

**Memorandum**

July 28, 1986

Date

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Division of Reproductive Health, Center for Health Promotion and Education
(CHPE)

Subject Foreign Trip Report (AID/RSSA): Panama, July 15-22, 1986, Followup of
Recommendations on the Contraceptive Logistics System

To James O. Mason, M.D., Dr.P.H.
Director, CDC
Through: Assistant Director for Science, CHPE *JLM*

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SUMMARY

The Ministry of Health (MOH) has made some improvements in contraceptive logistics since the last CDC consultation in May. However, stockouts of Noriday are occurring nationwide because the MOH did not pick up a shipment that had been cleared by customs last year.

The MCH Division has switched from a resupply interval of 3 months to a resupply interval of 6 months. Unfortunately, they did not change the recommended regional and clinic minimum/maximum stock levels. The MCH Division decided to make a supplemental shipment later this year to provide adequate regional reserves. Detailed recommendations for continued improvements appear in Sections IV and VI of this report.

The MOH Statistics Division had agreed to have the revised Spanish Maternal-Child Health/Contraceptive Prevalence Survey report ready for review during this consultation, but the draft Spanish report will not be ready until late August at the earliest. The survey workshop that had been postponed until mid-August will be rescheduled once this report is completed.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Panama City, Panama, July 15-22, 1986, at the request of USAID/Panama and S&T/POP/FPSD to (1) review the contraceptive management and reporting procedures 1 year after the Logistics Workshop, and (2) review materials prepared by the Ministry of Health for the Contraceptive Prevalence Survey Workshop.

II. PRINCIPAL CONTACTS

A. USAID/Panama

1. Mr. Allen Broehl, Division of Health
2. Sra. Angela de Mata, Project Assistant

B. Ministry of Health (MOH)--Central Level

1. Dr. Egberto Stanziola, Director, MCH
2. Sr. Franklin Vega, Contraceptive Supplies Coordinator
3. Lic. Federico Guerra, Survey Coordinator, Demographic and Health Statistics Division
4. Zenaida de Roner, MCH Nurse Supervisor

C. Maternal-Child Health Regional Coordinator--MOH

La Chorrera

1. Paulina de Gonzales, Nurse Coordinator
2. Dr. David Gonzales, MCH Coordinator
3. Mireya de Martinez, Chief Pharmacist

Cocle

1. Ramon Cordoba, Regional Pharmacist

Colon

1. Dr. Amy Chung-ho, MCH Coordinator
2. Rosa Bustamante, Nurse Coordinator
3. Dr. Raquel de Francis, Regional Medical Director

III. COMMODITY MANAGEMENT AND REPORTING ACTIVITIES

A. Background

In July 1985, CDC assisted the Ministry of Health (MOH) in presenting a Contraceptive Logistics and Technology Update Workshop for regional personnel (see CDC Foreign Trip Reports dated April 6 and August 28, 1985). Despite urging from CDC and USAID/Panama, the MCH Division did not implement any of the logistics changes described in the workshop until after the last CDC consultation in May 1986 (see CDC Foreign Trip Report dated July 8, 1986). This consultation evaluates the extent of logistics improvements since the workshop. We visited clinic and regional personnel in three regions which had been evaluated in previous CDC consultations--Colon, Cocle, and Chorrera.

B. Central Level

Although MCH personnel are more aware of the basic principles of supply management than in the past, some major problems have not been adequately addressed. Two months after CDC urged the MCH Division to recover the 1985 contraceptive shipment from customs, 65 boxes were still in the customs warehouse. The 11-month delay in picking up these supplies has contributed to shortages throughout Panama of Noriday, the most popular oral contraceptive.

The MCH Division has switched from a resupply interval of 3 months to a resupply interval of 6 months. Unfortunately, they did not change the recommended regional and clinic maximum/minimum stock levels, which remain 6 and 3 months, respectively. Thus, those regions that filled out the new requisition form as instructed would face stockouts in late 1986, since they will have no reserve stocks. After we pointed out this problem, the MCH Division decided to make a supplemental shipment later this year to provide adequate regional reserves.

The new requisition form is basically identical to the draft presented at the workshop last year and was sent to the regions in May. Some regions, on their own initiative, used the workshop version of the requisition earlier in the year. Most of the regions' requisitions contained some arithmetic errors, but to the MCH Division's credit, they are providing the regions with feedback on errors in filling out regional requisitions. However, a crucial problem in the MCH Division remains the lack of overall logistics supervision, chiefly because of transportation difficulties. The regional visits we made during this consultation were the first supervisory visits for logistics since the workshop.

The central warehouse was in the process of taking receipt of the shipment from the customs warehouse. Nevertheless, the inventory control cards (ICC) did not reflect the shipment in early July to most regions. The last ICC entry for some items was in May. Since the logistics coordinator planned to rearrange the warehouse once the remaining items arrived from customs, we recommended that he inventory each item by manufacture date during the process. This is especially important for Norminest, since an oversupply situation may exist, depending on quantities with short expiration dates.

After the July 1985 workshop, the MCH Division proposed a series of contraceptive technology update workshops in collaboration with the Medical Association. These have not been scheduled. Although the MCH Division did send a circular to assist regions in identifying appropriate use of Norminest and Noriday, some personnel were still confused about use of these formulations.

C. Regional Level

Requisition procedures for obtaining commodities differed in each region. We inspected three warehouses in Colon, Cocle, and Chorrera. Colon was ordering from the MOH as well as Social Security; Chorrera ordered directly from the MOH. In Cocle, we visited one of the two regional warehouses located in Aguadulce. The other warehouse in Penonome could not be inspected because the nurse in charge was attending a regional meeting. According to the pharmacist in Aguadulce, no records of non-Social Security products are kept at this facility. Personnel from area clinics receive commodities on an "ad hoc" basis.

In general, these warehouses were of sufficient size for storage. All were clean, dry, well-lighted, and ventilated (two had air conditioners). Each was secured by lock and key, although the one in Cocle was open all day. Storage of commodities was adequate in Colon and Chorrera. Products were placed on pallets or shelves, with manufacturer or expiration dates in view, and cartons were stacked using the "First-in, First-out" method. In Colon,

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the nurse had chalked the expiration date in large letters on the side of the carton--a suggestion she picked up at the logistics course. In Cocle, cartons were simply placed on the floor. Unused pallets were nearby, and plans were made to utilize them. However, as shown in Table 4, several cartons of condoms were outdated and will have to be destroyed.

As far as recordkeeping is concerned, inventory control cards are being used and kept up to date, with the exception of Cocle as noted above. In Colon, Noriday and Norminest were recorded on the same card but were separated. Use of minimum-maximum stock levels has also been instituted, but all three warehouses were using 3-6 months levels. We suggested that these levels be changed to 3-9 months and recorded in a conspicuous place on each inventory control card.

Stockouts of Noriday existed in two of the three regions visited. Months of supply ranged from 0 for Noriday at a number of locations to 19 months of condoms in Colon. Colon had recorded no movement of Norminest in a year.

D. Clinic Level

Four local health centers or clinics were visited in Chorrera and Colon. Clinics in Cocle could not be seen because regional personnel were unavailable to accompany us, despite prior arrangements. As at the regional level, requisitioning of commodities was somewhat varied. One clinic in Colon obtained its supplies from the MOH and from Social Security and had to justify resupply amounts based on the number of prescriptions issued in the previous period. This particular clinic also had outdated Noriday and condoms. Another clinic informed us that when its supply of Noriday was depleted recently, it had purchased some from a local pharmacy. These types of problems hopefully will not reoccur now that the MOH central warehouse has secured the remaining orals from customs.

Progress is being made with the institution of the user-reporting system. All clinics visited were using the same form furnished by the MOH. However, personnel need more supervision in completing it.

Storage facilities at all clinics appeared adequate for each one's specific need and situation. For example, a large urban clinic had a locked storeroom which was well ventilated, clean and dry, with easy access available to the nurse in charge. However, only one clinic maintained adequate records for determining months of supply on hand--half a month of Copper T's and Noriday (outdated).

IV. REVIEW OF PREVIOUS RECOMMENDATIONS

The following list summarizes Dr. Dalmat's recommendations and assesses the current status of their implementation. The numbers refer to the recommendation list in Dalmat's report of April 6, 1985.

1. Develop a formal commodity management system at all levels (clinic, area, regional, and central) of the health system instead of the informal approach of requesting and issuing contraceptives.

Such a system has been initiated in all but three regions. It is also being used at the clinic level, at least in Colon and Chorrera, but with problems in calculating maximums and minimums.

2. Incorporate a commodity/user-reporting system into the existing Daily Activity Register-based statistical reporting system.

A separate user-reporting system has been instituted. The commodity requisition/reporting form is identified as the draft of a text from CDC. However, this needs to be updated and made more adaptable to each area. The MDC Division used a 6-month maximum instead of 9 months as now required. It was agreed that they would change this.

3. Modify definitions of "new acceptors" and "continuing users" in order to have a unified monitoring system at all levels of the health network so that data can be used to forecast requirements and assess program trends.

The new form was clarified at the regional coordinators' meeting early in 1986.

6. The warehousing and management of contraceptives at the central level must be decided upon by the MOH.

The director of MCH, Dr. Stanziola, has decided to retain the warehouse and has met with Lic. Mondragon, chief of the IPSS supply system, to formalize the arrangement. All three regions visited, however, occasionally ordered commodities from IPSS. Dr. Stanziola agreed to clarify procedures.

7. MCH needs to use data generated by the commodity/user supply system to evaluate family planning performance nationally and regionally.

To some extent, this is being done. Orders received from the regions have been changed based on prior use and program trends. However, this was based on 3-6 month minimum-maximum levels instead of the 3-9 month levels required by the new resupply interval.

8. Only one regional storeroom should be kept in each region. One of the two storerooms needs to be abandoned in Cocle.

There is no change. The one in Aguadulce should be eliminated.

9. In regional storerooms: (a) storage practices must be adequate; (b) inventory control cards must be kept up to date; and (c) the person in charge of contraceptives must have access to the storeroom, supplies, and inventory control records.

Storage practices have improved but are still inadequate. Inventory control cards are being used incorrectly (combining orals) or not at all.

10. Minimum-maximum reserve stock levels should be maintained at each level of the supply system based on average "consumption" (issues) of each commodity.

These are being calculated by people at the regional level, although they did not appear to understand the reason behind it. For example, the minimum level is not recorded on the inventory control card and is not being utilized to avoid stockouts. Some regional warehouses, e.g., Cocle, do not maintain a reserve stock. However, Chorrera has begun to instruct local level personnel in improved procedures, including maximum/minimum stock levels.

V. MATERNAL-CHILD HEALTH/CONTRACEPTIVE PREVALENCE SURVEY

The survey director had agreed to have the revised Spanish language report ready for review during this consultation. However, when we arrived he was still translating the basic tables and had not given the revised English language report to the consultants responsible for specific chapters of the Spanish language report.

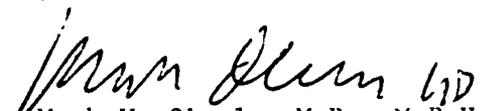
We prepared a tentative agenda for the survey seminar but agreed that the August 13 date was not feasible. The new date will be established once the MOH agrees on a timetable for the Spanish language report.

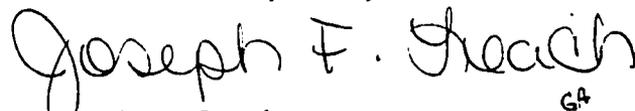
VI. RECOMMENDATIONS

In addition to the recommendations made by Dr. Dalmat, we made the following recommendations.

1. The MOH should schedule supervisory visits to regions to identify problems in implementing logistics improvements. These visits could be made in conjunction with delivery of contraceptive supplies if transportation remains difficult.
2. The MCH Division should stress to regional officers that the new resupply interval requires a new supply maximum of 9 months rather than 6. Some regions will require a supplemental supply in the next few months to avoid stockouts by year's end.
3. All levels should maintain up-to-date inventory control cards, with minimums and maximums for each commodity easily accessible, to warn of supply imbalances.
4. All levels should check for and replace expired commodities.
5. Regional warehouses should maintain reserve stocks to deal with emergency shipments to health centers.

6. The requisition form, as redesigned, should be used for the next shipment. Clinics should receive prompt instruction and feedback on its use.
7. The MCH Division should communicate to IPSS the urgent need to maintain inventory control cards on contraceptives and clarify which regions should request contraceptives from the MCH Division.
8. APLAFA (the IPPF affiliate) has offered to provide contraceptive foam to the MOH. This arrangement should be formalized and foam added to the MOH requisition form.
9. The MCH Division should decide this year on where it will obtain contraceptives when current stocks are used up in 1988.
10. The MCH central warehouse requires a physical inventory by expiration date once all commodities arrive from customs.
11. The MCH Division should assess the potential oversupply of Norminest based on the physical inventory.
12. The MCH Division should schedule a supplementary shipment to regional warehouses by October to avoid stockouts resulting from the new resupply interval.
13. The MCH Division should insist that regional warehouses retain an adequate reserve stock of all commodities.
14. If periodic contraceptive technology update workshops cannot be coordinated with the Medical Associations, perhaps the MCH Division could produce its own simple newsletter on current topics of importance in contraception or MCH. In addition to discussion of specific themes, feedback to clinics on new contraceptive users, immunization coverage, and other surveillance data could encourage grassroots support for service statistics. An MCH newsletter could be directed at regional staff only or all MCH outlets. If cost is an impediment, a corporate sponsor, such as a private hospital or drug supply house, could subsidize printing costs as a public service gesture. Distribution could be through the contraceptive logistics system, direct mailings, or the Medical Association.


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