



Memorandum

Date January 20, 1987

From Maurice Glatzer, Program Analyst, Program Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE), Centers for Disease Control (CDC)

Subject Foreign Trip Report (AID/RSSA): November 2-7, 1986, Lilongwe, Malawi--Review Status of Contraceptive Inventory

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

SUMMARY

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SUMMARY

The two basic elements of the scope of work for this consultancy were (1) to review the status of the contraceptive inventory in Malawi and to make appropriate recommendations concerning the disposition of expired or overstocked items, and (2) to discuss Malawi's participation in the Contraceptive Logistics Management Workshop to be held by the Eastern and Southern African Management Institute (ESAMI) in May of 1987.

I had spent the week of October 27 in Nairobi, Kenya, discussing the ESAMI project and the timing of the next workshop with both ESAMI and REDSO/ESA staff. Malawi Ministry of Health (MOH) officials agreed that although the delay in holding the workshop until May 1987 was disappointing, they looked forward to sending participants to the program. After a review of the list of participants and some "redefinition" of what kind of national representation would be best for Malawi, the MOH agreed to make some changes to that list.

I worked closely with the Pharmacy Assistant assigned to the Child Spacing program at MOH headquarters to determine current inventories of contraceptives and estimates of 1987 requirements for their expanding Child Spacing program. The results are included as Tables 1 and 2 of this report. I also reviewed with MOH officials what they had been able to accomplish on the list of recommendations I left with them in February 1985.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Lilongwe, Malawi, November 2-7, 1986, to review the status of the contraceptive inventory in Malawi, to make appropriate recommendations concerning the disposition of expired or overstocked items, and to review the status of the Contraceptive Logistics Management Workshop to be held at the Eastern and Southern African Management Institute (ESAMI) in May of 1987.

II. PRINCIPAL CONTACTS

A. USAID

1. Charles R. Gurney, Health and Population Officer

B. Ministry of Health

1. Dr. A. R. Msachi, Assistant Chief Medical Officer (Family Health)
2. Mr. E. C. Zumani, Chief Pharmacist
3. Mrs. R. Chinyama, MCH/Child Spacing
4. Mrs. Ndidza Mbvundula, Deputy Chief Nursing Officer
5. Dr. S. N. Darfoor, Medical Advisor, MCH/Child Spacing
6. Mr. H. A. E. Mkangala, Pharmacy Assistant, MCH
7. Mr. R. I. J. Mwale, Chief, Central Medical Stores

III. BACKGROUND

Upon completion of my previous consultancy in February 1985, I left with the MOH a set of recommendations on contraceptive inventory, the national contraceptive distribution system, and other logistics management issues. During a subsequent visit by the Director of the ESAMI Contraceptive Logistics Project, discussions were held concerning MOH participation in the November 1985 Contraceptive Logistics Management Workshop in Arusha, Tanzania. He also reviewed the status of contraceptive inventories in Malawi. The trip report he submitted to USAID/Lilongwe and REDSO contained some gross errors, factual and computational causing much consternation at USAID/Lilongwe and AID/Washington about the actual contraceptive inventory situation in Malawi. With my review of the data, I was able to eliminate the inaccuracies and inconsistencies in the ESAMI report. In addition, I was able to forecast the contraceptive needs for 1987 for the Child Spacing program.

My discussions with senior MOH staff resulted in their understanding the necessity for the delay in holding the ESAMI Contraceptive Logistic Management Workshop. They also agreed to review the list of Malawi participants and to send to the workshop those Ministry staff who will be most able to apply the training upon returning to Malawi.

IV. ACTIVITIES AND FINDINGS

On Monday, November 3, 1986, I met with Dr. Msachi, Mr. Zumani, Mrs. Mbvundula, Mr. Mkangala, and Dr. Darfoor to lay out the scope of work for this consultancy and to bring the MOH staff up-to-date on the status of the work under the ESAMI project. I explained that the project had been suspended for 6 months and that it would be reactivated in 1987. I told the MOH staff that they would be better off to wait for any contraceptive logistics training for their MCH/Child Spacing nurses and pharmacists until the workshop was held in Nairobi in May 1987. All parties seem to agree that, although it was disappointing to have to wait once again for the ESAMI contraceptive logistics training, they would be glad to participate with Botswana and Swaziland in May.

We then agreed that the Pharmacy Assistant, Mr. Mkangala, would be my principal contact during this consultation, and that I would meet with other staff as necessary to complete my work. We also agreed that we would get back together again for a debriefing before I left Lilongwe.

I spent the next 2 days discussing the status of my recommendations from February 1985, reviewing the records that were available on contraceptive inventory, and interviewing Mr. Mkangala, Dr. Darfoor, Mr. Zumani, and Mr. Mwale concerning the manner in which the contraceptive distribution system was working. The Malawi MOH has made some progress on the recommendations, many of which have been adopted. Others are in the process of adoption. For example, a major issue considered in 1985 was what kind of distribution system to use for contraceptives (See CDC Foreign Trip Report, Lilongwe, Malawi, dated May 15, 1985). The recommendation was to utilize the existing Central Medical Stores warehousing and distribution system and not the Maternal and Child Health (MCH) system. Although the MOH officials appeared to agree with my recommendation, they have as yet been unable to follow through on it.

The MOH Child Spacing Program has established a policy committee which has met three times in the last several months. This group was established to assist in followup activity and will continue to meet regularly to discuss logistics problems and proposed solutions.

I found the discussions with MOH staff very helpful in bringing me up-to-date on current contraceptive logistics matters and also found the staff very open with me about the problems. Some of these logistics problems are:

- MOH headquarters is only beginning to receive contraceptive usage reports. The MOH staff should continue to work directly and more often with the pharmacists and health providers to encourage them and to help them understand why the reports are needed. This responsibility will fall, to a major extent, on Mr. Mkangala. The process will be aided considerably when the ESAMI training and followup technical assistance begins.
- Central Medical Stores is not distributing contraceptives as it was thought would be the case after my last consultancy. Mr. Mwale, CMS Chief, says he does not have the people necessary to carry out that function and to do the other things for which he is responsible. I think he's probably right, and this means that until an alternative is found, Mkangala does the packaging and distribution of contraceptives on visits to CMS. The Pharmacy Assistant is supposed to be concentrating his efforts on the review of the system records and coordinating all logistics activities under the MCH/Child Spacing program.
- Within the Ministry, and among the staff in the MCH program, there is need to improve working relationships and communications, particularly from Mr. Mkangala's point of view. He has two bosses, the Chief Pharmacist and Mrs. Chinyama, and this seems to create some confusion.
- About 80,000 cycles of Noriday 1+50 are expired. This is from the stock that was received in 1984 and was already 3 years old! The MOH has ordered all outdated stock to be sent from the warehouse in Blantyre to Lilongwe. They will be asking permission to destroy it, I suggested they discuss the issue with USAID.

There are two tables included in this report--one for inventory of contraceptive and the other indicating what items are required for the program through 1987. If it is possible to do so, all items required should be ordered immediately and sent by air freight as soon as possible. Rapid growth in the program indicates a need to review contraceptive inventory status no less often than every 6 months.

Although there is an overstock of condoms, I would not attempt to reduce it. Usage appears to be growing rapidly, and my estimates could be low. I have told Mr. Mkangala to monitor the level of condom use carefully. For some unexplained reason, UNFPA brought in additional condoms (540,000) and Lippe Loops in 1986. Note the years of supply of loops! They could be removed, but I do not think it is worth the effort. Dr. Darfoor thinks some of his colleagues in other countries can use them.

In addition, I reviewed the list of proposed participants to the ESAMI Workshop with Dr. Msachi and Mrs. Chinyama. They are now a little more certain of the responsibilities of persons who should participate as national representatives. It should be a combination of nurses and pharmacists who have high level responsibilities in the Ministry, the Private Hospital Association of Malawi (PHAM), and the three major regional hospitals.

V. RECOMMENDATIONS

1. New childspacing clients should not be started on Noriday or Norminest. Use the limited remaining stocks for resupply only.
2. Establish a "PUSH" system of supply from CMS to the districts under the direction of Mr. Mkangala until staffs at the hospitals and other service delivery points are thoroughly trained in the methodology of assessing supply status and determining minimum and maximum supply levels. The ESAMI Workshop and followup will be most helpful in this process.
3. Ensure Central Medical Stores (CMS) submit a contraceptive usage report to the MOH every month. This will greatly aid in the monitoring of the program during the early phases of its development.
4. CMS should be given the resources required to carry out the supply function for contraceptives and equipment. Only then will Mr. Mkangala be able to carry out his primary functions, supervising and monitoring the logistics system.
5. Review the list of participants in the ESAMI workshop to insure proper representation at the national level and from PHAM.
6. Process shipping documents as soon as they are received and get them into the hands of the logistics coordinator (Mr. Mkangala) so that he can notify CMS of their arrival in a timely manner.
7. Destroy the approximately 80,000 cycles of Noriday 1+50 which expired in May 1986.

8. Order the following contraceptive to fill the supply pipeline in Malawi:

Femenal	32 cases (38,400 cycles)
Lo-Femenal	88 cases (105,600 cycles)
Ovrette	5 cases (6,000 cycles)
Copper T 380	420 units
Vaginal Foaming Tablets	69 boxes (331,200 tablets)
Jelly	1,000 tubes

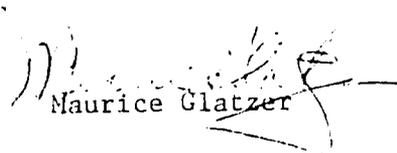

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TABLE I
MALAWI CONTRACEPTIVE INVENTORY
(Estimated as of November 1, 1986)

ITEM	BALANCE ON HAND	(1986) ANNUAL CONSUMPTION	MONTHS OF SUPPLY ON HAND	**EST. INCREASE IN 1987
				(%)
<u>PILLS</u>				
Noriday	17,500	27,000	7.8	Not to be restocked*
Norminest	3,000	50,800	NIL	
Lo-Femenal	30,000	13,500	26.7	+20
Femenal	- 0 -		(See	Table II)
Ovrette	17,300	12,000	17.3	+20
Condoms	1,000,000	135,516	88.6	+50
<u>LIPPES</u>				
<u>LOOP</u>				
"B"	9,000	160	56.2 (yrs)	+20
"C"	53,200	1,170	45.5 (yrs)	+20
"D"	44,750	1,740	25.7 (yrs)	+20
Copper T	150	265	6.8	+20
Vag. Foam Tablets	1,200	150,000	NIL	+20
Depo-Prov.	19,325	20,600	11.3	+20

*Noriday and Norminest are being switched to Femenal and Lo-Femenal.

**Percent of increase is based on estimated changes from February 1986 to July 1986.

TABLE II
MALAWI CONTRACEPTIVE REQUIREMENTS
1987

PILLS	(1) BALANCE ON HAND (NOV)	(2) MONTHS OF SUPPLY ON HAND	(3) ADDITIONAL MONTHS OF SUPPLY REQ.	(4) EST.1987 CONSUMPTION PER MONTH	(5) AMOUNT REQ. (COL 3x4)	(6) SHIPPING QUANTITY
*Lo-Femenal	30,000	5.6	16.4	6,430	105,452	105,600 (88 cases)
**Femenal (Noriday)	17,500	7.8	14.2	2,700	38,340	38,400 (32 cases)
Ovrette	17,300	17.3	4.7	1,200	5,640	6,000 (5 cases)
Condoms	1,000,000	88.6	-	16,940	-	-
Copper T	150	6.8	15.2	27	403	420
Vaginal Foaming Tablets	1,200	-	22	15,000	330,000	331,200 (69 Boxes)
Depo- Provera	19,325	11.3	10.7	2,060	22,042	22,050 Doses
Spermicidal Jelly	-	-	-	-	-	1,000 Tubes

*LoFemenal includes Norminest past requirements.

**Femenal is based on past Noriday use.

NOTE: Approximately 80,000 cycles of Noriday 1+50 expired in May 1986. This stock is taken out of inventory and should be destroyed.