DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date June 14, 1983

From Neil Ewen, Public Health Advisor, Program Evaluation Branch, Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Haiti, April 19-29, 1983

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Dennis D. Tolsma
Acting Director, CHPE DDT

SUMMARY

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A followup consultation visit was made to Haiti to evaluate changes made in the family planning program administered by the Division of Family Health (DFH), a subdivision of the Ministry of Health. Preparation of the annual budget submission for contraceptive supplies was a major objective of this visit; those tables were mailed separately to AID/Washington. Several recommendations made on previous visits have been implemented, but improvement is still needed in maintaining accurate figures for inventory levels and rotation of stock. Improved quality of service statistics has yet to be achieved. A draft report, in English and French, was prepared and submitted to the DFH prior to departure. Recommendations were accepted, and the director of the DFH indicated that the tables accompanying the draft report, and included in this report, would be very useful as examples during staff training sessions.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of USAID/Haiti, AID/POP/FPSD, and the Division d'Hygiene Familiale (Division of Family Health (DFH), Ministry of Health and Population, Neal Ewen travelled to Port-au-Prince, Haiti on April 19-29, 1983, (1) to provide assistance in the preparation of the FY 1985 contraceptive procurement tables, (2) review the quality of logistics/service statistics data, and (3) assess the implementation of recommendations made during two previous consultancies in 1980 and 1981. This travel was in accordance with the Resource Support Services Agreement between the Office of Population, USAID, and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. U.S. Agency for International Development (USAID)
1. Paul Hartenburger, Chief, Office of Public Health
2. Maria Mamlouk, Acting Population Officer, Tempory Duty Point (TDY)
3. Giselle Balmir, Administrative Officer
4. Shirley Barnes, Consultant, CRS Program
5. Jim Allman, Demographer (AID Contractor)

B. Division d'Hygiene Familiale
1. Dr. Armand, Chief
2. Dr. Adelyne Verly, Assistant Chief
3. Sylvio Albert, Administrator
4. Jean-Marie Lormil, Chief, Supply Section
5. Jacques-Francois Vincent, Assistant Chief, Supply Section
6. Rudolphe Denis, Stock Clerk
7. Guy Celestin, Chief, Evaluation and Statistics Section
8. M. Kercy, Director, Contraceptive Retail Sales (CRS) Program

III. FOLLOWUP OF PREVIOUS RECOMMENDATIONS

Discussions were held in Port-au-Prince with officials of USAID and the DFH to review the objectives of the visit. Preparation of the FY 1985 contraceptive procurement tables was given a high priority. To complete these tables it was necessary to perform a physical inventory of DFH warehouses in Port-au-Prince and review records in the DFH supply section. This made it possible to complete a second objective, the assessment of the implementation of previous recommendations. The contraceptive procurement tables were completed separately from this report and previously forwarded to AID/Washington. A copy is attached, without worksheets, as an appendix to this report.

During consultancies in 1980 and 1981, several recommendations were made concerning the storage and distribution of contraceptives:

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 5 years, the maximum shelf life in tropical climates.

2. At least once a year, and preferably every 6 months, a physical inventory should be conducted in the central warehouses and the two functioning regional warehouses.

3. In order to avoid spoilage due to restricted air circulation and impregnation with moisture in climates with high humidity, all cartons should be:

   (a) Stacked on pallets at least 10 centimeters (4") from the floor;

   (b) Stacked at least 35 centimeters (1 foot) away from any wall;

   (c) Stacked not more than 2.5 meters (8 feet) high;

   (d) Kept in a storeroom or warehouse wtih rain proof walls and roof.

Storage conditions in the two central warehouses are generally acceptable. In both the motor pool and Chancerelles warehouses, supplies are stacked on pallets, do not touch walls, and show no water damage. The motor pool warehouse is crowded, making it difficult to count the number of units of the several contraceptive and non-contraceptive supplies stored there. The Chancerelles warehouse contained only supplies of condoms and oral contraceptives neatly stacked to permit easy counting. The floors of both warehouses should be swept more frequently. Doors are kept locked, and there is no evidence of amy tampering or insect/rodent damage.

Rotation of [illegible] continues to be a problem. Several cartons of oral contraceptive [illegible] dated November or December 1978. Stock card records show that physical inventories are still not conducted at maximum intervals of every 6 months. This would be of less concern if, on those occasions when inventories were conducted, stock card balances matched actual amounts on hand. However, tables 1 and 2 show that differences are frequently large. In any event no stock outages have occurred. Closer attention should be paid to inventories in the future. Stock cards showed that since the consultant visit in May-June 1981, condoms were counted on October 13 and December 29, 1982; oral contraceptives were counted on December 29, 1982. This consultant conducted an inventory for all contraceptives on April 21, 1983. Figures on the quantities on hand were given to the stock clerk and are shown in Table 3 in this report. Additional data on contraceptive stocks for condoms and marriage are shown in tables 4-7.

In a previous visit a change in procedure was recommended about summarizing quantities issued on a monthly basis. This would make it easier to determine quantities issued each month and, at the same time, permit the stock clerk to reconcile the figures on stock cards. This suggestion has been implemented, and the results are recorded on stock cards and sent separately in summary form to USAID/Haiti. This makes it possible for both AID and the DFH to more accurately determine annual levels of issuance for comparison with service statistics.

Information on issuances and balances at the regional and district levels is considerably less complete than central warehouse information. We previously recommended that regional and district warehouses submit periodic reports which contain figures on amounts issued and balances on hand. This recommendation was accepted but has not been effectively implemented. Records in the supply section contain, among other things, forms titled Forme de Requisitions des Cliniques or Rapport Mensuel d'Approvisionnement et Consommation. However, not every reporting unit submits forms, and there were no records at all for the northern and southern regional offices, both of which are major subunits in the current Ministry of Health organizational chart. In addition, quantities on hand were difficult to determine because of the use of such terms as "cartons," "caisses," "boites," "c.," etc., without an accompanying number to specify how many units or cycles were included in each container. Missing or incomplete forms and imprecise terminology make it impossible for the DFH to ascertain balances on hand at any particular point in time, and make preparation of the annual contraceptive budget submission very difficult. DFH personnel agreed to conduct a field inventory during May 1983. The results will be used to modify, if necessary, the FY 1985 budget submission prepared during this consultancy.

IV. ANNUAL BUDGET SUBMISSION

The annual budget submission for condoms and oral contraceptives was based on an analysis of service statistics, logistics data, warehouse inventory levels, and sales figures from the commercial retail sales program (CRS). The findings led to a change in the quantities required for both the governmental and CRS programs--deliveries were moved up in time for the governmental program, and quantities for the CRS program were considerably reduced. At the time of this consultancy the commercial program was scheduled to receive 3,000,000 condoms and 384,000 cycles of oral contraceptives in FY 1983/1984. Mr. Kercy of the CRS program provided the following sales figures:

CRS PROGRAM SALES
1981-1983

Year	Condom Sales (Units)	Oral Sales (Cycles)
1981	3,472	84
1982	15,195	12
1983 (Estimated)	8,000	?

A sharp reduction was made in supplies for the CRS program in 1983/1984. This was discussed with another AID consultant who was in Haiti to evaluate the overall CRS program, with the understanding that the amounts could be further modified if the report on the CRS program so indicated.

V. SERVICE STATISTICS

Family planning service statistics were reviewed during each of the two previous consultancies to the DFH program. The quality of information varied in each health district, with incomplete or missing reports the main problem. An internal memorandum written in March 1983 by the USAID/Haiti Health, Nutrition and Population (HNP) Officer indicated continuing concern with service statistics; a copy of the memorandum is included as Appendix 2. This consultant met with M. Celestin, the DFH staff person in charge of the unit which collects data for DFH programs. He indicated that the DFH is unable to exert any substantial amount of pressure on hospitals, dispensaries, etc., since they are responsible to the Ministry of Health and are supposed to send reports to the Division of Statistics, another unit in the MOH. He also indicated that reports which are sent to the Division sometimes never reach him at his office in the DFH. There appears to be no immediate resolution to this problem.

In recent months a committee has been formed within the Ministry of Health (MOH) to review data collection procedures for all Ministry programs. M. Celestin, a member of this committee, indicated that there may be recommendations to reduce the number of forms and amount of detail required as part of the effort to obtain better and more complete data. The Division of Statistics would then be responsible for collecting service statistics for all programs. The committee's recommendations are expected to receive the support of Ary Bordes, the recently appointed Minister of Health. Dr. Bordes was previously the director of the DFH. The formation of the data committee and the appointment of Dr. Bordes are seen as positive signs in the effort to improve the quality of service statistics. (See tables 8-11 for available data).

There are, however, approximately 320 MOH facilities and several other programs (Jeunesse Volontaire, community programs) which will require training, supervision, and followup if data reporting is to be satisfactory. Streamlining of procedures at the MOH level is important, but extensive supervision, including more field visits, will be needed. In the near future there is little probability of substantial improvement in reporting of service statistics or, for that matter, figures for issuance and receipt of contraceptives and other supplies.

VI. RECOMMENDATIONS

1. That DFH conduct an inventory of quantites of condoms and oral contraceptives on hand in regional and district warehouses/storerooms. This inventory, to be conducted in May 1983, could then be used to adjust order levels in the FY 1985 contraceptive procurement tables. This recommendation was accepted by the DFH during the debriefing session held at the end of this consultancy.

2. That DFH improve its performance in conducting physical inventories in warehouses located in Port-au-Prince. They should be conducted at least once every 6 months, with figures for amounts on hand reconciled with figures on stock cards.

3. That DFH improve its performance in rotating stock and putting into effective practice the principle of "First-In, First-Out". Rotation of stock and performing of inventories will be made easier by keeping all cartons neatly stacked and marked with dates. If space limitations in the Chancerelles warehouse become a problem, a new warehouse constructed under the Rural Health Delivery Systems Project is available for MOH/DFH use at the National Malaria Service (SNEM) headquarters.

4. That the reports "Rapport Mensuel d'Approvisionnement" and "Forme de Requisitions des Cliniques" indicate the quantity contained in each carton so that review at DFH headquarters can be made easily and accurately. This need not apply to those few districts which submit reports that indicate the number of units or cycles.

Neal Ewen

TABLE 1

CONDOM INVENTORY

May 1981 - April 1983

Date	Balance per Stock Card	Balance per Inventory	Difference
28 May 81	3,727,689	—	--
12 August	2,159,175	--	—
29 October 81	3,740,651	--	—
1 February 82	4,075,893	--	--
16 March 82	4 013,993	—	—
17 May 82	4,417,093	—	—
1 June 82	5,593,993	--	--
29 September 82	3,307,513	—	--
13 October 82	2,427,513	2,937,200	+21%
10 November 82	4,684,200	—	—
29 December 82	1,561,700	1,674,800	+7%
21 January 83	3,162,300	--	--
18 April 83	378,200	418,500(21 Apr 83)	+11%

Source: DHF Cartes de Stock and Physical Inventory on 21 April 1983.

TABLE 2

NORINYL INVENTORY

March 1981 - April 1983

Date	Balance per Stock Card	Balance per Inventory	Difference
20 February 81	1,231,070	754,836	-39%
11 March 81	749,057	749,057	0
26 November 81	3,066,783	--	
3 June 82	2,807,301	--	
9 August 82	2,795,339	--	
29 December 82	2,623,268	641,900	-76%
11 April 83	546,152	--	
18 April 83	536,492	497,320(21 Apr 83)	-7%

Source: DHF Cartes de Stock and Physical Inventory on 21 April, 1983

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TABLE 3

INVENTORY WORKSHEET

April 21, 1983

A. Small Storage Room, DHF Headquarters

Item	Description	Quantity
Eugynon	211 small cartons @ 100 cycles	21,000 cycles
Neogynon	276 small cartons @ 100 cycles	27,600 "
Norinyl	12 small cartons @ 60 "	720 cycles
Condoms	45 small cartons @ 100 units	4,500 units
Lippes Loop	15 sacs @ 100 units (size C)	1,500 units
Lippes Loop	3 sacs @ 100 units (size D)	300 units
Neo-Sampoon	6 large cartons @ 2,880 tablets	17,280 tablets
Neo-Sampoon	13 small cartons @ 144 tablets	1,872 tablets
Neo-Sampoon	60 tubes @ 20 tablets	1,200 tablets
Diaphragm	70 boxes @ 1 unit (70 mm)	70 units
Diaphragm	57 boxes @ 1 unit (75 mm)	57 units
Depo-Provera	91 vials @ 10 ml	910 ml
Depo-Provera	1,000 vials @ 1 ml	1,000 ml

B. Outside small storage room, DHF Headquarters

Norinyl	16 large cartons @ 600 cycles	9,600 cycles
Condoms	25 large cartons @ 6,000 units	150,000 units

C. Motor Pool Warehouse

Neo-Sampoon	21 large cartons @ 3,200 tabs (tubes/20)	67,200 tablets
Neo-Sampoon	41 large cartons @ 2,880 tablets (Strips/3)	118,080 tablets

D. Chancerelles Depot

Condoms	44 large cartons @ 6,000 units	264,000 units
Norinyl (1st stack)	150 large cartons @ 600 cycles	90,000 cycles
Norinyl (2nd stack)	432 largecartons @ 600 cycles	259,200 cycles
Norinyl (3rd stack)	230 large cartons @ 600 cycles	138,000 cycles

TABLE 4

CONDOMS

RECEIPTS BY MONTH

June 1981 - January 1983

Date	Receipt No.	Quantity	Balance (Units)
6 June 81	-	-	3,727,689
12 Aug 81	BR 1232	2,004,000	2,159,175
29 Oct 81	BR 1648	2,994,000	3,740,651
1 Feb 82	BR 779	3,000,000	4,975,893
16 March 82	BR 1076	3,408,000	4,013,993
17 May 82	BR 1138	3,000,000	4,417,093
1 June 82	BR 1148	1,968,000	5,593,999
29 Sept 82	BR 1338	3,000,000	3,307,513
10 Nov 82	BR 1171	3,000,000	4,684,200
21 Jan 83	BR 2476	2,466,000	3,162,300
Total received		24,840,000	
31 Jan 83			2,703,300

Source: DHF cartes de stock

TABLE 5

NORINYL

RECEIPTS BY MONTH

June 1981 - December 1982

Date	Receipt No.	Quantity	Balance (cycles)
11 March 81	-	Per inventory	749,057
26 Nov 81	BR 2321	141,000	3,066,783*
3 June 82	BR 1149	141,000	2,807,301*
9 Aug 82	BR 1302	70,200	2,795,339*
29 Dec 82	-	Per inventory	641,900
	Total Received	352,200	
31 Dec 82			641,900

* These balances incorrect. On 21 September 1981, after an issuance of 600 cycles, the stock card balance went from 595,000 cycles to 5,959,300 cycles. The error remained uncorrected until the inventory of 29 December 1982.

Source: DHF cartes de stock

TABLE 6

MAJOR CONTRACEPTIVES DISTRIBUTED

1978 - 1982

	Condoms	Norinyl
1978	4,444,016	516,204
1979	7,169,064	158,622
1980	9,937,015	154,791
1981	11,038,351	278,397
1982	18,154,874	619,045

Source: DHF Cartes de Stock

TABLE 7

CONDOMS AND NORINYL

ISSUANCES FROM CENTRAL WAREHOUSE

BY MONTH: January 1981 - December 1982

Month	1981		1982	
	Condoms (units)	Norinyl (cycles)	Condoms (units)	Norinyl (cycles)
January			677,800	47,286
February	1,778,060	63,484	2,199,700	79,263
March			1,892,800	104,823
April			1,371,800	34,839
May	3,887,354	85,318	1,466,800	96,291
June			1,193,500	30,391
July	363,455	39,936	1,431,700	50,061
August	1,135,804	12,835	1,939,074	47,235
September	497,720	14,350	1,107,000	44,196
October	795,336	11,880	1,654,100	23,517
November	1,106,172	20,485	1,737,200	24,153
December	1,474,450	30,109	1,483,400	37,170
Total	11,038,351	278,397	18,154,874	619,225

Source: DHF cartes de stock.

TABLE 8

NEW CONTRACEPTIVE ACCEPTORS BY SEX

1973-1981

	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	59,067	92,843
1981	35,272	51,977	87,249
1982	44,499	34,876	79,375

Source: Table, DHF Annual Report, 1981 . The 1982 figure was obtained from Mr. Célestin.

TABLE 9

NEW FEMALE FAMILY PLANNING ACCEPTORS

PERCENTAGE DISTRIBUTION BY METHOD

1974 - 1981

	Oral	Condom	Vaginal Method	IUD	Other	Total	# Steriliz.	# Sympto-Thermal
1974	32	32	22	10	4	100	-	-
1975	41	13	20	9	1	100	1	-
1976	53	13	24	9	1	100	35	-
1977	57	22	13	5	3	100	118	-
1978	67	14	14	5	1	100	177	-
1979	75	10	12	3	1	100	238	-
1980	75	10	11	1	2	100	624	4,037
1981	67	27	5	1	-	100	1,211	2,170

Source: Table 25, DHF Annual Report, 1981

TABLE 10

COMPARISON OF SERVICE STATISTICS AND

ORAL CONTRACEPTIVE DISTRIBUTION FIGURES

1976 - 1981

YEAR	NEW FEMALE PATIENTS	PERCENTAGE ON ORALS	NUMBER ON ORALS	CHANGE GROM PREVIOUS YEAR	ORAL DISTRIBUTED (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%
1981	35,272	67	23,742	-6%	278,397	⁄20%

Source: DHF Annual Reports and DHF Stock Cards

TABLE 11

WOMEN OF CHILDBEARING AGE

WOMEN AT RISK OF PREGNANCY, and

FEMALE CONTRACEPTIVE WOMEN SEEN

1976 - 1981

	Estimated Population Females 15-44	Female at Risk	Female clients Seen	% Total Fem. 15-44	% Female at Risk
1976	933,140	560,200	25,877	2.8	4.6
1977	949,800	569,900	34,079	3.6	6.0
1978	966,500	579,900	37,387	3.9	6.5
1979	983,700	590,200	48,771	5.0	8.3
1980	1,001,600	601,000	60,032	6.0	10.0
1981	1,019,980	612,000	65,544	6.4	10.7

Source: Table 26, DHF Annual Report, 1981.

APPENDIX 1

CONTRACEPTIVE PROCUREMENT TABLES

HAITI FY 1985

TABLE I

FY 1985 ABS

Exhibit I

COUNTRY_____

Program Analysis of Oral Contraceptive and Condom Supplies
(in thousands)

	1982	1983	1984	1985	1986	1987	1988
A. Annual Stock Requirements							
1. Married Women of Reproductive Age - MWRA (See Annex A)	874	898	921	945	973	1001	1029
2. Desired annual country contraceptive availability/use level as a percent of MWRA							
a. Orals	3.5	3.4	3.8	4.1	4.3	4.6	4.9
b. Condoms	14.6	14.2	14.8	16.1	16.4	17.6	17.9
3. Annual country stock requirement to satisfy desired contraceptive availability/use level							
a. Orals - line A2a x line A1 x 13 monthly cycles	400	400	450	500	550	600	650
b. Condoms - line A2b x line A1 x 100 pieces	16000	16000	17000	19000	20000	22000	23000
B. Annual New Supply From Non-AID Bilateral Sources							
1. Private Commercial Sector							
a. Orals							
b. Condoms							
2. Other Donors							
a. Orals							
b. Condoms							
3. Host Country Government Procurement							
a. Orals							
b. Condoms							
4. Total New Supply							
a. Orals (B1a + B2a + B3a)							
b. Condoms (B1b + B2b + B3b)							

FY 1985 ABS

COUNTRY: HAITI

TABLE 2A — CRS PROGRAM — EXHIBIT II

Logistics Analysis of Orals and Condoms

A. Inventory Analysis - ORALS (thousand M/C)

	CALENDAR YEAR				
	1983	1984	1985	1986	1987
1. Beginning-of-Year Stock					
a. AID Bilateral Supply	0	90	120	80	80
b. Other Sources of Supply					
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+ 100	+ 50	+ -	+ 50	+ 70
b. Other Sources of Supply (See B4a of Table 1)	+	+	+ -	+	+
3. Less: Contraceptive Availability/Use Level (See A3a of Table 1)	- 10	- 20	- 40	- 50	- 60
4. End-of-Year Stock	90	120	80	80	60

B. Inventory Analysis - CONDOMS (thousand pieces)

	CALENDAR YEAR				
	1983	1984	1985	1986	1987
1. Beginning-of-Year Stock					
a. AID Bilateral Supply	0	524	524	524	524
b. Other Sources of Supply					
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+ 624	+ 300	+ 400	+ 500	+ 700
b. Other Sources of Supply (See B4b of Table 1)	+	+	+	+	+
3. Less: Contraceptive Availability/Use Level (See A3b of Table 1)	- 100	- 300	- 400	- 500	- 600
4. End-of-Year Stock	524	524	524	524	624

* See Annex B for AID bilateral shipments for 1983.

FY 1985 ABS

EXHIBIT II

COUNTRY: _____

TABLE 2 B. MOH PROGRAM

Logistics Analysis of Orals and Condoms

A. Inventory Analysis - ORALS (thousand M/C)

	CALENDAR YEAR				
	1983	1984	1985	1986	1987
1. Beginning-of-Year Stock					
a. AID Bilateral Supply	500	310	330	430	470
b. Other Sources of Supply	50				
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+ 100	+ 400	+ 500	+ 500	+ 560
b. Other Sources of Supply (See B4a of Table 1)	+ 50	+ 50	+ 50	+ 50	+ 50
3. Less: Contraceptive Availability/Use Level (See A3a of Table 1)	- 390	- 430	- 460	- 500	- 540
4. End-of-Year Stock	310	330	430	470	540

B. Inventory Analysis - CONDOMS (thousand pieces)

	CALENDAR YEAR				
	1983	1984	1985	1986	1987
1. Beginning-of-Year Stock					
a. AID Bilateral Supply	2420	4328	8328	9500	10000
b. Other Sources of Supply	-				
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+ 13908	+ 20700	+ 19772	+ 20000	+ 22300
b. Other Sources of Supply (See B4b of Table 1)	+ -	+ -	+ -	+ -	+ -
3. Less: Contraceptive Availability/Use Level (See A3b of Table 1)	- 12000	- 16700	- 18600	- 19500	- 21400
4. End-of-Year Stock	4328	8328	9500	10000	10900

* See Annex B for AID bilateral shipments for 1983.

FY 1985 ABS

EXHIBIT II

COUNTRY: _____

TABLE 2 C. TOTAL CC PROGRAM

Logistics Analysis of Orals and Condoms

A. Inventory Analysis - ORALS (thousand M/C)

	CALENDAR YEAR				
	1983	1984	1985	1986	1987
1. Beginning-of-Year Stock					
a. AID Bilateral Supply	500	400	450	500	550
b. Other Sources of Supply	50				
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+ 200	+ 450	+ 500	+ 550	+ 600
b. Other Sources of Supply (See B4a of Table 1)	+ 50	+ 50	+ 50	+ 50	+ 50
3. Less: Contraceptive Availability/Use Level (See A3a of Table 1)	- 400	- 450	- 500	- 550	- 600
4. End-of-Year Stock 1 yr supply	400	450	500	550	600

B. Inventory Analysis - CONDOMS (thousand pieces)

	CALENDAR YEAR				
	1983	1984	1985	1986	1987
1. Beginning-of-Year Stock					
a. AID Bilateral Supply	2420	4852	8852	10024	10524
b. Other Sources of Supply	—				
2. Add: New Supply					
a. AID Bilateral Supply Requirement*	+ 14532	+ 21000	+ 20172	+ 20500	+ 23000
b. Other Sources of Supply (See B4b of Table 1)	+ —	+ —	+ —	+ —	+ —
3. Less: Contraceptive Availability/Use Level (See A3b of Table 1)	- 12,100	- 17000	- 19000	- 20000	- 22000
4. End-of-Year Stock 6 month supply	4852	8852	10024	10524	11524

* See Annex B for AID bilateral shipments for 1983.

OPTIONAL FORM NO. 10
JULY 1973 EDITION
GSA FPMR 141 CFR 101-11.6

UNITED STATES GOVERNMENT

Memorandum

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APPENDIX 2

TO : The Files

DATE: March 21, 1983

FROM : Patricia S. Gibson, Chief PHO

SUBJECT: 1981 FP Services Statistics

REF: DSPP, DHF, Section d'Evaluation et de Recherches, PMI et PF Rapport Annuel, Année 1981, July 1982

There are three major weaknesses in the statistics analysis.

1. The overwhelming problem is poor reporting, over 40 percent of the expected monthly reports from collaborating health institutions never get produced. Less than 20 percent of monthly reports from the community development programs are available.

2. In part, because of the non-reporting, the actual amounts of contraceptives distributed is not available. For pills no attempt is made either to collect data on numbers of cycles distributed or to analyze it if available. Such aggregated information is essential if a real estimate of coverage is intended. Thirteen pill cycles equals 1 couple year of protection (CYP). One hundred twenty condoms is usually accepted as a CYP.

3. The use of CYP by method goes a step beyond the imprecise "new accepter" and "old accepter" which give no notion of demographic impact. This becomes even more important for condoms since reporting of "acceptors and "users" is very irregular.

Despite the weakness of the FP data, particularly that from the community development activities the user statistics from reporting units continue to show program gains. The urban community agent program (131 paid worker and supervisors) recruited 28% of all new women acceptors and 21% of all new male acceptors. The total community outreach, urban and rural recruited 45% and 36% of newwomen and men acceptors. The FADH dispensaries (54) accounted for another 12% and 15% respectively. Health institutions (161) facilities recruited 57% of reported new women acceptors (35,272 total) and 48% of men acceptors (51,997 total).

Even more impressive are the statistics from the Household Distribution area in Hatte Dufort. In an area of 40,000 estimated population, 28,992 cycles of orals and 449,229 condoms were distributed.

This amounts to 2230 CYP with pills and 3743 CYP with condoms (based on 120 condoms per user per year) in the 40,000 population, there are an estimated 8,000 women aged 15-44. Total CYP is 5,973 which would represent 75% of all the women 15-44 protected. In fact, what is a more likely interpretation is that a larger population than 40,000 population is served. If this population were actually 100,000 then 30% of women (or couples with women) 15-44 are contraceptively protected.

It is now mid-March 1983 and there is not yet any data on 1982 FP services. My conclusion: as soon as possible a serious look at the entire question of FP statistics is needed. However, other health statistics also suffer from lack of reports. Can the number of reports be reduced. Can the forms be simplified? Can new supply be linked to reports?

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