grande Rivere du Nord Dispensary
16. Dr. Marc Angrand, Director, Northern Regional Office
17. Eddy Daniel, Northern Regional Office

Other

1. Edith Lataillard, UNDP
2. Herb Schloming, National Malaria Program (SNEM)
3. Jim Bates, Rural Health Delivery System Project
4. Debbie Leroy, WHO Nurse Consultant

III. OBSERVATIONS AND RECOMMENDATIONS ON CONTRACEPTIVE DISTRIBUTION

A. Followup of Previous Recommendations

During a previous consultation to Haiti in January-February 1980, we made the following recommendations:

1. The FIFO (First-In, First-Out) system of accounting and distribution should be put into practice at all levels. In this way, no contraceptive supplies will remain in storage any longer than their maximum shelf life in tropical climates of 5 years.

2. At least once a year, and preferably every 6 months, a physical inventory should be done at the central warehouses and the two functioning regional warehouses. Until the three remaining regional administrations become functional, physical inventories should also be done at similar intervals in the main district hospitals of these three regions. All stocks at district and lower level warehouses should be considered as distributed to the public and no longer as part of inventory.

3. In order to avoid spoilage due to restricted air circulation and impregnation with moisture in a high humidity climate, all cartons should be: a) stacked on pallets at least 10 cm (4") from the floor; b) stacked at least 35 cm (1 ft.) away from any wall; and c) kept in a storeroom whose roof and walls are not subject to water leakage. In addition, no stacks of cartons should be more than 2.5 meters (8 feet) high.

During the present consultation, we found that a considerable improvement in central warehouse storage procedure has been achieved by the use of pallets, reduction of condom stocks, and partial relocation to a new warehouse. All central warehouses, however, would benefit from more frequent sweeping and by removal of empty boxes, packing materials, and damaged goods. A warehouse inventory was conducted in February 1981.

Improvement also appears to have been achieved in the practice of the FIFO method of supply management. None of the supplies of Norinyl observed during field visits carried expiration dates more recent than the oldest supplies in central warehouses. However, FIFO should be closely monitored to assure that the practice applies to all supplies, not just condoms and oral contraceptives.

To facilitate FIFO, cartons received in a single shipment should have the date of arrival written on each carton (month and year). This will help to eliminate uncertainty when, for reasons of space availability, identical items received in different shipments must be stacked side-by-side.

On the other hand, storage conditions in the northern regional warehouse and in several district warehouses were generally poor. Pallets are not used in any of these warehouses, and cartons are sometimes stacked too high and in contact with exterior walls. They are also stacked irregularly so that conducting an exact inventory is difficult. The warehouse in the Gonaives District Hospital is an exception. The storeroom is clean and neatly arranged so that quantities of supplies on hand are easily obtained. The storeroom is used for all items supplied by DHF.

The storage conditions in Gonaives contrasted sharply with those in the Justinien Hospital in Cape Haitian. Condoms and pills are stored in the hospital attic, subject to extremes in temperature. Forty-three cartons of condoms and 38 cartons of Norinyl were stacked in one corner, covered with dust and bat droppings. The same conditions existed at the time of the January 1980 consultancy, at which time it was recommended that they be stored in the regional warehouse.

RECOMMENDATION: THAT DHF SUSPEND FURTHER SHIPMENTS OF CONDOMS AND NORINYL TO THE NORTHERN REGIONAL OFFICE UNTIL SUPPLIES LOCATED IN THE ATTIC OF JUSTINIEN HOSPITAL ARE REMOVED AND TRANSFERRED TO THE REGIONAL WAREHOUSE.

B. National Level Inventory

Table 1 provides information on the variation in inventory levels of condoms from May 1976 to May 1981. The figures were taken from stock cards maintained in the central office of the Division of Family Hygiene and represent running balances on the dates when new shipments were received.

Stock card balances on these dates were not necessarily reconciled with a physical inventory of warehouse stocks. Until August 1979, balances show a steady increase in warehouse inventory levels, reaching approximately 12,000,000 condoms in that month. At the time of the CDC consultancy to the DHF in January 1980, it was recommended, among other things, that inventory levels at the central level be reduced. Pending shipments of condoms were delayed, and by December 1980 inventory levels had declined to approximately 1-1/2 million condoms. The balance as of May 1981 showed 721,808 units.

Table 2 shows Norinyl oral contraceptive inventory levels from April 1976 to May 1981, based on stock card information of running balances on the dates of receipt of new shipments*. The highest warehouse inventory occurred in

*Eugynon, Neogynon, and other brands of oral contraceptives supplied by UNFPA and issued by the DHF are not considered in this analysis.

mid-August 1979 when stock cards reflected 1,400,000 cycles of Norinyl in DHF central warehouses. By May 1981, the amount on hand had declined to 712,064 cycles. The stock cards for Norinyl show a discrepancy in February 1981. The running balance as of February 20, 1981, was 1,231,070 cycles, but a warehouse inventory on the same day listed 754,863 cycles. Table 3 shows further discrepancies between stock card balances and actual inventories conducted on May 20-21. Of 721,808 condoms shown as the stock card balance, only 288,000 condoms were located, a stock card overcount of 150%.

The count of Norinyl showed 1,063,800 cycles while the stock card balance showed 712,064 cycles, a stock card undercount of 33 percent. Discrepancies also occur for several other contraceptives listed in Table 3. Accepting the warehouse inventory figures as actual balances, the 288,000 condoms in stock represent a supply of only 1 to 2 weeks based on the 1980 consumption shown in Table 4. However, this does not reflect receipt of a new shipment of 529 cases (3,174,000) of condoms, which were being transferred from customs clearance to the Chancerelles warehouse on the day the inventory was taken, nor does it reflect the considerable quantities available at district and regional levels. The 1,063,800 cycles of Norinyl, however, represent a supply of approximately 7 years based on 1980 consumption. Drawdown of these stocks is indicated, and future shipments should be delayed.

Table 5 provides a summary, the amount and physical location, of the contraceptive inventory conducted on May 20-21. (This information was used to complete Table 3.) Further discrepancies on issuance figures were detected on comparing totals obtained from stock card records on this visit with totals obtained during the January 1980 consultancy and with figures provided in a letter from DHF to USAID dated March 13, 1981 (Appendix A). Appendix A, Table 4, and Table 6 (from the 1980 Trip Report) can be compared to reveal these discrepancies. Table 6 shows issuances of 158,622 cycles of Norinyl while the amounts issued, obtained from a review of stock cards during this consultancy, indicated a total of 129,161 cycles (Table 4). The figures for condoms also show a slight inconsistency: 7,193,724 units issued in Table 6 and 7,169,064 obtained from the stock card review during this consultancy.

Stock card figures for 1980 (Table 4) indicate that 154,791 cycles of Norinyl were issued while the letter in Appendix A shows 173,941 cycles issued. Differences between condom totals are very slight and not worth discussing. But information on the special condoms for vending machines do show greater differences. Table 7, obtained from stock card information, shows 115,200 cycles issued while the letter in Appendix A shows 126,000 units.

RECOMMENDATION: CHANGES BE MADE IN THE PROCEDURE FOR MAINTAINING STOCK CARD BALANCES.

For condoms, Norinyl, and other supplies for which the number of separate monthly requisitions is high, stock card issuances should be totaled on the bottom line of the stock card, and this figure should be brought forward to the top line of the reverse side of the card or to the top line of the succeeding card. At the end of each month, the total number of units issued should be summarized on a separate line. An example appears in Appendix B.

At the end of any given period (quarterly, semi-annually, and annually), summarizing the total number of units issued would involve a maximum of 12 figures (each month's total) and would reduce the possibility of computational error, which may occur when dozens and dozens of individual issuances are tallied at one time.

In addition, an annual summary should be listed on the last stock card used for the year, and the balance on hand should be brought forward to an entirely new card for the following year. Old stock cards from previous years should be removed from the cardex file and stored separately but should be easily retrievable if needed.

The procedure of summarizing annual issuances and removing stock cards from previous years from the cardex file should be followed for all items listed on DHF stock cards. However, the procedure for summarizing issuance on each side of a card, as well as monthly summaries, should only apply to items for which a large number of monthly issuances are made. Condoms and Norinyl are two examples.

Finally, at the end of any given period (month, quarter, semester, year), a double check can be made by comparing the total amount issued according to cumulative summaries and the total amount issued according to the figure obtained by subtracting the balance on hand at the end of the period from the balance on hand at the beginning of the period, less any receivals. If the figures are different, a computational error exists somewhere.

RECOMMENDATION: A QUARTERLY OR SEMI-ANNUAL REPORT OF CONTRACEPTIVE DISTRIBUTION SHOULD BE PREPARED BY DHF'S SUPPLY SECTION AND SUBMITTED ROUTINELY TO USAID AND TO OTHER ORGANIZATIONS (SUCH A UNFPA) AND UNITS WITHIN DSPP FOR WHICH THE INFORMATION IS USEFUL. A model format is shown in Appendix C. The figures for this report can be easily obtained from stock cards. This kind of information is particularly useful to international donors of supplies to the DHF. Up-to-date, accurate information on stock levels and rates of consumption are essential for future planning procurement.

Service statistics should also be routinely forwarded to USAID and other interested parties. The information in the Rapport Semestriel (semi-annual report) and the Rapport Annuel is sufficient for present needs. Copies of these reports should be routinely forwarded to USAID.

RECOMMENDATION: STOCK CARD BALANCES SHOULD BE MORE FREQUENTLY RECONCILED WITH ACTUAL PHYSICAL INVENTORIES.

The discrepancies which exist between stock card balances and actual inventories should be resolved. This was admittedly difficult at the time of the January 1980 consultancy when existing warehouses were disarranged and, in one instance, so overfull it was impossible to enter. The drawdown of condom stocks and the construction of a new warehouse based on our previous recommendations, combined with rearranging or relocating on stocks and the use of pallets, now make it possible to conduct physical counts more easily and accurately. Tables 1 and 2 show that actual inventories from 1976 to May 1981 were limited to only one in October 1978 to two in February-March 1981.

In addition, an inventory was conducted in May 1981 during this consultancy by one of the consultants. Findings appear in Table 3. Until discrepancies are eliminated between stock card balances and warehouse contents, physical inventories should be conducted at least twice a year. One of them should be done in late December or early January so that the information can be used for the AID annual budget submission.

Table 8 lists the number of monthly issuances of condoms and Norinyl as listed on stock cards for the period January 1980 to May 1981. During this period, there was a monthly average of 27 issuances of condoms and 15 issuances of Norinyl. These high averages are, in part, the basis of the recommendation that issuances be summarized monthly.

Table 9 was prepared to estimate current condom usage. The annual rate of 10,200,787 condoms, based on the first 5 months of 1981, is about three percent higher than the 1980 figure of 9,937,015.

C. Supplies at Regional and District Levels and Reporting Forms

Contraceptive supplies reach the regional and district levels in sufficient quantities. This was noted to be true in districts such as Jacmel and Petit-Goave where, because of geographic proximity, supplies are obtained directly from Port-au-Prince, as well as in districts such as Miragoane where supplies are obtained from the regional office at Les Cayes. The regional warehouse in Cape Haitien also had adequate supplies in stock. However, service statistics and supply distribution data is neither gathered in a coordinated manner nor effectively used for management purposes. This problem is compounded by the fact that the DHF and the organization of which it is a part, the Department de la Sante Publique et de la Population (DSPP), have separate logistics systems down to the district level. The DHF maintains a separate commodity support system for family planning and MCH commodities supplied to regions and districts. This results in a potential conflict of management aims, particularly in lower level facilities with few staff members. More specifically, this contributes to the fragmented family planning service statistics and logistics data, the activities which particularly concerned the present consultants.

Appendix D illustrates the DSPP Form 19 "Rapport Journalier de Planification Familiale" (Family Planning Daily Report). This form gathers detailed information on individual client visits including type of visit, urban/rural clients, age at first visit, parity at first visit, whether last pregnancy was more or less than 3 months ago, and the client's method. This form summarizes on a daily basis information gathered on individual medical records. It is used for female clients only and does not record the quantity of contraceptives furnished to clients. The original is sent to the DHF in Port-au-Prince, and a copy is retained at the local level.

The information gathered on Form 19 is far too time-consuming for routine service statistics. The data gathered on urban/rural clients and the client's most recent pregnancy is the sort of information usually gathered for studies on the profile of new family planning clients. This data should be gathered once only on new clients' medical records. It should then be kept on file and

should not be routinely summarized. If and when a study is done on the profile of new users in Haiti, this information would be available to researchers to perform a records survey in hospitals, health centers, and dispensaries providing family planning services.

On the other hand, the information collected on Form 19 on first visits, and whether subsequent visits are the first subsequent visit or a later subsequent visit in a given year, is extremely useful. By totaling first visits and the first subsequent visit in a given year, an estimate can be made of the total number of unduplicated clients served by the family planning program in a given year. This estimate is somewhat inflated, since it ignores clients who drop out after making one subsequent visit toward the beginning of the year. However, it can be considered a good working estimate for calculating trends and comparing service statistics and logistics data.

Appendix E illustrates the DSPP Form 37 "Rapport Mensuel d'Activites Hospitalieres" (Monthly Report of Hospital Activities). Under the heading "7-Consultation Externe" the DSPP 37 provides a monthly total of family planning client visits at the hospital and health center levels by urban and rural clients, as well as by first visits and subsequent visits by whether the visit is the first subsequent visit or a later subsequent visit in a particular year, as obtained from Form 19.

The distinction between urban and rural patients is difficult to define and is unnecessary as part of on-going service statistics. We question the utility of this distinction, but since a general redesign of forms is not part of this consultancy, no changes are recommended without a more detailed examination of the use which DSPP makes of this information. Form 37 is sent to the DSPP with a copy sent to the DHF. It does not include male clients, quantities of contraceptive supplies distributed, or information on outreach activities.

A third report for male family planning clients was put into use at the Jacmel District Hospital in early 1981 on an ad hoc form, as shown below. This is the "Rapport de Planning Familial Masculin" (Male Client Family Planning Report).

RAPPORT DE PLANIFICATION FAMILIALE-MASCULIN AVRIL 1981

	Nouveaux	Anciens	Total
Patients	20	594	614
Condoms	240	7,128	7,368

This report summarizes on a monthly basis the number of male client visits by new client and old client, and by the number of condoms distributed by new client and old client. These totals are for clients at the hospital only and are sent to the DHF. It is the only client total which includes supplies distributed.

Finally, the Chef du Bureau or Administrator of the district or regional headquarters summarizes the balance on hand or all DHF supplies on DHF Form 7, "Rapport Mensuel d'Approvisionnement et de Consommation" Monthly Supply and Use Form. See Appendix F.

FIGURE 1

DEPARTEMENTE DE LA SANTE PUBLIQUE ET DE LA POPULATION
DIVISION D'HYGIENE FAMILIALE

RAPPORT MENSUEL D'APPROVISIONEMENT ET DE CONSOMMATION
A L'USAGE DES CENTRES DE SANTE ET DISPENSAIRES
AU NIVEAU DE DISTRICT SEULMENT

Nom Du District.....

Nom Du Centre De Sante ou Dispensaire.....

Periods.....

Enumeration	Description et Unite	Balance Anterieure	Requ. pr. le mois	Stock du mois	Utilised pr. le mois	Balance actuelle	Reserve A L'Usage A Niveau de District
	Norinyl (sachet)						
	Eugynon (sachet)						
	Condom (unite)						
	Emko (tube)						
	Sterilet						
	Depo-Provera						
	Neo-Sampooon (tube)						
	Abaisse-Langue						
	Acetaminophen						
	Achromicin-Tetracyclin						
	Achromicin Ophtalmique						
	Adhesive						
	Aiguille Hypo. 26x1/2						
	Aiguille Hypo. 26x1						
	Aiguille Luer 22x1-1/2						
	Aiguille Luer 26x3/8						
	Aiguille Record						
	Aiguille Suture H						
	Alcool (gallon)						
	Antigrippal (gallon)						
	Etc.						
	Etc.						

Responsable Du Centre De Sante, Dispensaire Ou Promoteur/Promotrice

Responsable Du Stock..... Date De Soumission.....

DHF/ADM Forme No. 7a Date De Reception.....

FIGURE 2

DEPARTEMENT DE LA SANTE PUBLIQUE ET DE LA POPULATION
DIVISION D'HYGIENE FAMILIALE

RAPPORT MENSUEL D'APPROVISIONEMENT ET DE CONSOMMATION

Hopital.....

Nom de la Region.....

Nom de la Clinique.....

Periode.....

Enumeration	Description	Balance Anterieure	Requ. pr. Le mois	Stock du mois	Utilised pr. le mois	Balance actuelle

Responsable du Stock..... Date de Soumission.....

Medecin en Chef..... Date de Reception.....

DHF/ADM Forme No. 7 Bureau Central

RECOMMENDATION: COMMON REPORT FORMS FOR THE DSPP AND THE DHF SHOULD BE DEVELOPED TO RECORD THE NUMBER OF FAMILY PLANNING CLIENTS AND THE QUANTITIES OF CONTRACEPTIVES, BY METHOD, DISTRIBUTED TO THEM.

There should be a form to include a record of clients seen on a daily basis at the hospital, health center, and dispensary level by new and old clients*, sex, method, and the quantity of contraceptives distributed. A monthly summary form of the same information should be totalled at the district level. This should include data on outreach activities also. These forms should include not only family planning data, but data on all DHF and DSPP activities. They should be consistent with recommendations proposed by the RHDS.

Since we only examined DHF activities and procedures, we did not design specific forms at this time for the national, regional, district, or health center levels. However, it is emphasized that future forms should consolidate family planning and other activities in a single data system that is useful to both the DHF and DSPP. Information should be provided on quantitites of supplies distributed to users so that a meaningful comparison can be made between service statistics and logistics data. Present data only includes information on supplies distributed to lower level warehouses from the national warehouse. It is our understanding that discussions on this subject are presently taking place between DHF and DSPP personnel. The CDC could assist in a future consultation. At the present time, we recommend that as a first step the format for reporting monthly family planning service statitics for dispensaries be as follows:

DONNEES DE PLANIFICATION FAMILIALE
(a inserer dans le rapport mensuel des dispensaires)

VISITES DES CLIENTS

	FEMININS								MASCULINS
	Sterilet	Pilule	Creme	Condom Femmes	Sympto-Thermicue	Steril-isation	Autres	Aucune	Condom Hommes
NOUVEAUX									
ANCIENS: Nouveaux a l'annee									
ANCIENS Ancien a l'annee									
TOTAL Quantite's Distribuees									

*Broken down by first subsequent visit and later subsequent visit.

This format is similar to present DHF reports and, as recommended above, combines both service statistics and information on contraceptive distribution. Details are also provided on male and female clients and on client status (new or old). By adding together new patients (nouveaux) and old patients seen for the first time this year (Anciens: Nouveaux a l'annee), an estimate of unduplicated patients can be obtained. Ideally, this model format would be used at the health center and hospital level as well. In this way, a consolidated monthly total of all district family planning activities could be prepared, which would include service statistics and logistics data.

D. Supplies at Sub-District Level

As mentioned before, contraceptive supplies were found to be generally vailable in sufficient quantities at the regional and district levels. A requisition system of supply (pull system) is in operation between the DHF and the regional and district levels. In this type of supply system, the decision for the timing and amount of supply delivery is made at lower administrative levels and requires that mid-level administrative personnel be knowledgeable in supply management. At the regional and district levels in Haiti, we found that the staff members responsible for supply management have sufficient knowledge and experience in this area. The system, therefore, works well in providing adequate supplies to regional and district level facilities.

However, this is not true at all lower level facilities. We found one dispensary (Marigot), which had no contraceptives on hand and others (Petite Riviere de Nippes, Fond des Negres, Petite Anse) where only very limited amounts were on hand.

RECOMMENDATION: WE RECOMMEND THAT THE SUPPLY SYSTEM REMAIN UNCHANGED AT THE REGIONAL AND DISTRICT LEVELS, SINCE SUPPLIES OF CONTRACEPTIVES ARE AVAILABLE AT THESE LEVELS, BUT THAT IT BE MODIFIED AT THE DISPENSARY LEVEL.

The major modification is that the system of supply from the district level downward be changed from a requisition or "pull" system to an allocation or "push" system. In this system supplies are allocated downward from higher levels, such as the region or district, to lower levels, such as the health center or dispensary. A corallary recommendation is that the regional and district levels must assume responsibility for the transport of contraceptive supplies to health centers and dispensaries. In those few areas where mobile clinics are in operation, they should be used for this purpose. This would provide regions and districts a means of distributing supplies at no additional cost.

An allocation or "push" system of supply would transfer the decision-making for the timing and amount of supply deliveries from the health center or dispensary level to the nurse, administrator, or chef du bureau at the district level. Based on information provided by health centers and dispensaries, the nurse, administrator, or chef du bureau of the hospital would decide on the quantity of contraceptives to be sent to health centers and dispensaries, and arrange for transport. Appendix G illustrates the differences between a "push" and "pull" system of supply.

Two essential features of a "push," or allocation system of supply are:

a. health center and dispensary personnel are not sufficiently trained to make decisions regarding control of supplies, and

b. lower level personnel have the means of providing district level personnel with sufficient information to enable them to make decisions at the district level.

WE RECOMMEND THAT AN EXISTING FORM BE MODIFIED AND THEN PUT INTO USE AT THE DISPENSARY LEVEL TO FURNISH ADDITIONAL INFORMATION TO DISTRICT AND REGIONAL OFFICES. This form, which we will provisionally call "Rapport Mensuel d'Approvisionement et de Consommation, a l'usage des Dispensaires" (Monthly Supply and Use Report for Dispensaries) (Figure 1), is a modification of the existing DHF Form 7 Rapport Mensuel d'Approvisionement et de Consommation (Monthly Supply and Use Report) (Figure 2) already in use.

Form 7 would continue to be used by health facilities at the regional, district, and hospital levels. The new, modified form, numbered 7a, should be put into use only at the dispensary level. The principal modifications to Form 7, which are found on Form 7a, include:

a. contraceptives and other medical supplies used by dispensaries are preprinted on Form 7a, and

b. an additional column is added--Reserve a l'Usage au Niveau du District (Reserved for District Level Use).

The preprinted list of contraceptives and medical supplies used by dispensaries should be established by personnel from both DHF and DSPP and coordinated with the RHDS project. Form 7a may, therefore, require more than one page.

Dispensaries would submit Form 7a monthly to district or regional headquarters. Based on the information provided, district or regional authorities would determine the kind and quantity of supplies needed by each individual dispensary. In some instances no shipment would be necessary. In this way, allocation of supplies is the responsibility of upper and mid-level units, with supplies "pushed" to lower level units. This assures that adequate supplies are available at the dispensary level and is particularly appropriate for condoms and oral contraceptives, of which large quantities are available at the district level.

The column on Form 7a--Reserve a l'Usage au Niveau du District--would be used to record the quantity of supplies to be sent. The district nurse, administrator, or chef du bureau would determine needs based on average monthly use, amounts on hand, and the need for safety stocks. This procedure requires prompt and accurate reporting by dispensaries, but by leaving the decision on quantities shipped to district (or regional) personnel, more efficient monitoring and supervision of activities at lower levels can be achieved.

Form 7a should be kept on file in each dispensary and at the district/regional level. It would not be sent to the DHF or DSPP in Port-au-Prince, since it is designed only for use at the district and dispensary level. The form should not be put into use until tra' ing can be provided to staff at the DHF, DSPP, regional, and district levels. A future consultancy could provide such training and would cover reporting responsibilities, procedures, and alternative formats.

To summarize:

a. Form 7a, "Rapport Mensuel d'Approvisionement et de Consommation a l'Usage au Niveau du District" is for use at the district and sub-district levels only.

b. The form should be considered for use in the consolidated supply system to be developed by the RHDS project. At the present time, it should be considered a draft, subject to modification.

c. Training must be given before the form is put into use. Workshops could be held in Port-au-Prince, and details should be included in the supply manual to be developed by RHDS.

IV. SERVICE STATISTICS

As mentioned above, at the time of this consultation, discussions were taking place between DHF and DSPP personnel to develop new report forms for consolidating statistics for all health activities at all levels. These should include data on distribution of family planning supplies to users at the field level to permit a comparison of service statistics and supply data, which would facilitate forecasting future supply requirements. At the present time supply data available at the DHF only includes quantities issued to lower level warehous from national level warehouses.

The following is a summary of the currently available service statistics. Table 10 lists new contraceptive acceptors by sex from 1973 through 1980. Since 1974, substantial annual increases are seen for both sexes, but especially for males. Table 11 shows the percentage of females 14-44 years of age estimated to be using contraception in the program. The DHF calculates the number of contracepting females (active female users) by totalling the number of new clients in a given year and the number of first subsequent visits (as opposed to the second, third, and fourth subsequent visits) by old clients in a given year. Although it provides a good working estimate, this method of calculating contracepting females overstates the number of contracepting females, since it ignores those who drop out after one visit in a given year. On the other hand, Table 11 probably understates the percentage of females using contraception, since it does not include the many women who rely on a partner's method (almost exclusively condoms). In addition, data from the 1977 Haitian (World) Fertility Survey indicates that approximately 90,000 women in Haiti are using nonprogram methods such as sterilization,

rhythm, abstinence, and withdrawal. Estimates from that survey, therefore, show that as many as 25 percent of Haitian women aged 15-49 currently in union and fecund, may be using some form of contraception*.

The percentage distribution of new female family planning acceptors by method is shown by method in Table 12. As in Table 11, the percentage of all users

relying on condoms is understated, since figures for male clients using condoms are not included. Among new female patients in 1979 and 1980, 75 percent are using oral contraception. From 1974 through 1979 the percentage of oral contraceptive users had been increasing while the percentages of condom and vaginal method users had been decreasing. There appears to be a levelling off of this trend in 1980 as the percentage distribution for that year was essentially unchanged from 1979. The number of sterilizations, although low in absolute value, increased sharply in 1980 as compared to all earlier years. One physician in Cape Haitian indicated this trend appears to be continuing in 1981.

An attempt was made to compare the percentage change in the number of new female acceptors of oral contraception with the number of cycles distributed (Table 13). Table 13 combines information on service statistics for new contracepting female patients and the number of cycles of Norinyl distributed from national level warehouses. Consistent with the increase in the percentage of oral contraceptive users seen in Table 12, the data in Table 13 show that the absolute number of new patients using oral contraceptives increased dramatically between 1976 and 1979 but remained virtually unchanged between 1979 and 1980. However, the data also show that there is no correlation between new users and levels of distribution. This may result, in part, from a buildup of supplies at the regional and district levels, with issuances from the DHF central warehouse exceeding actual consumption. New forms, as described in Section IIIB of this report, have been recommended. These forms will gather data on distribution of supplies to users so that a more direct correlation between distribution and user figures can be established.

V. OTHER ACTIVITIES IN HAITI

A. Community Council Outreach Program

This DHF program in collaboration with community councils makes use of volunteer distributors (collaborateurs volontaires) to distribute contraceptives in rural areas. It is presently operating in seven districts in Haiti. Several collaborateurs volontaires work in each village area within a district. In the Jacmel District, for example, there are 40 collaborateurs volontaires who work in 10 village areas. Each year they receive a small honorarium (prime de satisfaction) of $50.00.

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*James Allman and Guy-Fred Celestin. "Use of Family Planning in Haiti. A Comparison of Survey Data and Service Statistics." Presented at IUSSP Seminar on "Use of Surveys for the Analysis of Family Planning Programs, Bogota, Colombia, October 1980."

In each district the distributors are supervised by a promotor who is responsible for their supply of contraceptives. Supplies are issued during supervisory field trips or when distributors come to district headquarters. In the Jacmel District, for example, the distributors are issued 20 condoms and one cycle of pills per client per month; the average distributor has 20-60 clients. Each month the promotor prepares a monthly report which is sent to the DHF.

The volunteer distribution program is still in its early stages. While the program in Jacmel seems to be working fairly well, it is not organized in some districts, and in the northern region it is not working at all. If this program expands significantly, which will depend on donor agency support, a more detailed review of operations could be the subject of a future consultancy.

RECOMMENDATION: TO DOCUMENT ACTIVITIES, THE SAME REPORTING FORM USED BY DISPENSARIES SHOULD EVENTUALLY BE USED BY THE COMMUNITY COUNCIL PROGRAM. In Jacmel, distribution of contraceptive supplies to volunteers should continue. A more formal system of supply and service statistics can be established at a later date. Until then, the procedure used to distribute supplies to volunteers in Jacmel and elsewhere should continue as is.

B. Military Contraceptive Distribution Program

In spite of many efforts to meet the physician in charge of the military contraceptive distribution program, which receives supplies from the DHF, we were unable to do so. However, Mr. Celestin of the DHF indicated that the military contribution to the distribution of condoms is substantial, but that efforts to obtain more detailed statistical reports from them would probably be counter-productive.

Neal Ewen

Neal Ewen

Jay S. Friedman

Jay S. Friedman

TABLE 1

CONDOM INVENTORY (UNITS)
DHF, HAITI
May 1976 - May 1981

Date	Balance per Stock Card	Comments
12 May 76	5,040	Running balance
12 July 76	4,080	" "
16 January 77	4,975,720	" "
16 May 77	10,040	" "
13 June 77	10,625	" "
8 September 77	3,642,428	" "
22 November 77	1,934,988	" "
3 July 78	3,546,634	" "
30 October 78	5,417,991	Warehouse inventory
31 October 78	6,534,400	Running balance
9 February 79	10,486,419	" "
1 June 79	11,803,355	" "
28 August 79	12,098,155	" "
2 December 80	1,519,070	" "
1 January 81	555,831	" "
5 February 81	2,514,000	" "
20 February 81	2,940,000	Warehouse inventory
11 March 81	2,841,228	" "
11 May 81	721,808	Running balance

Source: Stock cards, Division of Family Hygiene

TABLE 2

NORINYL INVENTORY (CYCLES)
DHF, HAITI
April 1976 - May 1981

Date	Balance per Stock Card	Comments
26 April 76	100,200	Running balance
8 June 76	195,000	" "
8 September 76	131,171	" "
16 June 77	122,400	" "
28 July 77	231,540	" "
3 November 77	350,329	" "
6 January 78	224,800	" "
11 August 78	1,134,348	" "
30 October 78	1,021,123	Warehouse inventory
13 November 78	1,128,210	Running balance
22 August 79	1,406,857	" "
20 February 81	1,231,070	" "
20 February 81	754,863	Warehouse inventory
11 March 81	749,057	" "
11 May 81	712,064	Running balance

SOURCE: Stock Cards

TABLE 3

STOCK CARD BALANCES AND ACTUAL INVENTORIES, SELECTED CONTRACEPTIVES
DHF, HAITI
May 1981

Date of Last Issuance Per Stock Card	Item	Stock Card Balance	Inventory May 20-21
February 4, 1981	IUD B	4/100	
February 4, 1981	IUD C	7/100	25/100 (all sizes)
February 4, 1981	IUD D	21/100	
March 9, 1981	Neogynon	19,632 cycles	None located
March 11, 1981	Diaphragm 70	169	207 small warehouse DHF
March 11, 1981	Diaphragm 75	201	245 motorpool warehouse
March 16, 1981	Nordial	5 cycles	None located
April 6, 1981	Ovral	24 cycles	None located
May 8, 1981	Depo-Provera	74 packages	77 packages
May 8, 1981	Nordette	239 cycles	None located
May 11, 1981	Condoms	721,808 units	288,000
May 11, 1981	Eugynon	11,425 cycles (adjusted from 20,793 cycles for stockcard error)	(4,700 cycles DHF warehouse) (2,076 cycles Motor pool warehouse)
May 11, 1981	Norinyl	721,064 cycles	1,063,800
September 9, 1980	Norlestrin	0 cycle	None located
November 30, 1980	Emko	5,897 tubes	459 tubes

SOURCE: DHF Cartes de Stock and Physical Inventory

TABLE 4

ISSUANCES BY MONTH FROM CENTRAL WAREHOUSES

Condoms and Norinyl, 1979-1980

Months	1979		1980	
	Condoms (Units)	Norinyl (Cycles)	Condoms (Units)	Norinyl (Cycles)
January	291,200	7,362	360,600	3,709
February	728,264	14,410	460,944	37,319
March	202,800	1,830	589,800	9,028
April	650,100	7,800	2,701,672	5,013
May	741,700	17,403	263,900	10,174
June	1,470,300	13,425	466,100	2,521
July	811,800	22,516	1,041,500	9,759
August	517,700	7,965	340,900	14,997
September	416,600	18,223	988,934	12,760
October	386,600	3,918	709,626	32,254
November	656,600	7,400	1,025,800	7,085
December	295,400	6,909	987,239	10,172
Total	7,169,064	129,161	9,937,015	154,791

SOURCE: DHF Cartes de Stock

TABLE 5

INVENTORY WORK SHEET
May 20-21, 1981

A. Small storage room - DHF Headquarters

Eugynon: 47 cartons X 100 =	4,700 cycles
Diaphragms, all sizes:	207
Depo-Provera (vials)	77
Lippes Loop: 25 X 100	2,500 loops
(plus sounds and inserters)	

B. Outside small storage room - DHF Headquarters

Condoms (cases of 6,000) =	24,000 units
Norinyl (cases of 600) =	2,400 cycles

C. Motor Pool Warehouse

Norinyl (cases of 600) 870 cases or 522,000 cycles

D. Chancerelles Depot

Norinyl (cases of 600, stack 1)	377 cases or 226,200 cycles
" (" " " " 2)	522 cases or 313,200 cycles
Condoms (cases of 6,000)	44 cases or 264,000 units

E. Motor Pool Warehouse (May 21)

4 cartons diaphragms (60 + 69 + 58 + 58)	245
Eugynon (1 carton 2,000 cycles, 1 box 76 cycles)	2,076
Emko (5 cartons of 66,83,75,121,114)	459 tubes
1 large open carton of broken Norinyl boxes	663 sachets

SOURCE: Physical Inventory

TABLE 6
1980 TRIP REPORT

Issuances by Month From Central Warehouses
USAID-Supplied Commodities

Month	1978 Condoms (Units)	1978 Norinyl (Cycles)	1979 Condoms (Units)	1979 Norinyl (Cycles)
January	60,000	9,420	290,900	7,362
February	164,436	10,917	728,624	14,410
March	558,600	33,000	202,800	31,950
April	222,600	3,220	650,100	7,800
May	534,000	23,495	741,700	17,403
June	156,000	8,400	1,469,800	13,425
July	159,200	4,800	811,800	22,516
August	1,482,000	201,178	517,700	7,965
September	758,000	132,660	414,600	18,223
October	132,000	4,800	386,300	4,518
November	117,980	5,114	584,000	6,140
December	99,200	79,200	395,400	6,910
TOTAL	4,444,016	516,204	7,193,724	158,622

1978 and 1979 Average Norinyl Issuances: 337,103
1978 and 1979 Average Condom Issuances: 5,818,870

Source: DHF "Carte de Stock"

TABLE 7

ISSUANCES FROM CENTRAL WAREHOUSE
MACHINE VENDED CONDOMS, IN UNITS

By Amount Issued, 1981

	3,600
	3,600
	3,600
	1,800
	7,200
	7,200
	3,600
	7,200
	7,200
	5,400
	7,200
	1,800
	3,600
	7,200
	7,200
	7,200
	1,800
	7,200
	7,200
	7,200
	7,200
TOTAL	115,200

SOURCE: DHF Cartes de Stock

TABLE 8

NUMBER OF SEPARATE MONTHLY ISSUANCES
CONDOMS AND NORINYL

JANUARY 1980 - MAY 1981

MONTH	CONDOM ISSUANCES	NORINYL ISSUANCES
January 1980	23	9
February 1980	31	13
March 1980	24	12
April 1980	20	9
May 1980	17	9
June 1980	20	7
July 1980	24	13
August 1980	22	14
September 1980	23	16
October 1980	30	18
November 1980	31	18
December 1980	18	11
January 1981	32	25
February 1981	33	18
March 1981	40	27
April 1981	45	22
May 1981	30	21
TOTAL	463	262
AVERAGE PER MONTH	27	15

SOURCE: DHF Cartes de Stock

TABLE 9

CONDOM ISSUANCE

JANUARY - MAY, 1981

MONTH	UNITS ISSUED
January	1,358,114
February	312,383
March	273,244
April	2,028,168
May	278,419
TOTAL	4,250,328
ANNUAL RATE	10,200,787

SOURCE: DHF Cartes de Stock

TABLE 10

NEW CONTRACEPTIVE ACCEPTORS BY SEX
HAITI

1973-1980

	FEMALE	MALE	TOTAL
1973	4,295	712	5,007
1974	5,022	767	5,789
1975	15,563	9,729.	25,292
1976	16,066	26,981	43,047
1977	20,059	38,282	58,341
1978	24,141	43,322	67,463
1979	33,709	71,587	105,296
1980	33,776	NA	NA

Source: Tables 23 and 24, DHF Annual Reports for 1978 and 1979
The 1980 figure was obtained from M. Celestin.

TABLE 11

WOMEN OF CHILDBEARING AGE AND FEMALE CONTRACEPTING PATIENTS SEEN

1976 - 1980

	ESTIMATED POPULATION FEMALES 14-44	CONTRACEPTING FEMALES	%
1976	933,140	25,877	2.8
1977	949,800	34,079	3.6
1978	966,500	37,387	3.9
1979	983,700	48,771	5.0
1980	N.A.	N.A.	N.A.

SOURCE: DHF Annual Report, 1979

TABLE 12

NEW FEMALE FAMILY PLANNING ACCEPTORS BY METHOD
(PERCENT DISTRIBUTION)

1974 - 1980

METHOD	1974	1975	1976	1977	1978	1979	1980
Orals	32	41	53	57	67	75	75
Condom	32	13	13	22	14	10	10
Vaginal Method	22	20	24	13	14	12	11
I.U.D.	10	9	9	5	5	3	1
Other	4	1	1	3	1	1	2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Sterilizations	-	1	35	118	177	238	624

SOURCE: DHF Annual Report 1979. The 1980 figure was obtained from M. Celestin.

TABLE 13

COMPARISON OF SERVICE STATISTICS AND
ORAL CONTRACEPTIVE DISTRIBUTION FIGURES

1976 - 1980

YEAR	NEW FEMALE PATIENTS	PERCENTAGE ON ORALS	NUMBER ON ORALS	CHANGE FROM PREVIOUS YEAR	ORALS ACCEPTED (CYCLES, ALL BRANDS)	CHANGE FROM PREVIOUS YEAR
1976	16,066	57	9,158	--	100,996	--
1977	20,059	67	13,440	+47%	202,744	+101%
1978	24,141	76	18,347	+36%	557,890	+175%
1979	33,709	75	25,282	+38%	226,886	-59%
1980	33,776	75	25,332	+0.2%	231,865	+2%

Source: DHF Annual Reports and DHF Stock Cards.

APPENDIX A

Port-au-Prince, Haiti
Le 13 mars 1981

No. CDHF-A-40-81

Melle Patricia S. Gibson
Official Manager USAID
en Haiti

Mademoiselle,

L'Administration de la Division d'Hygiène Familiale a l'avantage de vous envoyer sous le couvert de la présente la quantité des différents types de contraceptifs distribuée par le dépot central de la DHF pour la période s'étendant du 1er janvier au 31 décembre 1980.

Condoms ordinaires	9.936.815
Condoms spéciaux (Section Com.)	126.000
Depo-Provera 10 cc	171
Eugynon, cycle	38.567
Noriday dit Norinyl	173.941
Emko	13.346
Neogynon cycles	39.201
Nordette cycles	1.834
Nordiol cycles	1.385
Ovral	164
Neo-Sampoon (tube)	1.919
Neo-Sampoon (tablettes)	4.830

L'Administration espère que ces informations vous seront utiles et vous prie de recevoir, Mademoiselle, ses salutations les meilleures.

Bogard Marseille
Administrateur en Chef, DHF

Approuvé: Dr. Ary Bordes
Chef, Division d'Hygiène Familiale

M. G. F. Célestin
cc: Dr. A. Verly
M.S. Albert

APPENDIX B

DIVISION D'HYGIENE FAMILIALE

CARTE DE STOCK

BROOILLON

Description: CONDOMS

EXEMPLAIRE

Date	Reference	Entree	Prix Unitaire	Sortie	Bal	Date	Reference	Entree	Prix Unitaire	Sortie	Bal
1 MAI	REPORT			-	2,100,000	14 MAI	REPORT			247,000	1,853,000
1 MAI				6,000	2,094,000	14 MAI				12,000	1,841,000
				60,000	2,034,000					6,000	1,835,000
NOTER PLUSIEURS				18,000	2,016,000	NOTER PLUSIEURS				300,000	1,535,000
				30,000	1,986,000					6,000	1,529,000
DATES ET				2,200	1,983,800	DATES ET				18,000	1,511,000
				1,800	1,982,000	REFERENCES				2,000	1,509,000
REFERENCES				3,000	1,979,000	ICI				42,000	1,467,000
				12,000	1,967,000					30.000	1,437,000
	ICI			24,000	1,943,000					6,000	1,431,000
				6,000	1,937,000	31 MAI				6,000	1,425,000
				6,000	1,931,000						
				48,000	1,883,000	TOTAL	SORTIE	MAI		675,000	-
				30,000	1,853,000						
14 MAI	TOTAL	SPORTIE		247,000	-	1 JUN	REPORT			-	1,425,000

DHF Forme No. 7

APPENDIX C

CENTRE _____ PERIODE _____

RAPPORT TRIMESTRIEL

DE CONSOMMATION DES CONTRCEPTIFS ET D,AUTRES FOURNITURES MEDICALES

DESCRIPTION	UTILISE DANS LE TRIMESTRE	BALANCE ACTUELLE	OBSERVATIONS
PILULE (cycles)			
a. Norinyl			
b. Eugynon			
c. Neogynon			
d.			
e.			
f.			
g.			
CONDOM (unites)			
a.			
b.			
STERILET (Unites)			
a.			
b.			
c.			
DIAPHRAGM			
A.			
B.			
CREME MOUSSE			
a.			
b.			
AUTRES CONTRACEPTIFS			
a.			
b.			
AUTRES FOURNITURESMEDICALES			
a.			
b.			
c.			
d.			

APPENDIX D

DEPARTEMENT DE LA SANTE PUBLIQUE ET DE LA POPULATION.

SECTION CENTRALE DE STATISTIQUE.

REGION SANITAIRE _____

DISTRICT SANITAIRE _____

ETABLISSEMENT DE SANTE _____ DATE _____

RAPPORT JOURNALIER DE PLANIFICATION FAMILIALE

NB	NUMERO DES DOSSIERS	TYPE DE VISITE				AGE (à la 1ère visite)					Enfants vivants (à la 1ère visite)						Dernier accouchement		METHODE							
		1ère Visite		Visite Sub.																						
		U	R	N	A	Moins de 20 ans	20–29 ans	30–39	40 et plus	Inconnu	Pas d'enfant	1–2 enfants	3–4	5–6	7 et plus	Non déclaré	Moins de 3 mois	Plus de 3 mois	Stérilet	Pilule	Creme	Condom	Symptothermique	Stérilisation	Autres	Aucune
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
	TOTAL																									

S.C.S. FORM 19

(Original à expédier au Bureau Central)
(Copie à conserver au niveau local)

APPENDIX E

1 RÉGION SANITAIRE _____ 2– DISTRICT SANITAIRE _____

3 NOM DE L'ÉTABLISSEMENT DE SANTÉ _____ 4– MOIS _____ 5– ANNÉE _____

6 RAPPORT MENSUEL D'ACTIVITÉS HOSPITALIERES (HOPITAUX, CENTRES DE SANTÉ-HOPITAUX, SANATORIA, ET CENTRES DE SANTÉ, PSYCHIATRIE, MATERNITÉ)

7– CONSULTATION EXTERNE

TYPE DE VISITE	TYPE DE CONSULTATION						
	Générale	Prénat.	Pédiat	Plan. Fam.	Dent.	Psychia.	Gynec.
A. Nombre Total de Premières Visites.							
1- Urbaines							
2- Rurales							
B. Nombre Total de Visites Subséquentes							
1- Nouveaux à l'année							
2- Anciens à l'année							
C. TOTAL DE VISITES.							

8– CONSULTATION PÉDIATRIQUE
(Par Groupes d'âges)

a) Total de 1ère Visite à Pédiatrie _____

b) Enfants de 0 à 11 mois _____

c) Enfant de 1 à 4 ans _____

d) Enfants de 5 à 14 ans _____

e) Age Inconnu _____

9– CONTROLE DE L'ETAT NUTRITIONNEL DES ENFANTS DE 0 – 5 ANS

a) Nombre d'enfants _____

b) Nombre de Cas d'enfants normaux _____

c) Nombre de Cas Malnutrition 1 _____

d) Nombre de Cas Malnutrition 2 _____

e) Nombre de Cas Malnutrition 3 _____

10– ACTIVITÉS DENTAIRES

10.1 Nombre d'Extractions _____	10.3 Nombre de Porcelaines _____
10.2 Nombre d'Amalgames _____	10.4 Nombre de Prophylaxies _____

D.S.P.P. Form. 37

11. CONSULTATIONS PRENATALES

11.1.	Total de visites Prénatales	_____
11.2.	Total 1ères Visites	_____
11.3.	Total 2èmes Visites	_____
11.4.	Total 3èmes Visites	_____
11.5.	Autres Visites	_____

12. TRAITEMENT EXTERNE

12.1.	Nombre total de pansements	_____
12.2.	Nombre total d'injections	_____

13. ANALYSES DE LABORATOIRE

13.1	Urines	_____	13.5	Hémogrammes	_____
13.2	Chimie sanguine	_____	13.6	Malaria : Positif	_____
13.3	Kahn ou V.D.R.L	_____		Négatif	_____
13.4	Selles	_____	13.7	Bactériologie	_____
			13.8	Crachat : Positif	_____
				Négatif	_____
			13.9	Autres	_____

14. EXAMENS DE RADIOGRAPHIE

14-1	Nombre de clichés réalisés	_____
14.2	Nombre de plaques utilisées	_____

15. SERVICE D'HOSPITALISATION

SALLE	Nombre de jours d'hospitalisation	HOSPITALISATION					Nombre de Lits
		Patients Hop.	EXEATES		Transférés	Réadmis	
			Vivants	Décédés			
15.1 Médecine (H)							
15.2 Médecine (F)							
15.3 Chirurgie (H)							
15.4 Chirurgie (F)							
15.5 Maternité							
15.6 Pédiatrie							
15.7 Orthopédie (H)							

m/y/j

15. SERVICE D'HOSPITALISATION (Suite)

SALLE	Nombre de jours d'hospitalisation	HOSPITALISATION					Nombre de Lits
		Patients Hop.	EXEATES		Transférés	Réadmis	
			Vivants	Décédés			
15.8 Orthopédie (F)							
15.9 Dermatologie (H)							
15.10 Dermatologie (F)							
15.11 Urologie (H)							
15.12 Urologie (F)							
15.13 O.R.L.							
15.14 AUTRES							

16. ACCOUCHEMENTS

16.1 Total d'accouchements _____
16.2 Normaux _____
16.3 Forceps _____
16.4 Césariennes _____
16.5 Prématurés _____
16.6 AUTRES _____

17. AVORTEMENTS

17.1 Total d'avortements _____
17.2 Spontanés _____
17.3 Provoqués _____
17.4 Non spécifiés _____

18. NAISSANCES

18.1 Naissances vivantes _____
a) Garçons _____
b) Fillés _____
c) Gémellaires _____
18.2 Morts-Nés _____
a) Garçons _____
b) Filles _____

19. INTERVENTIONS CHIRURGICALES

19.1 Nombre de Petites Interventions _____
19.2 Nombre de Grandes Interventions _____
a) Réussies _____
b) Non Réussies _____

20 AUTOPSIE

20.1 Nombre Total d'Autopsies _____

Préparé par _____

Date _____

Signature Administrateur _____

m/y/j
DSPP FORM 37 (FIN)

NOM DE L'ETABLISSEMENT DE SANTE _____ MOIS _____ ANNEE _____

RAPPORT MENSUEL DE VACCINATION

TYPE DE VACCIN	1ere DOSE					2e DOSE					3e DOSE					RAPPEL				
	MOINS DE 1 AN	1-4	5-14	15 ans+	TOTAL	MOINS DE 1 AN	1-4	5-14	15 ans+	TOTAL	MOINS DE 1 AN	1-4	5-14	15 ans+	TOTAL	MOINS DE 1 AN	1-4	5-14	15 ans+	
TOTAL																				
DI-TE-PER																				
VACCIN POLIO																				
ROUGEOLE																				
TAB																				
DI TE TAB																				
TETANUS TOXOID (GESTANTE)																				
BCG																				
VARIOLE																				

_____

SIGNATURE DU RESPONSABLE

APPENDIX F

DEPARTEMENT DE LA SANTE PUBLIQUE ET DE LA POPULATION
DIVISION D'HYGIENE FAMILIALE

RAPPORT MENSUEL D'APPROVISIONNEMENT ET DE CONSOMMATION

Hopital .....

Nom de la Region .....

Nom de la Clinique .....

Periods .....

Enumeration	Description	Balance Anterieure	Requ pr. le mois	Stock de mois	utilised pr. le mois	Balance actuelle

Responsable du Stock .....

Medecin en Chef .....

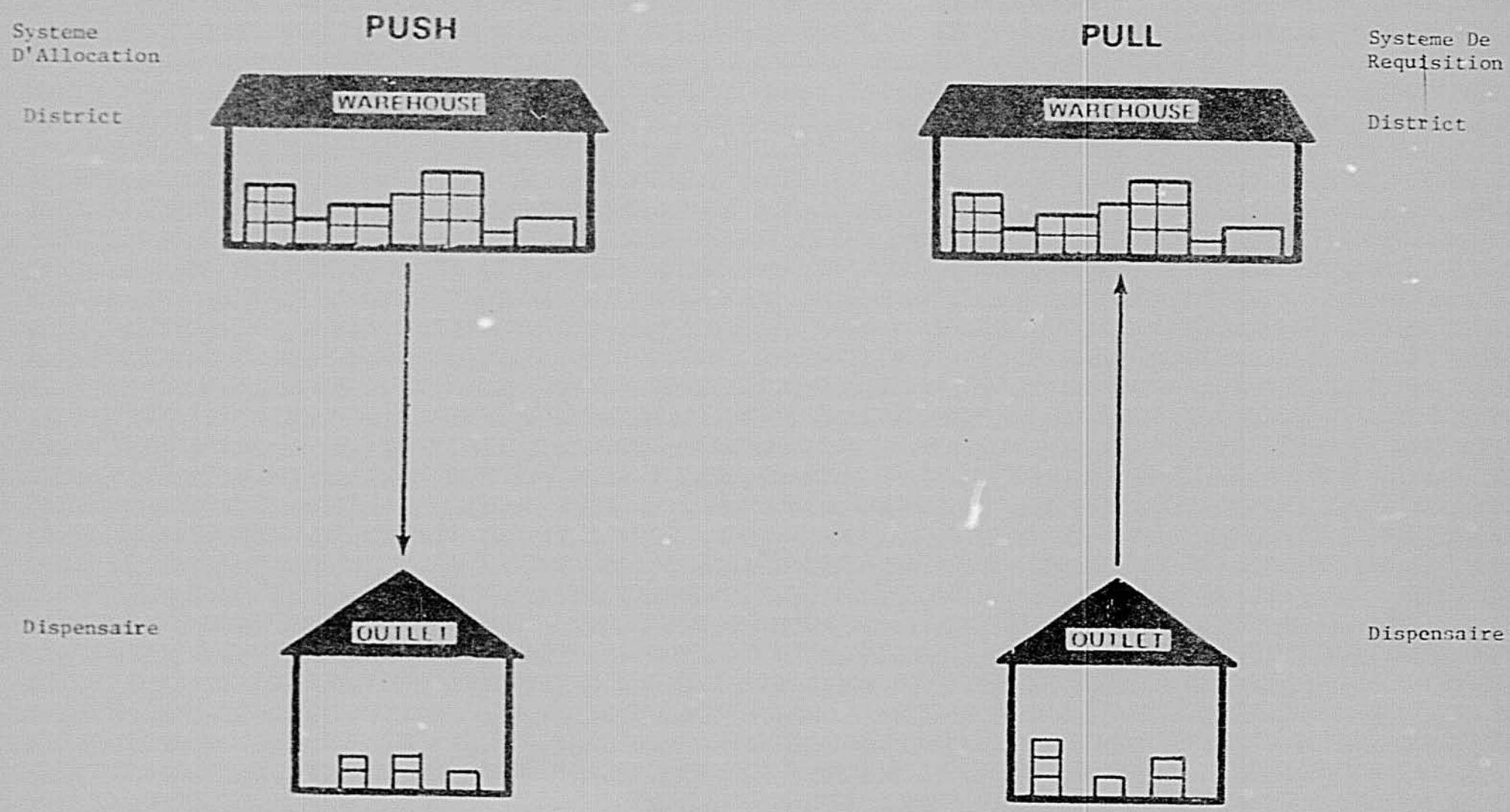
DHF/ADM Forme No. 7

Date de soumission .....

Date de reception .....

Bureau Central

APPENDIX G



DECISIONS:

FREQUENCE DES LIVRAISONS
QUANTITE DES LIVRAISONS