DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date July 13, 1987

From J. Timothy Johnson, Dr.P.H., Sociologist/Demographer, Program Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE), and Brice Atkinson, M.P.A., John Snow, Inc.

Subject Foreign Trip Report (AID/RSSA): Sierra Leone, June 16-23, 1987 and Modifications of Family Planning Reporting System

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

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SUMMARY

At the request of the Ministry of Health, Sierra Leone, through USAID/Freetown, a joint consultation was undertaken by Timothy Johnson for CDC, and by Brice Atkinson of John Snow, Inc. This consultation was intended principally to assist the MCH/FP Division of the MOH in revising client record cards and clinic activity forms, as key elements of a family planning service statistics and commodities reporting system, and in training a core group of senior trainers in the use of the system (See Section IV, A and B).

In addition, at the request of CPSD/S&T/POP/AID/W, we checked on the consistency between records of commodities shipped under USAID contracts with records of receipts in Sierra Leone by the Ministry of Health and the Planned Parenthood Federation of Sierra Leone (PPASL) (See Section IV, C and App. I).

At the request of USAID/Freetown, we also provided our recommendations regarding an extension of the FHI project. Our recommendation for a 1-year, "no cost" extension and our justifications for this appear in Section IV-D.

Also at the request of USAID/Freetown, we submitted to them and the Ambassador a memorandum concerning our recommendation for additional condoms, in response to State Cable #187231 dated June 19, 1987, regarding collaborative US/WHO efforts to combat the AIDS epidemic. We proposed an additional 300,000 condoms for shipment this year. Our memorandum explains why we do not feel a larger shipment would be justified at present (Section IV-E, and App. II.)

I. PLACES, DATES, AND PURPOSES OF TRAVEL

Freetown, Sierra Leone, January 16-23, 1987. At the request of the Ministry of Health, MCH/FP "Family Health Initiatives" (FHI) Project, through the USAID Affairs Office, Freetown (Ref. Cables Abidjan, 07465; Freetown, 01795; State 138569), CDC consultant Dr. Timothy Johnson, accompanied by Brice Atkinson of John Snow Inc. (JSI), assisted in revising family planning reporting forms and procedures, and provided training on family planning management information systems (MIS) to the Core Trainers' Team (CTT) of the MCH/FP Division and selected other individuals. In addition, at the request of AID/W, the status of contraceptive commodities was examined and at the request of the AAO's office, Freetown, recommendations on the future of the project and on additional AIDS-related condom procurement were made.

II. PRINCIPAL CONTACTS

A. United States Embassy, Freetown
   1. Ms. Cynthia Perry, Ambassador
   2. Mr. Robert Kidd, Acting AID Affairs Officer
   3. Mr. William James, Acting Agricultural Development Officer
   4. Mrs. Yomi Decker, Training Officer, USAID

B. MCH/FHI Project, Ministry of Health
   1. Dr. Bailah Leigh, Director
   2. Mrs. Esther Scott, Sr. Health Sister, MCH/FP Division
   3. Mrs. Cecilia Spaine-Cole, Sr. Health Sister, Eastern Province
   4. Mrs. Gloria Betts, Principal, School of Midwifery
   5. Sr. Valentina L. Gilpin, Tutor, School of Nursing.
   6. Sr. Lois Vincent, Jenner-Wright MCH Clinic, Freetown
   7. Mrs. Margaret Dumbuya, Health Sister, Southern Province
   8. Mr. John B. Kamara, Project Clerk/Evaluator, MCH/FP Division

C. Others
   1. Mr. Gerald J. John, Secretary, Population Commission
   2. Mrs. Fatu Yumkella, Senior Medical Demographer, MOH
   3. Mr. Edmund Cole, Executive Director, Planned Parenthood Association of Sierra Leone (PPASL)
   4. Sr. Claudia B. Labor, Program Officer, Service Delivery, PPASL
   5. Dr. Andrew Kosia, Chair, Anti-AIDS Coordinating Team.

III. BACKGROUND

During November 1986, two CDC consultants served on a four-person team charged with evaluating the Sierra Leone Ministry of Health's "Family Health Initiatives" (FHI) project, which is funded by USAID (See Johnson and Monteith Sierra Leone trip report, December 12, 1986). Previously, Dr. Johnson had

reviewed various aspects of MCH/FP logistics and evaluation (See Sierra Leone trip report, July 11, 1985). Both project reviews noted serious deficiencies in the management of the FHI project, including particularly in the implementation of a functioning reporting system, and made various recommendations for improvements. The 1986 visit concluded that the project was not operating effectively, and only minimal progress had been made since the previous CDC visit 18 months earlier, in the specific areas of introducing a family planning service statistics system and in managing commodities. The 1986 recommendations were incorporated in USAID Project Evaluation Report 689-0662.13 titled "Family Health Initiatives I/Sierra Leone," which specified certain conditions to be met if the project was to receive further USAID support.

The present consultation developed in large part from the evaluation report's recommendations relating to the need for establishing and implementing a reporting system for service statistics and contraceptive management. Dr. Bailah Leigh, the FHI project director, had initiated actions on these recommendations in December 1986, and in January 1987 had requested that CDC provide assistance in late March in finalization of the reporting forms and in training of project staff. Unfortunately the request was not transmitted to CDC until March, which necessitated a delay until the present time, when our visit could be combined with a joint CDC/JSI visit to Nigeria.

IV. ACTIVITIES DURING VISIT

A. Reporting Forms Revisions

Our first task with the FHI project staff involved extensive discussions on the background and present status of the reporting forms and the project evaluation system. These discussions were held mainly with Dr. Leigh and his team of "Core Trainers" but also included a representative of the PPASL and the MOH's Senior Medical Demographer, as well as the project clerk having ongoing responsibility for collating project service statistics. While this group could not make final decisions on the contents and format of reporting forms, it included most of the key individuals intimately involved in these decisions, and we were informed that it was unlikely that the final decisions would differ substantially from the consensus reached during these discussions. In these sessions, we considered collectively what information was required to provide high quality service to clients, and hence what information must be obtained on the client record form. We then turned to information needs at the clinic, district, project, and national level in terms of tracking progress and monitoring commodities. Detailed recommendations on the content and layout of the forms were developed. The recommended forms parallel the generic reporting forms CDC has helped develop and has introduced in other settings, though with modifications to reflect particular data needs and interests of the project and of the whole Sierra Leone program.

B. MIS Training for "Core Trainers"

Even in the absence of final decisions on the proposed service statistics and commodity reporting forms and procedures, we agreed with Dr. Leigh and his Core Training Team that it would be useful for us to conduct a 2-day training workshop on the MIS forms and on the uses of the data derived from the forms.

This training was held on June 18 and 19 in the Connaught Hospital library seminar room. Regrettably and unavoidably, Dr. Leigh had to be absent for these 2 days. However, the relevant CTT staff, who also have major supervisory

The shipment was expected to arrive by sea on approximately June 29, 1987, according to MOH staff. The "Request for Shipment" form indicates the shipment contains the following:

10 cartons or 12,000 cycles of Femenal with French markings;

10 cartons or 12,000 cycles of Lo-Femenal with English markings;

12 cartons or 14,400 cycles of Ovrette with English markings;

10 cartons or 60,000 colored Sultan condoms.

B. Planned Parenthood Association of Sierra Leone (PPASL) Shipment Records

S&T/POP/CPSD shipment records for 1984 to the PPASL are substantially in agreement with those of the voluntary family planning Association, although there are several discrepancies as follows:

S&T/POP/CPSD records show shipment of 36,000 colored Sultan condoms (52cs) whereas the Association records show receipt of 48,000;

S&T/POP/CPSD records show shipment of 24,000 noncolored Sultan condoms (52ns) whereas the Association records show no receipt of this commodity;

S&T/POP/CPSD records show shipment of 50,400 cycles of Femenal (femp) whereas the Association records show receipt of 40,800.

S&T/POP/CPSD records for 1985 and those of the Association are in full agreement.

S&T/POP/CPSD records show no shipments to the Association in 1986 and 1987. Association records reflect receipt of substantial quantities of contraceptives in both years, as follows:

1986

54,000 cycles of Femenal (out of a total shipment of 55,200, one carton was shortlanded);

41,500 colored Sultan condoms (out of a total shipment of 42,000, 500 condoms were shortlanded);

17,500 noncolored Sultan condoms (out of a total shipment of 30,000, 2,500 were shortlanded);

600 200B Copper T IUDs.

1987

102,000 noncolored condoms

150,000 colored condoms

roles in the national FHI project, were present, as were the project's evaluation clerk, the MOH's senior medical demographer, and the PPASL's program officer for service delivery. This workshop also served to further crystallize the consensus on what information would be required for a properly functioning evaluation system. Participation in the workshop was very lively, thanks to which it went very well, and led subsequently to a plan and schedule for district level training by the Core Trainers, which was presented to Dr. Leigh by the Core Trainers and received his support.

C. Commodity Status

S&T/POP/CPSD had requested that we review contraceptive commodity status in the project and program, and particularly that we check on the correspondence between AID shipping records and in-country receipt records. Brice Atkinson took the lead in this activity. Appendix A provides details of our findings.

In summary, we did discover a number of discrepancies, of which the most notable was that AID/W records show no shipment for 1985 for the MOH, whereas the MOH records show receipt from FPIA in June 1985 of a sizable consignment of condoms, vaginal foaming tablets, oral pills (two brands), and Copper "T" IUCDs. None of the observed discrepancies in either MOH or PPASL records suggested any illicit or irregular transactions, but rather indicated the need for better coordination in the U.S. between FPIA and AID/W in maintaining and reconciling records.

D. Comments on the Future of the FHI Project

Though the original MOH/FP FHI project agreement expired in mid-1986, the project was granted a 1-year, no-cost extension to mid-1987. Certain conditions were established, subsequent to the November 1986 review team's visit, which would need to be met or at least would require strong evidence of improvement if there were to be consideration of a further extension. Since this is the time at which decisions on any further extension need to be made, the Acting AAO and Acting ADO, USAID/Freetown, asked us to give them our impressions of progress, particularly since November 1986, and of the merits of granting an additional extension.

While evidence of substantial progress was considerably less than might have been hoped for, we did note several encouraging actions that had been undertaken or initiated, and we also were able to identify some impediments to progress of which we had previously had little knowledge and which we were able to bring to the attention of USAID/Freetown for action. In consequence, our final recommendation was that the project be granted an additional 1-year, no-cost extension. During the third quarter of this extension, the extent of progress would again be assessed before any further decisions would be made on whether to allow the agreement to lapse or whether to continue or renegotiate it. The evidence for change involved mainly steps taken by the project since November, regarding: (a) storage of commodities; (b) initiation of further recordkeeping and MIS activities, and (c) further action on training recommended by the review team.

Regarding storage of commodities, we examined the newly renovated storage area, which while too small for a full-fledged national program, does meet immediate needs for secure, dry, pest-resistant space, and represents a considerable improvement over previous conditions.

Regarding recordkeeping and program monitoring, we established that initial action on November 1986 recommendations was taken in December, and revised forms were sent to the USAID training officer in January 1987 with a request that these be sent for review to CDC, which had indicated willingness to provide some MIS training, provided that the forms met CDC standards for providing information required by project staff. With the forms came a request for CDC assistance, to be provided in late March, in training project and other family planning staff. Unfortunately, these revised forms were not mailed to CDC by USAID/Freetown until early March, and therefore did not reach CDC until March 12, by which date it was clearly much too late to schedule late March travel. While my response of March 13, 1987, encouraged the project to proceed in CDC's absence, the project staff indicated a preference for us to be involved, even if this entailed a delay until June. Concerning project monitoring and supervision, we noted that the director and some staff had paid supervisory visits to several outlying districts and had prepared written reports on their observations. We obtained three of these reports, which indicated that the director had a good grasp of the programme's shortcomings, and some of the remedial actions required, including the implementation of a reporting system, backed by adequate training and supervision of staff.

Regarding training, we found that a proposed schedule of training for State Enrolled Community Health Nurses (SECHNs) had been submitted to USAID, and release of funds requested for this purpose very shortly after the initial November draft report was developed, but despite extensive correspondence involving particularly the USAID Training Officer but also REDSO/WCA (Abidjan), release of funds had still not occurred by May of this year, which necessitated a postponement of this training of SECHNs.

In the course of our visit, the Acting ADO asked us to review and comment on a project audit report dated February 1987. We were struck by the parallel between the auditor's recommendations concerning the need for simplification of the procedures for the project to obtain funding, and our own observation that these procedures constitute a major impediment to smooth functioning of the project. Specifically, the audit report noted that the centralization of disbursement authority in REDSO/Abidjan resulted in repeated delays in the flow of funds to the MOH/FP project. There should be no need, for example, for the project director to justify every little expense to the USAID training officer before funds are released, nor for Abidjan approval for every initiative. Rather, adequate funds should be made available in advance, in Freetown, in functional project categories, to provide the necessary flexibility for the director to proceed expeditiously. Obviously, proper accounting procedures would need to be maintained, but not in a manner which effectively blocks even routine activities, quite apart from any new initiatives.

While we would not claim to be satisfied with progress to date, we feel that the blame for this does not rest solely nor even primarily with the present project leadership. Indeed, if USAID can introduce procedures to facilitate the project rather than effectively hamstringing it, we believe that a combination of the project's new leadership, plus the presence of a new CMO in the MOH, could result in the project finally showing evidence of substantial progress on the activities it has from the start been intended to undertake. We do feel that the progress to date, given the constraints mentioned above, justify a 1-year, no-cost extension of the project. This recommendation was

made, and brief written justifications were provided to the Acting ADO, who indicated he wished to pass them on to the AAO upon his return.

We do also urge USAID to review its procedures for releasing funds with a view to making these procedures more responsive to country and project needs, and we further encourage USAID to use its good offices to encourage better coordination among the various MOH and private sector family planning providers, and urge that activities in the project continue to be monitored closely.

E. "AIDS Initiative" Cable Response

During our visit, we were asked by the Acting AAO and Acting ADO to review and submit our response to State Cable 187231, soliciting Mission requirements for condoms to assist in the USAID/WHO collaborative effort to combat AIDS. In preparing our response, we discussed the current status of AIDS and proposed Sierra Leonean countermeasures with several people within and outside the MOH.

On the basis of these discussions, combined with our own understanding of the nature of the problem and the country's current capacity to deal with it, we prepared and submitted the memorandum appearing as Appendix B to this report.

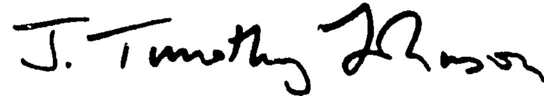
When we subsequently met with the ambassador, she essentially accepted our arguments and recommendations for a carefully-reasoned response, rather than a possibly counterproductive over-reaction to the AIDS threat. Our view, in summary, was that an initial shipment of 300,000 additional condoms could be justified and would not result in overloading the currently limited capacity of existing distribution systems. However, our memorandum stressed that this shipment should be viewed as part of a carefully developed program encouraged by USAID and involving both the MOH and WHO, aimed at informing the public about "AIDs: what it is, how contracted, and how avoided." Such a program would require assistance to the MOH and other relevant organizations and agencies in establishing "functional supply and distribution networks, preferably in conjunction with improved overall medical supply networks."

Since AIDS is at present and for the foreseeable future by no means the most serious threat to life and health facing Sierra Leone, diversion of substantial proportions of scarce resources of staff, equipment, and money to this potential threat are not currently justified, though obviously the situation does warrant close monitoring and development of a reasoned and coherent response. The provision of the proposed 300,000 condoms will contribute to the development of this response.

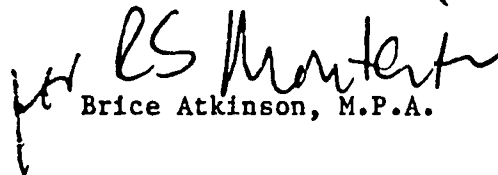
V. FUTURE CDC/JSI ACTIVITY

The director of the MCH/FHI project asked informally about possible future assistance with program MIS training and implementation and with commodity distribution and procurement issues. We made no commitments but indicated that if the hoped-for improvements in the reporting system and procedures on which we worked this time are forthcoming, it might indeed be appropriate for

a JSI and CDC staffer to return at some point, possibly in early 1988, to provide followup and further assistance.



J. Timothy Johnson, Dr.P.H.



Brice Atkinson, M.P.A.

Attachments

APPENDIX I

COMMODITY STATUS SUMMARY, SIERRA LEONE

A. Ministry of Health (MCH/FP/FHI Project) Shipment Records

Sierra Leone Ministry of Health staff state that the first shipment of USAID supplied contraceptives to the Ministry arrived June 13, 1985. This does not correspond with the S&T/POP/CPSD records which show shipment of 24,000 condoms (52cs) and 4,800 vaginal foaming tablets (VFT) in 1984.

The S&T/POP/CPSD shipment record shows no shipments to the Ministry of Health in 1985. We reviewed an MOH copy of an FPIA Commercial Invoice/Packing List for a shipment Ministry staff state arrived June 13, 1985. The packing list indicated that this shipment contained the following:

53 cartons or 254,400 vaginal foaming tablets;

13 cartons or 78,000 noncolored condoms;

13 cartons or 78,000 colored condoms;

13 cartons or 15,600 cycles of Norminest with Spanish markings;

13 cartons or 15,600 cycles of Noriday with English markings;

1 carton of IUD Copper T. The "per carton" column of the invoice indicates 400 Copper Ts in the carton.

The invoice/packing list also lists quantities of contraceptive jelly, jelly applicators, diaphragms, Lippes loops, and IUD insertion kits.

The above shipment was addressed to:

USAID Sierra Leone
c/o American Embassy
Walpole Street
Freetown
Sierra Leone
Attn--Mr. William S. Lefes

The S&T/POP/CPSD shipment record shows no shipments scheduled in 1987 to the MOH. We reviewed a FPIA "Request for Shipment" form for a shipment with a listed projected arrival date of March 5, 1987. This shipment was consigned to:

Ministry of Health
MCH Division
3 Wilberforce Street
Freetown
Sierra Leone

APPENDIX II

MEMORANDUM ON "AIDS INITIATIVE" CABLE

Memorandum to Robert Kidd and William James
From: Timothy Johnson and Brice Atkinson
Subject: AIDS: Current Condom Needs for Sierra Leone (SL)

Ref: State 187231 and conversation with Kidd/James, June 19, 1987.

SUMMARY

In our opinion, USAID/Freetown should at this time submit a request for shipment of 300,000 condoms to ST/POP/CPSD, for distribution through existin distribution networks in Sierra Leone, to supplement existing supplies an requirements anticipated for family planning purposes.

The optimum strategy for USAID/Freetown regarding the threat of AIDS in S should not be one of over-reaction or panic, since AIDS is not at present demonstrable immediate significant threat to SL, compared with severa existent health threats. Instead, USAID/F should embark on a carefull designed program involving both the MOH and WHO, to (a) inform the publi about AIDS: what it is, how contracted, and how avoided, and (b) to assis the MOH and other relevant organizations and agencies to establish functiona supply and distribution networks, preferably in conjunction with improve overall medical supply networks. (End of Summary)

1. The following paragraphs constitute our response to your request for ou reaction to the AID/W cable soliciting Mission requirements for condom to assist in combating AIDS.

2. AID/W, in conjunction with WHO, is now prepared to provide condoms, a one component of a worldwide strategy to combat AIDS. A recent worldwid cable (State 187231) enunciates several criteria against which submissio of requests for such condoms will be evaluated.

   In terms of these four categories of criteria, Sierra Leone does not ran high as a priority nation for expedited condom shipments, both because it is not in the Central African so-called "AIDS belt," and thus far doe not seem in imminent danger of epidemic levels of AIDS and because, at present, Sierra Leone is significantly lacking in capability to mount an concerted preventive measures, whether for AIDS or for other diseases, which are much more acute, immediate threats to life.

   Under these circumstances, a request for very large additional quantities of condoms would raise questions of credibility in Washington. However, modest quantities, consistent with Sierra Leone's absorptive capacity, including an allowance for expansion of this capacity, are in order.

Though AIDS does not yet represent a "clear and present danger" to most Sierra Leoneans, it does represent a significant potential threat to the country, and thus merits the development of carefully considered and sound strategies for averting this threat.

In embarking on development of such strategies, Sierra Leone (and AID/SL) must avoid over-reaction to this threat. Two factors should be noted. First, AIDS, while deadly when contracted, is not a highly contagious disease and does not spread rapidly nor readily in most population groups. Thus, many population subgroups are not at imminent risk. Water, air, and insects are not involved in its transmission, which is principally through blood and other bodily fluids.

Second, AIDS has developed highly political and emotional connotations. One must therefore be more than usually alert to the possibility that actions, however well-intentioned, may have unfortunate unintended consequences. In the case of Sierra Leone, there is considerable sensitivity to this topic, and we have been told of a case of an official being "carpetted" by the Minister of Health for his very frank discussion of the subject.

Specifically regarding promotion of condoms in combating spread of AIDS, we note that this approach, while intrinsically valid, must recognize that condom use overall remains very low in Sierra Leone, in part because condoms still have a stigma of extramarital liaisons, especially with prostitutes, attached to them.

Based on our experience elsewhere, our assessment of current SL distribution capabilities and discussions with several informed Sierra Leoneans, both within and outside the MOH, we believe that a cautious approach is justified. Bringing in very large quantities of condoms, in the absence of a concurrent carefully developed IEC campaign, and development of adequate distribution networks, and in the absence of ancillary supportive activities, such as testing facilities for hospital blood supplies, could ultimately be counterproductive not only to the anti-AIDS effort, but also to other primary health and family planning efforts and to the image of USAID/Freetown.

We believe that what is called for at present is urgent concerted action by the MOH, by WHO, and by USAID, and possibly also by relevant NGOs, to develop a comprehensive strategy to combat this threat. USAID/SL may be well-placed to promote and facilitate such action.

This strategy must consider among other things the present and likely future level of this threat, vis-a-vis other health threats; the information and service delivery components of any action plan, and staff, material, and monetary resources already available and likely to be required for this.

5. As a concrete indication of USAID/SL concern, AID could indicate t
GOSL its willingness to provide condoms as one component of any eve
strategy, but that such commodities would be provided in a manner a
quantities which recognize current limited capability for natio
distribution, and the need to improve this distribution capacity.

6. A shipment of 60,000 condoms is expected by the MOH on or about Jun
Rough estimates indicate the presence of considerable unused stoc
clinics and at district headquarters, though the poor state of recordl
ing precludes precise estimates. While there is no imminent threa
MOH stockouts, we would suggest that a request for an additional 30
condoms be submitted at th s time to AID/W for early shipment.

   This shipment, when received, will be allocated among existing public
   private FP provider in approximate proportion to their past perfor
   in condom distribution. The cable requesting this quantity sl
   indicate that an additional request is likely to be forthcoming
   additional condoms to be shipped early in 1988, pending evidence that
   initial shipment has been distributed to service delivery points,
   that a Government-supported IEC effort is resulting in a signifi
   increase in use of this commodity.

Y b