MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, Director
Center for Disease Control
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE) 3/28/79

DATE: February 27, 1979

FROM : Program Analyst, Program Evaluation Branch (PEB)
Family Planning Evaluation Division (FPED)

SUBJECT: Resource Support Services Report: Egypt, November 9-December 7, 1978

I. SUMMARY
II. PLACES, DATES, AND PURPOSE OF TRAVEL
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I. SUMMARY

At the request of USAID/POP/FPSD/Washington, USAID/Cairo, and the Department of Family Planning, Ministry of Health (MOH), Arab Republic of Egypt (ARE), CDC/FPED provided technical assistance in supply management to the ARE Family Planning Program. This assistance was to review the practices related to contraceptive supply management and make recommendations for improvement.

During the consultation, contacts were made in the MOH, Population and Family Planning Board (PFPB), UNICEF, and USAID/Cairo. In addition, field trips were made to clinics in 3 governorates (provinces), a manufacturing plant, and 2 distribution centers.

Program policy states that 3 month's supplies will be continuously available in clinics and 6 month's supplies will be available at central locations in the governorates. In my opinion, these quantities should be sufficient to assure continuing availability to program clients. However, I found that these quantities were not being generally maintained. Several reasons, such as lack of storage capacity, lack of transportation, insufficient funds, poor staff attitude, and low demand, were given for not adhering to program policy. However, the most likely reason is that the supply system is not well documented, and personnel seem not to understand the importance and mechanism for maintaining adequate supplies. Supply problems seem to be related more to implementation than to the system for distribution. It is therefore recommended that a responsible officer be appointed to direct the supply system. The first duty of this officer should be to place adequate amounts of supplies in the clinics, then investigate the

problems related to supply management. Once the problems are identified and solutions devised, the supply system should be documented by producing a manual of instructions for supply management and training staff in its use. If additional assistance is needed, FPED could provide it.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

On July 18, 1978, CDC/FPED received a copy of the following cable from USAID/Cairo to USAID/POP/Washington:

> "Director General, Dept. of FP, MOH, would like Jack Graves to come to Egypt for approximately 4-6 weeks starting September 1978* to review family planning logistics system for GOE Program. Purpose of review would be to have first-hand understanding of present logistics system for family planning commodities and to make recommendations on most useful system for strengthening family planning delivery program with adequate supply system."

Actual travel took place from November 9 to December 7, 1978.

III. PRINCIPAL CONTACTS

A. GOE, Ministry of Health

1. Dr. Kamal Attia, Director General, Department of Family Planning (DFP)
2. Dr. Saad Labib, Deputy Director, DFP
3. Dr. H. A. El-Borollossi, Commercial Manager, Gomhouria Pharmaceutical Company
4. Dr. Sofa Hassin, The Nile Company
5. Dr. Mohab Marzuoki, The Nile Company
6. Dr. Salah El Ghamrawy, Director General, The Egyptian Company for Pharmaceutical Trade
7. Dr. Amire, Director General, MOH, Giza Governorate
8. Dr. Hosinsher, Director of Family Planning, Giza
9. Dr. Anwar Ahmed, Director, Mazlet El-Samman Rural Health Unit, Giza
10. Dr. Makram Aziz, Director, Kerza Health Center, Giza
11. Dr. Nadia Saad, Director, Child Welfare Center, Sharkia Governorate
12. Dr. Showfique, Director, Nobar General Health Center, Cairo Governorate
13. Dr. Menufe, Chief Medical Director, Shuba, Cairo
14. Dr. Hoda Naoum, Director, Matook MCH Center, Cairo

B. Population and Family Planning Board

1. Dr. Aziz Bindary, Chairman
2. Dr. Mustafa El-Sammaa, Deputy Chairman
3. Mr. Hamdy, Administrative Officer

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*The date of this request was subsequently changed to November.

4. Mr. Nabil, Administrative Section
5. Mr. Camel, Administrative Section
6. Mr. Md. Abadellsalam, Director, Sharkia Governorate Office

C. Agency for Technical Cooperation (W. Germany)

1. Dr. Michael Wolff, FP and MCH Project

D. UNICEF

1. Mr. Terge Thosesen, Assistant Program Officer (Family Planning)

E. USAID/Cairo

1. Mr. Donald Brown, Director
2. Dr. M. M. Shutt, Chief, HPD
3. Dr. Stanley Applegate, Chief, TAD
4. Michael Jordan, Population Officer, HPD

IV. BACKGROUND

This is the second trip by FPED staff for technical assistance in logistics. The first was by Dr. Roger W. Rochat, Deputy Director, FPED, and Mr. Joseph Loudis*, Chief, Commodities and Logistics Branch, Field Support Division, PHA/POP, between February 12 and 26, 1977. Their report, dated March 1977 (revised May 1, 1977), is on file with AID/Washington, USAID/Cairo, and FPED. Some of the data and other information contained in their report will be updated here.

The Rochat-Loudis report contained a detailed review of the program and its problems; this information will, therefore, only be repeated here when continuity demands it or where changes have been made.

My first few days in Cairo were spent in consultation with officials from USAID/Cairo, the Department of Family Planning (DFP), Ministry of Health (MOH), the Population and Family Planning Board (PFPB), and UNICEF. I was thoroughly briefed on the family planning program in Egypt and during the course of my visit, r viewed several documents describing program activities and plans. Copies of some of these documents were brought back to CDC and are on file with FPED. These are:

1. Population and Family Planning, Some Characteristics for Egypt: 1978
2. Multi-year Population Strategy, Arab Republic of Egypt, USAID/Egypt, March 1978

*Mr. Loudis is now Population Officer, USAID/Kabul, Afghanistan.

3. Community-based Family Planning Demonstration Project, A Review of the Project's Activities and an Evaluation of its Accomplishments, June 1978

In addition, the following documents, obtained from the PFPB, are appended to this report:

Attachment 1 An outline of PFPB Projects

Attachment 2 The Distribution of Contraceptives (comparison of former and present system)

Attachment 3 The New Contraceptive Distribution System Approved by the Supreme Council for Population and Family Planning on December 14, 1977, Effective January 1, 1978 (outline of the present system and chart of commodity flow)

Attachment 4 The Incentive System (comparison of former and present systems)

A number of other documents were reviewed, the principal ones being the "Monthly Service Statistics Reports" (through June 1978), which are prepared by the PFPB, and "A Proposal for a Community-based Integrated Family Planning and Maternal and Child Health Project," December 1977, prepared by the MOH.

The graphs accompanying this report (see Attachment 5) were prepared by me from the monthly reports and are updated versions of the ones accompanying the Rochat-Loudis report.

The "Proposal" mentioned above describes the contraceptive supply problem (page 115) as follows:

> "A major complaint on the part of both personnel and clients concerning service availability has centered on a continuous shortage of contraceptive supplies. Program personnel have emphasized the need for a continuous and regular supply of contraceptives of all kinds and complain that women frequently drop out of the program if their particular brand of contraceptive is not available. In addition to pill shortages and a lack of facilities and trained personnel for IUD insertions, there is a limited availability of other contraceptive measures as well."

V. OBSERVATIONS

After discussing the logistics problems with officials and reviewing program documents, I visited some of the organizations involved with contraceptive supplies. The places visited (see Attachment 3 for a description of the role played by each) were:

1. The Gomhouria Company, Cairo
2. The Nile Company, Cairo
3. The Egyptian Company for Pharmaceutical Trade, Cairo
4. Giza Governorate
   a. MOH Governorate Office
   b. MOH Medical Stores
   c. Mazlet El-Samman Rural Health Unit
   d. Kerza Rural Health Center
5. Sharkia Governorate
   a. PFPB Governorate Office
   b. MOH Medical Store
   c. The Egyptian Company Branch Warehouse
   d. Child Welfare Center
6. Cairo Governorate
   a. Nabor General Health Center
   b. Matook MCH Center

The policy of the program (see Attachment 2, paragraph 3.1) is that clinics will maintain a 3-month supply of contraceptives, and MOH governorate stores and Egyptian Company branches will maintain a 6-month supply. It is implied, but not stated in this policy, that supply stocks are to be replenished on a monthly basis. Since this policy is to be implemented on a brand-specific basis, the program is faced with the problem of managing less popular brands which are available in large quantities.

Interviews with personnel at the locations listed above revealed the following additional problems:

1. Some personnel do not understand the supply policies of the program.

2. Some locations have insufficient funds to maintain the desired stock levels.

3. Some locations, particularly Egyptian Company branch warehouses, do not have sufficient room to store the required quantities (in view of the fact that the Company also distributes many other drugs and medical supplies).

4. There is a lack of transportation available to move the supplies throughout the system.

5. There are shortages of the most popular brands from time to time.

6. Some personnel continue to view family planning as undesirable or as additional work for which they are not paid.

7. In some areas there is a lack of demand for contraceptives, particularly condoms and some brands of orals.

8. One governorate store will only issue supplies once a month so that, if the clinics being supplied need stocks sooner, they are unable to obtain them until the next month.

This list is limited because of the lack of time to make a thorough investigation and because only locations near Cairo were visited. It is sufficient, however, to conclude that the major problems are with the implementation of the policies regarding contraceptive supplies rather than with the system.

At the beginning of 1978 an attempt was made to place the required quantities of contraceptives in the clinics and governorate stores. In the places visited, this attempt was successful, but instead of maintaining these quantities, they were used without monthly replenishment so that inventories are again at a low level. This is reflected in the attached graphs (see Attachment 5) for both orals and condoms. The graphs show that monthly distributions to clinics were increasing and at a high level immediately prior to January 1978, and rather abruptly declined between that date and June 1978 (which was the latest month for which data were available). Unless these patterns of supply distribution are caused by inconsistent and/or incomplete reporting, the only other conclusion that one could draw from the patterns shown in the graphs, is that the program has been declining since January 1978, i.e., demand for contraceptives is decreasing. Indeed, the distributions of orals was showing an increase up to 1976, but the trend since then has been in the opposite direction.

In addition, the graph for the distribution of condoms to pharmacies shows sharp peaks in November 1975 and September 1977 and, in general, an erratic picture since 1972. The graphs for distribution of orals, condoms, and IUDs show similar inconsistencies over time. This indicates that not enough attention is being paid to the contraceptive supply system. One would expect that after 3 or 4 years these graphs would show little month-to-month fluctuation and, hopefully, a steady increase.

Since the purpose of my visit was restricted to an examination of the supply system, and because of limited time, I was not able to analyze the causes contributing to the decline in distribution of contraceptives beyond the effect of the supply system. Almost certainly the problems with the supply system have contributed to the problems of the total program.

VI. RECOMMENDATIONS

A. Stock levels at all locations should be brought up to the desired levels. Where stocks are available and storage capacity exists, consideration should be given to temporarily overstocking clinics and other distribution points so that pressure on the central system can be relieved to allow time for problems to be worked out.

B. 1. The task of operating the supply system should be assigned, on a permanent, full-time basis, to a responsible officer within the program. This person should be experienced in logistics management and should direct a staff sufficient to meet the needs of the logistics office.

2. The first task of this officer should be to investigate the problems of the system, some of which have been listed in Section V of this report, and recommend solutions.

3. Based upon the policies of the program and the results of problem investigations, a manual for supply management throughout the program should be written. This manual should describe in minute detail the duties and responsibilities of each office and identify the personnel who will be responsible for each activity, including forecasting, ordering, warehousing, issuing, reporting, accounting, and other actions as may be needed by the system.

The manual should be written in sections specific to each level of office, i.e., a section for clinics, a separate section for MOH governorate medical stores, another for the Nile Company branch stores, etc. The different levels of offices should be given only the sections of the manual that pertains to them, thus, confusion will be minimized.

In producing the supply manual, careful attention should be paid to the production of paper work. Every effort should be made to provide for the timely documentation of necessary information and at the same time to eliminate, as much as possible, duplication of effort, such as writing the same information in several different places. The system of documentation should be so designed as to lead logically to the preparation of requisitions and reports.

4. After the system has been documented and tested, all persons involved with supply management should be trained in its operation.

5. FPED, in cooperation with the Government at Bangladesh and UNICEF, has designed a supply system for use in Bangladesh. A manual was written describing the system. A copy of this manual was left with USAID/Cairo and could be used as a guide.

VII. CONCLUSIONS

While the success of the family planning program does not rest entirely on a smooth working supply system, the program clearly cannot provide for maximum benefit unless there is a continuous flow of the necessary items to its participants. Nothing is more discouraging to clinic staff than to see their efforts to provide a needed service to their patients nullified because the basic commodities of the service are not available. Needless to say, this is a most frequent contributor to what is generally known as "poor staff attitude." In addition, it is very difficult to regain the confidence of patients who have dropped out of the program because they are not always able to obtain the needed supplies.

We were pleased to have the opportunity to work in Egypt and, if our services are needed in the future, will welcome the opportunity to return.

Jack L. Graves, M.P.H.

PFPB PROJECTS

EGY/76/P01 MANAGEMENT, PLANNING AND EVALUATION

EGY/76/P01/1 MANAGEMENT

EGY/76/P01/2 PLANNING

P01/2/1 PLANNING TECHNIQUES

1 - SETTING POPULATION POLICY TARGETS IN EGYPT UP TO THE YEAR 2000

2 - DEVELOPMENT OF PLANNING MODELS TO PRODUCE INPUTS FOR THE PLANNING PROCESS FOR DEVELOPMENT SUFFICIENT TO ATTAIN POPULATION POLICY TARGETS.

3 - THE APPLICATION OF SYSTEMS MODELS IN THE STUDY OF THE INTERRELATIONSHIPS BETWEEN VARIOUS POPULATION DIMENSIONS AND OTHER ASPECTS OF THE SOCIO-ECONOMIC SYSTEM IN THE PROCESS OF DEVELOPMENT.

ATTACHMENT 1

P01/2/2 PROGRAMMING

1 - THE ELABORATION OF NATIONAL POPULATION POLICY AND PLAN OF ACTION COVERING THE PERIOD UP TO THE END OF THE CENTURY, AND EXTENDING TO THE DIMENSIONS OF GROWTH, SPATIAL DISTRIBUTION AND CHARACTERISTICS.

2 - THE DEVELOPMENT OF A PLANNING FRAMEWORK FOR NATIONAL EFFORTS RELATED TO POPULATION AND FAMILY PLANNING ON THE CENTRAL LEVEL.

3 - THE DEVELOPMENT OF A PLANNING FRAMEWORK FOR EFFORTS RELATED TO POPULATION AND FAMILY PLANNING ON THE GOVERNORATE AND LOCAL LEVELS.

EGY/76/P01/3 EVALUATION AND STATISTICS

1 - ESTIMATING THE TARGET POPULATION FOR FAMILY PLANNING ACTIVITIES AND THE SIZE OF FERTILITY CONTROL REQUIRED FOR THE REALIZATION OF POPULATION OBJECTIVES IN EGYPT ON THE LEVEL OF VILLAGES AND RESIDENTIAL AGGLOMERATION IN TERMS OF DETERMINING THE TARGET FOR THE NUMBER OF FAMILY PLANNING USERS DURING 1977 FOR REALIZING THE NATIONAL OBJECTIVES IN REDUCING THE BIRTH RATE BY A 0.1% ANNUALLY.

2 - PROJECT TO INSTITUTE A SYSTEM FOR THE COLLECTION OF BASIC DATA REQUIRED FOR THE FOLLOW-UP AND EVALUATION OF FAMILY PLANNING ACTIVITIES.

3 - MONTHLY STATISTICAL REPORT.

EGY/76/P02 HUMAN REPRODUCTION RESEARCH :

AN ANNOTATED BIBLIOGRAPHY

EGY/76/P03 SOCIO-ECONOMIC AND ACTION RESEARCH

EGY/76/P03/1 SOCIO-ECONOMIC RESEARCH

1 - DEVELOPMENT OF A RESEARCH PLANNING AND FOLLOW-UP SYSTEM.

2 - THE DEVELOPMENT OF AN ANNOTATED BIBLIOGRAPHY AS WELL AS A DOCUMENTATION SYSTEM.

3 - PUBLISHING THE MONTHLY BULLETIN "POPULATION STUDIES".

4 - SPONSORING INVESTIGATION IN SELECTED SOCIO-ECONOMIC AREAS

A - INDUSTRIALIZATION AND POPULATION.

B - STUDY ON INTERNAL MIGRATION.

C - STUDY ON MANPOWER FORCE

EGY76/P03/2 ACTION RESEARCH

THE RELATIONSHIP BETWEEN INTEGRATED RURAL DEVELOPMENT AND THE POPULATION PROBLEM.

EGY/77/P03 COORDINATORS PROJECT

POPULATION AND DEVELOPMENT PROJECT :

1 - ORGANIZATIONAL ACTIVITIES
2 - RECRUITMENT
3 - TRAINING ACTIVITIES
4 - EXECUTIVE ACTIVITIES

EGY/76/P04 STRENGTHENING OF FAMILY PLANNING SERVICES

(CONTRACEPTIVE SUPPLY)

EGY/76/P05 COMMUNICATION, EDUCATION AND TRAINING

EGY/76/P05/1 COMMUNICATION

1 - CENTRAL COMMUNICATION
2 - LOCAL COMMUNICATION
3 - ACADEMIC AND ARTISTIC WORK

EGY/76/P05/2 POPULATION EDUCATION

EGY/76/P05/3 TRAINING

1 - TRAINING PROGRAMMES
2 - LOCAL TRAINING
3 - ADMINISTRATIVE TRAINING, FOREIGN LANGUAGES AND HIGHER STUDIES PROGRAM
4 - TRAINING ABROAD PROGRAM (FELLOWSHIP AND STUDY TOURS)

THE WORLD BANK FAMILY PLANNING PROJECTS

1. INFORMATION, EDUCATION AND COMMUNICATION (IEC)
2. HOME VISITING PROGRAM
3. MOWEP TRAINING
4. HEALTH SERVICE DELIVERY INFORMATION
5. RESEARCH AND EVALUATION
6. SUPPORT TO THE EGYPTIAN FAMILY PLANNING ASSOCIATION
7. INNOVATIVE ACTIVITIES

SAID/GOE FAMILY PLANNING PROJECT

1. CONTRACEPTIVE SUPPLIES
2. FAMILY PLANNING ADMINISTRATION, MINISTRY OF HEALTH
3. INTEGRATED SOCIAL SERVICES DELIVERY SYSTEM
4. TRAINING
5. INNOVATIVE ACTIVITIES AND TECHNOLOGY TRANSFER
6. INFORMATION, EDUCATION AND COMMUNICATION SUPPORT ACTIVITY

FPA , FAMILY PLANNING PROJECT

1. INSTITUTIONAL SUPPORT FROM IPPF,
2. CAPE PROJECT NUTRITION & FP
3. UNICEF SUPPORT

THE DISTRIBUTION OF CONTRACEPTIVES

I. INTRODUCTION :

1.1. Since the initiation of the national Population and Family Planning Programme the Supreme Council has striven to extend family planning services to all governorates ensuring that contraceptives become accessible to all motivated couples at country-wide level with the intention of reaching the smallest and remotest urban and rural communities.

1.2. As an instrument of the Supreme Council, the Population and Family Planning Board has thus undertaken from the start to ensure the accessibility of contraceptives to all users at nominal prices.

1.3. All activities related to the supply of contraceptives, including importation, manufacture and distribution are performed by public sector companies.

1.4. With the allocation of adequate funds from governmental and foreign sources, the processes of importation and manufacture of contraceptives have been functioning smoothly. However, the method of distribution, that is the system by which the contraceptives move from the company to the consumer has undergone many modifications.

2. THE FORMER CONTRACEPTIVE DISTRIBUTION SYSTEM :

2.1. The two companies responsible for the distribution of contraceptives are : The Egyptian Drug Trading Co. which distributes orals, condoms, diaphragms, IUD'S, spermicidal ointments, creams and foam tablets. It has central stores in Cairo as well as branch stores in all governorates. This company supplies contraceptives to :

- all service units
- all pharmacies.

Al-Gomhoriya Co. is responsible for the distribution of condoms through various commercial channels other than pharmacies including street st ands, cigarette shops, groceries etc...

2.2. As regards supplies to clinics, the former system was as follows :

The clinic requested its needs of contraceptives from the branch stores of the company, (later from the branch stores of the Ministry Of Health). Service units were entitled to request any quantities of contraceptives with no limits from the branch stores. The contraceptives sent were usually the brands available in the stores, regardless of the specific needs of the service centre (whether brands needed were specified in the request or not). Often, the branch stores would send over any pill brand, usually imposing whatever was available, a situation which evoked the complaints of clinics as their needs of specific brands were not satisfied.

2.3. Monthly revenue resulting from the sale of contraceptives was deposited before the fifth day of the following month by the service units in a bank or postal account to credit the Population and Family Planning Board. Such funds were refunded to the service units after the deduction of taxes, and paid to clinic personnel as incentives.

2.4. The shortcomings of this system were found to be as follows :

2.4.1. Large discrepancies existed between amounts of contraceptives supplied to clinics and amounts reported to be distributed .

2.4.2. The amount of incentives represented the value of sales only and was by no means a true remuneration for family planning

motivation efforts which can only be assessed in terms of the cultural context, taking into consideration that family planning motivation in a rural milieu entails greater effort than motivation in an urban milieu where other cultural factors are at work favouring family planning practice and facilitating the role of its propagators. This complaint was voiced by family planning personnel working in rural areas.

2.4.3. As a result of the poor revenue collected, hence poor incentive prospected, clinic personnel in rural areas have resorted in most cases either to desist from sending monthly statistical reports to indicate the amounts of contraceptives sold, the names of centre personnel, and listing family planning beneficiaries for the month before, or else, accumulate revenue collected over several months and send it as revenue collected in a single month (noting that incentives are paid only when reports for the activities of one month are sent prior to the fifth day of the following month). In all cases, the result was a poor reporting system and lack of reliable and accurate data on the distribution of contraceptives and family planning diffusion.

2.4.4. Another shortcoming of the previous distribution system is that personnel in clinics have been feeling that their efforts geared to family planning were an extra task, secondary to their main functions in the clinic, and for that they deserved to be remunerated. In other words, family planning services have not been regarded under the former system as an integral part of health services on equal footing with vaccination, registry of births and deaths, etc... As a result, a poor sense of committment to family planning services on the part of clinic personnel emerged.

2.5. To conclude the former system of contraceptive distribution had

developed into a commercial enterprise, while the incentive system became linked to the amount of contraceptives distributed rather than to the quality of family planning services offered.

3. THE PRESENT CONTRACEPTIVE DISTRIBUTION SYSTEM :

The above shortcomings have led to the introduction of several modifications to the distribution system and ultimately to the adoption of a new system which envisages the success of family planning service in terms of the attainment of the national objective of fertility reduction by 1 per thousand annually, in addition to the volume of contraceptive sales.

3.1. According to the new system, a three month supply of contraceptives is stored in clinics, while a six month supply is kept in the main health store and branch stores of the Egyptian Drug Trading Co. (in marakiz and governorate capitals). Supplies in clinics are held as imprests and entered into the books as stock-in-hand, while its movement is subject to inspection, stock-taking and financial control.

3.2. Clinics purchase their needs of contraceptives from the branch store in the markaz (markaz stores are supplied by the governorate store receiving its stocks from the Egyptian Drug Trading Co.) in cash to credit the health director in the governorate to replenish clinic standing stock. A form in two copies is filled by the clinic showing amount, value and types requested. One form is sent to the Population and Family Planning Office in the governorate which sends it to the Board, and the other is sent to the health directorate which compiles these forms and sends them to the Ministry of Health. The Ministry of Health sends the data for each governorate to the Board which checks them against forms sent by its pertinent governorate office. Amounts of contraceptives distributed to each governorate are reported

by the company to the Board. Thus the Board is able to exercise both financial as well as statistical control of amounts distributed to all clinics throughout the country.
As for voluntary associations and other clinics offering family planning services (in university hospitals, factories etc...) which are not under the Ministry of Health, receive their supplies from the branch stores of the company and send their distribution forms to the Board (not to the Ministry of Health).

3.3. Family Planning services according to the new system are considered as an integral part of other health services offered by clinics.

3.4. Incentives are paid for goal achievement for which criteria are defined in terms of reduction of infant and child mortality rates, regular reporting, as well as birth decline realized as compared to the baseline figures and target number of family planning users determined for each area.

The New Contraceptive Distribution System Approved by the Supreme Council for Population and Family Planning on December 14, 77 Effective since January 1, 78

A. Institutional Network

Function	Institution
Contraceptive Selection, Revision Research	Committee of Human Bio-Reproduction Drug Research & Control Agency
Estimates	PFPB - MOH, Manufacturing and Distribution Co.
Procurements	
a. Public sector	PFPB
b. Private sector:	
- Oral & local contraceptives	The Egyptian Pharmaceuticals Trading Co. (E.P.T.C.)
- IUD, condom & appliances	The Gomhuria Co. (G.C.)
Wholesale Distribution	
a. Public sector	
i. Health Clinics (rural & urban)	E.P.T.C., G.C. & MOH governorate district warehouses
ii. Otherwise	E.P.T.C. & G.C.
B. Private sector	E.P.T.C. & G.C.
Retail	
Public sector	MOH clinics (# 3000) University Industrial Co. clinics FPA units (# 420)
Voluntary	
Private	Pharmacies (# 3000) Private clinics Tobacco shops, barber shops & Street vendors (for condom), groceries etc...

B. The Logistic System

1. Contraceptives dispensed in the country have to satisfy the following conditions:

   a. approved and recommended by the committee on Human Bio-Reproduction

   b. registered by the M.O.H. (oral and local contraceptives)

   c. a policy directive is to avoid that one trade mark monopolizes the market.

2. For the public sector estimates of annual consumption are made by the PFPB in consultation with the MOH, distributing and manufacturing companies, through stock controls and inventories sales and sales data.
   The same procedure is adopted by the Egyptian Pharmaceutical Trading Co. (EPTC) & the Gomhuria Co. (GC) for estimates of the private market.

3. a. Orders are placed by the PFPB for the procurement of materia prima and imported finished goods, and subcontracts are made for local manufacture.

   b. The same procedure is adopted by two wholesale companies for procurement for the local market.

4. Finished goods are consigned to the central warehouses of the major companies. The first company handling the full range and the second specializing in condom, IUD and appliances.

5. From their central warehouses the two companies maintain a regular stock in each of its governorate warehouses of which there are 46 and one at least in each governorate.

6. The new system implies that supplies are made against payment.

7. Supplies:

   i. MOH units:
      a. A 3 months basic stock has been made at each basic unit and 6 months in district and central warehouses.

      b. Stocks in the units are replenished through purchase of new supplies from the district warehouses.

      c. Central warehouses replenish their stock through purchase of their supplies from the wholesale company.

      d. The basic stock is raised in each unit exceeding its monthly average.

ii. For all units outside the MOH system

a. A basic stock of 3 months supplies have been built in each unit as per January 1978.

b. Stocks are replenished through direct purchase from the wholesale company.

iii. Private market follows the same procedure as above.

8. The PFPB holds a stock control ledger as well as a client account for each unit in each governorate through data generated by the wholesale companies and constitute the basis for financial accountancy.

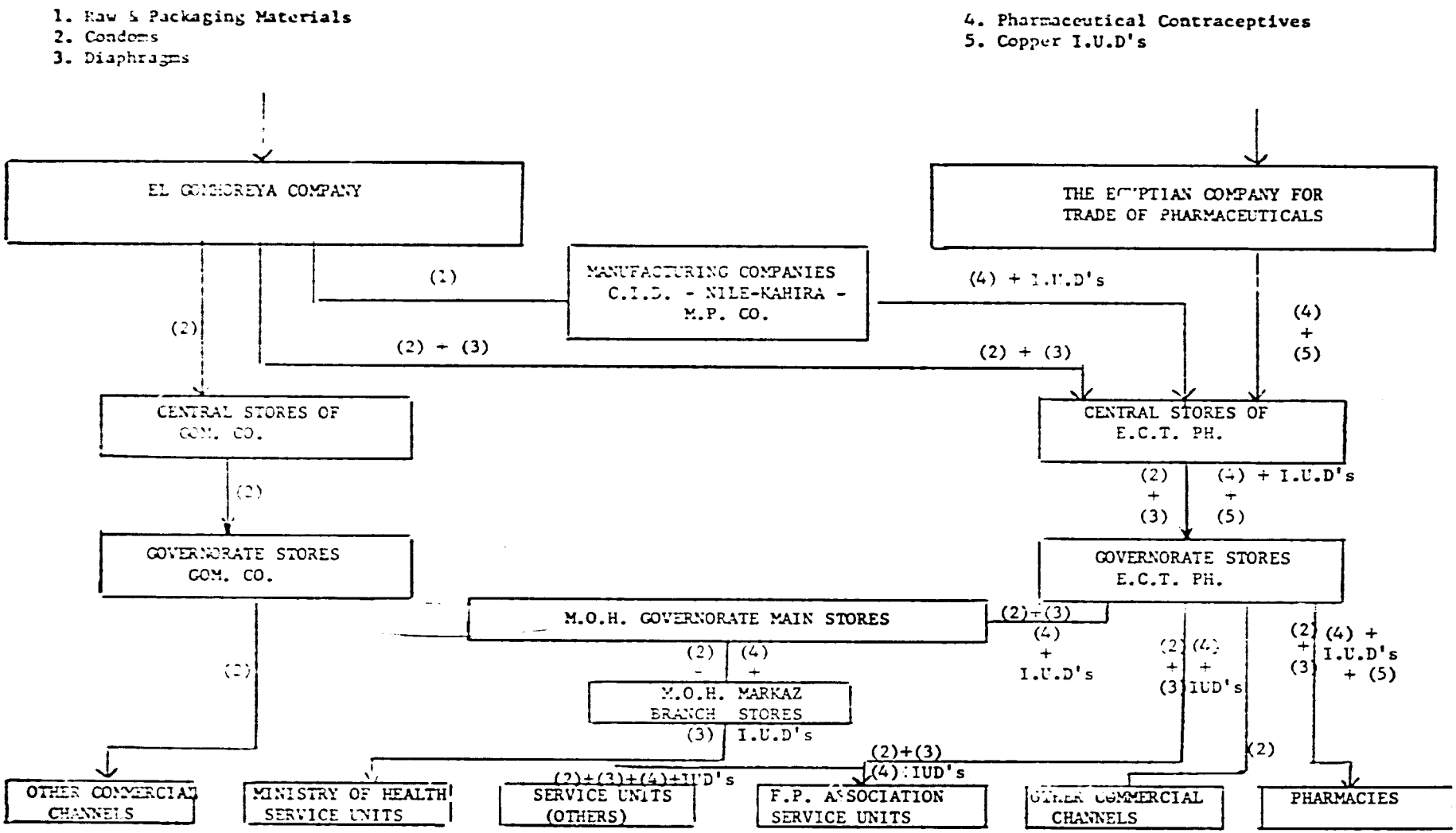
The system implies a dual system of contraceptive control: stock and financial controls.

9. Oral contraceptives are sold to clients at P.T. 5 per cycle in the public sector.

IUD are dispensed free of charge

Condoms diaphragms at P.T. 1

The same brands of contraceptives, although under different packing sells at a price which ranges between P.T. 22 and 28.


1. Raw & Packaging Materials
2. Condoms
3. Diaphragms
4. Pharmaceutical Contraceptives
5. Copper I.U.D's
EL GOMHOREYA COMPANY
THE EGYPTIAN COMPANY FOR TRADE OF PHARMACEUTICALS
MANUFACTURING COMPANIES C.I.D. - NILE-KAHIRA - M.P. CO.
(2)
(2)
(2) + (3)
(4) + I.U.D's
(2) + (3)
(4) + (5)
CENTRAL STORES OF COM. CO.
CENTRAL STORES OF E.C.T. PH.
(2)
(2) + (3)
(4) + I.U.D's + (5)
GOVERNORATE STORES COM. CO.
GOVERNORATE STORES E.C.T. PH.
M.O.H. GOVERNORATE MAIN STORES
(2)+(3)
(4) + I.U.D's
(2) - (4) +
M.O.H. MARKAZ BRANCH STORES
(3) I.U.D's
(2) + (3) (4) + IUD's
(2) + (3) (4) + I.U.D's + (5)
(2)
(2)+(3)
(4) IUD's
(2)+(3)+(4)+IUD's
OTHER COMMERCIAL CHANNELS
MINISTRY OF HEALTH SERVICE UNITS
SERVICE UNITS (OTHERS)
F.P. ASSOCIATION SERVICE UNITS
OTHER COMMERCIAL CHANNELS
PHARMACIES

THE INCENTIVE SYSTEM

According to the former system of contraceptive distribution, revenue collected by clinics was sent to the Population and Family Planning Board which undertook the distribution of incentives to clinic personnel after tax deductions. The system had provided no checks on amount of supplies dispensed by the clinics as compared to the amounts they obtain from branch stores of the company or of the Ministry of Health. Moreover, no criteria was defined for the merit of incentives which became solely based on the reported amount of contraceptive distribution, with no reference to the quality of family planning services or the attainment of population targets.

With regards incentives paid for IUD insertions, fictitious names were often given. On the other hand, allocations for IUD insertions were usually used-up by the eighth month of the year, a fact which produced a negative effect on clinic personnel.

With the introduction of the new contraceptive distribution system, incentives are paid for goal achievements for which criteria are defined in terms of the reduction of infant and child mortality rates, regular reporting, decline in the birth rate as compared to the target number of family planning users determined for each area.

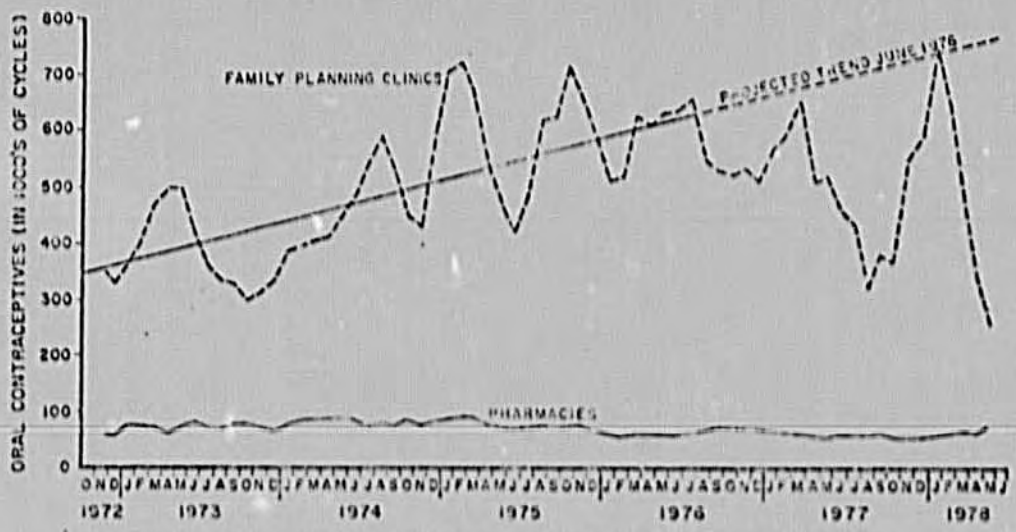
Revenue collected from the sale of contraceptives is sent by the Drug Co. (i.e. from its branch stores), to the Population and Family Planning Board which sends the revenue to the following :

a. The Ministry of Health to pay incentives to clinic personnel upon evaluation of goal achievement undertaken both by the Board and the Ministry of Health. The same takes place in the case of the Family Planning Association service clinics and other voluntary associations offering family planning services.

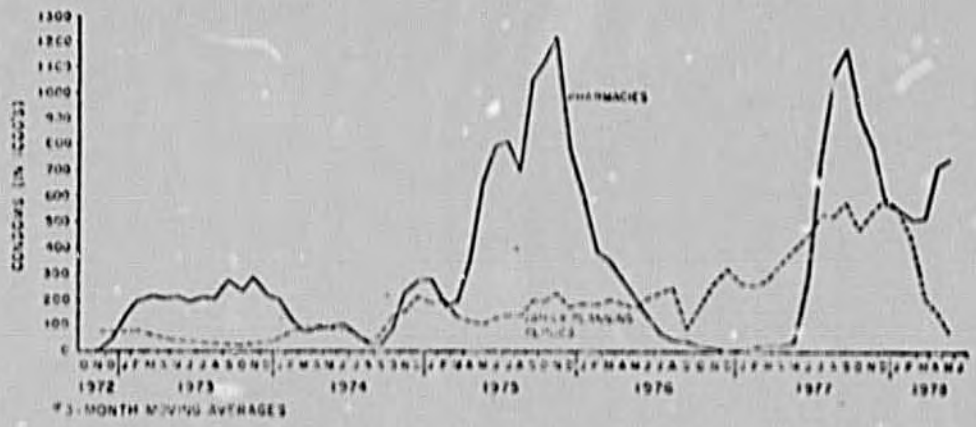
b. Governors of governorates realizing the set targets : incentives are paid by the Board and distributed according to the decisions of the Family Planning Committee in the governorate which is headed by the governor.

c. The Population and Development Project launched by the Board. incentives are paid to the village council which undertakes the distribution of incentives to persons who have contributed to the attainment of the set goals.

MONTHLY DISTRIBUTION* OF ORAL CONTRACEPTIVES TO FAMILY PLANNING CLINICS AND PHARMACIES, EGYPT, OCTOBER 1972 - JUNE 1978



MONTHLY DISTRIBUTION* OF CONDOMS TO FAMILY PLANNING CLINICS AND PHARMACIES, EGYPT, OCTOBER 1972 - JUNE 1978



*3-MONTH MOVING AVERAGES

MONTHLY DISTRIBUTION OF IUD'S TO FAMILY PLANNING CLINICS, EGYPT, SEPTEMBER 1972 - JUNE 1978

SOURCE: SUPREME COUNCIL FOR POPULATION AND FAMILY PLANNING, POPULATION AND FAMILY PLANNING STATS, MONTHLY SERVICE STATISTICS REPORT