

TRIP REPORT

Uganda

March 5 - 28, 1993

Logistics Management System Design Workshop:

Assistance to the MOH/MCH-FP and ACP

and AIDS and Family Planning NGO's

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Family Planning Logistics Management Project
John Snow, Inc.



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Logistics Management
Project

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List of Acronyms

ACP	AIDS Control Programme
ADMS	Assistant Director, Medical Services
AIC	AIDS Information Center
ATSP	AIDS Technical Support Project (WLI Local NGO)
CBD	Community-based distribution
CDC	Centers for Disease Control
CHIPS	Community Health Intervention, STD Project (UCSF)
CMS	Central Medical Stores
CPSD	Commodities & Program Support Division
CPT	Contraceptive Procurement Tables
CYP	couple year of protection
DANIDA	Danish International Development Agency
DMPA	Depo-Provera
DHT	District Health Team
DISH	Development of Integrated Services in Health
DMO	District Medical Officer
EFHS	Expanded Family Health Services Project
FUE	Federation of Uganda Employers
FPLM	Family Planning Logistics Management Project (JSI)
FPFP	Family Planning Focal Person (UNFPA project district)
GTZ	German Technical Cooperation Association
GPA	Global Programme on AIDS (WHO)
IEC	Information, Education and Communication
IMAU	Islamic Medical Association of Uganda
JSI	John Snow, Inc.
LMIS	logistics management information system
MCH-FP	maternal/child health-family planning
MIS	management information system
MOH	Ministry of Health
NMS	New Medical Stores
NRA	National Resistance Army
PSI	Population Services International
SEATS	Services Expansion and Technical Support Project (JSI)
SDP	Service Delivery Point
SOMARC	Social Marketing for Change (The Futures Group)
STD	sexually transmissible disease
STDCP	Sexually Transmissible Disease Control Programme
TAACS	Technical Advisors in AIDS and Child Survival
TASO	The Ugandan AIDS Support Organization
UAC	Uganda AIDS Commission
UCSF	University of California, San Francisco
UEDMP	Uganda Essential Drugs Management Programme
UNFPA	United Nations Population Fund
UNICEF	UN Childrens Fund
USAID	U.S. Agency for International Development, Kampala
WHO	World Health Organization
WLI	World Learning, Inc.

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I. **Executive Summary**

FPLM Advisor Suzanne Thomas visited the Uganda Ministry of Health (MOH)/Maternal and Child Health-Family Planning (FP) and AIDS Control Programmes (ACP), as well as non-governmental organizations (NGO) involved in the provision of family planning and/or AIDS services. (A complete list of persons contacted is found as Attachment One.) This March visit was the fifth by FPLM since October, 1991. Activities undertaken built on needs identified during these prior visits. Act, including:
Activities included:

- development and implementation of a simple and effective materials management system in order to collect data for accurate forecasting;
- linkage of activities with those of the Uganda Essential Drugs Management Programme (UEDMP), as site visits to lower levels indicated that contraceptive delivery is sporadic;
- coordination among planning and implementing agencies to reduce the fluctuation in the availability of an appropriate contraceptive method mix; and
- donor coordination among donors in technical and geographic project plans.

In addition, in January 1993, the MOH/Senior Medical Officer responsible for logistics and supplies attended an FPLM training in logistics management in Arlington, and his increased knowledge of logistics management greatly facilitated the work undertaken. The primary activity of this visit was to develop and facilitate a workshop for all interested governmental and non-governmental organizations to:

- identify and reach consensus on issues related to the distribution, supply and management of contraceptives, and condoms used for disease prevention;
- identify those agencies which should take the lead in finding solutions to these identified issues and problems; and
- develop a strategy and time table for implementing identified solutions.

A three-day workshop accomplished these tasks. To co-facilitate this workshop, Suzanne Thomas was joined by Ms. Jane Schuler-Repp. The addition of Ms. Repp to this consulting effort ensured that the participants received the greatest possible benefit from the three day workshop.

Major recommendations are found throughout the text of the report.

Unresolved Issues

The following policy issues were identified by workshop participants.

Recommendation 1: The ADMS/MCH-FP should continue to work with the identified parties responsible for the policy changes to ensure that such changes occur so that current policies do not impede the implementation of a well-functioning logistics system. (see next page)

POLICY ISSUES

ISSUES TO BE RESOLVED	BY WHOM
Will CMS/NMS order by brand for FPP client preference or by formulation?	<ul style="list-style-type: none"> ● Donors ● MOH ● Nat'l Committee for Selection of Essential Drugs ● Nat'l Drug Authority
Policy for QA on-going activities for devices (e.g. latex condoms) that have no expiration date.	<ul style="list-style-type: none"> ● MCH-FP ● CMS
Determine allowable methods and/or forms required for requisitioning supplies.	<ul style="list-style-type: none"> ● MCH-FP ● CMS
CYPs -- can donors get this some other way?	<ul style="list-style-type: none"> ● MCH-FP
Establish policy regarding hospitals reporting to DMOs and not directly to central level	<ul style="list-style-type: none"> ● MCH-FP to Decentralization Task Force
Everyone use same forms/system	<ul style="list-style-type: none"> <li style="width: 50%;">● MCH <li style="width: 50%;">● UAC <li style="width: 50%;">● MOF <li style="width: 50%;">● PS <li style="width: 50%;">● ADMS <li style="width: 50%;">● NGOs <li style="width: 50%;">● MOLG <li style="width: 50%;">● Donors
Kits must not be disassembled	<ul style="list-style-type: none"> ● CMS ● MCH-FP
Standardized procedures manual import certificate	<ul style="list-style-type: none"> ● MCH-FP; MOH/HIS/CMS
Max/min levels should be set for all levels of the systems	<ul style="list-style-type: none"> ● June/July workshop participants
Will there be logistics officers as part of DHT?	<ul style="list-style-type: none"> ● unknown
Training curriculum standardized country-wide	<ul style="list-style-type: none"> ● MCH-FP training team, FPLM TA
All order information goes from lower levels to DMO to CMS to MCH-FP	<ul style="list-style-type: none"> ● Approval by MOH/MCH-FP
Introduction of logistics management cost recovery	<ul style="list-style-type: none"> ● Responsible party should be identified
Identification of appropriate people to be trained as storekeepers at district level	<ul style="list-style-type: none"> ● MOH
Standardized importation certificate	<ul style="list-style-type: none"> ● Nat'l Drug Authority ● MCH-FP

II. Background

FPLM work in Uganda had, until 1991, consisted primarily of preparing contraceptive procurement tables (CPT's) at the request of the government and Mission for family planning programs. Though noted as hindering this activity, lack of functioning logistics and management information systems (MIS) had not been addressed in a concentrated manner through any of the existing donor-supported family health projects. The Danish Red Cross and DANIDA are directing the greatest quantity of resources towards strengthening Central Medical Stores (CMS), though this assistance is primarily for:

- ensuring that the Uganda Essential Drug Management Programme (UEDMP) functions properly;
- the physical rehabilitation of CMS facilities; and
- the development and passage of legislation to restructure CMS as a para-statal entity.

Upon request, the UEDMP will deliver drugs and supplies to vertical programmes. Neither MCH-FP, the ACP, nor NGO's have taken advantage of this opportunity for distribution of equipment and supplies. The typical means for obtaining needed FP or ACP equipment and supplies is to hand-carry a written request from the implementing agency, service delivery site, or DMO to the MCH/FP or the ACP, respectively, for authorization of a request to CMS. The resulting authorized orders are filled in a variable and unpredictable number of days. Though this often resulted in the goods being obtained, CMS has indicated that they will no longer fill an order through this mechanism once the physical rehabilitation of CMS is completed. Therefore, all vertical programs must adopt a system that is recognized by CMS staff.

As is true in many countries, in order to improve the delivery of primary health care services, Uganda is beginning the process of decentralization of such services. It is intended that CMS be the central procuring entity, and repository of information related to the national drug supply. CMS will no longer be able to supply districts that cannot produce funds for procurement of requested commodities. For District Medical Officer's (DMO), this means that they will need a reliable logistics management information system so that they can monitor the commodities within their districts and determine what funds should be available for future procurement. It was also pointed out that, should the logistics system be working properly, and reasonable levels of stock maintained, funds will not be tied up in excess inventory.

These and other factors are working together to lead the ACP and MCH-FP Divisions in the direction of developing and adopting a logistics system, that is easy to use and to introduce to health care workers. The final system should be generic enough so that it can be used by as many primary health care programs as possible, and meets the needs of

the particular national program manager. Often logistics and management information systems are driven by the donor that funds a particular activity.

The consultants would like to add that the enthusiasm for the establishment of a functioning logistics system is building; all concerned with whom we spoke are ready to move as quickly as possible in the development, documentation, and implementation of a unified logistics management information system after pilot-testing and finalization. The UEDMP has agreed to deliver contraceptives to the district level upon request, according to the regular delivery schedule of the UEDMP. Once standard ordering and reporting functions for the MCH-FP division are adopted, the UEDMP will deliver commodities to the district level on their regular delivery schedule.

For a complete history of FPLM activities in Uganda, documents may be requested from John Snow, Inc., 1616 North Fort Myer Drive, Arlington, Virginia, 22209.

III. Terms of Reference

The terms of reference, as defined by the Mission:

- 1) Meet with the sub-grantees of WLI's AIDS project and, with them, estimate subgrantee condom requirements for 1993-1994. Additionally, assist WLI to develop a curriculum for a course for sub-grantees in the management of condom supplies to be held in May, 1993.
- 2) Work with the MCH/FP and the MOH/ACP to estimate condom requirements for 1993 and 1994, develop office procedures for managing condom supplies, and assist the MCH-FP logistics manager to arrange and carry out a two-day workshop to strengthen the contraceptive management system. The complete terms of reference are found as Attachment 2.

IV. Activities, Findings & Recommendations

The activities undertaken in this visit departed somewhat from the terms of reference and there was considerable overlap in some of the activities that were to be undertaken. An initial meeting with pertinent Mission, MOH and WLI staff was held to revise the terms so that shared expectations could be developed and met. It is important to consider that at the time of this consultancy, both World Bank and USAID teams were in-country working on the development of respective project papers and therefore, local staff time was limited. Initial discussions concentrated on the development of tasks that could be undertaken with limited interaction from high level MOH and USAID personnel. Therefore, the following activities were undertaken:

1) An initial meeting was held with WLI, USAID, the UAC and the consultant to discuss issues related to condom supply:

a) Subgrantees were asked to estimate condom requirements for the upcoming months, were not prepared to address this topic and therefore, this activity was deferred. Subgrantees will be better prepared to forecast condom requirements upon completion of a logistics system design and its implementation.

b) Subgrantees of WLI are, on an individual basis, exploring with SOMARC the possibility of selling Protector condoms. Should these subgrantees decide to adopt a social marketing activity, this will have implications on the condoms requirements estimates that they are currently making. (See Attachment 3 "Fax from SOMARC Representative Craig Naude Regarding a Strategy to Meet Increasing Condom Demand in Uganda").

Recommendation #2: SOMARC and WLI should continue to work with FPLM to develop a strategy that assists WLI in shifting from a completely free supply of condoms to one that is both free and sold.

c) The development of a curriculum for WLI subgrantees to address the management of condom supplies was deferred, as the MOH had already moved forward and made arrangements to hold a management of contraceptive supplies workshop during March. All agencies involved in these activities, including WLI, were to be invited. Depending on the outcome of this workshop, it was agreed that WLI would then determine if their needs in this area had been met. (See Section V "Next Steps".)

d) Staff from the Community Health Intervention Project (CHIPS) raised the issue of condom quality, and asked how better to inform the user about what we know about good quality condoms.

Recommendation #3: CHIPS staff should request of FPLM and an appropriate USAID-supported CA that a condom quality IEC campaign be jointly developed and implemented to educate potential condom users the condom quality. This would aid in dispelling rumors about poor quality condoms.

Recommendation #4: CHIPS director should appoint a commodities manager, to manage condoms, drugs and diagnostic supplies plus all other STD-related commodities and supplies.

2) The development and implementation of a three day logistics workshop became the primary focus of this visit. Donors are especially keen on seeing this aspect of technical assistance succeed as four of them -- USAID, UNFPA, the World Bank and the German Technical Assistance Corporation (GTZ) -- are in the midst of either redesigning or introducing reproductive health care activities on a large scale. Therefore, an additional consultant joined Ms. Thomas to develop and implement this workshop

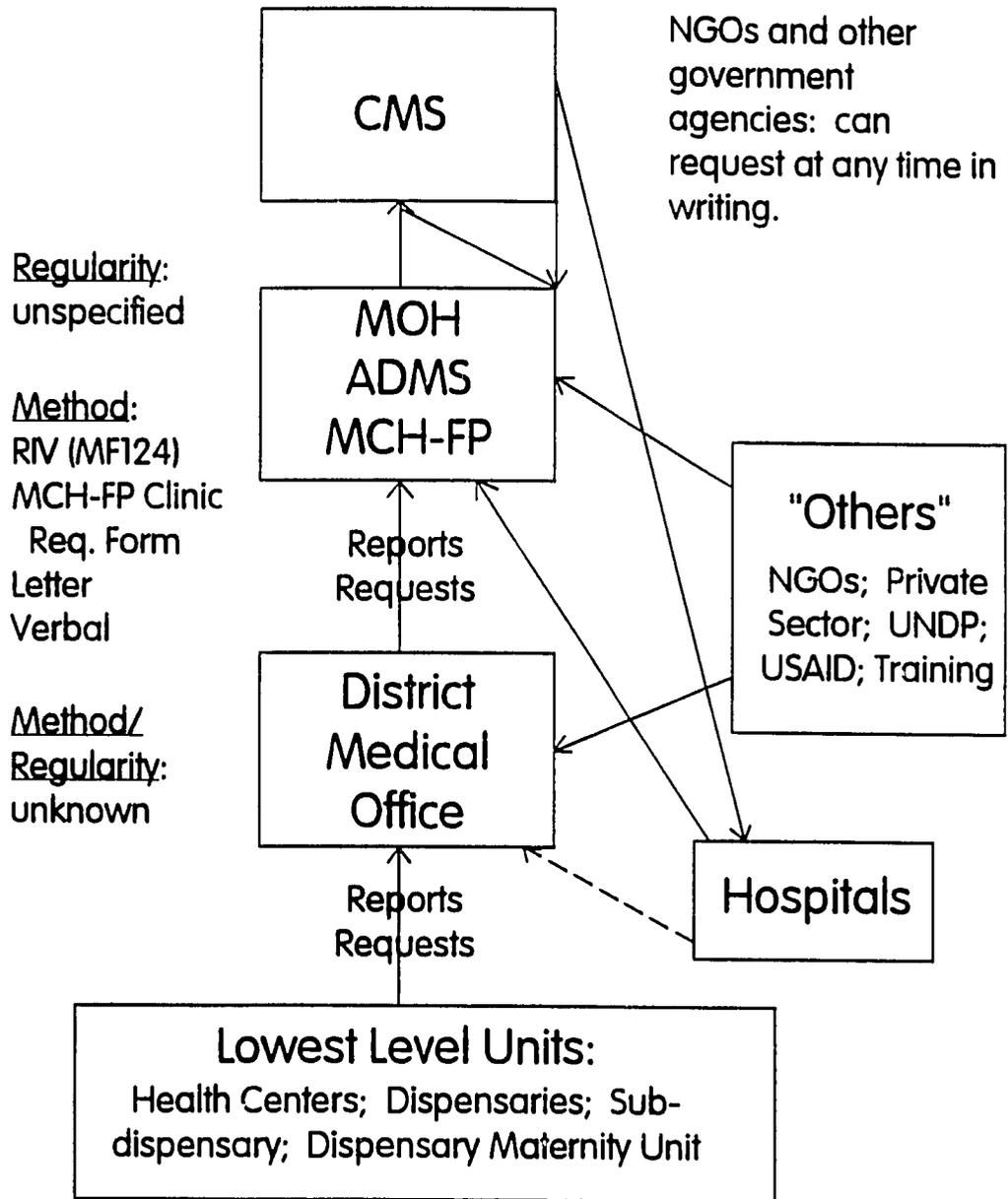
Found as Attachments 4 and 5 are a workshop participants list and agenda. A complete set of workshop handouts, overheads, summaries of discussions and other relevant materials are found as Attachment 6, "Proceedings of the Workshop."

3) A debriefing with both the FPLM regional logistics advisor, Peter Halpert, and the SOMARC Regional Advisor, Mr. Craig Naude, was held in Harare at the conclusion of this trip. Completed and follow-up actions were discussed and agreed upon.

Though there are procedures that may result in obtaining contraceptives from CMS, there is no documented "system" that can be considered as a routine, reproducible and reliable mechanism by which to secure supplies for family planning services and/or AIDS prevention services. In fact, supplies for these two programs are obtained from two different warehouses, each dedicated to the programs that they serve. The following diagram, developed by MOH/MCH-FP staff, illustrates what current procedures one may follow that may result in securing contraceptive supplies. This was presented in the context of a general overview of the current MCH-FP supply system at the beginning of the workshop. (Figure One, next page)

Figure One

Current Ordering/Reporting System



In addition, donors and CA's such as CARE and SEATS indicated that personal letters and phone calls, either to the ADMS or a donor, were sufficient to secure commodities.

Current ordering, reporting, record and stockkeeping forms were also identified. These are:

Current MOH/MCH-FP LMIS Forms

Stockkeeping Records

- * Stock cards

Transaction Records

- * MCH Clinic Requisition Form
- * MCH/16 Authority Letter
- * RIV MF 124

Service Records

- * Daily Activity Register
- * Summary Report Forms
- * Client Card

NGOs and other service providers have individualized record-keeping systems as well.

An overview of the UEDMP was also presented by CMS/UEDMP. (See Attachment 6)

A presentation of the FPAU contraceptive ordering and reporting system was also made.

These presentations led to a problem identification exercise, where participants identified particular issues with the contraceptive logistics systems. Problems articulated by the participants are Attachment 7. Participants described the minimal components of a functional logistics system in participatory workshop exercises and began identifying entities and relationships of the Ugandan contraceptive logistics system. Attachment 8 contains the results of these exercises.

Recommendation #5: During a June-July workshop, participants should develop and adopt for testing, a simple logistics system and outline procedures manual. This workshop should be attended by those who participated in the March workshop, as well as representatives from service delivery sites, a UNFPA project district, FFPs, and others as appropriate.

The following are necessary, but not exclusive, components of a system described in such a manual that were suggested for development by the group during the course of the next workshop:

- a) A Requisition and Issue Voucher for family planning equipment and supplies. This form should have products/brands and units issued pre-printed on the form. (This would replace Medical Form-124 and MCH/FP requisition forms, both currently available. The new format could be adopted for other PHC programs.)**
- b) SDPs should regularly report stock on hand to higher levels through a standardized mechanism.**
- c) A means and schedule for enumerating stock on hand at all levels of the system should be identified. (e.g., national physical inventory)**
- d) A description and mechanism for collecting dispensed to user data.**
- e) A description of stock allocation and requisition procedures for all levels.**
- f) The introduction of a new logistics system underscores the importance of supervisory activities. Routine supervision must be incorporated into service delivery activities in order to follow progress. This will require the development of:
 - i) supervision procedures for all levels of SDPs**
 - ii) feedback mechanisms by supervisors (DMO) to MCH/FP division**
 - iii) feedback mechanisms from MCH/FP Division to DMOs and SDPs. (Suggestions for such feedback mechanisms included a routine newsletter, an on-going, informal circular letter, and personalized letters.)****

Currently, supervision is somewhat dictated by the donor supporting activities in a given setting, and does not necessarily follow guidelines which have been set by the MOH/MCH-FP.

Supervision feedback loops and mechanisms provide the opportunity to use the data/information that is collected through the adopted MIS.

Recommendation #6: In keeping with pharmaceutical legislation currently before parliament, the condom quality testing lab, currently located at Nakasero blood bank and not available for general use since its' installation, should be moved to New Medical Stores (NMS) upon the completion of CMS restructuring. Retraining of

staff may be necessary. This way, condoms can be readily tested, both upon receipt, routinely if desired, and in response to complaints. Such information can be used to develop positive messages about condom quality, and aid in the removal of poor quality condoms.

IV. Follow-Up Actions/Next Steps

<u>Activity</u>	<u>Person(s)</u>	<u>By When?</u>
1) Document our discussions, decisions, recommendations remaining	S. Thomas, J. Schuler-Repp, Dr. Ebanyat, Dr. Katumba	30 April
2) Policy: agreement on same system	ADMS; MOH-FP, PS - MOH	30 April
3) Preparation for next workshop	Dr. Bazirake, Dr. Ebanyat	May 28 - invitations to be sent Venue selected (Lake Victoria Hotel?)
4) Meet to agree on remaining pieces and describe the system	S. Thomas, Dr. Katumba, J. Schuler-Repp	Workshop held 28 June - 1 July

V. Proposed Family Planning Logistics Management Implementation Plan

DRAFT

(Date Written: 27 April, 1993)

UGANDA: 5/93 - 5/94

June - July 1993

Workshop: (4 days) Completion of logistics system design.

Outcome:

- a) Draft LMIS design, including definition of all entities and their relationships; who reports what to whom; forms identification and included data items.

Activities:

- a) Workshop participants list (MCH/FP)
- b) Arrangements for place and time and invitations sent, acknowledgements received (MCH/FP)
- c) Study materials compiled (FPLM)
- d) Study materials distributed to participants (MCH/FP)
- e) Workshop preparations and delivery (FPLM & MCH/FP Logistics Officer)
- f) Forms approval (MCH/FP - HPU/HIS Working Group)

FPLM Technical Assistance: 8 person weeks

August - September, 1993

Draft Procedures Manual and Forms

Outcome:

- a) Completed, approved and printed draft procedures manual.
- b) Designed, approved and printed draft LMIS forms.

Activities:

- a) TA using workshop results to design forms and draft procedures manual (FPLM)
- b) Approval of forms by HPU/HIS Working Group & CMS (MCH/FP)
- c) Approval of draft procedures manual (MCH/FP & CMS)
- d) Limited initial printing of forms and draft procedures manual (FPLM)

FPLM Technical Assistance: 4 person weeks

Note: Timeframe for the following activities is dependent upon approvals and available MCH/FP personnel.

Pilot District Implementation

Outcome:

- a) Trained staff -- all district levels, all organizations
- b) LMIS operating in district
- c) Supervision of LMIS activities operational
- d) FP commodities delivered with UEDMP supplies

Activities:

- a) Identify responsible parties and obtain approval for pilot testing (FPLM - MCH/FP - CARE)
- b) Ensure pilot district has a recent inventory of facilities and staffing (FPLM - CARE)

- c) Coordinate with CMS, timing of initial pilot implementation schedule, according to UEDMP delivery schedule (FPLM - MCH/FP - CMS(UEDMP))
- d) Ensure all SDPs are identified in pilot district, including NGOs, hospitals, CBDs, etc. (FPLM - CARE)
- c) Supervisory person(s) and trainees identified (DMO - CARE - FPLM)
- d) Training needs assessment (FPLM - CARE)
- e) District level workshop
 - 1) Pre-workshop arrangements (time, place, invitations) (CARE)
 - 2) Workshop preparations and delivery (FPLM - CARE)
 - 3) Post-workshop follow-up at SDP, district stores, CMS and DMO (FPLM - CARE)
- f) Supervisory person(s) follow-up (CARE - DMO)
- g) Coordination with CMS (UEDMP - FPLM - MCH/FP)

FPLM Technical Assistance: 5 person weeks

Evaluation of Pilot Implementation

Outcome:

- a) Problem areas identified and solutions/resolutions initiated
- b) Forms finalized and approved
- c) Procedures manual finalized and approved

Activities:

- a) Meetings with all levels, agencies and organizations in the pilot district (FPLM - CARE - MCH/FP - CMS)
- b) Evaluation of problem areas and proposed solutions (FPLM - CARE - MCH/FP - DMO - Supervisory Personnel - CMS)
- c) Forms and procedures manual revised, finalized and approved (FPLM - MCH/FP - HPU/HIS Working Group - CMS)

Outline of remaining activities to be completed prior to implementation of logistics system:

- a) Completion of implementation strategy (FPLM - MCH/FP - CMS - Donors)
- b) Identification of districts for phased (or otherwise) implementation (MCH/FP - FPLM - Donors - CMS)
- c) Schedule for completion of Service Delivery Point inventory for: (MCH/FP - FPLM)
 - 1) Staff and Skills
 - 2) Equipment and supplies
 - 3) Dispense to user data
 - 4) Facilities
- d) Training (FPLM - MCH/FP)
 - 1) Completion of needs assessment
 - 2) Development of strategy
 - 3) Identification of supervisors and trainers
 - 4) Establish schedule
- e) Forms printed (MCH/FP)
- g) Meetings with GTZ, UNFPA, World Bank to familiarize with logistics system, implementation plans and to encourage incorporation of same in all districts (FPLM - MCH/FP)

ATTACHMENT ONE:

Persons Contacted

Persons Contacted

Ministry of Health

Dr. Florence Ebanyat, ADMS, MCH-FP
Dr. Fred Katumba, Senior Medical Officer, MCH-FP
Dr. JHM Bazirake, Senior Medical Officer, MCH-FP
Dr. Miriam Sentongo, District Medical Officer, Mukono
Mr. Jordan R. Rujunja, Ag. Chief Pharmacist
Mr. Fabian Sebakera, Sr. Supplies Officer for Clearing and Receipts
Mr. John Lukuya, Supplies Officer, AIDS Control Programme
Ms. Christine Amuge, MCH-FP Supplies Officer/Stores Assistant
Ms. Solveig Gulbrandsen, Stores Management Advisor, EDP
Mr. Bernard Osmond, Sr. Pharmacist Advisor, Danish Red Cross, EDP

USAID/Kampala

Dr. Elizabeth Marum, AIDS Advisor (CDC)
Ms. Joan LaRosa, HPN Officer
Ms. Annie Kaboggoza-Musoke, HPN Assistant
Mr. David Puckett, TAACS Advisor (CDC)
Mr. Jay Anderson, HPN Officer, USAID/Swaziland
Ms. Cheryl Anderson, DISH Team Leader, USAID/Kampala

CHIPS Project

Dr. Sam Kalibali, Project Manager
Dr. Cheryl Walker, UCSF

AIDS Information Center

Dr. Frank Nabwiso, Director

WHO

Dr. Helder Martens, WHO Representative
Dr. Samuel Darfoor, WHO Medical Advisor, MCH-FP
Ms. Donna Flanagan, IEC Specialist, GPA

UNFPA

Ms. Neela Jayartnam

The Futures Group

Mr. Craig Naude, SOMARC Regional Representative, Harare
Mr. Lalit Jayartram, SOMARC Coordinator, Kampala
Ms. Vicki Baird, SOMARC Deputy Director, Washington

World Learning, Inc.

Ms. Patricia Neu, Project Administrator, Washington
Dr. Sam Ibanda, APCP Project Manager, Uganda
Dr. Shem Bukombi, ATSP Director, Kampala
Dr. Willie Salmond, Country Director, Kampala
Dr. Anne Salmond, Project Coordinator, Kampala
Ms. Anne Gamurovwa, Condom Co-ordinator
Mr. Joseph M. Mugisha, Condom Logistics/Store Keeper

CARE

Ms. Robina Shonubi, Management Assistant

Family Planning Association of Uganda

Mr. David Sserubi, Purchasing/Supplies Manager
Dr. Sekatawa, Programme Director

ATTACHMENT TWO:

Terms of Reference

. 19'

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AID 03/01/93

D/DIR:SCRYNER

HPA:AKABOGGOZA-MUSOKE

C/GDO:HWISE; HPO:JLA ROSA; TACS:DPUCKETT; TAACS:EMARUM

AID-2 AMB DCM, CHRON

SCR

AK-M

HW

AMEMBASSY KAMPALA

SECSTATE WASHDC, IMMEDIATE

INFO NAIROBI

JL

DP

AIDAC

AID/W FOR RD/POP/CPSD, J. CROWLEY; AFR/EA/U;
RD/POP, W. PRESSMAN;

INFO NAIROBI FOR REDSO/ESA/HPN

E.O. 12356: N/A

SUBJECT: POPULATION: REQUEST FOR FPLM TECHNICAL
ASSISTANCE FOR UGANDA FROM MARCH 8 - 25, 1993

REF: THOMAS/LA ROSA FAX DATED FEBRUARY 21, 1993

1. USAID REQUESTS TECHNICAL ASSISTANCE FROM FAMILY
PLANNING LOGISTICS MANAGEMENT (FPLM) PROJECT CONSULTANT,
SUZANNE THOMAS, FROM MARCH 8 TO 25, TO WORK WITH WORLD
LEARNING INC. (WLI) AND THE MATERNAL CHILD HEALTH
/FAMILY PLANNING (MCH/FP) DIVISION OF THE MINISTRY OF
HEALTH (MOH) TO PERFORM THE FOLLOWING TASKS:

- MEET WITH THE SUB-GRANTEES OF WLI'S AIDS PROJECT AT
THE SUB-GRANTEE MANAGERS MEETING ON MAY 10. ESTIMATE
SUB-GRANTEE CONDOM REQUIREMENTS FOR 1993-1994 AND ASSIST
WLI TO DEVELOP A LOGISTICS MANAGEMENT TRAINING
CURRICULUM FOR A COURSE FOR SUB-GRANTEES TO BE HELD IN
MAY.

- WORK WITH MCH/FP AND THE AIDS CONTROL PROGRAM OF THE
MOH TO ESTIMATE CONDOM REQUIREMENTS FOR 1993-1994,
DEVELOP OFFICE PROCEDURES FOR MANAGING CONTRACEPTIVE
SUPPLIES, AND ASSIST THE MCH/FP LOGISTICS MANAGER TO
ARRANGE AND CARRY OUT A TWO- DAY WORKSHOP TO STRENGTHEN
THE CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM.

2. PLEASE CONFIRM AID/W FINANCING FOR THIS CONSULTATION
AND PROVIDE ETA. USAID WILL MAKE HOTEL RESERVATIONS AT
THE SHERATON, WHICH PROVIDES SHUTTLE SERVICE FROM THE

UNCLASSIFIED

ATTACHMENT THREE:

Fax from SOMARC Representative Craig Naude

THE FUTURES GROUP
99 Rotten Row, Harare, Zimbabwe
Telephone: 705325 Fax: 728412

FAX MESSAGE

TO: Suzanne Thomas 703 - 5297480 J Snow Inc.
 FROM: Craig Naude Harare 728412
 DATE: 5 April 1993 CMN/ear/102/93
 Charge Code:
 No. of Pages (including this page): 2

IF YOU DO NOT RECEIVE THIS MESSAGE CLEARLY PLEASE
 CONTACT: CRAIG NAUDE/ERICA RUMBOLD AT TELEPHONE NO:
 (263 - 4) 705325

SUBJECT: MARKETING CONSIDERATIONS: WORLD LEARNING INC.

Hi, I was pleased to have finally been able to meet you and hope that your flight back to the States was uneventful.

I have given the matter of strategic marketing via World Learning some considerable thought over the last few days and feel that it is important that we figure these activities into the context of the developments which we know are taking place in Uganda and which we know will profoundly affect their modus operandi over the next few years. I also think that it will be necessary for us to "guide" World Learning into the commercial market place and, accordingly, would propose that our strategic plan ought to be developed along the following lines:

1. **The FP/MCH environment:**
 - the status of the country's public sector FP/MCH development capabilities.
 - the need for expanded representation both in urban and rural areas.
 - the relationship between Family Planning and AIDS related activities.
 - the change in government policy with regard to cost recovery in the health delivery sector.
2. **The social marketing environment:**
 - a resume of activities relating to the field in which World Learning will be participating (SOMARC, PSI, MSF, Condom Co-ordinating Committee, GTZ etc).
 - the role of social marketing in bridging the gap between the public sector market and the private sector market.
 - target markets.

22-

2

3. **Analysis of World Learning in the condom market:**
 - potential for expansion of distribution capabilities by sub-grantees.
 - potential markets for each sub-grantee.
 - current condom distribution activities.
 - provision of social marketing skills.
 - infrastructural requirements.
4. **Strategic marketing considerations**
 - initial inclusion of a small proportion (10%) of total condom requirements as "purchased" condoms.
 - provision of training and selling skills to identify sub-grantee personnel.
 - expansion of existing sub-grantee logistics management capabilities to improve/refine management practices.
 - successful escalation of "purchase" component of condoms in World Learning stock inventory (suggest 25% per year for three years from initial level of 10%, i.e. saturation point = 85% of stock as "purchased" stock).
 - progressive institutionalisation of logistics management skills within target communities at project level.
 - transition to full private sector/commercial condom procurement by sub-grantees. Proposed time scale of approximately +/-5 years.

Your comments and suggestions please, particularly in the following areas:

1. is this the kind of approach you had in mind?
2. does the time scale seem appropriate or is it going to scare them off?
3. do we need to get really specific with regard to tactical considerations for each strategic recommendation? (I do not think so myself but you know these guys better than I do).
4. it seems to me that we need to be as practical as possible in the first submission even though it may be the principle which still needs to be sold to Bob Chaso. Would you agree?

I will be travelling to Uganda again on 8 May and will only be there for one week, accompanying Tom Morris (the USAID CTO for SOMARC) so if we can get something together and push it through World Learning in Washington before then, it may ease the going when I get there.

I look forward to hearing from you soon.

Regards,

CN
CRAIG NAUDE

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ATTACHMENT FOUR:
Workshop Participant List

List of Participants

To the participants: Please make any additions or corrections to this list and give it to one of the trainers by the end of the day Thursday. A revised edition will be given to you at the close of this workshop.

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PARTICIPANTS' EXPECTATIONS

- Increase logistics systems awareness
- Identify why current system has not worked -- haven't gotten goods to SDPs
- Help MOH to come up with ordering/accounting system to do better reporting to USAID
- Put in some means of built-in monitoring
- All organizations should have centrally consolidated service statistics for better national projection
- Know more about how to properly manage contraceptives
- Have indicators that would allow measure of impact
- Improve on contraceptive requirements with regards to client preference
- Have logistics system that is suitable for many organizations
- Improve projection capability
- Improve SDP projection capability
- Link LMIS with HIS because MCH/FP wants to know impact of what they're doing
- Improve usage service statistics to understand impact
- Manage expired commodities
- Avoid expiration of commodities

ATTACHMENT FIVE:

Workshop Agenda

MCH/FP Logistics Management System Design Workshop
Colline Hotel
Mukono, Uganda
24 - 26 March 1993

Wednesday - Day One

- 8:30 - 9:30 Introduction
- a) Opening Remarks (Dr. Florence Ebanyat, ADMS, MOH/MCH-FP)
 - b) Participants' Introduction (Dr. Fred Katumba, Logistics and Supplies Officer, MCH-FP)
 - c) Administrative Arrangements (Dr. Fred Katumba)
 - d) Logistics System Development Philosophy (Suzanne Thomas, Logistics Adviser, FPLM, John Snow, Inc.)
- 9:30 - 9:50 Participants' Expectations/Agenda Review (Jane Schuler-Repp, MIS Adviser - FPLM - John Snow, Inc., Suzanne Thomas)
- 9:50 - 10:20 Review of Current MOH/MCH-FP Contraceptive Logistics System. (Dr. Fred Katumba)
- Planning, forecasting, ordering, procuring and port clearance for: a) UNFPA; b) USAID.
- 10:20 - 10:35 Tea Break
- 10:35 - 11:20 Review of Current MOH/MCH-FP Contraceptive Logistics System: Commodity Distribution - Uganda Essential Drugs Management Programme. (Ms. Solveig Gulbrandsen, Stores Management Adviser, Pharmacist, UEDMP)
- a) Warehousing Procedures
 - b) Transportation/Distribution Procedures
 - c) Issues to lower levels
- 11:20 - 12:05 Review of Current MOH/MCH-FP Contraceptive Logistics System (Continued) (Dr. Fred Katumba)
- Logistics management information system
- 12:05 - 1:05 Lunch
- 1:05 - 1:50 Review of Current FPAU Contraceptive Logistics System (Dr. Sekatawa, Program Manager, FPAU)
- 1:50 - 2:50 Problems and Issues of Current Contraceptive Logistics Systems (Moderator, Suzanne Thomas
Recorders, Dr. Fred Katumba, Jane Schuler-Repp)

2:50 - 3:05 The Purposes of a Logistics System (Suzanne Thomas)

3:05 - 3:20 Tea Break

3:20 - 4:50 Working Groups: Information Needs for Logistics Management (Facilitators: Dr. Fred Katumba, Suzanne Thomas, Recorder: Jane Schuler-Repp)

4:50 - 5:00 Wrap Up

Thursday - Day Two

8:30 - 8:45 Review of Day One

8:45 - 10:00 Defining the Data (Facilitators: Dr. Fred Katumba, Jane Schuler-Repp, Recorder: Suzanne Thomas)

10:00 - 10:15 Tea Break

10:15 - 12:00 Working Groups: Logistics System Development (Facilitator: Suzanne Thomas)

a) SDP Recording and Reporting Forms
b) Warehousing Recording/Reporting Forms and Re-Supply Procedures
c) Logistics Management Reporting
d) Forecasting/Ordering Procedures

12:00 - 1:00 Working Group Reports A and B (Facilitators: Dr. Katumba and Suzanne Thomas)

1:00 - 2:00 Lunch

2:00 - 3:00 Working Group Reports C and D (Facilitators: Dr. Katumba and Suzanne Thomas)

3:00 - 3:30 Putting the Pieces Together: Part A (Facilitator: Suzanne Thomas)

3:30 - 3:45 Tea Break

3:45 - 4:50 Putting the Pieces Together: Part B (Facilitator: Suzanne Thomas)

4:50 - 5:00 Wrap UP

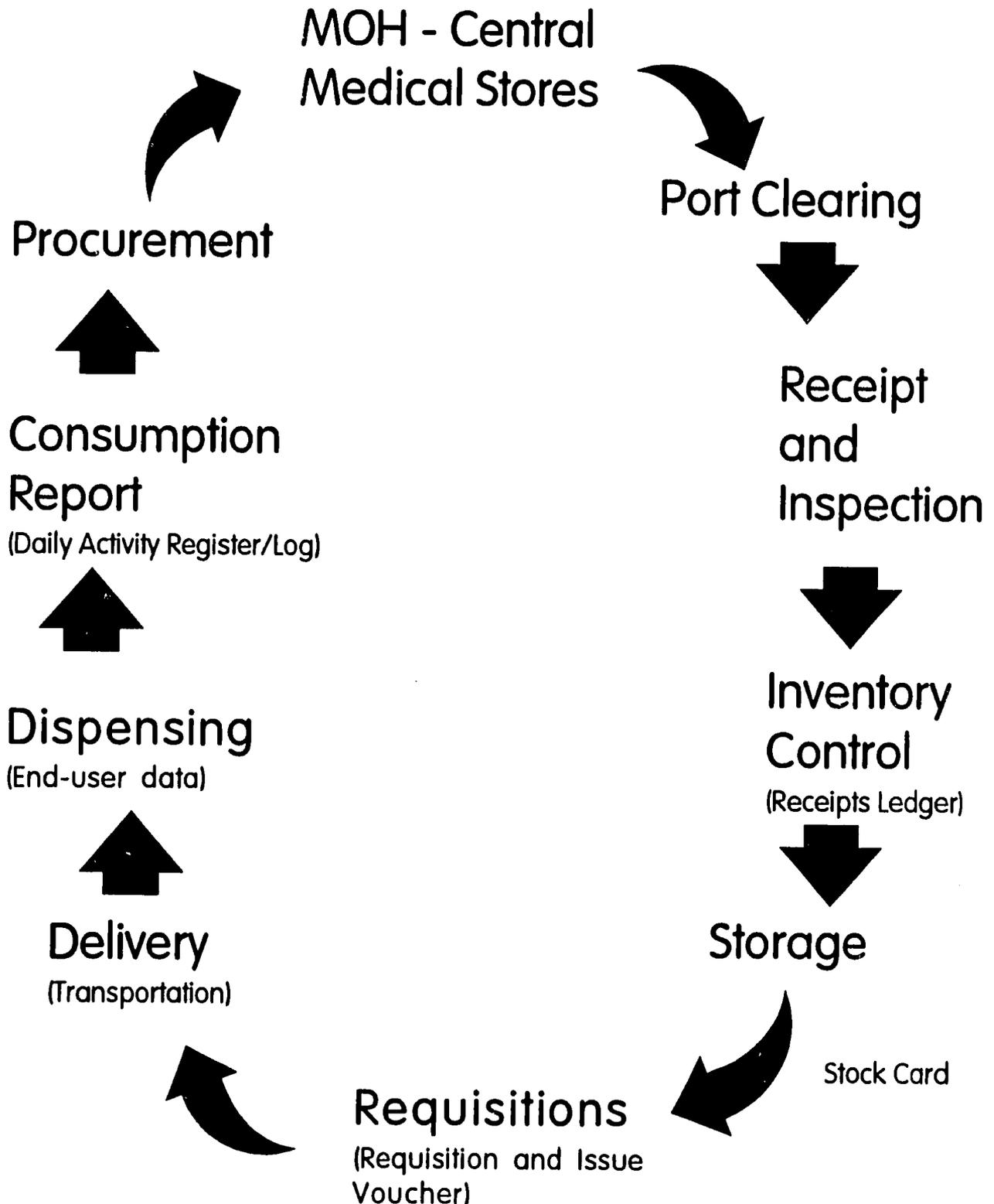
Friday - Day Three

- 8:30 - 8:45 Review of Day Two
- 8:45 - 10:00 Discussion: Establishing Maximum and Minimum Supply Levels and Lead Times (Facilitators: Dr. Katumba and Suzanne Thomas)
- 10:00 - 10:15 Tea Break
- 10:15 - 11:15 Unresolved Logistics Issues (Facilitators: Dr. Katumba and Jane Schuler-Repp)
- 11:15 - 12:30 Group Recommendations, Part I (Facilitators: Jane Schuler-Repp and Suzanne Thomas)
- 12:30 - 1:30 Lunch
- 1:30 - 2:00 Group Recommendations, Part II (Facilitators: Jane Schuler-Repp and Suzanne Thomas)
- 2:00 - 3:00 Implementation Planning - Next Steps (Facilitator: Suzanne Thomas)
- 3:00 - 3:10 Closing Remarks Professor Helder Maritim, Who Representative, Kampala

ATTACHMENT SIX:

Distribution Cycle

The Distribution Cycle



Receipt and Inspection

Form Used:

Receiving Report

Check For:

Packaging

Quantity

Labeling

Type of Product

Dosage Form

Special Requirements

Forms Needed:

Invoice or Packing List

Inventory Control

Forms Used:

- Ledger Card (centrally)
- Stock Card (in the stores)
- Expiry Date File

Forms Needed:

- Invoice/Packing List and Receiving Report (for incoming goods entered under "received")
- MF124 or other Requisition and/or Issues Forms (for outgoing goods entered under "issued")

Requisitions

Forms Used:

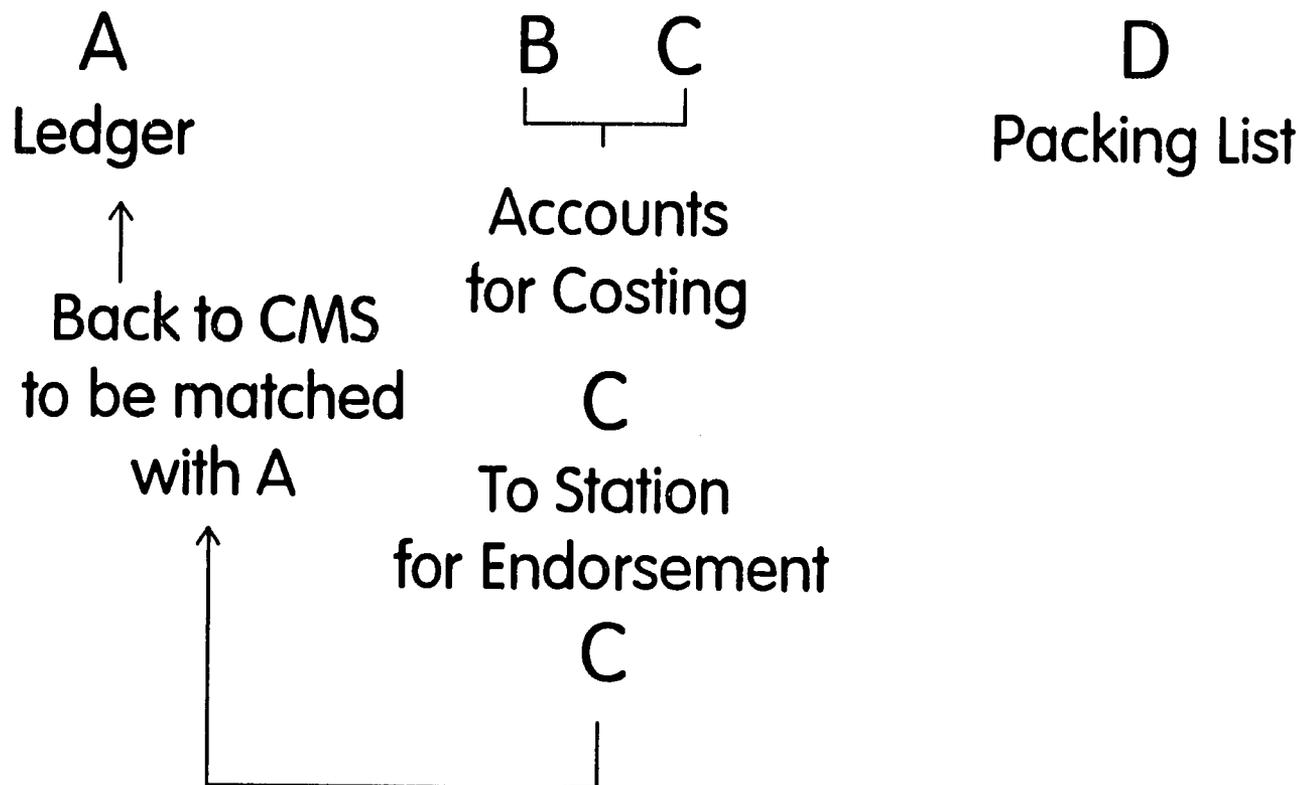
MF124 (filled by CMS)

Registration - given serial number

Approval - by ch. pharmacist

Allocation - by pharmacist

Picking and Packing - by storekeeper



Delivery

All issues transferred to transport section. All cartons given an identity number in the store.

Forms Used:

Forwarding Note (in triplicate)

- * one copy remains in CMS
- * two copies follow goods, which are signed on receipt of good
- * one copy goes back to CMS

Forms Needed: (?UEMDP)

No actual forms, but all transactions between stores and transportation entered in book

ATTACHMENT SEVEN:

Problems Articulated by Participants

PROBLEMS (Brainstorm)

1. Inconsistency of schedule for supply ordering through CMS.
 2. Too many ordering mechanisms.
 3. MCH/FP equipment/supplies:
 - Some ordered as "kits"
 - Issued as parts of kits due to requests by authorities
- OR:
- Units ordered, each of different commodities, and kits need to be assembled
4. Access to stores -- by whose authority? (Despite who controls the key.)
 5. MOH issues/order system NOT related to consumption. (either ACP or MCH/FP)
 6. No consumption data to calculate/forecast future requirements.
 7. How does the program allocate scarce resources?
 8. If one travels to CMS to request supplies, a 2-3 day wait to fill the request may result. (Management by crises.)
 9. No way of knowing what has arrived where and in which amounts for groups whose commodities don't pass through CMS.
 10. NGOs need to use same system that MOH uses.
 11. What MCH/FP says is in stock does not always match stock available at CMS.
 12. SDPs and DMOs are not aware of types of available supplies.
 13. Monthly reports from lower levels too frequent.
 14. DMOs rarely get feedback from central level. (Local persons also.)
 15. District requests are sometimes not in keeping with known number of SDPs, nor aggregate SDP requests.

16. No back order system (to be managed by MCH/FP, not CMS).
17. Supplies may be "pushed" when they are about to expire and/or when they have not been requested.
18. Brand preference not considered when orders made.
19. Donors don't coordinate shipping schedules.
20. Supervision -- lack of MOH --> DMO. No communication between SDPs, especially in area of sharing contraceptive supplies.

ATTACHMENT EIGHT:

Workshop Results

DEFINITIONS

1. **Number of users:** (per reporting period, by brand within method) number of clients who receive a contraceptive method; users are consumers; does not include consulting/counselling, but does include natural family planning method
2. **Service delivery point:** place where service providers offer family planning services
3. **Amount issued:** total number of units issued, by brand within method, per client per visit
4. **Stock-on-hand:** total units per brand per method available for issuing at a particular time
 - usable stock-on-hand: unexpired and undamaged
 - unusable stock-on-hand: expired or damaged
5. **Stock on order:** total units per brand per method requested at a specific time
6. **Price:** amount of money per unit per brand per method per transaction

ESSENTIAL DATA

1. Number of users per reporting period, per method
 - Current (on-going)
 - Historical
2. Number of SDPs
 - Now
 - Expected
3. Dispense to user data
 - Amount issued
 - Number of users
4. Product and quantity
 - Stock-on-hand (usable, unusable)
 - Stock on order
5. Price
6. Requisition form (standardized for all agencies)
7. Shelf life
8. Lead time -- all system levels

Data to be used for:

- Supervision and feedback
- Newsletter

WORKING GROUP A: SDP Recording and Reporting Forms

1. Minimum data required at SDP for LMS
 - Number of users
 - Stock on hand
 - Amounts issued
2. Additional data
 - Ordering schedules
 - Client preference (requested, issued)
 - Stock on order
 - Price
3. SDP and CBD personnel are capable of collecting above data.
4. Bound registers should be used to avoid data getting lost.
5. Data collection should be in simple format.

For SDP to record

- Day of visit
- Name of unit
- Reporting period
- New acceptors, revisits
- Brand name given within method
- Other services -- mention

For CBD to record

- Month
- Date
- Client's name (new or revisit)
- Method given and amounts

6. Summarize by totalling once weekly for CBD and monthly for SDP
7. Forward to next level (i.e. DMO) monthly. Forecasts and requisition done on quarterly basis.
8. Forecasting and ordering can then be done at central level. Can estimate losses/pilferage.
9. DMU forwards summary SDP data to MCH/FP quarterly.

WORKING GROUP B: Warehouse Forms and Resupply Procedures

1. Minimum data required at the store
 - Number of SDPs
 - Amount of commodities issued
 - Stock-on-hand (usable and unusable) both for ourselves and users
 - Stock on order -- both ours and SDP
 - Price
 - Shelf life
2. Current accountable forms (could rename form.RIV)
3. Requests should be written using the *existing* CMS Requisition and Issue Vouchers.
4. Summarized quarterly
5.
 - a) We use the data to assess utilization or project amounts to be issued and predict buffer stock/quantities.
 - b) Six months given shelf life and proper projection of their requirements
 - c) Maximum -- a level which should not be too high to jeopardize your resources
 - d) Minimum -- a level which should not be too low to cause a run-out
6. This data can depict a global picture on how the national Family Planning Implementation Program is doing and give feedback to Donors and CMS on the contraceptive flow.

WORKING GROUP C: Logistics Management Reporting

1. Minimum data
 - Quantity received
 - Quantity issued
 - Stock-on-hand
 - Consumption data (RATE)
 - Price
 - Minimum/maximum stock levels
2. Issued to lower level according to consumption
 - Reordering
3. Forecasting -- issued data, consumption
 - Reorder -- minimum stock level
4. Format
 - Receipts/issued
 - Usable stock-on-hand
 - Min/max stock levels
 - Analyze and report quarterly
5. SDP --> DMO --> Central
6. Quantity issued against orders
 - Amount and brand available at center

WORKING GROUP D: Procurement/Forecasting Procedures

1. Program policies (target group, expected expansion)
 - Today's consumption data
 - Usable stock-on-hand
 - Period for forecasting
 - Selected products
 - Funds available

2. Summary form -- standardized format
 - Period comparable to forecasting period

3. Which mode of transport, frequency of delivery, delivery points, supplier lead time

4. Central level: NGO's Program Managers
Donors

Middle level: District Medical Officers
Medical Superintendent
NGOs

SDP level: Service Providers

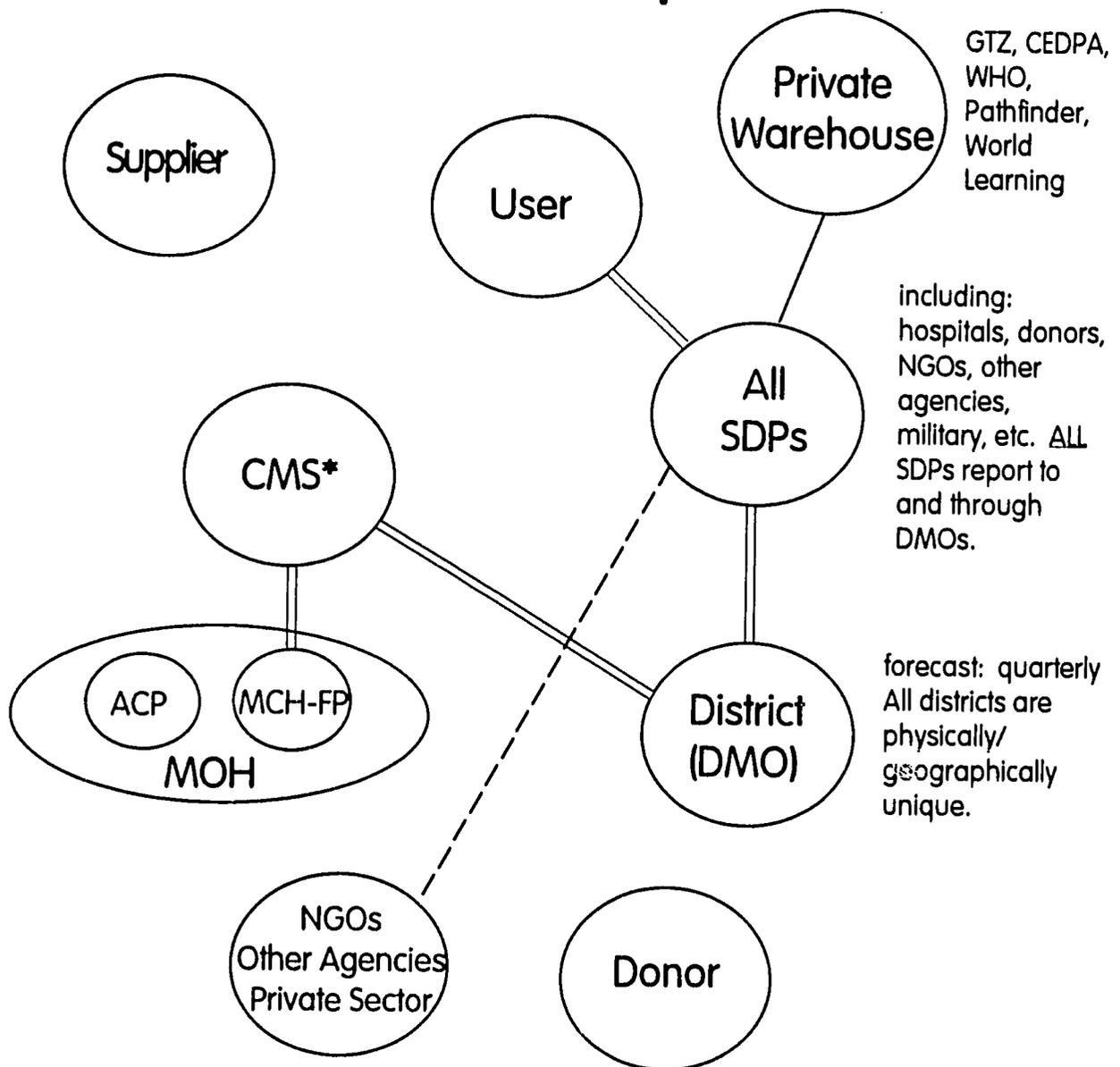
5. Sources of delay
 - a) Procurement process
 - Slow release of funds
 - Cumbersome tendering procedures
 - Lack of information from lower levels
 - Too many administrative procedures (MOH, MOP, MOF)

 - b) Port clearance process
 - Lack of necessary shipping documents from suppliers
 - Problem of obtaining tax exemption
 - Slow delivery because of delayed clearing (clearing agents, etc)

 - c) Nationwide inventory? YES!
Implementation: Regular, standardized reporting system to central level, giving consumption data and stock-on-hand.

Draft

Supplier/Service Delivery Entities in Uganda: a beginning of defining relationships



*Information required by CMS: District name; Date; Stock on hand; Consumption; Amount requested

==== Information flow

----- Other reporting required by NGOs and other agencies to and from SDPs with whom there is a relationship