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Memorandum

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Subject Foreign Trip Report (AID/RSSA): Brazil, December 1-3, 1986

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

SUMMARY

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SUMMARY

Followup technical assistance was provided to the Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM) on the implementation of a contraceptive logistics management information system (MIS). In summary, a great deal of planning and preparation remains to be done before the MIS can be implemented in one or two pilot States. The proposed implementation date of January 1987 will be delayed until certain preliminary tasks are accomplished. Prerequisite tasks, discussed in Section III of this report, included training of BEMFAM central staff, finalize reporting form and instructions for its use, select site(s) for pretest, develop training strategy and material for pretest, secure funding for pretest training, evaluate contraceptive stock levels, and develop a protocol for the evaluation of the pretest.

One of the concerns in implementing the MIS is the availability of adequate supplies of contraceptives, especially of oral contraceptives, which are purchased locally by BEMFAM with funds provided by IPPF. Data on existing supply levels at outlets is currently not available, and stock levels of oral contraceptives may be dangerously low at the periphery of the program. Given that stockouts have occurred, it is impossible to determine actual demand levels. Thus, it is recommended that mechanisms be explored to increase BEMFAM's capability of procuring additional contraceptive supplies in order to create a condition of full supply under which actual demand may be determined.

The preliminary report for the Demographic and Health Survey is scheduled to be released in January 1987. Final tabulations for the final report will be reviewed in March. At the ABEPF meeting, current and proposed projects involving future CDC technical assistance were discussed with ABEPF, PRO-PATER, and the Brazilian Pathfinder representative.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Rio de Janiero, Brazil, December 1-3, 1986, to (1) provide followup technical assistance to the Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM) in the planning for the implementation of a new contraceptive logistics management information system (Monteith), (2) review of the status of data processing for the Demographic and Health Survey, and (3) represent CDC at the Annual ABEPF meeting (Morris).

This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population (AID) and DRH/CHPE/CDC and was made in conjunction with a trip to Paraguay. (See CDC Paraguay Foreign Trip Report dated December 17, 1986.)

II. PRINCIPAL CONTACTS

A. AID/BRAZIL
1. Sonia Bloomfield, Health and Population Program Specialist

B. Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)
1. Marcio Ruiz Schiavo, Executive Secretary
2. Jose Milare, Administrative Coordinator
3. Ida Angelica Ribeiro, Administrative Assistant
4. Eliane Reis, Director, Department of Evaluation
5. Jose Maria Arruda, Director, Department of Surveys

C. ABEPF
1. Denise das Chagas Leite, General Coordinator
2. Marcos Paulo de Castro, Director, PRO-PATER

D. Other
1. Jose de Codes, Pathfinder Representative in Brazil
2. Elliot Putman, Pathfinder Fund
3. Nancy Harris, John Snow, Inc.
4. Alcides Estrada, AVS
5. Jose Garcia Nunez, Population Council
6. Naomi Rutenberg, DHS Project, Institute for Resource Development/W

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III. CONTRACEPTIVE LOGISTICS

A. Background

During the period September 17-October 3, 1986, Anthony Hudgins, PEB/DRH/CHPE, and Christina Barros, Development Associates (DA), made a joint assessment of BEMFAM's contraceptive logistics system (see CDC Brazil Foreign Trip Report, dated January 7, 1987). During their evaluation they found:

-- supply imbalances (under- or oversupply) at different levels of the supply system;

-- lack of a formal system for requestioning supplies;

-- nonreporting of essential supply data, i.e., balances on hand, by lower levels of the family planning program;

-- no formal guidelines for determining issue quantities; and

-- low operating stocks within the system, especially of oral contraceptives.

On the basis of their findings, Hudgins and Barros proposed a new contraceptive logistics management information system (MIS) that, if adopted, would address the first four problems listed above. The fifth problem, low operating stocks of oral contraceptives, is primarily a budget-related problem, although an improved MIS may help reduce the possibility of stockouts (zero balances) at the periphery of the family planning program, even if this problem persisted. Nevertheless, I support Hudgins' and Barros' recommendation to increase stock levels of oral contraceptives in the program, since the system they proposed contemplates approximately a 12-month reserve stock over and above estimated use levels. More on this later.

The purpose of Monteith's 2-day consultation with BEMFAM was to provide followup technical assistance in the planning of the implementation of the proposed MIS. Hudgins and Barros had recommended that implementation of the system be phased, with a pretest and evaluation in one State before implementation in all States with a family planning program (currently eight States). It was proposed that the pilot test begin in January 1987.

B. Observations

In general, a great deal of planning and preparation remains to be done before a pretest can be implemented. Thus, the proposed implementation date of late January 1987 is not feasible. Just when a pretest can be scheduled will depend on progress made in accomplishing certain preliminary tasks I discussed with Jose Milare and Ida Ribeiro. In addition, as pointed out by Eliane Reis, implementation of the MIS in the pretest State(s), as well as in the remaining States, will depend on the willingness of the States to comply with the reporting requirements and procedures of the proposed MIS. The minimum quarterly reporting requirements include: beginning balance, receipts, quantities dispensed to users (to be reported by outlets) or quantities issued to outlets (to be reported by warehouses), and ending balance, by method and brand. Preliminary discussions with the States had not yet taken place and was to begin December 3, 1986.

The tasks I discussed with Jose Milare and Ida Ribeiro follow. To a certain degree, they are listed in a chronological order as to when they should occur, although some activities should occur concurrently.

1. Train BEMFAM Central staff in the MIS

All BEMFAM central staff who will be involved in the implementation of the MIS, including Mr. Milare, Ms. Ribeiro, and Ms. Reis and her staff, need to be trained in every aspect of the system, from how to complete the forms at the outlet level to how to forecast supply requirements. This is an absolute prerequisite to accomplishing all of the other tasks listed below, since they are dependent on BEMFAM staff's knowledge of how the system should work.

Training should be accomplished primarily through self-study of the Bogota workshop materials that are in Mr. Milare's possession, especially those modules on determining issue quantities, assessing supply status, estimating active users (CYP), and forecasting supply requirements. CDC and DA consultants should provide additional on site training during their next consultation.

2. Finalize Reporting Form and Instructions for Its Use

The current prototype form is designed for a "pull" system since it contains a column titled "Requested." Since Hudgins and Barros proposed a "push" system, the column should read "Supply Requirement" or be eliminated altogether. If it is retained, the data in the column would reflect the needs of a given entity (outlet or warehouse), by method/brand, based on its assigned maximum and minimum stock levels, average monthly use (quantity dispensed to users), and ending balances. This would allow the forms to be used in either a "push" or "pull" system or in a "combined" system. The quantities appearing in the "Issued" column would reflect what was actually issued to the entity; in a well-functioning system, issue quantities will equal the supply requirements rounded to the next higher lot size.

Instructions on how to complete the reporting form and on the flow of information, including who will make decisions on the basis of the reported information and when, also need to be written. We agreed that BEMFAM will write a first draft of these instructions in January 1987 and send them to CDC for review and comment. This exercise will be a test of BEMFAM's self-study program discussed above.

3. Select Site(s) or Pretest

Hudgins and Barros proposed that a pretest of the MIS be conducted in one State before it is implemented in the remaining seven States. However, a pretest in any State or States should await the results of BEMFAM's evaluation of the States' willingness to comply with the reporting requirements and procedures of the proposed MIS. Preliminary discussions with the States were to begin December 3, 1986. Initially, these discussions may be difficult to conduct, since the details of the system that BEMFAM will be proposing are not completely worked out. In any event, if most States are not willing to comply with the requirements of the MIS, a new system will need to be designed. This would have consequences for implementing CDC's computerized Contraceptive Commodity Monitoring System, which is based on the manual system proposed by Hudgins and Barros.

If implementation of the MIS appears feasible and a pretest is to be conducted, consideration should be given to conducting two pretests instead of one: One in a State where the family planning program is integrated with the State's Health Department, i.e., either Rio Grande do Norte, Piaui, or Alagoas, and one in a nonintegrated State, i.e., Pernambuco. In the former, BEMFAM exercises very little control over contraceptive supplies once they reach the State warehouses, whereas they have relatively greater control in the nonintegrated States. An evaluation of problems and achievements in implementing the MIS in both settings would be beneficial to implementing the system in the remaining States, if that is to be the decision following the pretests.

During my discussions with Jose Milare, he proposed that the Pernambuco pretest be conducted in only three regions of the State rather than throughout the State. I (Monteith) feel that the pretest(s) should be Statewide, since we will not only be interested in how the system operates at the local level but at intermediate and State levels as well. For example, it will be very important to evaluate performance of State-level personnel given BEMFAM's decision to terminate the use of regional field supervisors as resupply agents. In addition, the effectiveness of new lines of communication between the outlets and State-level warehouses also will need to be evaluated as well as new mechanisms that are adopted by the States to resupply outlets. The MIS does not function in isolation, and its success or failure needs to be evaluated in light of these mitigating factors.

The number of pretests and where they will be conducted should be further discussed by CDC and BEMFAM as soon as possible.

4. Develop Training Strategy and Material for Pretest

A strategy needs to be developed to train State-level personnel and "agentes de saude" in the MIS to be pretested. For example, given the size of the State of Pernambuco and the number of outlets it has (approximately 450), training will be no easy task. Given the number of people to be trained, the concept of "training of trainers" will probably need to be adopted. Thus, as a first step, key personnel in the pretest State(s), who will be trained to become trainers, will need to be identified and trained in the MIS.

In addition, training materials will need to be developed that are appropriate for each level of personnel that will be trained. Emphasis should be placed on developing practical exercises and handouts, such as guidelines for completing forms and data analysis. This activity should be the joint responsibility of CDC/DA consultants and BEMFAM personnel at least 1 month before the initiation of the pretest(s).

5. Secure Funding for Pretest Training

Based on their estimates of the number of persons to be trained and the duration of training, BEMFAM will estimate the cost of the training activities. These estimates should be available in February 1987. In the meantime, CDC will explore possible funding sources, although preliminary discussions with S&T/POP/Washington point toward the new John Snow logistics contract as the funding source.

6. Evaluate Contraceptive Stock Levels

The supply system proposed by Hudgins and Barros contemplates at least 7 months' reserve stock over and above operating stock levels (quantity needed to meet demand). If the pretest(s) is (are) to operate under a condition of "full supply," as it should, existing BEMFAM stock levels and pending shipments/procurement for the program need to be assessed in order to insure that adequate quantities will be on hand to bring the pretest State(s) up to proposed maximum supply levels. In addition, sufficient quantities will need to be on hand to maintain these maximum stock levels throughout the pretest(s). If sufficient stocks will not be available, the pretest should be postponed until such time that they are. This evaluation should be conducted in February 1987.

I (Monteith) support Hudgins' and Barros' recommendation to increase stock levels of oral contraceptives and other methods in the program, since the system that they proposed contemplates approximately a 12-month reserve stock over and above estimated use levels. Data on existing supply levels at outlets is currently not available (a major drawback of the current reporting system), but my brief assessment of BEMFAM's supply status is that stock levels of oral contraceptives may be dangerously low at the periphery of the program. Given the fact that outlets have and continue to experience stockouts, it is impossible to determine actual demand levels for the contraceptives that BEMFAM procures; they are very likely higher than what is currently being reported by the outlets, given the apparent stockouts. In light of this, it is recommended that BEMFAM be provided with sufficient funding and supplies to establish at least a year's reserve stock for all contraceptive methods as early as possible in CY 1987. At current levels of estimated oral contraceptive use (approximately 3.8 million cycles per year), this would translate into enough funds to purchase 6.7 million cycles during the first quarter of CY 1987. BEMFAM will conduct a physical inventory of all outlets and warehouses in December 1986 in order to provide additional information for estimating the program's future supply requirements.

It is recommended that mechanisms be explored to increase BEMFAM's capability of procuring additional contraceptive supplies, including funding to purchase additional quantities of oral contraceptives in the local market.

7. Evaluation of the Pretests

A protocol for the evaluation of the pretest(s) also needs to be developed. The protocol should identify BEMFAM personnel who will have responsibility for the evaluation.

Possible criteria to consider for evaluating the performance of the pretest(s) include:

-- Percentage of outlets and warehouse out-of-compliance with stated program policy, i.e., maximum and minimum stock levels.

-- Percentage of outlets and warehouses reporting on a quarterly basis.

-- Interval between proposed reporting dates and actual reporting dates.

-- Lead time in resupply.

-- An assessment of whether resupply quantities are determined correctly.

-- Increases or decreases in Couple Quarters of Protection (CQP).

Other criteria to evaluate the pretest(s) will need to be developed.

8. Determine the Feasibility of Computerizing the MIS

In their preliminary report, Hudgins and Barros were not clear as to when the proposed MIS should be computerized. Although it would be relatively easier to evaluate the pretest(s) if the system were computerized, computerization should probably be postponed until a manual system has been successfully implemented in the pretest State(s).

C. Discussion

The implementation of a new MIS will benefit BEMFAM. However, there are a number of factors that need to be addressed before a new contraceptive logistics MIS can be implemented. Paramount among these is the willingness of the individual States to comply with the reporting requirements and procedures of the proposed MIS. Another pivotal factor is the development of an effective and efficient training strategy. This will require time and the mobilization of personnel in BEMFAM and in the States. DRH/CDC will assist to the extent it can in these efforts, but the major responsibility for training and implementation of the MIS should remain with BEMFAM.

With BEMFAM's decision not to utilize regional field supervisors as resupply agents, as in the past, CDC will more than likely be asked to assist the States to evaluate the alternative resupply mechanisms that they have adopted or are considering adopting. For example, in one State, Pernambuco, the Federal mail system is currently being utilized to resupply the "agentes de Saude." Since the ultimate goal of the proposed MIS is to help supply managers maintain adequate stock levels of contraceptives at the periphery of the program, an evaluation of the resupply mechanisms adopted by the States is warranted. However, the evaluation will need to be on a State-by-State basis, since BEMFAM will exercise little control over the distribution of contraceptives in some States once they reach the States.

Finally, managerial responsibility for contraceptive logistics in BEMFAM, as it relates to the proposed MIS, needs to be further clarified. During this short consultation, it appeared to me that responsibility for logistics was rather diffuse within the organization, with the departments of Administration and Evaluation each playing a major role. However, to insure that the MIS is responsive to the needs of the field, clearer lines of responsibility and communication will probably need to be established. This is an unanticipated task that will need to be addressed in the implementation of the proposed MIS.

III. OTHER ACTIVITIES

A. Demographic and Health Survey (DHS)

Naomi Rutenberg, of Westinghouse's Institute for Resource Development, was working with BEMFAM staff in the final cleaning of the DHS data tape (See Morris Brazil Foreign Trip Report dated September 30, 1986). On December 1, on my way to Paraguay, we discussed the final draft of the DHS preliminary report scheduled for publication in January 1987 and the outline of the final report. On December 10, we reviewed frequencies from the data tape so that final adjustments may be made to the tape prior to final analysis. These final adjustments will be made in January, and tabulations for the final report will be produced during February for review in March. Final report-writing is scheduled for late April.

B. ABEPF

On November 30-December 2, Leo Morris represented CDC at the Eighth Annual Meeting of the Brazilian Association of Private Family Planning Agencies. My most important discussions at the meeting include the following:

1. ABEPF--Patient Flow Analysis (PFA) Project: Tony Hudgins of our staff worked with ABEPF staff on this project in September 1986 (See Hudgins Brazil Foreign Trip Report dated January 7, 1987). There has been great interest shown by ABEPF affiliates in implementing the project. However, there have been some hard-disk hardware problems that have delayed the project. These problems are currently being resolved. When Tony Hudgins returns (in April?) to review the BEMFAM logistics management project, he can also spend several days monitoring the ABEPF PFA project.

2. PRO-PATER--PRO-PATER, founded in 1980, has become one of the leading centers in Latin America for male contraception. Almost 12,000 men have been served through 1985 in their clinics in Sao Paulo and Rio de Janeiro. Ninety-five percent of these men have been vasectomy candidates. In addition, physicians from other parts of Brazil are trained to perform vasectomies. Dr. Marcos Paulo de Castro, President of PRO-PATER, which is an affiliate of ABEPF, discussed with me (Morris) the possibility of assisting them in a descriptive study of the more than 12,000 vasectomies performed through 1986. I agreed that this would be a very useful project as little is known in Latin America about the characteristics of men opting for vasectomy as a family planning method. When I return to Brazil for the final report of the DHS, probably in late April, I will schedule 2 to 3 days in Sao Paulo to further discuss this project (pending AID approval).

3. Pathfinder--I (Morris) had further discussions with Jose de Codes, Pathfinder representative in Brazil, on Young Adult Reproductive Health Surveys, such as those conducted or being planned in Mexico City, Guatemala City, and Jamaica. Young Adult modules have also been added to family planning surveys conducted in Panama and Costa Rica. Dr. de Codes has renewed interest in conducting this type of survey in Salvador, Bahia, in collaboration with a local university group in that city. I gave a draft questionnaire (in Portuguese) and the Mexico City summary report (in Spanish) to Dr. Codes to share with this group in Salvador. As with PRO-PATER, I can schedule several days in Salvador (pending AID approval) in late April when I am in Brazil working on the DHS.

4. AID--I (Morris) had the chance to brief Sonia Bloomfield, new Health and Population Program Specialist in the Office of the AID Representative in Brasilia, about activities of the Division of Reproductive Health at CDC. She discussed with me the interest of Dr. Luiz Carlos Wanderley, Chief of the Sanitary Inspection Division of Ports, Airports, and Borders (Brazilian equivalent of CDC's Foreign Quarantine Activity), in visiting CDC, especially to discuss the problem of dengue fever. Upon my return to CDC, I asked Billy Griggs, Director of CDC's International Health Program Office (IHPO), if funds were available for such a visit. Unfortunately, there are no funds

available this fiscal year to support such a visit. However, if Dr. Wanderley can obtain support elsewhere, IHPO would be glad to set up a 2- to 3-day visit to CDC. I will also explore support of such a visit with the Latin American Bureau of AID.

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