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Logistics Systems and Contraceptive Supply Status Review

Malawi Child Spacing and AIDS Control Programs

January 21 - February 21, 1993

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I. SUMMARY

The purposes of this visit to Malawi were:

To prepare the CY 1993 Contraceptive Procurement Tables (CPTs), and the FY 1993 financial requirements estimate;

To design an improved, comprehensive distribution system for AIDS prevention condoms which is integrated with the contraceptive distribution system of the Child Spacing Program (CSP), including in the system as appropriate, STD drugs and other AIDS control and prevention commodities;

Major recommendations for the Ministry of Health, AIDS Secretariat, and USAID/Lilongwe's consideration are as follows:

Recommendation One

It is suggested that the AIDS Secretariat explore the possibility of delivering some of its condoms to service delivery points below the district level, via the World Food Program (WFP) which has a well developed and effective delivery system.

Recommendation Two

Senior Ministry of Health Child Spacing Program and AIDS Control Program (ACP) staff, in coordination with concerned USAID staff, should follow-up with the CMS Chief Pharmacist and Senior Systems Analyst to facilitate the production of CMS MIS monthly reports on the distribution to the district level of condoms, Lo-Femenal, Ovrette, Depo-Provera, Conceptrol Vaginal Foaming Tablets, and the Copper T380 IUCD. Copies of the monthly report should be made available to the CSP, the AIDS Secretariat, the National Family Welfare Council (NFWC), the Overseas Development Administration (ODA), and USAID.

[The CMS Senior Program Analyst prepared a draft copy of the above proposed report, and made it available for the review of the MOH group which debriefed Atkinson and Rukarangira on February 19, 1993.]

Recommendation Three

STD treatment drugs to be provided through the STAFH/AIDSCAP project should be included in the CMS MIS, if not already included, and at least quarterly reports on their distribution

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should be provided to the AIDS Secretariat and to USAID.

Recommendation Four

USAID/Lilongwe should order the following quantities of contraceptives for delivery to Malawi on the dates indicated below

Commodity	Quantity	Date to Arrive In-Country
Conceptrol Foaming Tablets	62,400	November 1, 1994

Recommendation Five

The Director of the ACP and the National Coordinator of the CSP should jointly inform the staffs of The ACP and CSP that condoms are to be made freely available to the clients of both programs without reservation or restriction.

Recommendation Six

All future supplies of USAID funded condoms should be consigned to the NEWVERN computer system recipient designated as "Government of Malawi, MOH." This is the designation for the Child Spacing Program.

Recommendation Seven

The AIDS Secretariat should review the feasibility and desirability of relieving the Logistics and Supplies Officer of his responsibility for condoms, and of assigning this duty to an additional "supplies assistant" who would report to the IEC staff responsible for condom promotion.

Recommendation Eight

The Director of the ACP should provide the Chief Pharmacist of the CMS with the recommended condom distribution list (Appendix 4 to this report) with the request that distribution of the condoms in the Lilongwe warehouse begin as soon as possible.

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Recommendation Nine

The AIDS Secretariat should develop a clear policy regarding NGOs and PVOs interventions against AIDS and give clear guidance of where they should collect their condom supplies.

Recommendation Ten

District AIDS Coordinators should be provided written job descriptions. The AIDS Secretariat should also explore means of providing financial and other resources to the Coordinators to assist them in meeting their responsibilities to the program including promotion of condom distribution and use and stimulation and supervision of community based activities.

A similar emphasis should be directed toward specific implementation of participant activities other than training.

Recommendation Eleven

District AIDS Coordinators should routinely develop and forward to the AIDS Secretariat information, in a standardized report format, on quarterly condom distribution and AIDS prevention activities.

Recommendation Twelve

All District Aids Coordinators and District Hospital Pharmacists and Assistant Pharmacists should be trained in logistics management.

Recommendation Thirteen

Given the contemporary changes in the Child Spacing Program and the system which supplies it, it is strongly recommended that supply status be reassessed within the next six months (i.e. prior to December 1993).

II. BACKGROUND

Since 1987, John Snow, Inc.'s (JSI's) Family Planning Logistics Management (FPLM) Project has provided technical assistance to the Malawi Child Spacing Program in the areas of logistics management training, management information systems (MIS)

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development, logistics systems review, and contraceptive requirements forecasting.

The FPLM project has also assisted the AIDS Control Program (ACP) to forecast its annual condom requirements.

Contraceptive requirements forecasts for the CSP and ACP are presented in a format called a Contraceptive Procurement Table (CPT). Completion of the CPTs is one of the first steps in USAID's procurement of contraceptives for the CSP, and condoms for the ACP. (Calendar Year 1993 CPTs are included as Appendix 3 of this report.)

Family Health International's AIDS Control and Prevention (AIDSCAP) project is the lead collaborating agency for the AIDS prevention component of the USAID funded Support to AIDS and Family Health (STAFH) project. This visit by AIDSCAP Regional Logistics Officer Rukarangira Wa Nkera is one of a series of visits by AIDSCAP staff to facilitate the initiation of AIDSCAP project activities in Malawi.

III. ACTIVITIES

From February 3 through February 15, 1993 FPLM Logistics Advisor, Brice Atkinson, AIDSCAP Logistics Officer, Rukarangira Wa Nkera, and Ministry of Health CSP Logistics Coordinator, Dennis Chimungu visited Regional and District Health Offices, Central Medical Store warehouses, District Hospitals, Health Centers, Mission Hospitals, and government and NGO CS Clinics in the central, southern, and northern regions of Malawi.

Seventeen of Malawi's twenty-four districts were visited. The seven districts not visited were Chitipa, Dowa, Ntchisi, Nsanje, Karonga, Nkhata Bay, and Nkhotakota. However, the last named three of these districts were visited and inventoried by Child Spacing Program Logistics Coordinator, Mr. Chimungu, the week immediately prior to Atkinson and Rukarangira's arrival. The results of Mr. Chimungu's inventory of these three districts are included in the totals listed in Appendix 2.

USAID/Lilongwe Development Program Assistant, Doreen Lisimba accompanied Atkinson, Rukarangira, and Chimungu in the southern region, and to selected sites and offices in the central region.

Whenever possible, both CSP and ACP staff were interviewed at each location visited, and physical inventories were taken of contraceptives on hand. Appendix 1 lists organizations and persons contacted. Appendix 2 reflects the results of the

physical inventories.

IV. FINDINGS AND RECOMMENDATIONS

Design and Current Status of the Central Medical Store System

CMS System Design

USAID funded contraceptives arrive in Malawi by air and are first stored at the Lilongwe CMS warehouse before being delivered in CMS transport to the Mzuzu regional warehouse, or to districts in the southern and central regions.

Four Tiers: Although somewhat of an over-simplification, with respect to contraceptive supplies the CMS system can be said to have four tiers:

- Tier One, the Lilongwe CMS warehouse;
- Tier Two, the Lilongwe CMS warehouse in its function as a Regional warehouse for the Central Region, and the Regional CMS warehouse in Mzuzu;
- Tier Three, District Hospitals and, to a certain extent private CHAM (Christian Hospital Association of Malawi) hospitals, and NGO's;
- Tier Four, rural hospitals, and health centers. Mission hospitals, if they receive their supplies from district hospitals, can be said to be Tier Four facilities, as can NGO projects, such as Project Hope, or Banja La Mtsogolo.

Key Role of Tier Three, District Level: The district hospital pharmacies play a key role in the distribution of contraceptives, condoms, and drugs. They act as the central supply point for health centers, dispensaries, NGO's and PVO's, and CHAM hospitals in their districts.

District AIDS Coordinators supervise all AIDS activities within districts and when transport is available, travel at least once a month for this purpose. Unfortunately, transport is not always available.

In the case of health centers, district hospitals generally distribute medical supplies including contraceptives, condoms, and drugs via a metal or wooden box or trunk. The size of the box or trunk is often a limiting factor in the quantities which

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can be delivered at one time. This is particularly true in the case of condoms, which are bulky relative to other supplies.

Recommendation One

It is suggested that the AIDS Secretariat explore the possibility of delivering some of its condoms to service delivery points below the district level, via the World Food Program (WFP) which has a well developed and effective delivery system.

Ordering/Requisitioning: District hospitals in the northern region requisition contraceptive supplies from the Regional CMS warehouse in Mzuzu.

District hospitals in the southern and central regions currently requisition their contraceptives from the Lilongwe CMS warehouse.

The system is in theory a "pull" system with requisition orders flowing from each tier to the tier above, and supplies flowing down in response. Standard multiple copy requisition/order forms are used by the districts to order contraceptive supplies from the Mzuzu or Lilongwe warehouses.

There is no standard requisition/order form currently available for the use of service delivery points below the district level (A prototype form has been developed by Mr. Chris Fulshaw, a Pharmacist at the Ministry of Health, and is being used on a pilot basis in Mzimba District - see Appendix 7).

Transport: All of the CSP contraceptives including condoms, and virtually all of the condoms for the ACP are delivered to the district level by CMS transport. District transport, when available, is used for delivery of contraceptives to rural hospitals and health centers.

Lack of funds for fuel, spare parts, and maintenance are severe problems at the district level and frequently result in the non-availability of vehicles for delivery of contraceptives to service delivery points below the district level.

Mission hospitals sometimes collect their contraceptive supplies using their own transport, as do the NGO's. Collection is most often from a nearby district hospital pharmacy but is sometimes made directly from Lilongwe.

CMS Management Information System (MIS): The CMS has an automated MIS covering the receipt, storage, and delivery of most

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of the drugs and medical supplies it handles. Contraceptives, however, are not currently included in the system.

In January, 1992, CMS staff indicated that by April, 1992, contraceptives would be included in the MIS but this did not take place. Recently, the Chief Pharmacist of the CMS observed that he believed it would be possible to include contraceptives in the MIS in 1993 assuming that the MIS computer staff found no technical reasons for them not to be included. The CMS Senior Systems Analyst subsequently noted that he saw no reasons why contraceptives should not be included in the MIS.

Given this managerial and technical approval by senior CMS staff, it is hoped that the MIS will begin producing monthly reports on contraceptive distribution to districts as early as March, 1993, with copies of the reports going to both MOH/CSP headquarters and USAID. [Note: the Central Medical Store has moved quickly on this issue, and on February 19 delivered a draft report for review by MOH program staff.]

The six contraceptives to be reported by the MIS are condoms, the oral contraceptives Lo-Femenal and Ovrette, the injectable contraceptive Depo-Provera, Conceptrol Vaginal Foaming Tablets, and the Copper T380 IUCD.

A Monthly Return Form, reflecting contraceptives dispensed to clients, is submitted by Child Spacing Clinics to MOH/CSP headquarters. This form is not part of the CMS MIS. However the information the Monthly Return form contains will prove even more valuable for management purposes when it can be matched and validated with data from the new MIS reports.

PLANNED FLOW OF COMMODITIES

Central Level
(1)

Lilongwe CMS Warehouse

Regional Level
(2)

Blantyre CMS

Lilongwe CMS Warehouse

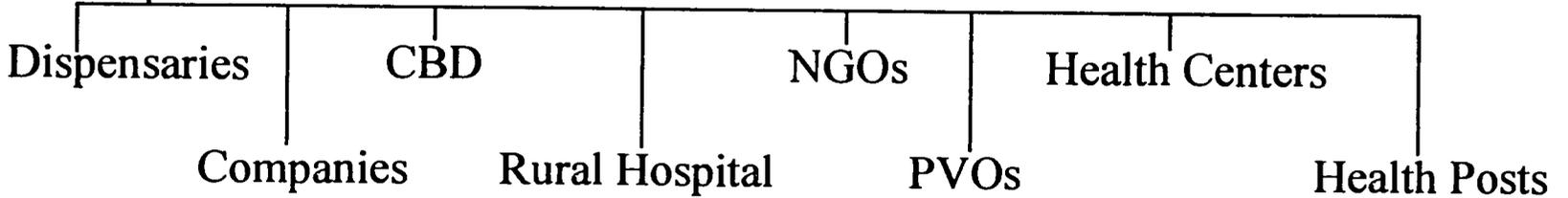
Mzuzu CMS

District Level
(3)

District Hospital

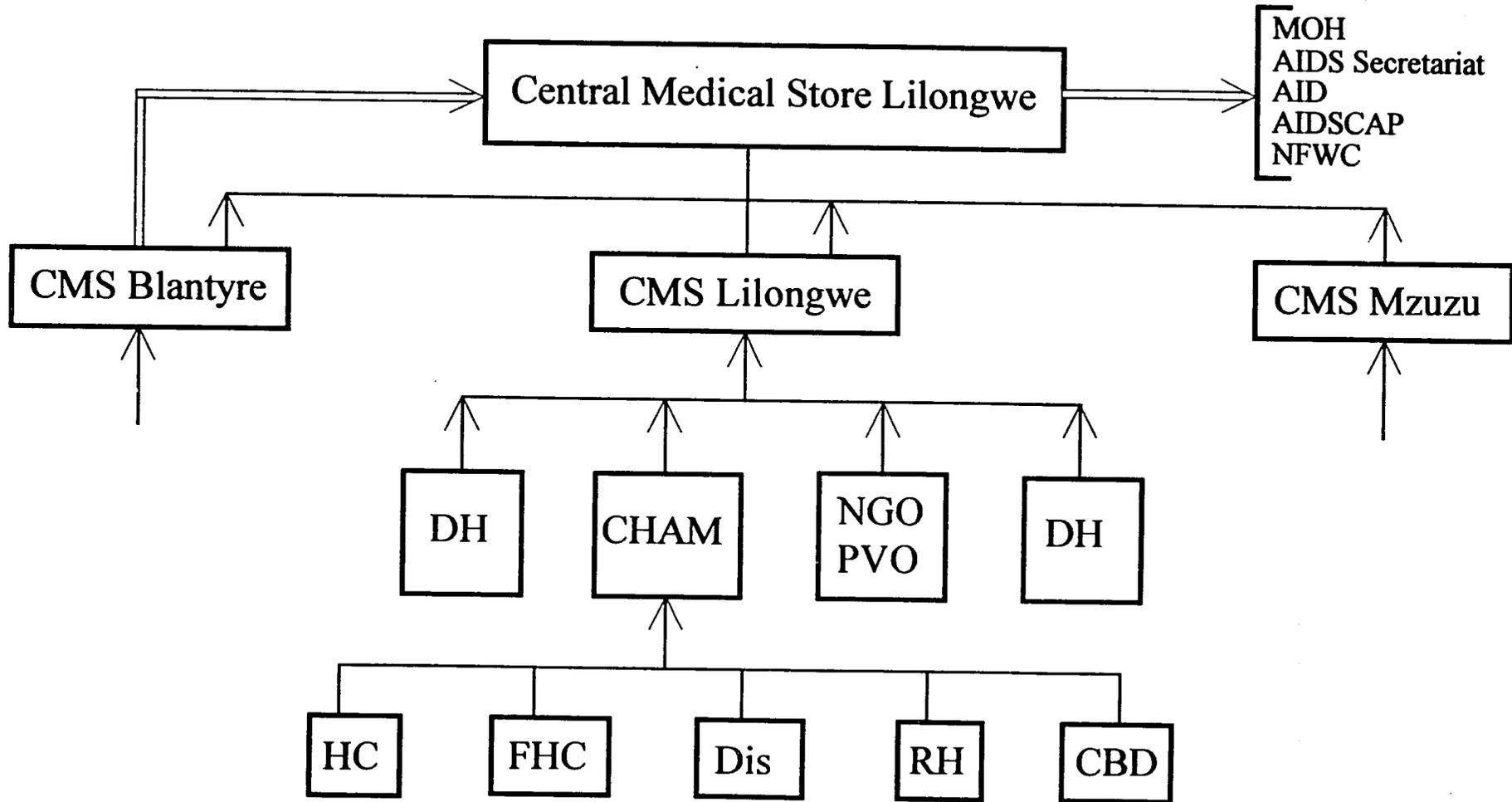
Government
CHAM

**Health Service
Delivery Level**
(4)



Handwritten mark

FLOW OF INFORMATION



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Recommendation Two

Senior Ministry of Health Child Spacing Program and AIDS Control Program (ACP) staff, in coordination with concerned USAID staff, should follow-up with the CMS Chief Pharmacist and Senior Systems Analyst to facilitate the production of CMS MIS monthly reports on the distribution to the district level of condoms, Lo-Femenal, Ovrette, Depo-Provera, Conceptrol Vaginal Foaming Tablets, and the Copper T380 IUCD. Copies of the monthly report should be made available to the CSP, the AIDS Secretariat, the National Family Welfare Council (NFWC), the Overseas Development Administration (ODA), and USAID.

Recommendation Three

STD treatment drugs to be provided through the STAFH/AIDSCAP project when identified, should be included in the CMS MIS, if not already included, and at least quarterly reports on their distribution should be provided to the AIDS Secretariat and to USAID.

Current Status of the CMS System -- Impact of Refurbishment

The World Bank funded refurbishment of the Blantyre CMS, originally scheduled for early 1992 was delayed and will now reportedly take place in early 1993. To facilitate the Blantyre refurbishment, contraceptives stored at Blantyre were moved to the Lilongwe and to Mzuzu stores. Southern districts which were accustomed to minimum delays in response to their orders to Blantyre had to allow more lead time for response from Lilongwe. Not all districts did so, and as a result, some suffered temporary shortages and outages of contraceptives in 1992.

The Lilongwe CMS store is also scheduled for refurbishment and is attempting to reduce its inventory to facilitate this goal. The nearly 10 million condoms (9,857,400) in storage in Lilongwe in January/February are of particular concern to the CMS management.

The reasons for the accumulation of this excessive quantity of condoms at one location are discussed in the following section, as are solutions to relieve the congestion, and to prevent its recurrence.

When the refurbishment is complete, the CMS will be able to function on a regional basis with the Blantyre and Mzuzu stores serving districts in the south and north, respectively, and the Lilongwe store serving double duty as headquarters and as a regional store for the central region. At the moment, only the

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Mzuzu store functions in a full regional capacity with respect to contraceptive supplies.

As the refurbishment process continues, CSP and ASP managers should anticipate the need for future temporary changes in the ordering process, and in the storage points for contraceptives, and coordinate with the CMS staff to avoid disruption in the flow of supplies.

Child Spacing -- Status of Contraceptive Supplies

General

All contraceptives are available in adequate quantities for the needs of the Child Spacing Program during 1993 although, as usual, service providers universally indicate that additional quantities of the popular Depo-Provera could be utilized if made available.

Most of the contraceptives are relatively new with at least two to three years of shelf life remaining. Stocks are fairly well distributed at each level of the distribution system. Supply levels of each contraceptive method are discussed below.

Attention is drawn to Appendix 2 which, while it reflects only stock levels at sites where physical inventories were performed, nevertheless gives a strong indication of the healthy quantities and long remaining shelf life of the total in-country national contraceptive supply.

Supplies of all contraceptives are sufficient to the extent that no additional shipments need be made during 1993. Careful watch must nevertheless be made on the distribution of contraceptives within the country to avoid local shortages or outages.

Recommendation Four

USAID/Lilongwe should order the following quantities of contraceptives for delivery to Malawi on the dates indicated below:

Commodity	Quantity	Date to Arrive In-Country
Conceptrol Foaming Tablets	62,400	November 1, 1994

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Condoms

CSP managers and service providers and ACP managers and coordinators have been instructed that condoms are to be utilized for both CSP and ACP programs and are not under any circumstances to be restricted or reserved solely for the use of one or the other program. Unfortunately, confusion on this point persists and there have been instances where persons have been denied "Child Spacing" condoms, or "AIDS" condoms.

Recommendation Five

The Director of the ACP and the National Coordinator of the CSP should jointly inform the staffs of The ACP and CSP that condoms are to be made freely available to the clients of both programs without reservation or restriction.

No additional shipments of condoms will be required in 1993.

It is estimated that at the beginning of 1993 there were a total of approximately 12,600,000 condoms in Malawi. Nearly 10,000,000 of this total were at the Lilongwe CMS warehouse and had been at that location for a good part of 1992 as the result of a disagreement between the AIDS Secretariat and the CMS over the payment of transport charges for the condoms.

This issue appears to have been resolved but to prevent its reoccurrence, all future supplies of USAID condoms should be consigned to the CSP.

Recommendation Six

All future supplies of USAID funded condoms should be consigned to the NEWVERN computer system recipient designated as "Government of Malawi, MOH." This is the designation for the Child Spacing Program.

There are other logical reasons for consigning all condoms to the CSP. Most of the condoms in Malawi, whether intended for STD prevention or Child Spacing, are distributed through the formal infrastructure of the CMS and health system down to the district and rural hospital/health center levels.

The problem of making condoms more available and accessible to groups at high risk from STD's is discussed in detail in The Aids Control Program, below. This problem has both administrative and

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social/psychology dimensions and it is appropriate to review the administrative dimension here.

Those who educate and motivate people to use condoms, and those responsible for the physical distribution of condoms are generally located in different areas of the bureaucracy, and have different technical skills and concerns. The Supplies and Logistics Officer of the AIDS Secretariat, for example, is responsible not only for condom supplies for the ACP, but for the ACP's entire range of office equipment and supplies.

The Supplies and Logistics Officer's other responsibilities leave him little time to devote to the issue of condom availability and distribution. Ideally, this responsibility should be assigned to a full time "supplies assistant" who would report to the persons in the Secretariat IEC section responsible for condom promotion. Thus a link would exist between those responsible for obtaining, moving, and accounting for condoms, and those responsible for motivating the public to use them.

Recommendation Seven

The AIDS Secretariat should review the feasibility and desirability of relieving the Logistics and Supplies Officer of his responsibility for condoms, and of assigning this duty to an additional "supplies assistant" who would report to the IEC staff responsible for condom promotion.

Recommendation Eight

The Director of the ACP should provide the Chief Pharmacist of the CMS with the recommended condom distribution list (Appendix 4 to this report) with the request that distribution of the condoms in the Lilongwe warehouse begin as soon as possible.

Lo-Femenal Oral Contraceptive

Supplies of Lo-Femenal are in sufficient quantity that no additional shipments are required for 1993.

Ovrette Oral Contraceptive and the Copper T380 IUD

No additional shipments of these contraceptive are required in 1993. Demand for both these products is low. Ensuring that all or most service delivery points have supplies of each of these contraceptives, despite low demand, entails the risk that some quantities of each may expire before use.

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Conceptrol Vaginal Foaming Tablets

Supplies of this product are adequate for 1993.

Depo-Provera

Future supplies of Depo-Provera will be made available by the British Overseas Development Administration (ODA), which has replaced UNFPA as the donor of this contraceptive. ODA will reportedly provide approximately 320,000 doses of Depo during the period 1992 - 1994.

The AIDS Control Program

AIDS in Malawi

The first cases of AIDS in Malawi were diagnosed in 1985. Seroprevalence studies among adults over the age of 15 years in urban areas show approximately 20% and 8% in rural areas are infected with HIV. This gives a national seroprevalence rate of about 10%.

Among pregnant women in Lilongwe and Blantyre, the two largest cities, the seroprevalence rose from 2% in 1985 to 26% in late 1991, with incidence rate increases of 5% to 7% per year. Because heterosexual transmission remains the predominant mode of spread, maternal transmission of HIV is high.

Estimated seroprevalence among bar girls ranges from 75 to 85%.

The male/female ratio of AIDS remains one, although recent studies suggest that there is a slight preponderance of females. Females tend to be infected much earlier than males with four females infected in the 15 to 19 age group to each male.

The total number of reported AIDS cases has increased from 17 in 1985 to 26,253 through October, 1992. These numbers are certainly underestimated, since suspected AIDS cases may not always be tested.

It is thus estimated that by the end of 1993, there could be a cumulative total of about 500,000 persons infected with HIV in Malawi.

In response to the rapid spread of AIDS in Malawi, the government established an STD/AIDS committee, began HIV screening and IEC activities for health staff and the general public, and sensitized government leaders on the new epidemic.

Another step was the establishment of a coordinating bureau, the

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AIDS Secretariat, to strengthen its management capability while continuing IEC efforts with introduction of condom distribution and promotion and expansion of testing sites.

Considering the rapid spread of HIV/AIDS in the population and its magnitude, there was an urgent need of integration of AIDS activities within MOH and other NGOs and PVOs active in health as well as a need for decentralization of planning and implementation of activities. Thus posts of regional and district AIDS coordinators were created and filled for a better implementation and monitoring of activities.

For efficient management of scarce resources allocated to AIDS combat and to minimize the impact of AIDS on health care delivery system and the society in general, the AIDS Secretariat has developed new strategies including:

- to target intervention towards high risk groups;
- to improve program management;
- and to improve the care and management of people with AIDS by involving the community.

Epidemiology of STD's in Malawi

Malawi is just beginning to create a formal program for STD prevention. Data are scanty.

In 1989 STD's were:

- the eighth most common complaint in the northern region (297/10,000);
- sixth most common in the central region (326/10,000);
- and fifth most common the southern region (495/10,000).

Data from Mangochi district hospital in the same period indicated that STD's were the third most common complaint after malaria and respiratory tract infection.

The best spectrum of STD's in Malawi is from some research studies of specific groups:

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- among Blantyre bar girls, the STD rates were very high: gonorrhoea at 29%, trichomonas at 27%, and positive syphilis serology at 21%;
- while in antenatal women the prevalence was respectively: 5%, 32%, and 13%, with General Urinary Disease (GUD) accounting for 7%.

In Queen Elizabeth Central Hospital 80% of new cases were male and GUD accounted for 66% of presenting complaints. These data underreport the magnitude of STD as STD's in women are not routinely diagnosed.

In Malawi the management of STD is integrated in the regular health delivery system. In the general population, STD case management occurs in the hospital outpatient department. But for various reasons (high patient volume, limited diagnostic services, shortages of antibiotics, failures of correct therapy etc.) services are limited.

The major STD control effort has been "The food handler's clinic" where bar girls are evaluated monthly or quarterly. (The degree to which food handler clinics deal effectively with STD's in bar girls is explored in detail later in this report.)

In order to improve the STD services in Malawi, the AIDS Secretariat has developed STD diagnostic guidelines based on syndromes. With AIDSCAP/STAFH project support, these guidelines will be expanded to include syndromic treatment regimens based on a study on "Evaluation of the STD treatment efficacy of currently available antibiotics". Effective utilization of these guidelines will require their consistent implementation throughout the PHC system. This will involve development of a training system for outpatient clinic staff and of a distribution system for provision of adequate drug supplies.

Logistics Management of Commodities

Since the AIDS epidemic began in Africa (1983), ACP logistic management of supplies has been primarily concerned with condoms, and ways to make them accessible, available and affordable to the populations at risk of STD/HIV infections as well as ways to increase their consistent and proper use.

Presently Malawi is facing two critical public health related problems, the AIDS epidemic, and a rapid growing population. In order to tackle these problems, USAID Malawi through the STAFH project has taken a new approach by integrating its efforts in the Child Spacing and AIDS prevention programs.

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Indeed, USAID is the primary supplier of CSP contraceptives and of condoms for AIDS prevention to the MOH. These items are distributed through the same health system pipeline. Thus the integration of the two services will maximize impact on the AIDS epidemic and population growth, adding Child Spacing and AIDS activities into existing programs rather than creating new ones.

The results of this integration are that:

- the logistic management of supplies will concern not only condoms, but also contraceptives;
- towards the improvement of STD services, the AIDSCAP/STAFH project is committed to provide STD drugs, reagents, and condoms.

The accomplishment of these objectives will require establishment of an appropriate logistics management system to ensure that drugs and medical supplies provided under AIDSCAP/STAFH project are ordered in sufficient quantities for project needs, are properly stored, and are targeted only to STD patients.

Without essential commodities (drugs, reagents, condoms...) for STD treatment and AIDS prevention, AIDSCAP planned interventions towards high risk groups will not have a positive impact on these target groups.

During the assessment, we visited outpatients clinics both at public and private hospitals in order to evaluate the level of their pharmaceuticals and supplies, dispensing procedures, supply ordering mechanisms, level of staff training in commodity management, and MIS operation.

AIDS Intervention, and Condom Promotion and Distribution in Targeted Interventions

AIDS prevention in the workplace - The Case of Banja La Mtsogolo (BLM): Banja La Mtsogolo is a local NGO that offers family planning services to low income groups. This NGO has two unique aspects:

- its services are payable while in the public health sector the services are free;
- the use of a male motivator in family planning and AIDS activities directed towards other men, to inform and motivate them about modern family planning methods and STD/AIDS prevention, and to stimulate discussions with their colleagues and

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the members of their families.

BLM has an AIDS pilot program using this new "Man to Man" approach with employees in some local industries and service businesses.

The male motivator has identified and trained employees as volunteers who would be willing to educate and motivate colleagues for AIDS prevention and behavior change.

The male involvement in condom promotion and distribution is very important since they are the primary decision makers in sex relationships, and the ones who personally use condoms. Gaining their support for condom use is a significant stride forward in the prevention of STDs and AIDS.

During 1992, this intervention has reached 5,414 participants. 98,882 condoms have been distributed. The NGO has two clinics in Lilongwe, two in Blantyre and one in Zomba where they provide STD diagnosis and treatment, counselling and condoms. They have Protector condoms for sale as well as free condoms from the AIDS secretariat.

Problems encountered:

Ensuring a regular condom supply from the AIDS Secretariat.

The HOPE project - CBD in the Tea Estates: Initially the HOPE project was a child survival project working in 13 agricultural estates in the southern region. With the AIDS situation in Malawi, and its impact on child survival (increase in infant mortality rate, orphans), the project added an AIDS component to its program.

At the beginning of the intervention the AIDS secretariat and the project HOPE managers contacted estates managers and organized seminars on the AIDS situation, stressing its social and economic impact.

After seminars, the estates managers asked the HOPE project manager to set up an AIDS intervention program for the estate employees at their work place and in the surrounding villages. Management interest was such that they agreed to pay the salaries of the 30 Health Surveillance Assistants (HSA) working on the AIDS intervention.

In order to involve the population targeted, each HSA identified 10 village health volunteers (VHV) who, after training were

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invited to participate as condom promoters/distributors for STD/AIDS prevention.

The VHVs keep records of condom distribution and report weekly to the HSAs. VHV condom supplies are periodically replenished by the HSAs who in turn are resupplied from the HOPE project. The HOPE project receives its condoms from Thyolo district hospital pharmacy when they are available there or sends a truck to the CMS Lilongwe to collect them there.

Initially it was agreed with the estates managers that the HOPE project would provide free condoms to the estates workers, but that in the long run, condoms supplies would be Protector condoms from the social marketing program. However, most of the condoms are still received free from the HOPE project as it appears as if the social marketing program has not pursued this market as aggressively as it might have.

Problems encountered:

With the increasing consumption of condoms by the estates employees, and an irregular district supply, the project must sometimes collect its condoms from the Lilongwe CMS warehouse. This is expensive and time-consuming.

Given the one time division and distribution to districts of the nearly ten million condoms in the Lilongwe warehouse, condom supplies for Project Hope and other projects should not be a problem for 1993 and 1994.

Food Handler Clinics (FHCs): Food handler clinics are STD clinics run by the District Health inspectors (DHIs) assisted by health assistants. They are located at district hospitals or other hospital facilities.

The aim of these clinics is to prevent, diagnose, and treat STD's for bar girls, and rest house girls and food related diseases such as typhoid, diarrhoea for market vendors and cooked food handlers.

Like all public health services in Malawi, the food handler clinics services are free.

Services provided:

- laboratory analysis and physical examination
- AIDS education and counselling (using materials from the

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AIDS Secretariat)

- condoms for AIDS prevention

Problems encountered:

Recruitment: Each bar owner (or restaurant or rest house) employs a number of registered girls. In addition, there are usually freelance girls who are not employed but who recruit clients in the same bars or rest houses. Some of the registered bar girls are paid a small salary, others are provided only with accommodation and survive by commercial sex activity.

The DHIs, through the bar owners, recruit registered bar girls for STD control. Thus, the free lancers, who are more numerous than those registered, are not reached by the food handler clinic recruitment.

The cooked food handlers are registered through the civic city center and are recruited from there. Here also the number of those registered is trivial compared to the total number of all food vendors.

Laboratory Equipment, Manpower, and Privacy: FHCs do not have their own laboratories but rely on district hospital laboratories which are usually overwhelmed by other work from within the hospital. There is often a lack of equipment and sometimes reagents, more often VDRL. For example, in one FHC, they collect and examine only 10 samples of stool per day and the same number of samples for urine or blood or high vagina swab, the remaining girls are required to come back another day.

In some districts, check-up is required once a month, in others it is quarterly.

In some FHCs the number of clients is not limited, but they have a problem of manpower. Each FHC is run by one DHI and one Health Assistant. DHIs do not have much time to counsel patients. There is usually little privacy because of lack of space.

Follow-up for STD patients: When the diagnosis is positive for STD, the DHI gives patients prescriptions, and patients collect their drugs at the District hospital pharmacy.

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Lack of transport prevents follow up by the DHI. Patients return only if there is any drug resistance or if they are reinfected.

In one research group they give five-kwacha incentives for patients to pay their return fares after treatment, but there is still a 30% drop-out rate.

Work Restriction of Women With STDs: If found to have any STD, women are required to stop working during the period of treatment. But since their living expenses continue, they often continue to receive clients but in locations other than the bar. Thus they often will end up serving more clients than when they were working.

Their other option is to change location and go in an area where they are unknown, particularly when required to be out of service for a long period of time which might excite the suspicions of their current customers.

Ekwendeni Mission hospital (CBD): Ekwendeni is a mission hospital located in the northern region operated by the Central Church of Africa Presbyterian (C.C.A.P.). They started a child spacing program in 1986-87, and in 1991 began receiving funds from the SEATS project.

Until november 1991 they had only 135 clients. In November, 1991 they started a community based contraceptive distribution program using male motivator.

From November, 1991 to March, 1992 they trained 45 male and 88 female distributors. With 133 distributors (males and females), they have been able to reach far more villages than before. In fact, except for lack of information, the main constraint for new acceptors is the distance between their homes and the service delivery point.

After the beginning of the CBD program, (from March to December) there were 2,176 new acceptors. The CBD area covers a population of 40,000 and a primary constraint is how to supervise the area. With the funds provided by the SEATS project a motorcycle has been purchased to assist with this problem. Mobile clinics are also used to reinforce the CBD effort.

Following the success of the CBD program, the hospital authorities hope to undertake an AIDS program. They have

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completed a proposal and are looking for funding organizations.

The objectives of the proposed AIDS project are:

- To educate the community about HIV infection and AIDS;
- To motivate the population to change risky behavior and traditions;
- To teach and motivate the Christian church to respond to the crisis.

Condom distribution in Pharmacies and Supermarkets

Limited amounts of high price branded condoms are imported and distributed through pharmacies, supermarkets, high standard hotels etc. Protector condoms are found at the same points of sales. Some are imported from South Africa such as:

- Durex gold, a box of 6 condoms for 14.60 kwacha (= \$3.5)
- Durex Gossamer, a box of 6 condoms for 5.50 kwacha (= \$1.30).

Others are imported from England such as:

- Durex Featherlite, 3 condoms for 6 kwacha (= \$1.42)
- Protector is found in the same places at the price of 3 for 50 tambala (= \$0.11), 12 for 2 kwacha (= \$0.47), and one for 15 tambala (= \$0.035).

[In one night club Free Style condoms were found for sale by a bar girl, 3 for one kwacha (= \$0.23).]

The private sector should be encouraged to continue to meet the needs of those who demand high price branded condoms.

Social Marketing Program

The social marketing of low cost Protector condoms was launched in August, 1991 by SOMARC. The project is funded by USAID and is implemented in Malawi by Lever Brothers. Lever Brothers distributes other commodities including soap, cooking oil, and matches through the over 6,000 retail outlets found in Malawi. Advertising for the project is generated in Zimbabwe and to date has produced one type of poster, one sticker, and one radio message. The messages are general in nature and advise radio

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listeners to "Be Responsible, Use Protector Condoms".

For marketing purposes, Lever Brothers divides the country into 18 zones. Each zone has one wholesaler. The profit margin for wholesalers is ten percent, and for retailers, fourteen percent. 160,000 condoms were sold in 1991, and 500,000 in 1992. The target for 1993 is one million.

Condoms are sold in packages of twelve for two kwacha, packages of three for fifty tambala, and as single condoms for 15 tambala. Problems include government refusal to allow billboard or point of sale advertising, restrictions on the content of poster and radio messages, and competition from free condoms distributed in the public sector.

Condom Quality Assurance

Condoms are made from latex and deteriorate over time, and through exposure to ultraviolet light, heat, and certain chemical products.

All USAID supplied contraceptives including condoms reach Malawi by air, and this minimizes the possibility of their being damaged while in transit prior to arrival.

Storage conditions in Malawi are generally quite good, especially in the relatively new Central Medical Store warehouses at Blantyre in the south, Lilongwe in the central region, and Mzuzu in the north. Storage conditions at the central and district hospitals are also generally good. Expiration dates of condoms reviewed during the physical inventory ranged from 1995 through 1997. For these reasons, routine sampling and testing of condoms is not recommended. Testing should be performed only on the basis of complaints received.

Management of STD Drugs and Reagents

Under the STAFH project, AIDSCAP will be responsible for the procurement of STD drugs, reagents, and other medical supplies with the objective of strengthening STD services. Improved logistics systems will be crucial to the prudent and effective use of these commodities.

STD drugs are currently being evaluated at Queen Elizabeth Hospital in Blantyre for their efficacy in Malawi. The study should be finished by February. The results will be analyzed in March and the results of the analysis made available in April. The drugs identified will be incorporated in the AIDS Secretariat guidelines. Subsequently, pilot treatment sites will be

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identified for the development of diagnostic and treatment guidelines. When the sites have been identified, their supply requirements should be reviewed by a logistics specialist. The specialist should collaborate with CMS staff to ensure that all project supplies purchased for STD research and treatment are targeted exclusively toward STD patients, and are incorporated into the CMS MIS.

Recommendation Nine

The AIDS Secretariat should develop a clear policy regarding NGOs and PVOs interventions against AIDS and give clear guidance of where they should collect their condom supplies.

Recommendation Ten

District AIDS Coordinators should be provided written job descriptions. The AIDS Secretariat should also explore means of providing financial and other resources to the Coordinators to assist them in meeting their responsibilities to the program including promotion of condom distribution and use and stimulation and supervision of community based activities.

A similar emphasis should be directed toward specific implementation of participant activities other than training.

Recommendation Eleven

District AIDS Coordinators should routinely develop and forward to the AIDS Secretariat information, in a standardized report format, on quarterly condom distribution and AIDS prevention activities.

Recommendation Twelve

All District Aids Coordinators and District Hospital Pharmacists and Assistant Pharmacists should be trained in logistics management.

Recommendation Thirteen

Given the contemporary changes in the Child Spacing Program and the system which supplies it, it is strongly recommended that supply status be reassessed within the next six months (i.e. prior to December 1993)

APPENDIX 1

Organizations and Persons Contacted

USAID/Lilongwe

Ms. Carol A. Peasley, Director
Mr. Sam Scott, Deputy Director
Mr. Chris McDermott, HPN Officer
Ms. Laura Kearns, International Development Intern
Mr. Mark Robbins, Resident Advisor (Designate), AIDSCAP Project
Ms. Doreen Lisimba, Development Program Assistant

Ministry of Health

Dr. Khosa, Controller of Preventive Services
Mrs. M. Kasonda, Child Spacing Program Coordinator
Dr. J.G. Kigonda, WHO/Child Spacing Program Advisor
Mr. Dennis Chimungu, Child Spacing Program Logistics Coordinator
Ms. Annabel B. Bauer, Curriculum Specialist, Lilongwe School of Health Sciences

Regional Health Office (Central Region)

Mrs. F. Kayambo, Health Educator
Mrs. Chithiti, Regional MCH/CS Coordinator

Regional Health Office (Southern Region)

Dr. D. Jacka, Regional Health Officer
Miss Gloria Khunga, Regional Public Health Nurse
Mrs. N. Kafose, Regional Public Health Nurse
Mr. E. Kajawo, Regional AIDS Coordinator

Regional Health Office (Northern Region)

Mrs. Munyenembe, Regional Public Health Nurse, MCH/CS

AIDS Secretariat

Dr. George Liomba, Director
Ms. Anne Domatob, WHO/GPA IEC Specialist
Mr. Kwame Asiedu, Project Hope Program Director,
and HIV/AIDS NGO Coordinator
Mr. Arnold Mkangala, Logistics and Supplies Officer
Mr. Giorgio Fontama, WHO/Technical Officer
Mr. Thomas Damaso, WHO/GPA Counseling Unit Specialist
Mr. G.G. Zigoma, IEC Section
Mr. E.N. Tsokalioe, IEC Section
Mr. E. Kajawo, Regional AIDS Coordinator (Southern Region)
Mr. B.E.K. Jere, Regional AIDS Coordinator (Northern Region)

National Family Welfare Council

Mrs. R. Chinyama, Executive Secretary

SOMARC

Mrs. N. Mbvundula, Project Coordinator (Lilongwe SOMARC Office)
Mr. Winston C.M. Jere, Lever Brothers, Blantyre, Marketing Services
and Public Relations Manger
Mr. Chris T. Mditani, Lever Brothers, Blantyre, Health Social
Marketing Project Assistant

The Futures Group

Ms. Jeanne Brown, SOMARC Africa Deputy Manager
Ms. Victoria S. Baird, SOMARC Senior Associate and Deputy Director
Mr. John May, Demographer, Senior Associate

European Community (EC) Targeted Education Project

Mr. Paul Makhumula, Project Manager
Dr. John Hubley, Health Education Consultant

Central Medical Store - Lilongwe

Mr. W. Chalira, Officer-In-Charge, National Central Medical
Stores System
Ms. V. Remedios, Pharmacist-In-Charge
Ms. J.M. Mkombozi, Stores Clerk
Mr. L.C. Thawi, Stores Clerk

Kamuzu Central Hospital

Mrs. Ndoni, Child Spacing Clinic In-Charge
Mrs. Tsamwa, Matron
Mr. Moyo, Pharmacy Assistant

District Health Office - Lilongwe

Dr. Freitag, District Health Officer
Mr. Mgawi, Pharmacy Assistant

Dedza District Hospital

Mr. C. Chizimba, Acting District Health Officer
Mr. R. Chizimba, District AIDS Coordinator

Ntcheu District Hospital

Mr. O. Chiboweka, Clinical Officer
Mr. L. Chikacha, Clinical Officer
Mrs. L. Mana, CS Provider
Mrs. P.F. Kalomoa, District AIDS Coordinator
Mr. T. Nyirongo, Pharmacy Assistant

Lizulu Health Center

Mr. L. Simwaka, Medical Assistant
Mr. Mapanje, Medical Assistant
Mrs. F. Mbewe, Enrolled Nurse/Midwife
Mr. L. Kanjira, Health Surveillance Assistant

Queen Elizabeth Central Hospital

Mrs. F. Msiska, Child Spacing Clinic In-Charge
Mrs. R. Manyozo, CS Service Provider
Mrs. J. Yona, CS Service Provider
Mr. Chimaliro, Pharmacy Assistant
Ms. Anne-Marie Wangel, Coordinator, ICRW Women's Project, Johns
Hopkins/Ministry of Health Research Project
Mr. Doni Tchando, Health Assistant, Food Handler Clinic
Mr. Irving Hoffman, STD Specialist

District Health Office - Blantyre

Mr. A. Ndalama, Acting District Health Officer
Mrs. Mwafulirwa, District MCH/AIDS Coordinator

Mulanje District Hospital

Mr. A.E. Kambalu, District Health Officer
Mrs. D.A. Machinjiri, Matron
Mr. A.M. Mangwele, Hospital Administrator
Ms. F.F. Liwanda, CS/AIDS Coordinator
Mrs. V. Limwando, Public Health Nurse
Ms. E. Tada, Pharmacist

Mulanje Mission Hospital

Dr. C. Rogers, Medical Officer
Mrs. M.K. Maoza, Matron
Mr. A.S. Chantolo, CS/AIDS Coordinator
Mr. S. Mchozana, Pharmacy Attendant

Thyolo District Hospital

Mr. K. Luhanga, Acting District Health Officer
Mr. N. Saiti, AIDS Coordinator
Mr. E. Tembwe, Pharmacy Assistant
Mrs. F. Jumbe, Enrolled Nurse/Midwife

Project Hope (Thyolo Office)

Mr. H.A. Gondwe

Mwanza District Hospital

Mr. M. Ngwira, Acting District Health Officer
Mr. Kachule, AIDS Coordinator
Mr. O. Makwinja, Pharmacy Assistant
Ms. H. Tewesa, MCH/CS Service Provider

Banja La Mtsogolo

Mr. T. Chibwana, Director
Mrs. C. Chihana, Deputy Director
Mrs. L. Vinyo, Health Services Coordinator
Ms. Pamela Twea, "Man to Man" Program Coordinator and AIDS Coordinator

Chickwawa District Hospital

Mr. G.D. Mitambo, Acting District Health Officer
Mr. W.F.G. Gwedeza, District AIDS Coordinator
Mrs. M.S. Kumwenda, Enrolled Nurse/Midwife

Chiradzulu District Hospital

Mr. J.D. Kasinja, District Health Officer
Mr. E.J. Bakali, Clinical Officer

Zomba General Hospital

Dr. Paul Eunson, Medical Superintendent
Mrs. T.M. Phiri, State Registered Nurse
Mrs. J. Azizi, Enrolled Nurse/Midwife
Ms. O. Mandala, State Registered Nurse
Ms. Noriko Tanimoto, Pharmacist

St. Luke's Mission Hospital

Mrs. E. Chowa, Matron
Mr. G.H. Mbuzi, Accountant
Ms. Yvonne Sliet, PHC/AIDS Coordinator and Trainer
Mrs. Chimimba, AIDS Counsellor
Mr. F. Harawa, Store Clerk
Ms. M. Jerenje, Stores Assistant

Machinga District Hospital

Mr. G. J. Joshua, Pharmacy Assistant
Mrs. C. Luhanga, State Registered Nurse

Mangochi District Hospital

Dr. Ratsma, District Health Officer
Mr. Nixon Mtambalika, Pharmacy Assistant
Ms. Naomi Oke, Pharmacist
Ms. E. Mbeya, Enrolled Nurse\Midwife

Monkey Bay Health Center

Mr. L.C. Munthali, M. A. (Trainee)
Mrs. R.B. Nkhana, Enrolled Nurse/Midwife
Mrs. W. Billy, Enrolled Nurse/Midwife
Mrs. J. Somanse, Public Health Nurse

Chipoka Health Center

Mr. A. Mtaula, M.A.
Mrs. J. Thawe, Enrolled Nurse/Midwife

Salima District Hospital

Dr. Patrick Van Dessel, District Health Officer
Mr. L.S.C. Dzinja, Pharmacy Assitant

Kasungu District Hospital

Mrs. M.C. Chipeta, Deputy Matron/AIDS Coordinator
Mrs. A. Kalilani, Enrolled Nurse/Midwife
Mrs. F. Myrenda, Enrolled Nurse/Midwife
Mr. S. Kumponda, Pharmacy Assistant

Nkhotakota District Hospital

Dr. Edwards, District Health Officer
Mrs. Kiahony, Matron
Ms. Jere, Enrolled Nurse/Midwife
Ms. C.M. Shaba, Enrolled Nurse/Midwife
Mr. N. Mkandawire, Pharmacy Assistant

Dwawgwa Sugar Clinic

Dr. Nyirongo, Medical Officer
Mrs. Somanje, Matron
Mrs. Mkoko, Enrolled Nurse/Midwife

Chintheche Rural Hospital

Mrs. Mwafulirwa, Enrolled Nurse/Midwife

Karonga District Hospital

Mrs. D. Mwalwanda, Child Spacing Services Provider

Mzuzu Central Medical Store

Ms. Yvonne Coats, Pharmacist-In-Charge
Mr. D.K. Mordoka, Stores Supervisor

Mzuzu Health Center

Mr. C.O.K. Mwewifumbo, SCO-In-Charge
Mrs. S.R. Moyo, Technical Officer, Child Spacing Service Provider

Rumphi District Hospital

Dr. J. Hagreaves, District Health Officer
Dr. K. Hargeaves, District Health Officer
Mr. B. Jere, Regional AIDS Coordinator
Mr. E.S. Kambuzi, Pharmacy Assistant

**Ekwendeni Central Church of Africa Presbyterian
(C.C.A.P.) Hospital**

Dr. Paul Carnaghan, Medical Superintendent and CBD Project Director
Mr. Gilbert Nohlovu

Mzimba District Hospital

Dr. Huggett, District Health Officer
Ms. M. Malata, Matron
Mrs. A. Mafuleka, Enrolled Nurse/Midwife
Mr. Kaunda, District AIDS Coordinator
Mr. I.O. Chelewani, Pharmacy Assistant

Mchinji District Hospital

Mr. C. Chindongo, Acting District Health Officer
Ms. B. Mussa, Acting Matron
Mr. A. Zimba, District AIDS Coordinator
Mrs. M. Mataka, Registered Community Health Nurse

Nkhwanzi Health Center

Mr. H. Phiri, Medical Assistant
Mr. A. Bitu, Health Assistant
Mrs. A.K. Myirenda, Enrolled Nurse/Midwife

APPENDIX 2

Physical Inventory

Central Medical Store - Lilongwe

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	9,857,400	9/95
Depo-Provera	100	3/96
Copper T380A	925	7/95
Conceptrol VFT's	73,600	1/96
Lo-Femenal	400,100	6/967
Ovrette	7,000	3/97

Kamuzu Central Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	79,100	9/96
Depo-Provera	24,450	4/96
Copper T380A	450	4/95
Conceptrol VFT's	11,900	8/95
Lo-Femenal	23,800	6/94
Ovrette	5,000	3/95

Dedza District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	NIL	
Depo-Provera	NIL	
Copper T380A	125	1/95
Conceptrol VFT's	2,100	1/96
Lo-Femenal	4,800	6/97
Ovrette	900	1/95

Lizulu Health Center

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	200	11/96
Depo-Provera	200	4/96
Copper T380A	NIL	
Conceptrol VFT's	300	6/95
Lo-Femenal	950	6/94
Ovrette	NIL	

Ntcheu District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	42,400	9/96
Depo-Provera	2,620	4/96
Copper T380A	4	4/93
Conceptrol VFT's	7,800	6/95
Lo-Femenal	3,100	12/95
Ovrette	900	10/96

Queen Elizabeth Central Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	41,900	4/95
Depo-Provera	NIL	
Copper T380A	220	1/94
Conceptrol VFT's	NIL	
Lo-Femenal	1,300	6/96
Ovrette	3,200	3/96

District Health Office Blantyre

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	20,000	5/96
Depo-Provera	320	3/96
Copper T380A	94	4/95
Conceptrol VFT's	22,700	11/96
Lo-Femenal	24,500	1/95
Ovrette	4,900	12/95

Mulanje District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	28,700	4/96
Depo-Provera	395	4/96
Copper T380A	101	1/95
Conceptrol VFT's	32,200	4/95
Lo-Femenal	925	2/95
Ovrette	200	12/95

Mulanje Mission Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	6,336	6/95
Depo-Provera	NIL	
Copper T380A	40	4/95
Conceptrol VFT's	NIL	
Lo-Femenal	200	6/96
Ovrette	NIL	

Thyolo District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	80,900	2/96
Depo-Provera	NIL	
Copper T380A	343	4/93
Conceptrol VFT's	10,600	1/96
Lo-Femenal	5,275	2/96
Ovrette	1,350	2/96

Mwanza District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	48,200	11/96
Depo-Provera	1,047	3/96
Copper T380A	NIL	
Conceptrol VFT's	3,200	6/95
Lo-Femenal	11,875	4/95
Ovrette	860	12/95

Chickwawa District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	1,220	4/96
Depo-Provera	150	6/95
Copper T380A	4	1/95
Conceptrol VFT's	1,920	6/95
Lo-Femenal	1,050	4/95
Ovrette	600	12/95

Chiradzulu District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	26,500	9/95
Depo-Provera	1,200	4/96
Copper T380A	NIL	
Conceptrol VFT's	NIL	
Lo-Femenal	18,100	8/96
Ovrette	4,300	12/96

Zomba General Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	21,200	9/96
Depo-Provera	184	4/96
Copper T380A	7	1/95
Conceptrol VFT's	27,000	1/96
Lo-Femenal	32,450	2/96
Ovrette	6,575	3/96

St. Luke's Mission Hospital (Malosa)

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	16,600	1/96
Depo-Provera	238	6/95
Copper T380A	50	1/95
Conceptrol VFT's	1,700	1/94
Lo-Femenal	3,200	3/96
Ovrette		

Machinga District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	10,500	11/96
Depo-Provera	1,907	4/96
Copper T380A	12	1/94
Conceptrol VFT's	1,200	11/96
Lo-Femenal	3,650	2/96
Ovrette	150	10/96

Mangochi District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	45,600	2/97
Depo-Provera	3,285	6/95
Copper T380A	370	1/94 - 1/95
Conceptrol VFT's	8,000	6/95
Lo-Femenal	19,100	6/97
Ovrette	NIL	

Monkey Bay Health Center

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	100	2/95
Depo-Provera	96	6/95
Copper T380A	50	1/95
Conceptrol VFT's	1,200	6/95
Lo-Femenal	525	2/96
Ovrette	NIL	

Chipoka Health Center

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	200	10/95
Depo-Provera	265	6/95
Copper T380A	NIL	
Conceptrol VFT's	600	8/96
Lo-Femenal	225	8/96
Ovrette	200	10/96

Salima District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	139,800	9/96
Depo-Provera	610	4/96
Copper T380A	120	7/95
Conceptrol VFT's	8,200	8/96
Lo-Femenal	5,100	6/97
Ovrette	2,479	3/97

Kasungu District Hospital Pharmacy

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	66,800	1/90 - 12/90
Depo-Provera	45	4/96
Copper T380A	24	4/95
Conceptrol VFT's	3,500	7/95
Lo-Femenal	7,400	12/95
Ovrette	1,700	4.96

Kasungu Child Spacing Clinic

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	400	7/96
Depo-Provera	121	4/96
Copper T380A	15	4/95
Conceptrol VFT's	400	8/96
Lo-Femenal	125	12/95
Ovrette	375	4/96

Mzuzu Central Medical Store

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	180,000	12/96
Depo-Provera	5,500	4/96
Copper T380A	150	4/95
Conceptrol VFT's	1,050	11/96
Lo-Femenal	16,500	8/96
Ovrette	800	10/96

Mzuzu Health Center

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	6,100	9/96
Depo-Provera	644	4/96
Copper T380A	26	4/95
Conceptrol VFT's	6,200	Neosampoon/No Date
Lo-Femenal	400	8/96
Ovrette	900	4/9

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Rumphi District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	1,400	11/96
Depo-Provera	615	6/95
Copper T380A	250	1/95
Conceptrol VFT's	NIL	
Lo-Femenal	700	8/96
Ovrette	NIL	

Dwawgwa Sugar Clinic*

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	6,330	2/96
Depo-Provera	455	5/94
Copper T380A	10	4/95
Conceptrol VFT's	400	6/96
Lo-Femenal	NIL	
Ovrette	600	10/96

Nkotakhota District Hospital*

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	14,200	2/96
Depo-Provera	139	5/94
Copper T380A	90	4/95
Conceptrol VFT's	2,400	6/95
Lo-Femenal	3,062	4/95
Ovrette	1,129	10/96

Chintheche Rural Hospital*

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	10,900	5/96
Depo-Provera	65	4/96
Copper T380A	50	4/95
Conceptrol VFT's	3,200	Neosampon/No Date
Lo-Femenal	150	1/95
Ovrette	200	4/96

[*Inventory by D. Chimungu, 28/1/93]

Karonga District Hospital*

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	2,100	5/96
Depo-Provera	1,320	4/96
Copper T380A	26	4/95
Conceptrol VFT's	360	6/96
Lo-Femenal	310	1/95
Ovrette	880	4/96

Mzimba District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	4,300	1/96
Depo-Provera	686	4/96
Copper T380A	117	1/95
Conceptrol VFT's	11,300	1/96
Lo-Femenal	700	8/96
Ovrette	800	10/96

Mchinji District Hospital

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	58,200	11/95
Depo-Provera	280	6/95
Copper T380A	NIL	
Conceptrol VFT's	5,500	1/96
Lo-Femenal	2,200	6/97
Ovrette	180	10/96

Nkhwanzi Health Center

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	NIL	
Depo-Provera	NIL	
Copper T380A	NIL	
Conceptrol VFT's	500	1/96
Lo-Femenal	460	6/97
Ovrette	350	12/95

[*Inventory by D.Chimungu, 26/1/93]

District Health Office Lilongwe

<u>Commodity</u>	<u>Quantity</u>	<u>Expiration Date</u>
Condoms	138,500	9/96
Depo-Provera	NIL	
Copper T380A	450	4/95
Conceptrol VFT's	9,000	6/96
Lo-Femenal	5,600	6/97
Ovrette	1,000	3/97

Physical Inventory Totals By Method - All Sites Visited

<u>Commodity</u>	<u>Quantity</u>
Condoms	10,956,086
Depo-Provera	46,937
Copper T380A	4,123
Conceptrol VFT's	258,030
Lo-Femenal	624,130
Ovrette	47,528

APPENDIX 3

Country: Malawi

Date: 02/25/93

Recipient: Government of Malawi, MOH

Product: 52mm Non Colored, No Logo

Time: 14:20

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Prepared on: 02/25/93

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
1. Beg. of Year Stock	544.0	1,758.0	12,613.0	10,160.0	6,157.0
2. Estimated Consumption					
(a) Sales/Distrib.	3,500.0	1,100.0	3,500.0	4,000.0	4,500.0
(b) Loss/Disposal	2.0	2.0	3.0	3.0	4.0
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	4,716.0	11,441.0		NA	NA
(b) Scheduled	NA	516.0	1,050.0		NA
4. End of Yr Stock	1,758.0	12,613.0	10,160.0	6,157.0	NA
5. Desired EOY Stock	NA	NA	4,003.0	4,504.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	6,156.0	1,656.0	NA
(b) Qty Needed	NA	NA			NA
7. Unmet Need	NA	NA			3,347.0

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

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41

Country: Malawi

Date: 02/25/93

Recipient: Government of Malawi, MOH

Product: 52mm Non Colored, No Logo

Time: 14:20

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Prepared on: 02/25/93

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK

Year: 1991

Review of MOH records and physical inventories.

2a. ESTIMATED USE

Year: 1992

Consumption dropped in 1992 as distribution of condoms from the Lilongwe CMS warehouse was delayed much of the year due to a dispute over transport charges. It is assumed that consumption will increase in 1993 as this issue appears to have been resolved.

2b. ESTIMATED LOSS

Year: 1995

Review of MOH records.

3a. SHIPMENTS RECEIVED

Year: 1992

Shipments received in 1992 includes an administrative transfer of 9,857,000 condoms from an "unknown" source. This is a transfer, for accounting purposes, from the AIDS Control Program and is about equal to the condoms in the Lilongwe CMS warehouse at the beginning of 1993.

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42

Country: Malawi

Date: 02/25/93

Recipient: Government of Malawi, MOH

Product: Conceptrol Foaming Tablet

Time: 14:13

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Prepared on: 02/25/93

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
1. Beg. of Year Stock	372.0	474.6	471.4	294.4	178.8
2. Estimated Consumption					
(a) Sales/Distrib.	170.0	175.0	176.0	177.0	178.0
(b) Loss/Disposal	1.0	1.0	1.0	1.0	1.0
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	273.6	115.2		NA	NA
(b) Scheduled	NA	57.6			NA
4. End of Yr Stock	474.6	471.4	294.4	116.4	NA
5. Desired EOY Stock	NA	NA	178.0	179.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	115.2		NA
(b) Qty Needed	NA	NA		62.4	NA
7. Unmet Need	NA	NA			179.2

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

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43

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Conceptrol Foaming Tablet
Prepared by: Brice Atkinson and Rukarangira Wa Nkera
Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93
Time: 14:13
Prepared on: 02/25/93
Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1991
Review of MOH records and physical inventories.

2a. ESTIMATED USE Year: 1995
Review of MOH records and discussions with service providers.

2b. ESTIMATED LOSS Year: 1995
MOH records.

44

Country: Malawi

Recipient: Government of Malawi, MOH

Product: Ovrette

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93

Time: 14:13

Prepared on: 02/25/93

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	144.4	66.4	44.0	77.0	19.0
2. Estimated Consumption					
(a) Sales/Distrib.	65.0	66.0	56.0	57.0	58.0
(b) Loss/Disposal	106.6	2.0	1.0	1.0	1.0
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	93.6	45.6		NA	NA
(b) Scheduled	NA		90.0		NA
4. End of Yr Stock	66.4	44.0	77.0	19.0	NA
5. Desired EOY Stock	NA	NA	58.0	59.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	19.2		NA
(b) Qty Needed	NA	NA		39.6	NA
7. Unmet Need	NA	NA		39.6	99.0

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

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Country: Malawi
Recipient: Government of Malawi, MOH
Product: Ovrette

Date: 02/25/93

Prepared by: Brice Atkinson and Rukarangira Wa Nkera
Modified by: Brice Atkinson and Rukarangira Wa Nkera

Time: 14:13
Prepared on: 02/25/93
Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1991

MOH records and physical inventory.

1

2a. ESTIMATED USE Year: 1992

MOH records and stock levels found of this product during the early 1993 physical inventory suggest that previous estimates of annual usage were probably optimistic and that actual usage is somewhat lower.

2b. ESTIMATED LOSS Year: 1995

MOH records.

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Country: Malawi

Date: 02/25/93

Recipient: Government of Malawi, MOH

Time: 14:13

Product: Lo-Femenal, Blue Lady

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Prepared on: 02/25/93

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
1. Beg. of Year Stock	449.6	597.0	419.8	172.0	0.0
2. Estimated Consumption					
(a) Sales/Distrib.	255.0	300.0	325.0	350.0	400.0
(b) Loss/Disposal	2.0	2.0	2.0	2.0	3.0
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	404.4	124.8	68.4	NA	NA
(b) Scheduled	NA		10.8		NA
4. End of Yr Stock	597.0	419.8	172.0	-180.0	NA
5. Desired EOY Stock	NA	NA	352.0	403.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	180.0	583.2	NA
7. Unmet Need	NA	NA	180.0	583.2	840.5

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

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47

Country: Malawi

Date: 02/25/93

Recipient: Government of Malawi, MOH

Product: Lo-Femenal, Blue Lady

Time: 14:13

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Prepared on: 02/25/93

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK

Year: 1991

Review of MOH records and physical inventories.

2a. ESTIMATED USE

Year: 1995

Review of MOH records and discussions with service providers. Stock levels are high and estimates of usage are optimistic. Several new CBD programs are soon to be underway and it appears wise to ensure that levels of this core commodity remain high.

2b. ESTIMATED LOSS

Year: 1995

Review of MOH records.

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43

Country: Malawi

Recipient: Government of Malawi, MOH

Product: Depo-Provera (every 3 mos)

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93

Time: 14:13

Prepared on: 02/25/93

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
1. Beg. of Year Stock	0.0	31.0	76.0	76.0	76.0
2. Estimated Consumption					
(a) Sales/Distrib.		45.0	120.0	150.0	170.0
(b) Loss/Disposal					
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	31.0	90.0		NA	NA
(b) Scheduled	NA		120.0	150.0	NA
4. End of Yr Stock	31.0	76.0	76.0	76.0	NA
5. Desired EOY Stock	NA	NA	150.0	170.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	74.0	94.0	NA
7. Unmet Need	NA	NA	74.0	94.0	289.0

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

**** S&T/POP/CPSD records indicate that this product is not registered in country. Before ordering this product, USAID should cable S&T/POP/CPSD indicating that registration is either complete or not required. ****

**** S&T/POP/CPSD records indicate that this recipient has never received this product before. USAID should cable S&T/POP/CPSD to confirm product availability before ordering. ****

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Country: Malawi
Recipient: Government of Malawi, MOH
Product: Depo-Provera (every 3 mos)
Prepared by: Brice Atkinson and Rukarangira Wa Nkera
Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93
Time: 14:13
Prepared on: 02/25/93
Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

2a. ESTIMATED USE Year: 1992

Many service delivery points were out of stock of this popular contraceptive in early 1992. Hence usage levels for this year were lower than they would have been had more been available.

2a. ESTIMATED USE Year: 1993

Usage estimates for Depo are based on the assumption that the total quantities supplied will always be consumed. Hence, usage levels for the foreseeable future, consumption will equal shipments.

3a. SHIPMENTS RECEIVED Year: 1991

The "Unknown Source" listed as the supplier of 31,000 doses of Depo in 1991 is the British Overseas Development Administration (ODA). The CPT program does not include ODA in its supplier list and this necessitates using the "Unknown" designation to make the entry.

3a. SHIPMENTS RECEIVED Year: 1992

UNFPA supplied Depo to Malawi in the past. The Overseas Development Administration is currently the sole supplier.

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Country: Malawi

Recipient: Government of Malawi, MOH

Product: Copper T, 380

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93

Time: 14:13

Prepared on: 02/25/93

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
1. Beg. of Year Stock	3.6	3.3	3.4	3.1	1.6
2. Estimated Consumption					
(a) Sales/Distrib.	2.8	1.8	1.8	1.9	1.9
(b) Loss/Disposal	0.1	0.1	0.1	0.2	
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	2.6	2.0		NA	NA
(b) Scheduled	NA		1.6	0.6	NA
4. End of Yr Stock	3.3	3.4	3.1	1.6	NA
5. Desired EOY Stock	NA	NA	2.1	1.9	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	1.0		NA
(b) Qty Needed	NA	NA		0.4	NA
7. Unmet Need	NA	NA		0.4	2.3

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

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Country: Malawi

Recipient: Government of Malawi, MOH

Product: Copper T, 380

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93

Time: 14:13

Prepared on: 02/25/93

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK

Year: 1991

Review of MOH records, and physical inventories.

2a. ESTIMATED USE

Year: 1992

For reasons that are not entirely clear, usage of the Copper T380 appears to be in a slow decline, or at best, is static. Review of MOH records, and physical inventories suggest that early estimates of usage were probably optimistic.

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57'

Country: Malawi

Recipient: Government of Malawi, MOH

Product: 52mm Non Colored, No Logo

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93

Time: 14:20

Prepared on: 02/25/93

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
All Numbers in 1,000's

	1991	1992	1993	1994	1995
1. Beg. of Year Stock	544.0	1,758.0	12,613.0	10,160.0	6,157.0
2. Estimated Consumption					
(a) Sales/Distrib.	3,500.0	1,100.0	3,500.0	4,000.0	4,500.0
(b) Loss/Disposal	2.0	2.0	3.0	3.0	4.0
(c) Transfer					
3. Add'l Contraceptives					
(a) Received	4,716.0	11,441.0		NA	NA
(b) Scheduled	NA	516.0	1,050.0		NA
4. End of Yr Stock	1,758.0	12,613.0	10,160.0	6,157.0	NA
5. Desired EOY Stock	NA	NA	4,003.0	4,504.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	6,156.0	1,656.0	NA
(b) Qty Needed	NA	NA			NA
7. Unmet Need	NA	NA			3,347.0

1993 Minimum stock (months): 6
Maximum stock (months): 12

1994 Minimum stock (months): 6
Maximum stock (months): 12

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Country: Malawi

Recipient: Government of Malawi, MOH

Product: 52mm Non Colored, No Logo

Prepared by: Brice Atkinson and Rukarangira Wa Nkera

Modified by: Brice Atkinson and Rukarangira Wa Nkera

Date: 02/25/93

Time: 14:20

Prepared on: 02/25/93

Modified on: 02/25/93

1993 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK

Year: 1991

Review of MOH records and physical inventories.

2a. ESTIMATED USE

Year: 1992

Consumption dropped in 1992 as distribution of condoms from the Lilongwe CMS warehouse was delayed much of the year due to a dispute over transport charges. It is assumed that consumption will increase in 1993 as this issue appears to have been resolved.

2b. ESTIMATED LOSS

Year: 1995

Review of MOH records.

3a. SHIPMENTS RECEIVED

Year: 1992

Shipments received in 1992 includes an administrative transfer of 9,857,000 condoms from an "unknown" source. This is a transfer, for accounting purposes, from the AIDS Control Program and is about equal to the condoms in the Lilongwe CMS warehouse at the beginning of 1993.

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APPENDIX 4

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Recommended Condom Distribution to Districts, Kamuzu Central Hospital, Zomba General Hospital, Queen Elizabeth Central Hospital, and Selected Mission Hospitals and NGO's

Northern Region

<u>District</u>	<u>% of population*</u>	<u># of cartons</u>	<u># of condoms</u>
Chitipa	1	13	78,000
Karonga	2	26	156,000
Mzimba	5	66	396,000
Nkhata Bay	2	26	156,000
Rumphu	1	13	78,000
Sub-Totals.....	144.....	144.....	864,000

Central Region

Dedza	5	66	396,000
Dowa	4	53	318,000
Kasungu	4	53	318,000
Lilongwe	12	158	948,000
Mchinji	3	40	240,000
Nkhotakota	2	26	156,000
Ntcheu	5	66	396,000
Ntchisi	1	13	78,000
Salima	2	26	156,000

Southern Region

Sub - Totals.....	501.....	501.....	3,006,000
Blantyre	7	92	552,000
Chikwawa	4	53	318,000
Chiradzulu	3	40	240,000
Machinga	6	79	474,000
Mangochi	6	79	474,000
Mulanje	8	105	630,000
Nsanje	1	13	78,000
Thyolo	5	66	396,000
Zomba	6	79	474,000
Sub-Totals.....	606.....	606.....	3,636,000

Total - All Districts.....1,251..... 7,506,000
 [* District population percentages do not add to 100% due to rounding. Appendix 5, following, is government source document for population percentages.]

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Total - All Districts.....1,251..... 7,506,000

Kamuzu Central Hospital.....25.....150,000
Queen Elizabeth Central Hospital.....35.....210,000
Zomba General Hospital.....20.....120,000
Project Hope at Thyolo.....20.....120,000
Banja La Mtsogolo, Blantyre..... 25.....150,000
Mulanje Mission Hospital.....30.....180,000
St. Luke's Mission Hospital (Malosa)....30.....180,000
Ekwendeni C.C.A.P. Mission Hospital.....30.....180,000

Sub-Totals - Hospitals and NGO's.....215.....1,290,000

Grand Total - All Suggested Sites....1,466.....8,796,000

**Approximate mid-February Total of Condoms
at Lilongwe CMS Warehouse.....9,857,400**

**Projected Quantity Remaining At Lilongwe CMS
Warehouse After Completion of Recommended
Distribution.....1,061,400**

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APPENDIX 5

DISTRICT DISTRIBUTION LIST

District:	Population	%
Chitipa	106682	1
Karonga	160023	2
Mzimba	480068	5
Nkhata Bay	160023	2
Rumphi	106682	1
Chintheche		

Northern total 1013478 11%

Dedza	453398	5
Dowa	355606	4
Kasungu	355606	4
Lilongwe	1102379	12
Mchinji	275595	3
Nkhotakota	177803	2
Ntcheu	400057	5
Ntchisi	133352	1
Salima	213364	2
Kamuzu CH		
Kochilira RH		
Mponela RH		

Central Total 3467160 39%

Blantyre	657872	7
Chikwawa	355606	4
Chiradzulu	231144	3
Machinga	577860	6
Mangochi	551190	6
Mulanje	711212	8
Mwanza	133352	1
Nsanje	222254	3
Thyolo	480068	5
Zomba	488959	6
QECH		
Zomba GH		
Balaka RH		

Southern Total 4,409,517 50%

National Total 8,890,155 100%

APPENDIX 6

MOH HEALTH CENTRES - DRUGS AND MEDICAL SUPPLIES ORDER FORM

DISTRICT: MZIMBA	REGION: NORTH	HEALTH CENTRE:
ORDERED BY:	POST:	SIGNATURE:
ORDER MONTH:	DATE:	REF.NO:

ITEM DESCRIPTION	UNITS			
	Size	Max	Now	Iss

A: TABLETS/CAPSULES

1. Albendazole 200mg	100	1		
2. Aminophylline 100mg	1000	1		
3. Aspirin 300mg	1000	10		
4. Chlorpheniramine 4mg	100	1		
5. Cotrimoxazole 480mg	500	4		
6. Ferr.sulph. 200mg/Folic acid 250mcg	1000	6		
7. Magnesium trisilicate compound	1000	3		
8. Metrifonate 100mg	1000	1		
9. Penicillin V 250mg	1000	1		
10. Sulfadoxine/pyrimethamine (SP)	500	2		
11. Vitamin A 200,000 IU	500	4		
12. Vitamin B compound strong	1000	1		

B: INJECTIONS

1. Aminophylline 25mg/ml 10ml	1	10		
2. Benzathine penicillin 2.4MU	1	10		
3. Benzylpenicillin 1MU*	1	20		
4. Ergometrine 500mcg/ml 1ml	1	30		
5. Lignocaine 1% 25ml	1	4		
6. Lignocaine 2%/adrenaline dental cart.	1	25		
7. Paraldehyde 10ml*	1	5		
8. Quinine 300mg/ml 2ml*	1	20		
9. Sodium lactate co. (Ringer's) 1000ml	1	6		
10. Water for injections (lv) 10ml	1	30		

C: GALENICALS

1. Benzolic + salicylic acid ointment	500g	1		
2. Benzyl benzoate application	500ml	2		
3. Black disinfectant	5L	1L		
4. Calamine + sulphur lotion	500ml	2		
5. Cetrimide + chlorhexidine conc.	5L	1L		
6. Emulsifying ointment*	500g	1		
7. Ferrous sulphate mixture paed.	500ml	2		
8. Gentian violet paint, aq. 0.5%	500ml	2		
9. ORS	1	500		
10. Salicylic acid + sulphur ointment*	500g	1		
11. Tetracycline eye ointment 1%	3.5g	20		

D: DRESSINGS

1. Bandage, wov, (gauze) 7.5cm x 4m*	10	10		
2. Cotton wool, 500g	1	2		
3. Gauze swabs, 7.5cm.sq.*	100	2		
4. Maternity pads*	12	2		
5. Plaster, zinc oxide, 5cm.	1	4		

E: CHILD SPACING

1. Condoms	1	500		
2. Depo-provera inj, 150mg/ml 10ml	1	20		
3. Oral contracep, combined (Lofeminal)	cycle	200		
4. Oral contracep, progest'n-only (Ovrette)	cycle	200		

ITEM DESCRIPTION	UNITS			
	Size	Max	Now	Iss

F: MISCELLANEOUS ITEMS

1. Dispensing bags, polythene	50	10		
2. Sputum container (TB)	180	1		

G: SUTURES/SURGICAL EQUIPMENT

1. Cat. chr. 2/0 + needle r/b, 1/2c, 30mm*	12	2		
2. Suture, silk braided, black 2/0	12	2		
3. Gloves, polythene, disposable (med)*	100	2		
4. Gloves, latex, examination (medium)	100	1		
5. Needle, hypo-luer, 21G x 4cm*	12	2		
6. Needle, hypo-luer, 23G x 2.5cm*	12	2		
7. Needle, hypo-luer, 26G x 2.5cm*	12	2		
8. Scalp vein set, luer, 23G	1	5		
9. Scalpel blade (size 23)*	5	1		
10. Syringe, BCG, luer, plas/reuse, 0.1ml	1	MCH		
11. Syringe, hypo-luer, plas/reuse, 1ml*	1	5		
12. Syringe, hypo-luer, plas/reuse, 5ml	1	10		
13. Syringe, hypo-luer, plas/reuse, 10ml	1	5		
14. Transfusion set, IV admin.- needle	1	6		
15. Mucous extractor, disposable	1	10		
16. Umbilical cord clip, polythene*	1	30		

H: ADDITIONAL ITEMS

	UNITS			
	Size	Now	Req	Iss
1. Doxycycline 100mg	100	4		
2. Metronidazole 200mg	250	1		
3.				
4. Psychiatry:				
5. Benzhexol 5mg	100	2		
6. Chlorpromazine 25mg	100	2		
7. Chlorpromazine 100mg	100	2		
8. Phenobarbitone 30mg	1000	2		
9. Phenytoin 100mg	1000	1		
10.				
11. Emergency:				
12. Adrenaline 1/1000, 1ml	1	10		
13. Dextrose 50%, 20ml	1	10		
14. Diazepam inj, 10mg/2ml	1	10		
15.				
16. Referral Letters				
17. Drug Order Forms				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

All items checked and received in good order
Signed/Post: _____ Date: _____

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APPENDIX 7

MINISTRY OF HEALTH

MONTHLY RETURN FORM FOR CHILD SPACING CLINICS, METHOD OF CONTRACEPTION

DISTRICT NAME: _____ NAME OF HOSP/CLINIC: _____

HOSP/CLINIC CODE: _____ MTH & YR BEING REPORTED: _____

METHOD OF CONTRACEPTION	NEW CLIENTS	SUBSENT 1st VST TH YR	CLNTS RE-VST THS YR	RESTART ING CLIENTS	CONTRCP UNITS	DISCNT ING CLIENTS	CTROPTV STATUS OT/E/NI
LOFEMENOL							
OVERETTE							
OTHER ORAL							
LIPPES (A/B/C/D)							
COPPER T							
OTHER IUCDs							
DEPO/INJECTABLES							
NORPLANT							
CONDOM REG CLIENTS							
SPERMICIDE TAB REG							
TUBAL LIGATION				////////	////////	////////	////////
VASECTOMY				////////	////////	////////	////////
OTHER METHODS							
TOT NO. ALL METHODS					////////		////////
BACK-UP METHODS							
SPERMICIDES TAB				////////		////////	////////
CONDOM NREG CLNTS				////////		////////	////////
OTHER BK-UP METHODS				////////		////////	////////
ALL BK-UP METHODS				////////		////////	////////

CLIENT COUNSELLED _____ CLNTS CHANGING METHOD _____ ABSENTEES _____
 DROPOUT _____ POSTNATAL CHECK-UP 1 WEEK _____ 6 WEEKS _____

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B. AGE OF NEW CLIENTS:

METHOD	20	20-24	25-29	30-34	35-39	40-44	45-49	49	TOTAL
ORAL									
IUCD									
DEPO									
NORPLANT									
TUB LIG									
VASECTOMY									
OTHER									
TOTALS									

C. PARITY OF NEW CLIENTS:

METHOD	0	1	2	3	4	5	6	7	8	9	9	TOTAL
ORAL												
IUCD												
DEPO												
NORPLANT												
TUB LIG												
OTHER												
TOTALS												

D. REASON FOR DISCONTINUATION:

REASN FOR DISCTIN	WANT CHLD	ABNML BLEED	PELVIC INFECT	SEVERE HEADACH	PREGNANT		HGH B PRSUR	OTHER SD EF.	OTHER REASON	TOTALS
					MTH FR	OTHR				
ORAL										
IUCD										
DEPO										
NORPLANT										
OTHER										
TOTALS										

E. GENERAL COMMENTS AND RECOMMENDATIONS.

PREPARED BY (PRINT NAME): _____ RANK: _____ SIGNATURE: _____

MINISTRY OF HEALTH

MONTHLY RETURN FORM : CHILD SPACING CLINIC CLINIC NO. :.....

CLINIC CODE

NAME OF HOSPITAL/CLINIC

MONTH/YEAR OF REPORTING:.....

A. METHOD OF CONTRACEPTION

METHOD	NEW ACCEPTORS	TOTAL REVISITS	NUMBER CYCLES UNITS	NUMBER DISCONTINUED
1. Noriday				
2. Norminest				
3. Femenol				
4. Lofemenol				
5. Overtte				
6. Other : Oral				
7. Lippes (A/B/C/D				
8. Copper (T/7)				
9. Other: IUCD				
10. Depo/Injectables				
11. Condoms for Registered clients				
12. condoms for others				
13. Spermicides: Tabs				
14. Spermicides: Foam				
15. Diaphragm				
16. Tubal ligation				
17. Natural Methods				
18. Others				
19. Only counselling				
20. Dropouts				
21. No Switching methods				

B. AGE OF NEW CLIENTS

METHOD	20	20-24	25-29	30-35	35
1. Oral					
2. IUCD					
3. Injectables					
4. Sterilization					
5. Other					

G. PARITY OF NEW CLIENTS

METHOD	0	1	2	3	4	5	Over 5
1. Oral							
2. IUCD							
3. Injectables							
4. Sterilization							
5. Other							

D. REASON FOR DISCONTINUATION

REASON FOR DISCONTINUATION	WANTS ANOTHER CHILD	ABNORMAL BLEEDING	PELVIC INFECTION	SEVERE HEADACHE	PREGNANT	HIGH BLOOD PRESSURE	OTHER SIDE EFFECTS	OTHER REASON
1. Oral								
2. IUCD								
3. Injectables								
4. Sterilization								
5. Other								

E. GENERAL COMMENTS AND RECOMMENDATION

REPAIRED BY:

RANK

SIG