



## Memorandum

Date December 13, 1982

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Subject Foreign Trip Report (AID/RSSA): Gambia, November 6-12, 1982

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

## SUMMARY

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## SUMMARY

Consultation was provided to determine commodity requirements for Government family planning services for the next 5 years. These must be supplied through Family Planning International Assistance (FPIA) in the absence of a bilateral agreement between USAID and the GOTG. Based on warehouse issues and service statistics, initial commodity requirements were established. When greater experience and more precise data are obtained once family planning supplies are integrated into a new drug supply scheme of the Medical and Health Department, these amounts may have to be modified.

Two areas of possible future technical assistance in family planning that CDC can provide were determined for both the Government and the Gambian Family Planning Association clinics. These are:

- (1) Patient Flow Analysis and
- (2) A retrospective study of client characteristics

A request for a CDC technical consultant was cabled to AID/W in December 1982, and it is tentatively planned that these activities be implemented in February 1983.

## I. PLACES, DATES, AND PURPOSE OF TRAVEL

Banjul, Gambia, November 6-12, 1982, at the request of the Office of the AID Representative (CAR)/Gambia, The Gambian Medical and Health Department, and AID/S&T/POP/FPSD, to:

1. Assess overall family planning commodity requirements, including the possible existence of out-of-date stocks;
2. determine possible future technical assistance in the area of family planning that could be provided by DRH/CDC.

This travel was undertaken as part of the Resource Support Services Agreement between AID/POP/W and CDC/CHPE/DRH and was in conjunction with a previously scheduled trip to Senegal, which is the subject of a separate trip report (December 14, 1982).

## II. PRINCIPAL CONTACTS

### A. Office of the AID Representative (OAR)/Gambia

1. Thomas Moser, AID Representative
2. Keith Simmons, Population Affairs

### B. Medical and Health Department

1. Sister Bertha M'Boge, Director, Maternal-Child Health
2. Mr. Ismail, Assistant Director, Maternal-Child Health
3. Mr. Roy Boates, Chief Pharmacist, Central Stores
4. Mrs. Anna Batchilly, Nursing Sister in charge of the Family Planning Clinic, Royal Victoria Hospital

### C. Gambia Family Planning Association

1. Mr. J. Tunde Taylor-Thomas, Executive Secretary
2. Mrs. Bintu Sosso, Senior Nursing Sister

## III. COMMODITY REQUIREMENTS

Government family planning services in Gambia are provided under the overall direction of the Maternal-Child Health Section of the Medical and Health Department. The major outlet at present is the family planning clinic at the Royal Victoria Hospital in Banjul. There are 18 additional outlets in rural areas that are presently or will soon begin providing services. Eighteen Gambians (See Appendix 1) have been trained in family planning service delivery by International Training in Health Programs (INTRAH).

For the period, February 1981-November 1982, according to information gathered from combined requisition and issue notes, the following estimated quantities family planning supplies have been issued by the Maternal-Child Health Section to Medical and Health Department facilities.

Method	Royal Victoria Hosp.	Other Areas	Total
Oral (cycles)	14,406	9,546	23,952*
Condom (pieces)	5,760	4,464	10,224
Injectable (doses)	3,830	1,410	5,240
IUD (units)	1,005	-	1,005
Foam (tubes of 28 applications)	84	137	221

\*In addition, in September 1981, 1,800 cycles of low-dose Ovral were supplied to the Gambia Family Planning Association

The mix of oral contraceptives issued has been approximately 60 percent Lo-Ovral, and the remaining 40 percent Noriday and Norinyl. IUD's issued are the Copper 7 and the Lippes Loop. Condoms are largely "Million Gold," although "Tahiti" brand, supplied by USAID, is also in stock in Medical and Health Department storage facilities. Service statistics for 1981 show the following:

<u>Method</u>	<u>New Acceptors</u>	<u>Estimated Active Users</u>
Oral	300	2,468
Condom	300	400
Injectable	150	723
IUD	<u>230</u>	<u>952</u>
TOTAL	1,030	4,543

USAID/Gambia has recently supplied the Medical and Health Department with 30,000 cycles of Noriday 1 + 50 oral contraceptives and 30,000 cycles of low-Femenal (similar to Lo-Ovral). Based on the above data on supplies issued and service statistics, I consider this to be a reasonable annual supply until more precise data can be gathered with experience. The estimated number of active pill users who would require 13 cycles per year each--or 32,000 cycles--is 2,468. Although only 25,752 cycles were distributed in the 20-month period through November 1982, anticipated program expansion and the need for a 12-month buffer stock would justify the remaining 28,000 cycles.

Based on similar considerations, the annual requirements of the Gambia Government for other methods are at present approximately the following:

Condom	15,000 pieces
Injectable	4,000 doses
IUD	800 units
Foam	400 bottles of 28 applications

Since I was not permitted to perform an inventory of stocks-on-hand, including out-of-date stocks, these amounts may need to be modified when an inventory is taken.

During discussions with Sister Bertha M'Boge and Mr. Roy Boates, Chief Pharmacist, Central Stores, it was decided that all contraceptive supplies should in future be integrated into the newly instituted national drug supply system of the Central Stores of the Medical and Health Department. This is a requisition or pull system whereby health units are to requisition supplies every 2 months using preprinted forms. The amounts supplied will be based on a minimum stock and an average of previous use. Since communications are good in Gambia and for reasons of cost--since most drugs are purchased--inventories kept on hand in the field as a buffer stock are low.

In the Central Stores all items of supply are well kept in Kardex files. The storeroom has an air-conditioned section for items such as contraceptives, which should be kept cool. All contraceptives presently in the MCH section

and elsewhere should be physically removed to the air-conditioned section of the Central Stores and entered in the Kardex files.

Once contraceptives are integrated into this system, I would recommend that all amounts of contraceptive supplies at all levels referred to on requisition and issue notes, on reports of supplies issued, and in ordering from abroad, be described by the usual units of supply to ultimate users. These are: Oral--MONTHLY CYCLE, condom--PIECES, injectable--DOSES, IUD--UNITS, foam--BOTTLES. This will avoid possible confusion that could result from referring to amounts in terms of "packets," "boxes," "cartons," etc., since each manufacturer packages its product in containers holding different amounts. For example, while Ovral is packed in boxes of six cycles and cartons of 600 cycles, Noriday is in packets of 100 cycles and larger boxes of 600 cycles. If amounts are referred to as suggested above, they can quickly and easily be related to the number of users served, and possible misinterpretation of amounts requested will be avoided. Field staff should be instructed in this.

Since a bilateral agreement does not exist with USAID/Gambia, the Gambian Government can be supplied all contraceptives needed (except injectables) through Family Planning International Assistance (FPIA) over the next 5-year medium term period, after which it expects to be able to purchase all requirements. Injectables can perhaps be obtained through arrangements with the Gambian Family Planning Association with whom collaboration on supplies already exists. Problems to be resolved are: (1) The Gambian Government would prefer to be supplied with Trojan or a similar brand of condom rather than USAID-supplied Tahiti; and (2) the Gambian Government would like all IUD's supplied to be supplied in presterilized packages.

#### IV. POSSIBLE FUTURE CDC TECHNICAL ASSISTANCE

There are two immediately identifiable areas of possible technical assistance that can be provided by the Division of Reproductive Health of CDC.

##### A. Patient Flow Analysis (PFA)

Sister Bertha M'Boge expressed an interest in a time and motion study of the family planning clinic at the Royal Victoria Hospital, Banjul, where approximately 70 clients per day are seen. DRH/CDC has developed Patient Flow Analysis (PFA), a technique that managers use to improve the efficiency of clinics. The PFA system documents personnel utilization and patient flow in individual family planning clinic sessions. Its use enables management to obtain data for statistical documentation and graphic representation of a clinic session that can be used to identify problems in patient flow, determine personnel and space needs, and document personnel costs per patient visit.\* PFA is widely used in the United States and in a number of countries in Europe, Latin America, and Africa.

Discussions have been held with Anna Batchilly, the head of the Royal Victoria Clinic as well as with Bintu Sosso, Senior Nursing Sister of the Gambia Family

\*Hudgins, et al. Issues in Family Planning Clinic Management. Family and Community Health, p. 47, May 1982.

Planning Association (GFPA). Both are interested in having PFA done in their respective clinics, which could possibly provide comparative data. Mrs. Batchilly said the periods, November 24-December 12 or January 31-February 20, would be most convenient for her clinic, since in-service training courses are being held at other times.

B. Retrospective Studies of Client Characteristics

This type of study would provide information on family planning clients using clinic cards as the source of data. Data gathered can include sociodemographic information, method choice, method changes, dropout and continuation, distance traveled to the clinic, etc. DRH/CDC has done this type of study in a number of countries, most recently in Mali. Both the Royal Victoria and GFPA clinics should be included as it would be important to all concerned to compare the sociodemographic and family planning practice differences between clients of these facilities. Both Mrs. Batchilly and Mrs. Sosso expressed an interest in this type of study, which would add evaluation as an area of collaboration between the Government and the GFPA, in addition to standardization of records systems and exchanges of supplies.

C. Contraceptive Prevalence Survey (CPS)

A third possible area of technical assistance would be a Contraceptive Prevalence Survey (CPS) in Gambia. Since there is no bilateral agreement in the health area between AID and the Gambia Government, such a survey would necessarily have to be financed from AID/Washington central funds, through Westinghouse Health Systems, Columbia, Maryland, who have the AID central funds contract for CPS surveys.

A request for a CDC technical consultant was cabled to AID/W in December 1982 (UNCLAS BANJUL 3328). It is tentatively planned that the first two of these three activities be implemented in February 1983 during a 3-week TDY assignment.



Jay S. Friedman, M.A.

Attachment

APPENDIX 1

LIST OF PERSONS TRAINED IN FAMILY PLANNING AND THEIR POSTS

<u>Name</u>	<u>Health Unit</u>
Mary Small	Bakau
Anna Batchilly	R.V.H. F/P clinic
Michelle Savage	S.E.N. School
Jamai Owens	M.K., R.H.T.
Ellen Oubi	Sukuta
Rohie N'Dow	Basse
Marie Kah	Kaur
Abie Khan	Kuntaur
Kausu Jatta	Serekunda
Eliza Leigh	Bansang
Mr. Kinteh	Mansakonko
Isac. Camara	Karantaba Kiang
Saihou Badjan	Yorobawol
Modou Bah	Badjakunda
Marie Manga	Brikama
Fatou N'Jie	Fatoto
Whelimina Harding	Essau
Emma Ayin	Bwiam
	Jambajelly