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MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE)

DATE: June 11, 1980

PSB 6/13/80

FROM : Richard S. Monteith, M.P.H.
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Family Planning Evaluation Division (FPED), BE

SUBJECT: Foreign Trip Report (AID/RSSA): Evaluation of the CONAPOFA Contraceptive Logistics System, Dominican Republic, February 18-29, 1980

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SUMMARY

During the period February 18-29, 2 FPED/CDC consultants were on TDY in the Dominican Republic to evaluate the national contraceptive logistics system and provide consultation in improvement of the system. Although there are several organizations that provide contraceptive services in the country, distribution of contraceptive supplies is managed by the National Council for Population and the Family (CONAPOFA). An infrastructure for distribution of contraceptive supplies was found to exist. However, several deficiencies were encountered including the lack of adequate stocks at the regional warehouses and the distribution points. In addition there are no formal procedures for storing, ordering, invoicing, and accounting of contraceptive supplies at these levels. The following recommendations were made:

1. Quantities of supplies on-hand and distribution volume should be determined for each distribution point.

2. Four months' supply of each contraceptive type should be put at each distribution point.

3. Six months' supply should be placed in each regional warehouse.

4. The supply system should be based on maximum and minimum stocks: 6 and 2 months' supply, respectively, in regional warehouses, and 4 and 1 months' supply in distribution points.

5. Initially, the supply system should be allocation system (quantities to be shipped determined at the central level).

6. Quantities dispensed at all distribution points should be included in the existing computerized data system.

7. Inventory control cards should be maintained at all levels.

8. A recommended Requisition/Invoice form should be used.

9. Quarterly reports should be prepared at the central level on the status of supplies.

10. The supply system should be documented and personnel trained in its management.

11. The central warehouse should be cleaned and arranged in such a manner to facilitate good warehouse management.

12. There should be additional coordination of the distribution systems of CONAPOFA and SBS (a community-based health worker program that distributes contraceptives as well as other health supplies.)

CONAPOFA personnel and USAID mission staff were debriefed and given a preliminary report of our findings and recommendations before our departure.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Dominican Republic, February 18-29, 1980, at the request of USAID/Dominican Republic and AID/DS/POP/FPSD to provide technical assistance to the Consejo Nacional de Población y Familia (CONAPOFA) in logistics management. The consultation was provided by Richard S. Monteith and Anthony A. Hudgins of the Program Evaluation Branch, FPED/BE/CDC. This travel was in accordance with the Resource Support Service Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. <u>USAID/Dominican Republic</u>

1. Mr. Ronald Venezia, Deputy Mission Director
2. Dr. Oscar Rivera, Health and Nutrition Officer
3. Mr. Frank Miller, Loan Officer, attached to Health and Nutrition Office

B. Consejo Nacional de Poblacion y Familia (CONAPOFA), Ministerio de Salud

1. Lic. Luis Gonzalez Fabra, Executive Director
2. Lic. Gabriel Santana, Administrator
3. Lic. Manuel Varona, Administrative Supervisor
4. Lic. Nelson Ramirez, Director, Department of Research and Evaluation
5. Lic. Leovigildo Baez, Director, Evaluation Division, Department of Research and Evaluation
6. Sr. Robin Castillo, Chief, Warehouse
7. Lic. Josefa Encarnacion, Administrative Supervisor, Region I
8. Lic. Hetty Figueroa, Administrative Supervisor, Region II
9. Sr. Manuel Pina, Administrative Supervisor, Region V

C. Servicios Basicos de Salud (SBS), Ministerio de Salud

1. Dr. Jose M. Herrera, Director
2. Prof. Jose Valdéz, Administrative Supervisor, Region I
3. Sra. Dilenia Guillermo, Area Supervisor, Region I
4. Sr. Pablo Ruiz, Supervisor of Health Promoters, Region I
5. Prof. Geromino Mena, Administrative Supervisor, Region II

III. BACKGROUND

The National Council for Population and the Family (CONAPOFA), an agency of the Secretary of Health and Social Assistance (SESPAS), was created by presidential decree in 1968 and is the highest authority in the Dominican Republic with regard to family planning and demographic research. In addition to its clinical program, CONAPOFA coordinates with other institutions in the country with family planning programs in training personnel to provide services, including sterilizations, in developing information and education programs, and/or in providing equipment and contraceptive supplies. These programs include the Servicio Social de Iglesias Dominicanas (SSID), the Asociacion Dominicana Pro-Bienestar de la Familia (PROFAMILIA), the Policia Nacional y Las Fuerzas Armadas, and Servicios Basicos de Salud (SBS), also an agency of SESPAS. PROFAMILIA is the only program which does not receive its contraceptive supplies from CONAPOFA. Since CONAPOFA and SBS are agencies of SESPAS, this report will focus primarily on these agencies.

As of December 1979 CONAPOFA provided family planning services in 245 SESPAS clinics throughout the country (Table 1). The SBS program, which has approximately 4,200 volunteer health promoters working largely in rural communities, is designed to bring basic health services, including family planning, to Dominican households. In October 1979 the SBS program was active in 3 health regions (I, II, and IV) and had just been implemented in Health Regions III and V. Table 2 presents the number of SBS personnel working in each health region of the country.

In Table 3 active users by program as reported by CONAPOFA's evaluation unit is presented. In terms of active users, CONAPOFA's clinical program is the largest in the country. In August 1979 CONAPOFA accounted for 73% of all reported active users. The SBS program reported 13,837 active users or 10% of the total.

Not shown in Table 3 is the number of sterilizations reported to CONAPOFA by all participating programs (public and private). From January 1977 through August 1979, 31,708 female sterilization procedures were reported to have been performed. Thus, taking into account that there were approximately 638,000 married women of fertile age (15-44 years of age) living in the Dominican Republic in August 1979, the prevalence of use of all methods of contraception was 27%. This figure does not include women who obtain their contraception from private sources. By comparison, a National Fertility Survey conducted in 1975 found the prevalence of use of temporary methods among married women to be 20.6%, and that 12.4% of married women 15-44 had been sterilized for contraceptive purposes. Overall, 33.0% of married women were contracepting in 1975.

Percent distributions of active users by method (non-permanent methods) within each program are presented in Table 4. As this table shows oral contraceptives are the method of choice of the majority of active users, regardless of program affiliation. While only 10% of CONAPOFA and SBS users have elected to use the condom, 40% of SSID users have chosen this method. Almost a third of SBS active users have selected vaginal methods as their method of choice. The 1975 National Fertility Survey found somewhat lower use of vaginal methods and higher use of the IUD.

IV. EVALUATION OF THE CONAPOFA CONTRACEPTIVE LOGISTICS SYSTEM

A. General

In general CONAPOFA has an infrastructure to move family planning supplies from central storage through intermediate (regional) warehouses to distribution points (hospitales, sub-centros, and clinicas rurales) and to the SBS program on a regular basis. The transportation system is capable of supplying the 5 regional warehouses outside of the Santo Domingo Metropolitan area in approximately 10 days. As table 5 shows, a steadily increasing volume of contraceptives has been managed and issued by the CONAPOFA central warehouse to the regional warehouses over the past 3 years. However, more time is required for the regional warehouses to supply the distribution points. There are procedures for ordering, invoicing, and accounting for supplies, but these procedures are more likely to be practiced at the central level than at lower levels.

Prior to our consultation CONAPOFA had taken steps to improve the flow of contraceptives in the system. In the past, 1 month's supply of contraceptives was issued to the regional warehouses on a monthly basis. The regional warehouses in turn issued a month's supply to each CONAPOFA

clinic and to the SBS Regional Administrator. In an effort to reduce stockouts and gasoline usage, CONAPOFA instituted a new policy in January 1980 in which a 3 months' supply would be sent to each region on a quarterly basis, and each clinic would also receive a 3 months' supply.

B. Findings

The following observations were made during our evaluation of CONAPOFA's contraceptive logistics system.

1. Our visits to CONAPOFA's central and regional warehouses showed that although large quantities of family planning supplies are stored in the central warehouse in Santo Domingo, no more than a 3 months' supply is ever stored in the regional warehouses. Two of 3 regional warehouses we visited are small. However, after an inspection of the regional offices where the warehouses are located, we feel larger quantities could be shipped to and stored at the regional level. Movement of supplies from the regional warehouses to CONAPOFA's distribution points and to the SBS program rapidly depletes the 3 months' supply received quarterly by the regional warehouses, leaving little or no supplies on hand to meet unexpected demand. In other words, safety stocks are not maintained by the regional warehouses. Under the current system the regional warehouses are really no more than transfer points and do not serve the critical function of shortening the supply line between the central warehouse and the distribution points, particularly if the latter need to make emergency requisitions.

2. Safety stocks are also not maintained by the distribution points, which include both clinics and SBS promoters. Thus, in 1979 when only a 1 month's supply was being issued to the distribution points, the distribution points were at risk of running out of supplies every month. Although CONAPOFA's decision to issue a 3 months' supply to the distribution points was an important improvement in the flow of contraceptive supplies, its effect was to defer the risk of the distribution points of running out of supplies from once every month to once every 3 months, or 4 times per year. Since safety stocks are not maintained by both the regional warehouses and the distribution points, any increases in demand for contraceptives or delays in regular dispatches of supplies are likely to lead to stockouts.

3. None of the regional offices we visited were able to provide us with the statistics needed to calculate quantities of supplies to be requested from the central warehouse and to be issued to the distribution points and to the SBS program. Although formal procedures for storing, ordering, invoicing, and accounting of contraceptive supplies

exist at the central level they do not exist at the regional and distribution point levels. It was clear from our visits to the regions that the determination of quantities to be requested and issued were made more or less arbitrarily and differently by the 3 regional offices we visited.

4. Data is not reported on the status of supplies at all levels. If these data were reported and used by program supervisors, supply imbalances in the logistics system could be detected and addressed accordingly. An example of such a supply imbalance currently exists in the system with respect to NeoSampoon. No supplies of this commodity are on hand in either the central warehouse or the regional warehouses we visited, and demand for NeoSampoon appears to vary from 1 distribution point to another. While some distribution points have experienced high demand for NeoSampoon and currently have no stock on hand, others have experienced low demand and have excessive stocks on hand. Since the logistics reporting system cannot detect stock imbalances in the program, action cannot be taken to remedy the current stock imbalance of NeoSampoon.

5. The contraceptive logistics system is not documented. As a result, the application of the current system varies from region to region.

6. In a visit to the central warehouse in Santo Domingo we identified the following problems:

a. Supplies are stacked in such a way that they often touch the ceiling of the warehouse. In addition, the height of the stacks causes damage to the boxes at or near the bottom. The manner of stacking, with discontinuities around columns and duct work, makes physical inventory very difficult.

b. Although oral contraceptives were stacked on pallets, other contraceptive supplies were not. Some supplies of condoms and Delfen foam showed evidence of water and stacking damage.

c. There were open boxes of contraceptives and spilled contents about the floor. In general, the warehouse requires cleaning.

d. Although we were told that supplies were issued on a "First-In/First-Out" (FIFO) basis, condoms were found with 1977 manufacture dates in some distribution points, while large quantities of condoms with 1974 manufacture dates were stored in the central warehouse.

e. A window near where the oral contraceptives are stacked in the warehouse was unproperly covered, potentially admitting rain during storms.

f. There was a stockout of NeoSampoon.

g. Inventory control cards are not used for supply management; rather, a ledger is maintained in CONAPOFA's central office in which receipts, issues, and balances on hand are recorded. Comparing balances on hand recorded in the ledger for oral contraceptives and condoms as of December 31, 1979, with what was reported to be on hand to USAID/Dominican Republic as of this date, revealed the following differences:

Contraceptive	Ledger	Report	Difference
Orals (cycles)	2,517,000	2,100,000	417,000
Condoms (units)	3,666,240	3,954,240	288,000

The balances on hand recorded in the ledger for all contraceptives are shown in Table 6.

C. Recommendations

The success of improving the CONAPOFA contraceptive supply system will be dependent upon a qualified person in CONAPOFA devoting his attention to the system. Lic. Varona, with additional training, would be a good candidate for this post. The first task that the logistics coordinator should address would be the improvement in the flow of family planning supplies. Once improvement has become institutionalized and the family planning supply system is functioning well, the coordinator should devote some of his attention to general field operations and problems. Most of the following recommendations are predicated on the coordinator carrying out his function.

1. The quantities of each item of supply on hand and quantities dispensed by the distribution points (including SBS promoters) should be determined. This will provide the basic information necessary to calculate rates of usage for each item of supply and, thus, the quantities of supplies to be requested from the central warehouse and issued to and maintained by the distribution points.

2. At least 4 months' supply of each contraceptive type should be placed at each distribution point. For example, if a distribution point in the previous 6 months has dispensed an average of 149 cycles per month of Norinyl 1+50 and 10 cycles are on hand and no changes in operations are anticipated, the amount to be shipped to that distribution point would be 149 cycles/month times 4 months minus 10 cycles on hand or 586 cycles. The shipment should be 1 box of 600 cycles (supply requirements should be rounded to the next full box lot).

3. The level of supply in regional warehouses should be brought up to at least 6 months' supply. The amount of supplies maintained by the regional warehouses should be based on supplies on hand, the average total monthly dispensation by the distribution points in their region, and program plans. The balance of supplies should be maintained at the central warehouse.

We feel that the quantities, as outlined in (2) and (3) above, are reasonable when the amount of contraceptives available in the country and the storage capacity at the field level are considered. There are 3 reasons for making this recommendation: 1) no documentation exists on the usage level of each item of supply, nor do we know what the usage levels would be under conditions of full supply; 2) by moving larger quantities to the field, logistics personnel at the central level and regional levels can devote more time to improving the system; and 3) this will serve as assurance to field personnel that family planning commodities are available in large quantities, and they need not be concerned about running out of any item.

4. The supply system should be based on the maintenance of certain levels of inventory as maximum and minimum stocks. Some of the terms we use in this recommendation are: a) Smax--number of months supply above which inventory levels should not rise; b) Qmax--actual quantity of articles represented by Smax; c) Smin--supply level below which inventory levels should not fall; d) Qmin--actual quantity of articles represented by Smin; and e) f--resupply interval (in a perfectly operating Smax/Smin system, f=Smax minus Smin).

For example, if a distribution point is operating where Smax=4 months and Smin=1 month for a particular article, and the projected distribution for the coming period is 50 articles per month, then Qmax = 4 x 50 = 200, and Qmin = 1 x 50 = 50. The resupply interval, f, would be 4 minus 1 = 3 months, or 4 shipments per year.

Initially, Smax and Smin should be 6 and 2 months, respectively, for regional warehouses, and 4 months and 1 month for distribution points. These figures have been chosen because of the large quantities of contraceptives in the country, especially pills and condoms. Also, these levels of inventory may encourage field staff to dispense contraceptives to users in larger quantities which will result in more convenience to users and reduced workloads for clinic personnel. In addition, these levels of inventory will require stock orders only 3 times per year for regional warehouses rather than the present 4 times per year (plus emergency requisitions), and 4 times a year for distribution points.

Ultimately, the number of months supply to be maintained will be determined by program conditions as they exist in the future. Smax and Smin are flexible. For example, if the current energy crisis

creates a shortage of gasoline, Smax and Smin could be adjusted upward, thus decreasing the resupply interval, i.e., if Smax and Smin for distribution points was increased from 4 months and 1 month, respectively, to 6 months and 2 months, the resupply interval would be every 4 months rather than every 3 months.

5. Initially, the system adopted by CONAPOFA should be an allocation system, or a "push" system. That is, the quantities to be supplied both to the regional warehouse and to the distribution points will be supplied both to the regional warehouse and to the distribution points will be determined at the central level. As people in the field become more familiar with supply management, the system can be converted to a requisition system, or a "pull" system, where quantities will be determined by field personnel.

One of the implications of the "push" system is the requirement for good reporting. Each operational unit (regional warehouses, distribution points, SBS supervisors) should submit at the end of each quarter a report giving quantities received, quantities dispensed and/or issued for each item of supply during the quarter and quantities on hand at the end of the quarter. A new form will need to be developed to report these data. A sample format of this form is shown in Exhibit 1.

6. Quantities of contraceptives dispensed by distribution points (including SBS promoters) should be included in the computerized data system. According to Lic. Baez, the data system is currently undergoing modification, and by June 1980 a new system, which will include the SBS promoters, will be implemented. We discussed with Lic. Baez the possibility of including quantities of contraceptives dispensed in the new system. He stated that technically there would be no problem to do this.

7. Inventory control cards (ICC's) should be maintained at all levels in the flow of supplies to users, i.e. central and intermediate warehouses and distribution points (clinics and SBS promoters). The main purpose of ICCs is to have an up-to-date record of all supply transactions recorded in 1 place so that management can quickly determine trends in inventory and distribution. The ICC could be designed as shown in Exhibit 2.

The heading for the ICC should contain as a minimum:

- The name of the item of supply.
- The maximum and minimum stock balance to be maintained.
- Ordering quantities.
- Shipping quantities.

8. Procedures for requisitioning and invoicing should be formalized at all levels of the program. One form could be used for this purpose: a Requisition/Invoice form. A sample format of this form is shown in Exhibit 3. This form should be used at all levels of the program to request and/or ship commodities.

9. At central level quarterly reports should be prepared on the status of supplies at all levels of the program. Examples of reports that could be prepared include a) a comparison of balances on hand for each item of supply with assigned Smax and Smin inventory levels for the regional warehouses and distribution points; b) a trend analysis of quantities dispensed to users by method and by region or any other appropriate subdivision; and c) a comparison of quantities of each item of supply issued to the regions and to the SBS program with quantities dispensed to users. (If the logistics system is functioning well, quantities issued should approximate quantities dispensed.)

10. The system should be documented in such a way that those involved can be given written supply management guidelines for their particular level. A training program on the logistics system should be developed for all who will be concerned with supply management. FPED/CDC would assist in developing the training program. Before training begins, 1 person and an alternate at each distribution point should be assigned to the task of supply management. Personnel working in regional warehouses should receive training first in order to assist with the training of service level personnel.

In addition to the personnel actually managing the logistics system, field supervisors should also be trained in the system. It should be the task of the supervisors to evaluate supply management during their routine supervisory visits to the field. It is important that their training be thorough and that they have a complete understanding of the supply system so they can advise service personnel in proper supply management.

11. The following actions should be implemented immediately in the central warehouse:

a. A physical inventory of every item of supply. In doing the inventory, white condoms should be counted separately from colored condoms, Norinyl 1+50 from Norinyl 1+80, etc. Results of the inventory should be reported immediately to USAID/Dominican Republic.

b. Boxes of supplies should be arranged in even stacks that facilitate inventory counts. In addition, supplies should be stacked so identification marks and dates of manufacture are readily visible. This will help insure that the "First-In/First-Out" principle of supply management is observed.

c. All supplies should not be stacked more than 10 feet high, and should be stacked at least 1 foot from any wall and at least 4 inches from the floor.

d. Damaged supplies should be separated from other supplies and their disposition be determined.

e. Old files, office supplies, old tires, etc. should be removed from the warehouses. The central warehouse should receive a general cleaning.

f. A window in the rear of the central warehouse should be repaired to prevent water damage to supplies.

12. Steps should be taken to further cooperation between the distribution systems of CONAPOFA and SBS. Discussions with CONAPOFA and SBS personnel revealed parallel delivery systems, as shown in Exhibit 4. The result is the arrival of more than 1 truck in a month to the same locations, and in the case of the SBS program, delivers at all levels each month. Also, SBS delivers through 1 additional level--the Area Supervisor.

While Exhibit 4 represents the current system, we found cases of cooperation between CONAPOFA and SBS personnel at the regional offices we visited. For example, in 1 region the CONAPOFA program delivered contraceptive supplies directly to SBS Area Supervisors, and in another region joint shipments of supplies were frequently made to the CONAPOFA and SBS distribution points.

The existing cooperation demonstrates the possibility of additional cooperation as shown in Exhibit 5. To accomplish full cooperation, the following steps would have to be taken:

a. SBS would need to increase its storage capacity at the regional level. In 1 of 3 regions visited there was ample storage space (Region I, Bani). While personnel in other regions felt the space was inadequate for higher levels of supplies, existing facilities did not appear to be fully utilized. CONAPOFA and SBS regional offices could cooperate further by sharing storage space. The major benefits of stocking larger quantities of supplies at field levels would be less frequent shipping and avoidance of stockouts.

b. CONAPOFA and SBS shipping schedules would need to be coordinated at the central regional levels.

c. All SBS supplies would be delivered directly from the regional office to the supervisors of the promoters, bypassing the area supervisors. The area supervisors would still make requisitions, and specify amounts to be delivered to each site, but would be relieved of the duty of physical distribution of supplies.

Implementation of these recommendations would save effort, gasoline, and greatly reduce the problems of stockouts. If our recommendations are adopted, a return visit of FPED/CDC consultants should be scheduled to evaluate their implementation.

At the end of our consultation a preliminary report, with recommendations, was left with CONAPOFA, SBS, and the AID Mission. Furthermore, informal debriefings were held with mission staff and a more formal debriefing held with CONAPOFA staff.

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TABLE 1

Number of CONAPOFA Family Planning Clinics
By Region

December 1979

Region	Number of Clinics
Metropolitan	42
I	26
II	69
III	38
IV	29
V	41
Total	245

TABLE 2

SBS Personnel by Type of Personnel and Health Region

October 1979

Region	Area Supervisors	Promoter Supervisors	Promoters
I	4	48	811
II	9	122	1,258
III	6	125	1,346
IV	2	19	252
V	4	54	576
Total	25	368	4,243

TABLE 3

Reported Number of Active Users by Program
December 1976, 1977, 1978 and August 1979

Year	Program*					TOTAL
	CONAPOFA	SSID	SBS	ADPBF	FENAC	
December 1976	93,173	9,642	-	-	-	102,812
December 1977	103,501	8,550	6,304	9,769	-	128,124
December 1978	103,703	9,533	11,873	10,600	3,549	139,258
August 1979	105,400	11,403	13,837	13,371	-	144,011

*Note: CONAPOFA - Consejo Nacional de Poblacion y Familia
SSID - Servicio Social de Iglesias Dominicanas
SBS - Servicios Básicos de Salud
ADPBF - Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
FENAC - Federación Nacional de Campesinas

TABLE 4

Percent Distribution of Active Users by Method and Program
1979

Program	Method				TOTAL
	ORALS	IUD	CONDOMS	OTHER*	
CONAPOFA	59.5	16.9	10.1	13.5	100.0
SBS	58.2	-	10.3	30.5	100.0
ADPBF	96.6	-	-	3.4	100.0
SSID	56.6	-	40.2	3.2	100.0

*Other includes foam, cream jellies and vaginal tablets.
For the ADPBF program, condoms are also included.

TABLE 5

Contraceptives Issued by the CONAPOFA CENTRAL
Warehouse to Regional Warehouses

1977 - 1979 and January 1980

Method	1977	1978	1979	January 1980
Orales (cycles)	343,200	501,300	855,600	412,000
Condoms (units)	759,600	1,536,384	2,607,408	1,090,560
Foam (tubes)	6,300	12,360	12,816	2,880
Vaginal Tablets (tubes)	48,800	40,140	52,640	0
IUD (units)	NA	NA	NA	3,000

NA = Data not available

TABLE 6

Contraceptive Supplies On Hand in CONAPOFA Central Warehouse
Reported Balance, December 31, 1979

	Units/Cycles
Delfoam with Applicator	0
Emko with Applicator	0
Emko without Applicator	3,884
Lippes D	21,800
Lippes D with Inserter	2,166
Lippes C	11,200
Copper T	12,110
NeoSampoon	200
Norynil 1+50	2,517,000
Oral 1+50	4,800
Condoms	3,666,240

EXHIBIT 1

REPORTING FORM

(IDENTIFICATION DATA)

Quarter_____ Date Report Submitted_____

Item of Supply	Balance on hand at beginning of Quarter	Receipts	Issued/ Dispensed	Balance on hand at end of Quarter
1. Pills (cycles)				
2. Condoms (units)				
3. NeoSampoon(tubes)				
4.				
5.				
6.				
7.				
8.				
9.				
10. Alcohol (Pints)				

NOTE: Distribution points will complete this form in original and 2 copies. The original will be submitted directly to the central office in Santo Domingo. The first copy will be sent to the regional office and the second copy maintained in the files of the distribution point.

Regional offices will complete this form in original and 1 copy. The original will be sent to the central office and the copy will be maintained in the file of the regional office.

EXHIBIT 2

TARJETA DE EXISTENCIA

ARTICULO_____ CANTIDAD AL PEDIR/ ENVIAR _____ SMAX _____ SMIN_____ COSTO_____

FECHA	PEDIDO	RECIBIDO	ENTREGADO/ ENVIADO	EXISTENCIA	OBSERVACIONES

EXHIBIT 3

REQUISITION/INVOICE FORM

(IDENTIFICATION DATA)

Date Submitted_____ Date Shipped_____

	REQUISITION			INVOICE			
Item	Unit	Balance on Hand	Quantity Requested	Quantity Shipped	Cost/ Unit	Total Cost	Observations

Date Received_____

NOTE: Distribution points will request supplies by completing this form in original and 2 copies. The original and first copy will be sent to the regional warehouse. The second copy will be maintained in the files of the distribution point. The regional warehouse will complete the invoice section of the original and first copy. The first copy will accompany the shipment to the distribution point and the original will be maintained in the regional warehouse's files. Upon receiving a shipment, the distribution point will compare the packing invoice (1st copy) with the request (2nd copy). After taking a physical inventory of the shipment and if there are no irregularities, the 2nd copy will be destroyed and the 1st copy maintained in the files.

EXHIBIT 4

EXISTING PARALELL SUPPLY DELIVERY SYSTEMS

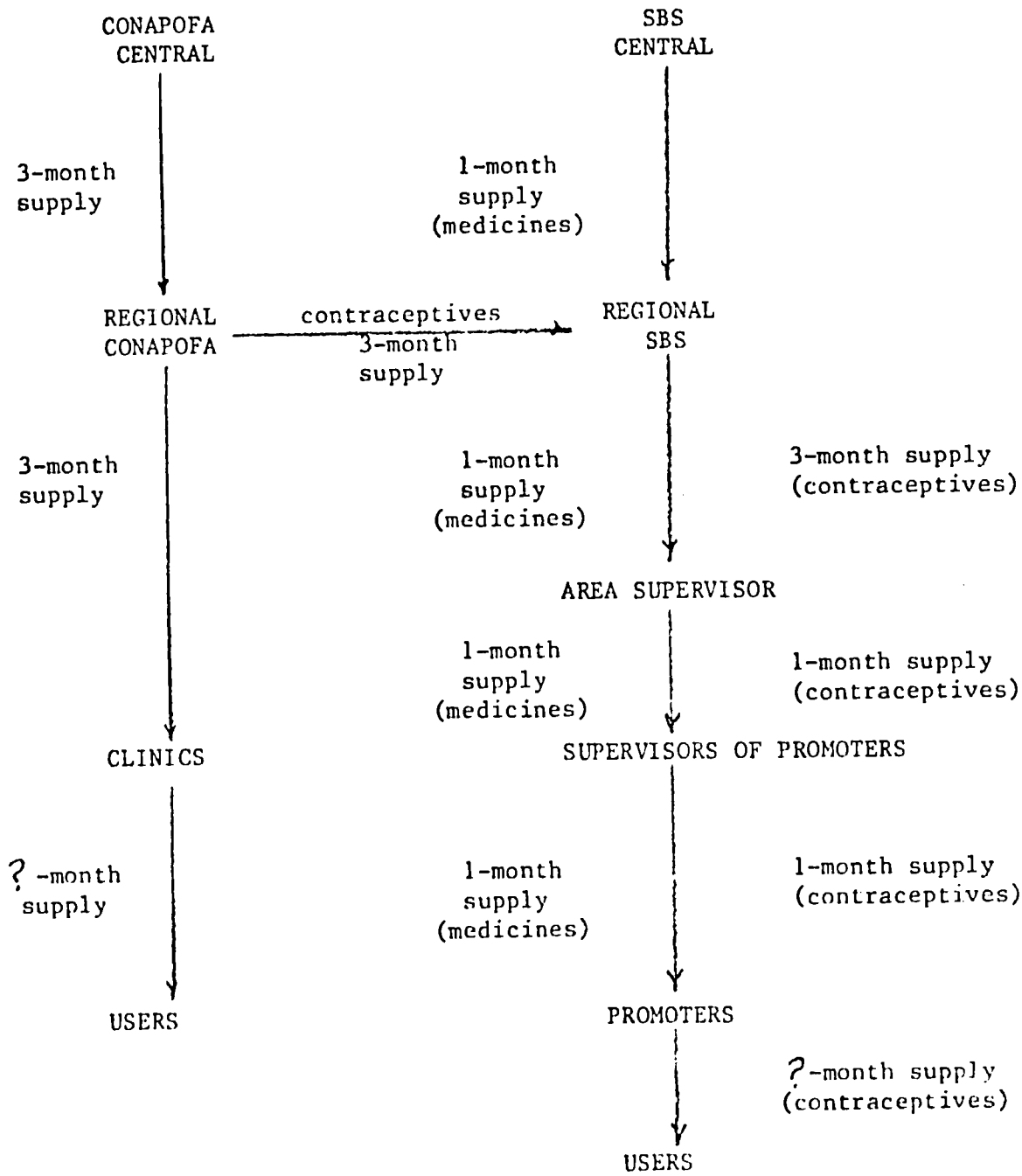
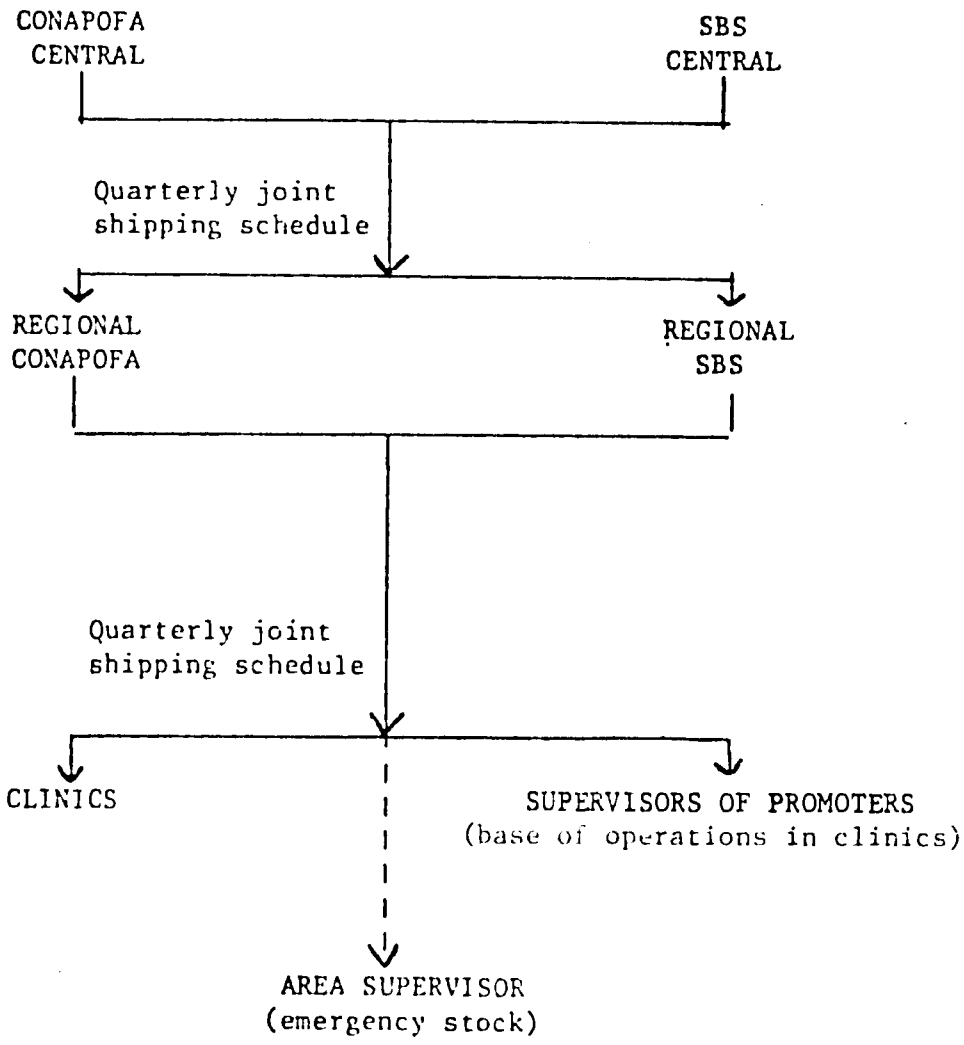


EXHIBIT 5

RECOMMENDED JOINT SUPPLY DELIVERY SYSTEM