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JAMAICA
FOREIGN TRIP REPORT
August 16-September 3, 1993

Jack L. Graves, M.P.H., Program Analyst

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
AND HEALTH PROMOTION
DIVISION OF REPRODUCTIVE HEALTH**

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I. SUMMARY

The purposes of this trip were (1) to evaluate the progress of the National Family Planning Board (NFPB) in implementing a pilot project for the Direct Delivery/Top-Up Contraceptive Logistics System in Kingston/St. Andrew, St. Ann, and Clarendon parishes, (2) to install computer programs for contraceptive logistics, and (3) to update the forecast for contraceptive needs, including condoms for AIDS prevention.

Although a few problems remain, the Top-Up System is working very well. Another evaluation and plans for expansion will be part of the next trip being proposed for November 8-19, 1993.

Because of confusion regarding the effective starting date of the phase-out of the provision of contraceptives by AID, a condom shortage occurred in May 1993. This has been resolved, and the NFPB will be assisted by the Program for Appropriate Technology in Health (PATH) in setting up the capability to procure the required contraceptives in the future.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

Kingston, Jamaica; August 16-September 3, 1993

The purposes of this trip were to accomplish as much of the tasks listed below as possible:

- * conduct the final evaluation of the top-up pilot project
- * prepare for national implementation of the top-up system including assistance with preparing the delivery calendar
- * install computer programs for logistics data management and instruct warehouse personnel in program use
- * prepare training schedule for supervisors, etc.
- * discuss the role and future needs of the AIDS\STDs programme with regard to logistics
- * draft a policy and procedures manual for the top-up system
- * update the contraceptive forecast

In addition, I worked with Ms. Jane Hutchings from the Program for Appropriate Technology in Health (PATH) in the following areas:

- * determine the need for monitoring condom quality,

primarily for the AIDS program, and

- * assist the NFPB in beginning to prepare for purchasing contraceptives for their programs.

This travel was in accordance with the Participating Agency Services Agreement (PASA) between CDC/NCCDPHD/DRH and AID/R&D/POP.

III. PRINCIPAL CONTACTS

A. USAID/Kingston

1. Grace-Ann Grey, Project Officer
2. Rochelle Thompson, AID/Washington, Acting Chief, HPN Office

B. National Family Planning Board (NFPB)

1. Mrs. Beryl Chevannes, Executive Director
2. Mr. Lennox Deane, Deputy Executive Director
3. Dr. Olivia P. McDonald, Medical Director
4. Mr. Easton Josephs, Statistician
5. Mr. Augustus Davidson, Executive Officer, Stores & Supplies
6. Mr. Wayne Gordon, Assistant Warehouse Manager

C. Ministry of Health, EPI/AIDS/STD Program

1. Mr. Paul Gordon, Condom Logistics
2. Mr. Onroy Thomas, Chief STD Investigator

D. Program for Appropriate Technology in Health (PATH)

1. Jane Hutchings, Senior Program Officer

E. The Futures Group

1. Maureen Clyde, Options II

IV. BACKGROUND

This trip is a continuation of activities designed to assist the National Family Planning Board (NFPB) in becoming self-sufficient in contraceptive logistics for family planning and condoms for AIDS prevention before the end of the Family Planning Initiatives (FPI) Project in 1997. Under the FPI project, AID will continue providing contraceptives for the social marketing project until the end of 1993. The provision of contraceptives by AID will be phased out at

20% per year through 1997. AID will be providing 80% of the contraceptives it supplied in the past for the family planning clinic and AIDS programs in 1993, 60% in 1994, 40% in 1995, and 20% in 1996.

The CDC has assisted USAID/Kingston and the NFPB in contraceptive needs forecasting and the preparation of contraceptive procurement tables since 1983. As part of the FPI project, more assistance is being given in family planning logistics including training NFPB staff to prepare forecasts, setting up an LMIS, a warehouse inventory system, and implementing the direct distribution, top-up system of contraceptive deliveries.

Many cooperating agencies are involved in different aspects of the FPI project. The Family Planning Management Development (FPMD) of MSH is charged with setting up an overall MIS which must link up with the LMIS for accurate and effective program analysis. It is thus crucial that CDC and MSH work closely together to create this integrated system.

V. ACTIVITIES

Upon arrival in Kingston, I met with officials of the NFPB to plan the work. The first activity was to work with Mr. Josephs on editing a draft questionnaire for evaluating the new Top-Up Logistics System. After editing the questionnaire, we accompanied Mr. Gordon to Clarendon Parish for follow-up visits to clinics that had been missed on the scheduled third quarter resupply visit. The main purposes of these visits were to test the questionnaire and to familiarize Ms. Thomas with the Top-Up system and Jamaican family planning clinics in general. The clinic personnel interviewed were very pleased with the new system, and want it to continue. The main complaint was that Depo Provera is resupplied from Parish Health Offices rather than as a part of the Top-Up System.

My next activity was to work with Mr. Davidson and Mr. Gordon on problems with the system, to install the Lotus-based CCMIS, to enter the 1993 data to date, and to train Mr. Davidson and Mr. Gordon in data entry and output interpretation.

In addition, I assisted Ms. Hutchings in orientation to USAID/Kingston and the NFPB.

My last activity was to assist the NFPB in updating their forecast for contraceptives, including condoms for AIDS prevention, for the next three years (1994-1996) and setting up the contraceptive monitoring programs at the warehouse. Calculations were made for the dollar value of contraceptives to

be provided by AID and those to be procured by the NFPB, these were translated into quantities of condoms, and a shipping schedule was prepared for all contraceptives from all sources for the three years in the forecast. The contraceptive procurement tables and cost and shipping schedules were sent to the John Snow, Inc. NEWVERN data system. See Attachment D.

VI. FINDINGS AND RECOMMENDATIONS

Problems defined, possible causes, and proposed Solutions:

A. Problems:

1. Some outlets have run out of stock at some time since January 1 and requested emergency supplies.
2. Stock balances for some contraceptives in some clinics are not in accordance with the 5 months maximum and 2 months minimum policy of the NFPB.
3. Visits have been made to some clinics to resupply them between routine visits.
4. The warehouse inventory of condoms was seriously depleted in May.
5. There continues to be a considerable quantity of damaged and/or otherwise unusable supplies and equipment at the warehouse. This is unsightly, but, more important, it is in the way and impedes day-to-day operation of the warehouse.

B. Possible causes:

1. Some visits by warehouse personnel to the clinics for top-up have been inconsistent and not on schedule.
2. The contraceptives in the clinics are sometimes locked up and not accessible to the person making the deliveries, therefore making it impossible to calculate usage rates and quantities to issue.
3. Not all contraceptives were located and counted when the Top-Up System was initiated. As a result, there were times when more contraceptives were found on subsequent visits than were counted at the end of the previous visit. This results in inaccurate estimates of use, maximum stock, and inappropriate quantities issued to the clinic. This might also be caused by clinic personnel moving contraceptives from clinic to clinic.
4. Miscalculations of the proper quantities to deliver have been made in some instances.
5. Failure to load enough of a particular contraceptive on the van before leaving the

warehouse has occasionally occurred.

6. Contraceptives have been lost or damaged through theft and/or flood from at least 2 clinics.
7. Demand has changed (particularly an increase in the demand for condoms) since the last forecast was made. This was due (at least partly) to promotional activities of the AIDS Program.
8. The NFPB did not purchase the 1,200,000 condoms for 1993 as agreed to in accordance with the AID phase-out plan and stock levels of condoms at the central warehouse were not closely monitored. The reason given was that there was confusion with the dates, i.e., it was not clear if the Jamaican fiscal year, AID fiscal year, or calendar year was to be used. Also, there are problems with the budget allocated. An amount was designated for contraceptive purchases, but it was taken from the existing budget, and there seem to be problems with obtaining convertible currency for the purchase.

C. Proposed solutions:

1. The schedule for deliveries should be reviewed with parish and clinic personnel and, where clinic schedules have changed, the schedule must be revised as appropriate. A new schedule should be prepared, if needed, and deliveries MUST be made strictly in accordance with the schedule. The basis of the schedule should be in accordance with quarterly visits on specific week days. For example, the schedule for a clinic might be expressed as "Deliveries will be made every three months beginning in February on the second Tuesday of each month. The specific dates for the rest of 1993 and 1994 will be: November 9, 1993, February 8, 1994, May 10, 1994, August 9, 1994, and November 8, 1994". If any of these dates fall on holidays or are otherwise inconvenient to clinic or parish staff, alternate dates should be selected at the time the calendar is being prepared. A calendar with these dates marked should be placed in the clinic in a location that is convenient to the person in charge. Also, copies of the schedule for each parish should be prepared and given to appropriate staff of the Parish Health Office. A master planning calendar with the names of the clinics to be visited entered on the scheduled dates should be kept up

to date at the warehouse. If these measures do not solve the problems related to contraceptive deliveries, consideration might be given to telephoning the clinics or the parish family planning coordinators a day or two ahead of each visit.

2. The NFPB must be assured that a responsible clinic staff member with access to the contraceptives being stored will always be available in the clinic on the scheduled contraceptive delivery days. When this is not possible, the NFPB warehouse must be notified as soon as possible that no one will be available on the scheduled delivery day, and an alternate delivery day, mutually agreeable to the clinic and the NFPB, must be scheduled. The NFPB, Parish Health Officers, and staff in all the clinics must understand that the Top-Up System cannot work efficiently if too many changes must be made in schedules. When the system is implemented Islandwide, there will be very few days when deliveries will not be scheduled, and it will be much more difficult to make changes in the schedules.
3. Each clinic should identify a location within the clinic where the contraceptives will always be stored. This location should be as secure and safe from flood damage as possible. NFPB delivery personnel should assume responsibility for putting this area in order on every visit. In this way, all the contraceptives can be examined and counted, contraceptives unsuitable for use can be removed and replaced, more accurate calculations of use, losses, maximum stock, and quantities to be issued can be made, and the contraceptives can be arranged with the oldest in front for assurance that first-to-expire-first-out (FEFO) can be practiced.
4. A new Lotus 123-based contraceptive commodity management information system (CCMIS) and a stock monitoring system have been installed at the central warehouse. Mr. Davidson and Mr. Gordon have been trained in the use of these programs. This CCMIS is simply a consolidation of data from the form used to document the stock position and quantities issued to each clinic on each visit (Form B). The programs are tallies of the data with a few calculated performance indicators. The outputs are summary tables for each parish and all

parishes combined. (See Attachment B). These systems must be kept up to date and used for determining the quantities of contraceptives to be loaded at the warehouse before each top-up trip, and to be sure that contraceptives on order are sufficient to meet anticipated demand. These programs can be used until the new CCMIS is ready; we expect this to be within 6 months.

5. The CCMIS and monitoring systems should be used along with records of contraceptives being held in stock at the central warehouse, imported, and scheduled for importation to monitor and update the contraceptive needs forecast to be sure that the proper quantities of each contraceptive are scheduled for importation. A Lotus 123 template (CONTEST) with the current forecast was left with Mr. Deane.
6. Considering that lead times for contraceptive procurement can be several months at best and are sometimes a year or more, the NFPB must immediately begin to prepare to obtain contraceptives through purchase and/or from alternate sources other than USAID and UNFPA. The 40% of the value of AID-provided contraceptives for 1994 must be added to the 1,200,000 condoms to be procured for 1993. The main problems here are assuring sufficient resources from the government to purchase the contraceptives and maintain the other activities of the NFPB and to gain access to convertible currency for purchasing those commodities (including contraceptives) that must be imported. (See Attachment C).
7. The NFPB should take immediate action to remove the damaged and unusable items from the warehouse, and they should establish procedures for disposal to prevent the build-up of these items in the future.

D. Other Issues

1. Depo Provera must be integrated into the Top-Up System. It is very inefficient to run two parallel systems. We were unable to obtain data on quantities being dispensed for use in the forecast; this will continue to be a problem as long as Depo Provera is issued from the Parish Health Offices.
2. The NFPB has not yet established procedures for

managing the money from contraceptive sales. This is a very difficult problem, but it must be solved if the logistics system is ever to run effectively and efficiently.

3. The NFPB is seriously considering appointing a senior logistics official to assume responsibility for all logistics activities; the sooner this is done, the sooner the problems with logistics will be solved. A suggested position description for this post is given in Attachment A.

The NFPB should continue with the pilot project until the problems identified above are solved. The next step is to make a plan for implementing the system islandwide. Several options were discussed for this expansion. These included:

- A. Add three more parishes per quarter with 3 being added in January, 3 in April, and 4 in July; this will make the system fully operational by the end of 1994. This might take more time than is needed, provided the problems discussed above are worked out.
- B. Add 3 parishes in January, and the rest of the parishes in April. This will speed up the process, but might not provide enough time to work out new problems that could arise as the new parishes are added.
- C. Work out the problems, and implement the system islandwide in January 1994. This will require intensive planning from now until the end of this year.

VII. FUTURE ACTIVITIES

We will collaborate with our colleagues at MSH in a training in MIS to take place November 8-19, 1993. At this time the decision can be made on how to expand the Top-Up System.

Attachment A Logistics Manager Job Description

The NFPB should appoint a Logistics Manager to take charge of all logistics matters. This person should have senior status in order to work with both MOH and NFPB Program personnel at all levels as well as persons in the private sector such as representatives of drug manufacturers, freight companies, etc. Experience in logistics management is desired, but not mandatory, however skills in data analysis are mandatory. Experience with personal computers is desired, or the ability to learn to operate computer programs such as spreadsheets and word processing. The duties of this position include:

- a) Supervising the logistics system, including the central warehouse and seeing to it that commodities are properly managed at all field locations.
- b) Monitoring the movement of contraceptives, including items dispensed, items issued to service delivery points, scheduled incoming shipments, etc. to determine usage patterns, stock levels, and shipping schedules to be sure that the program's needs are continuously met.
- c) Procuring the needed contraceptives and other items used by the NFPB through purchase or donation in a timely fashion.
- d) Clearing shipments from customs.
- e) Evaluating the logistics system to see to it that the system is functioning effectively and efficiently, and when it is not, to make improvements as indicated.
- f) Designing (or selecting) and monitoring a Logistics Management Information System (MIS) for the commodities managed by the NFPB's logistics system and seeing to it that the Executive Director and all others with a need to know are kept informed of the status of the logistics system; this includes feed-back to the service delivery points.
- g) Preparing a manual of logistics procedures and distributing the manual in full or in part to those who need the information.
- h) Designing and conducting training courses or providing on-the-job training in family planning logistics for MOH and NFPB staff, as appropriate, to ensure the continuing effective operation of the system.
- i) Collaborating with other staff of the NFPB, MOH, NGOs, etc. on logistics matters such as introducing new (or discontinuing old) contraceptives or other items as appropriate, and coordinating logistics functions within the NFPB.

Attachment B

LOTUS 123-BASED CONTRACEPTIVE COMMODITIES MANAGEMENT INFORMATION SYSTEM

The Lotus 123-based Contraceptive Commodities Management Information System (LCCMIS) consists of three basic templates with files named AAA-MIS3.WK1, BBB-MIS3.WK1 and CCC-MIS3.WK1. These will be called A, B, and C in this description. Templates A and B are for entering data and consolidating a group of up to 6 products; they are identical except A is for up to 64 outlets and B is for 32. Template C is for consolidating data for up to 13 groups of outlets; it can also be used for consolidating "groups of groups". For example, in a four level program consisting of outlets, districts, regions, and central, C can be used to consolidate outlets in a district, districts in a region, and all regions for a national summary. These templates can easily be expanded if there are more than 6 products and/or more than 64 outlets and/or more than 13 groups of outlets.

Although these templates were designed for use with the Direct Distribution/Top-Up (DDP) system being tested in Jamaica, they can be easily adapted to other systems. In the Jamaica system, DDP technicians visit each outlet once a quarter and "top-up" the stock to a maximum of five months' supply. Attachment 4 is a brief description of the Jamaica system, including the forms used.

All three templates have summary reports (see Attachments 1 and 2). Also, individual location reports can be printed from A and B (see Attachment 3). The templates have menu macros which are brought up by holding the Alt key and pressing M (Alt-M). The menus work the same as the regular Lotus 123 menu except that Alt-M is used to bring the menu up instead of a forward slash (/). The Menu elements are:

For A and B:

Find

Location

(Enter location number)

Table

(Go to the summary table)

Save

(Save the spreadsheet under present name)

Print

(Print the summary table)

Dot matrix

(printer comparable with Epson FX185)

Laser

(printer comparable with HP LaserJet)

Titles
(Clears or restores column and row headings)

Clear
(removes the titles)

Restore
(restores the titles to default position)

Exit
(Recalculates, Saves, and Exits the spreadsheet)

For C:

Save
(Save the spreadsheet under a new name)

Print
(Print the summary table)

Dot matrix

Laser

View
(View the summary table)

Titles
(Clears or locks column and row headings)

Clear
(removes the titles)

Restore
(restores the titles to default position)

To install the Lotus 123 CCMIS:

1. Create a workfile subdirectory named CCMIS in the directory that contains the Lotus 123 program.
2. Copy the 3 templates into the CCMIS subdirectory. Save the original diskettes for back-up.

To prepare the templates for data entry:

1. Retrieve either the A template (if there are 32 or fewer outlets) or the B template (if there are between 33 and 64 outlets), and rename it consistent with the name of the group of outlets. For example, the spreadsheet¹ for Clarendon Parish in Jamaica was named CLA-MIS3.WK1; the CLA is for Clarendon and MIS3 is for logistics MIS data for 1993; the spreadsheet for St. Ann is ANN-MIS3 and Kingston/St. Andrew is KSA-MIS3. Repeat this process for each group of outlets. In Jamaica there will be 13 separate A and/or B spreadsheets, one for each parish.
2. To prepare the spreadsheet for use, enter:
 - the names of the country, agency, and program at the top left (cell B1);
 - the year (cell C3);
 - the name of the parish (E3);
 - the name of the first outlet in cell B9, the second in B16, the third in B23, etc. and the others by moving down 7 rows in column B. The names are opposite the numbers 1, 2, 3, etc. in column A;
 - the names of the contraceptives by writing over PRODUCT #1, PRODUCT #2, etc. (row 2, columns E, Q, AC, AO, BA, and BM) and the desired maximum and minimum stock levels across the top of the template (rows 3 and 4, columns J, V, AH, AT, 3F, and BR).

Repeat this operation for all the spreadsheets, one for each group of outlets as instructed in 1, above.

2. Retrieve the C template, and enter:
 - the names of country, agency, and program (B1);
 - the names of the contraceptives by writing over PRODUCT #1, PRODUCT #2, etc. (row 4, columns D, P, AB, AN, AZ, and BL; being sure the product names are in the same order as the A and B spreadsheets);
 - the year (C7);
 - The names of the groups of outlets (in Jamaica, this is the

¹A template becomes a spreadsheet when it is renamed and modified by entering data.

names of the parishes) beginning with cell B9 and moving down 7 rows for each additional group.

In Jamaica, data are only consolidated nationally, so the spreadsheet was named JAM-MIS3.WK1. This spreadsheet copies the consolidated data from the A and B spreadsheets with an autoexec macro² which must be set up after the A and B spreadsheets have been established. The macro is at the right end of the spreadsheet, beginning with cell CF2. It has 3 lines, the first is for the first A or B spreadsheet, the third is for the last A or B spreadsheet, and the second is for those between. The 3 lines in the macro look like this:

1. /WGPD/RED9.CB97~/WTC{GOTO}D9~/FCANE473.CB478~CCMIS\AAA-MIS3.WK1~
2. {GOTO}D16~/FCANE473.CB478~CCMIS\AAA-MIS3.WK1~
3. {GOTO}D23~/FCANE234.CB239~CCMIS\BBB-MIS3.WK1~{GOTO}A1~{GOTO}B9~/WTB/WGPE

These macros are a series of Lotus 123 commands which will be automatically executed when the spreadsheet is retrieved. This is what they mean:

/ (brings up the Lotus command menu)
W (the "Worksheet" command)
G (the "Global" command)
P (the "Protection" command)
D (the "Disable" command; this series of commands removes protection from the spreadsheet to allow new data to be entered)

/ (brings up the Lotus command menu again; the previous was a complete series of commands, so the spreadsheet returned to the "Ready" mode)
R (the "Range" command; sets the computer for dealing with a range of cells)
E (The "Erase" command; tells the computer to erase the range) D9.CB97 (this is the range of cells to be erased)
~ (this is the macro symbol for "Enter"; all the data cells in the spreadsheet will be erased)

/ (brings up the Lotus command menu again)
W (the "Worksheet" command)
T (the "Titles" command)
C (the "Clear" command; this clears the titles from being locked in place)

{GOTO} (this tells the computer to move the cell pointer to a specific cell)
D9 (this is the first cell for data for the first A or B spreadsheet)
~ (the "Enter" command; the cell pointer will move to cell D9)

²An autoexec macro executes when the spreadsheet is retrieved.

/ (brings up the Lotus command menu again)
 F (the "File" command; this tells the computer that we want to work with a specific file)
 C (the "Combine" command; tells the computer that we want to combine data from another spreadsheet into this one)
 A (the "Add" command; tells the computer that we want the numbers from the other spreadsheet, not the labels or formulas)
 N (the "Named range" command; tells the computer that we only want part of the other spreadsheet, not the whole thing)
 E473.CB478 (the "Range" that we want to add; this range contains the quarterly and "year-to-date" totals for the spreadsheet being copied)
 ~ (the "Enter" command; sets the range for copying)
 \CCMIS (identifies the workfile sub-directory that contains the spreadsheet that we want to work with)
 AAA-MIS3.WK1 (this is the file name for the spreadsheet that we want to work with)
 ~ (the "Enter" command; completes the series of commands for copying the data from cells E473.CB478 of the spreadsheet with file name AAA-MIS3.WK1 into the C spreadsheet, beginning at cell D9)

To continue with the second line of the macro:

{GOTO}D16~ (moves the cell pointer to cell D16, the location for data from the second spreadsheet)
 /FCANE473.CB478~CCMIS\AAA-MIS3.WK1~ (copies the data from the second spreadsheet)

To continue with the third line of the macro:

{GOTO}D23~ (moves the cell pointer to cell D23, the location for data from the third spreadsheet)
 /FCANE234.CB239~CCMIS\BBB-MIS3.WK1~ (copies the data from the third spreadsheet)
 {GOTO}A1~{GOTO}B9~ (moves the cell pointer into position for setting the titles)
 /WTB (locks in the titles so you can move around the spreadsheet while holding the column and row titles in place)
 /WGPE (restores protection to the spreadsheet to prevent inadvertently changing the data)

To use the spreadsheet, these lines must be set to the A and/or B spreadsheets in the data set; this is done as follows:

Remove protection and clear the titles with the Lotus commands /Worksheet Global Protection Disable and /Worksheet Titles Clear.

Move to the autoexec macro by pressing the F5 (the GOTO) key and entering CF2.

Edit the first line of the macro by (1) changing the file name AAA-MIS3.WK1 to the name you gave the first spreadsheet, and (2) if

your first spreadsheet is a B, the range to copy must be changed to E234.CB239. To do this, press the F2 (edit) key while the cell pointer is located at cell CF2; the first line of the macro will appear in the command line at the top of the spreadsheet with the cursor at the right-hand end. Move the cursor to the first A in AAA-MIS3 and delete this file name with the Delete key and type the name of your file name in its place. If your first spreadsheet is a B, move to the E473.CB478 and change it to E234.CB239. After making these changes, press the Enter key; this line is now correct.

Move the third line of the macro down to create space for the number of second lines required; this is 2 less than the number of A and B spreadsheets in your data set; in Jamaica this would be $13-2=11$, and you must be sure there are 11 lines between the first and third macro lines. To do this, move the cell pointer to the beginning of the third line and execute the / Move Enter command, and enter the cell (it must be in column CF) that is the required number of rows down.

Copy the second line of the macro to fill the rows between the first and third lines by placing the cell pointer at the beginning of the second line, executing the / Copy Enter command, type a ".", move the cell pointer down to the first cell above the third line, and press Enter. All the lines between the first and third macro lines will be filled.

Edit each second line, as instructed above for the first line, by changing the AAA-MIS3 in each line to your file names, changing the range to E234.CB239 for B spreadsheets, and changing the GOTO address to the cell where you want the data to be copied; these are all in column D and rows 16, 23, 30, 37, 44, 51, 58, 65, 72, 79, and 86. You must be sure the file names correspond to the names of the parishes that you entered when you set up the spreadsheet.

Be sure the third line is just below the last second line; the macro will not work if there are any blank rows between the lines. Edit the third line as instructed above; in Jamaica the GOTO address for this line must be D93.

Finally, activate the autoexec macro by moving the cell pointer to cell CF2 and executing the commands /Range Name Create \0. This sets up the spreadsheet so that when it is retrieved it will copy the totals from all A and B spreadsheets automatically. Save your work with Alt-M Save (File name).

To enter data in A and B spreadsheets:

1. Enter the date of the visit or the date that the outlet was resupplied by editing the "1 Jan 93" date in cell D9; the date entries must be in Lotus format, the Lotus format for 10 Jan 93 is @DATE(93,1,10). Then enter the beginning balance for the first product (balance at the end of the last resupply in 1992) in cell E9, present balance (balance on hand at the beginning of

the resupply visit) in cell F9, adjustments (any quantities borrowed from other outlets; lost from theft, damage, etc.; loaned to other outlets; or otherwise issued to other than users or received from other than the Central Warehouse; quantities received from other than the Central Warehouse should be entered in the Adjustment column as negative numbers) in cell G9, and quantity issued to the outlet in cell K9. Move across the spreadsheet to the right and enter data for the other contraceptives. On the next visit, drop down 1 row, enter the date of the visit (D10), and enter the present balance (E10), adjustments (G10), and quantity issued (K10) for the first product and so on for the other contraceptives. The system is designed for quarterly resupply, and, therefore, there are only four rows for data entry. If contraceptives are issued on an emergency basis or any other basis other than the routine quarterly issues, the quantities must be added to the quantities issued routinely in the quarter in which the non-routine issues took place; the date should not be changed to the date of the non-routine resupply. If, for any reason, an outlet was missed during a quarter, the last day of the quarter must be entered in the date column (D) before entering data for the next visit. This is all there is to data entry. Calculation is set for manual (the F9 key). The spreadsheet can be recalculated at any time, but it must be recalculated before exiting the spreadsheet. For this reason, it is best to develop the habit of using the Exit command in the LCCMIS menu (Alt-M E). This assures that the spreadsheet is recalculated and saved. As with other similar programs, the spreadsheets should be saved frequently during data entry to preserve the work, and each spreadsheet should be backed up on a diskette after each data entry session.

How the system works:

1. The computer will calculate the quantities used, the average monthly consumption (AMC), the maximum stock level, and the estimated balance at the end of the quarter, for each outlet and product and indicate whether the estimated balance at the end of the quarter is more than 1/2 month under minimum, more than 1 month over maximum or in compliance with the program's policy for MAX/MIN. It also consolidates the data for all outlets by quarter and transfers the data to the report for the parish (see attachment 1). The data consolidated is the sum of issues and uses and the data on the last row for which a date has been entered. In addition to the above information, the table contains an estimate of the number of months supply on hand in all outlets in the parish at the end of the quarter for each product and the number of outlets that were over, under, or in compliance with the program's policy on stock maintenance.

There are no data entries for the C template other than to set up the template by entering the names of country, agency, program, products, etc., and editing the macros when it is initiated. In

addition to the calculations listed above, this spreadsheet also calculates the mean number of months supply on hand in all outlets combined at the end of the quarter for each product. The summary table can be printed with ALT-M P and the command for the kind of printer you are using.

Attachment 1

JAMAICA - NATIONAL FAMILY PLANNING BOARD - CLINIC PROGRAM
 SUMMARY OF CONTRACEPTIVE SUPPLIES LO FEHENAL
 ST. ANN 1993

UPDATED: 26-Aug

DESIRED MAXIMUM STOCK: 5
 DESIRED MINIMUM STOCK: 2

---NUMBER 0
 ESTIMATED --LOCATION
 BALANCE OVER UNDER

LOC. LOCATION
 NO.

QUARTER	DATE OF	BEGINNING	PRESENT	ADJ.	USED LAST	AMC	DESIRED	REC'D	ENDING	ESTIMATED	MAX	MIN
1993	RESUPPLY	BALANCE	STOCK	(+ OR -)	QUARTER		MAXIMUM	THIS	BALANCE	END OF	+1	-1/2
							STOCK	QUARTER		QUARTER		
1	10-Dec	140	50	0	90	30	150	200	250	139	0	0
2	11-Mar	250	139	0	111	37	185	100	239	104	0	0
3	01-Jun	239	175	0	64	21	107	0	175	91	0	0
4		175	0	0	0	0	0	0	0	0	0	0
TOTAL		140		0	265	21	107	300	175	91	0	0

1 Alexandria
 Alexa

19a

Attachment 2

JAMAICA - NATIONAL FAMILY PLANNING BOARD - CLINIC PROGRAM
 SUMMARY OF CONTRACEPTIVE SUPPLIES 1993 THIRD QUARTER
 KSA, CLARENDON, AND ST. ANN DATE PREPARED: 14-Sep

PRODUCT	BEGINNING	ADJ. (+ OR -)	USED YEAR TO DATE	AMC	DESIRED	RECEIVED	ESTIMATED	MONTHS'	NUMBER OF		
	BALANCE 1 JAN 93			LAST QUARTER	MAXIMUM STOCK	YEAR TO DATE	BALANCE 30 SEP 93	ON HAND 30 SEP 93	OVER MAX	UNDER MIN	OK
LO FEMENAL	85,929	500	81,356	9,360	46,802	62,500	49,193	5.3	49	6	41
OVRAL	18,914	100	19,767	2,842	14,208	18,160	11,791	4.1	46	10	40
CONDOM	661,610	10,000	629,990	82,316	411,580	467,500	332,763	4.0	37	8	51
COPPER T380	540	0	507	111	555	275	208	1.9	1	2	2
DEPO PROVER	1,533	0	2,154	194	968	1,900	1,105	5.7	1	0	2
SYRINGE	1,459	0	2,080	194	968	1,900	1,105	6	1	0	2

200

Attachment 3

JAMAICA - NATIONAL FAMILY PLANNING BOARD - CLINIC PROGRAM
 SUMMARY OF CONTRACEPTIVE SUPPLIES 1993 THIRD QUARTER
 FOR ALL OUTLETS IN ST. ANN

- DATE PREPARED:

26-Aug

NUMBER OF

ESTIMATED NUMBER OF --LOCATIONS--

	BEGINNING BALANCE 1 JAN.	ADJ. (+ OR -)	USED THIS YEAR TO DATE	AMC LAST QUARTER	DESIRED MAX STOCK	RECEIVED THIS YEAR TO DATE	BALANCE ON HAND 30 SEPT.	ESTIMATED MONTHS' SUPPLY ON HAND	NUMBER OF OVER MAX	UNDER MIN	OK
LO FEMENAL	4,204	0	6,144	634	3,170	6,200	1,840	2.9	3	3	8
OVRAL	2,037	0	1,777	204	1,018	1,550	1,043	5.1	9	2	3
CONDOM	87,811	0	60,111	7,677	38,387	29,500	27,944	3.6	6	4	4
COPPER T380A	0	0	0	0	0	0	0	0.0	0	0	0
DEPO PROVERA	84	0	84	0	0	0	0	0.0	0	0	0
SYRINGE	10	0	10	0	0	0	0	0.0	0	0	0

2/a

Attachment C. Jane Hutchings Draft - 22 pages
Page 21-43

30 August 1993

Draft Report Outline and Recommendations
for Condom Procurement and Quality Assurance
Assessment

BACKGROUND

I. AID phase out of commodity support under the USAID/Kingston Family Planning Initiatives Project. NFPB currently is the GOJ institution slated to assume procurement responsibilities.

II. Decision to focus initial procurement on condoms for public sector family planning and AIDS programs. Agreed upon condom quantities to be procured per year based on the phase down strategy (Jack Graves, Douglas Cook November 1992 trip report) were:

1992/93 budget year (budget year refers to NFPB's April-March fiscal year), 1.2 million condoms, projected delivery March 1993. Estimated cost at US prices: US\$ 64,200 (J\$ 1,540,800).

1993/94 budget year, 2,148,000 million condoms, projected delivery, May 1994. Estimated cost at US prices: US\$ 120,664 (J\$2,895,936).

1994/95 budget cycle, 1,128,000 condoms, projected delivery April 1995. Estimated cost at US prices: US\$ 66,534 (J\$ 1,596,816).

1995/96 budget cycle, 2,292,000 projected delivery, October 1995. Estimated cost at US prices: US\$135,191 (J\$ 3,244,584).

1996/97 budget cycle, all public sector condom (well as other contraceptives) requirements, currently estimated at around 4.5 to 5 million condoms.

For the 1996/97 budget cycle the NFPB will assume responsibility for purchasing all of its condom and other commodity requirements.

The initial procurement of 1.2 million condoms was not initiated during the 1992/93 budget year and is being undertaken during the 1993/94 budget year. Since the 1993/94 budget has been approved only at a level sufficient to undertake the initial procurement of 1.2 million condoms, the phase out schedule for condoms either will have to be delayed by one budget year, or the planning for the 1994/95 budget cycle must include the anticipated 1993/94 procurement for a total of 3,276,000 condoms.

Concurrent with this procurement and quality assurance (QA) assessment is a CDC logistics technical assistance visit. Forecasts of condom requirements being undertaken by a CDC consultant may affect the quantities above. Early indications are that the demand for public sector has increased in 1993, however, a new forecast will be prepared this week. The revised forecasts more precisely identify the quantities to be procured. These revised forecasts will be included in the final complete draft of this report.

PROCUREMENT

I. General Discussion of standard procurement options, (See Table II. Comparison of Purchasing Methods, Contraceptive Procurement: Options for Programme Managers, UNFPA, 1993).

- A. Single Source
- B. Procurement through an intermediate agency
- C. Competitive Procurement
 - 1. Open tender

2. Selective tender

3. Negotiated tender

D. Time lines (see attached)

II. Specific options evaluated during this assessment visit. Given the urgency the initial procurement, the focus of the visit was on identifying the most expeditious, feasible and cost-effective option for procuring 1.2 million condoms.

A. Broad criteria applied to evaluate options

1. Willingness of the vendor to accept Jamaican \$\$

2. Effect on NFPB staff resources

3. Use of WHO/GPA condom specifications

4. Compliance Testing

5. Lead time

6. Payment schedule

B. Single source

This option was not seriously considered due typically higher cost associated with single source and the lack of a compelling justification to enter into a sole source agreement with any single vendor or manufacturer. In conjunction with this visit several manufacturers were informally asked to quote on 1.2 million condoms. Currently only one has responded with quote of approximately US\$ 5.00/gross CIF exclusive of independent compliance testing. Compliance testing costs, based on quotes from three test laboratories, range from about US\$ 900-1400/lot (J\$ 21,600-33,600) or approximately an additional US\$2700-11,200 (J\$ 64,800-268,800) for a purchase of 1.2 million condoms depending upon the manufacturing lot size and testing center used.

C. Procurement through an intermediate agency (see comparison matrix)

1. IPPF/FAMPLAN (JFPA)
2. UNFPA
3. Jamaica Commodity Trading Company (JCTC)
4. Eastern Caribbean Drug Service (ECDS)
5. Grace Kennedy
6. Health Corporation Limited
7. WHO/GPA

E. Competitive Procurement

This option was immediately dismissed from consideration due to the length of time required for a typical competitive procurement (12-17 months) and the additional demands such a procurement process would place on current staff.

III. Additional Options for longer term exploration

A. World Bank

If the World Bank initiates another Population and Health Project after the scheduled completion of the current project in 1994, inclusion of a proposal requesting funding sufficient to cover contraceptive commodity costs for the next loan year cycle should be seriously considered.

B. Other donors for hard currency or commodity donations including but not limited to:

1. Japanese Government
2. German Government
3. European Community
4. British Government
5. Canadian Government

Condom Quality Assurance

I. Rationale

Condom quality can be effectively managed at various points in the logistics cycle.

- A. Compliance Testing
- B. Monitoring
- C. Ad Hoc

II. Reports of QA problem

In all discussions of condom quality, the major complaints heard about condoms had to do with the smell (reported by EPI and MOH) and itching reported by some users (MOH). Breakage is not frequently reported by users. MOH representatives reported noticing a decline in breakage reports over the last five years.

III. Storage times

Stock usually does not remain in the Central Warehouse for more than six months.

Recommendations

I. Short Term

1. Recommendation: NFPB should take necessary steps to establish and coordinate a high level interagency task force to lobby the Government of Jamaica (GOJ) to elevate the status of contraceptives, most immediately condoms, to the status of essential drugs. The Board should assume responsibility for following up on this initiative making sure it keeps moving forward.

Rationale: The shift in responsibility for public sector contraceptive procurement from USAID and UNFPA to the GOJ through NFPB means that, unless another donor source is found, NFPB must receive sufficient funding allocations and have access to foreign exchange to purchase contraceptives. Access to foreign exchange will expand NFPB's procurement options.

Condoms, as the only protection against sexual transmission of HIV, outside of abstinence and mutual monogamy between two uninfected partners, have an increasingly critical role to play in Jamaica's primary health care program strategies.

For maximum effectiveness, key agencies who should be represented on this task force include, NFPB, EPI, ACOSTRAD, MOH/ PHC and MCH programs, USAID, UNFPA, and AIDSCAP and other programs as appropriate.

2. Recommendation: NFPB should immediately initiate the steps required to carry out the procurement of 1.2 million condoms through IPPF/FHMS procurement--an intermediate procurement agency. The use of J\$ for this procurement would most likely involve working with the local IPPF affiliate, FAMPLAN. Since the NFPB did not receive GOJ approval for an increase in their budget allocation to cover the purchase of commodities, the Board will immediately need to assess the impact of the condom procurement the current operating and program budgets and plan for the effect.

Rationale: IPPF and UNFPA both offer procurement services for a nominal fee. While other trading companies and procurement agents will procure condoms, the contraceptive procurement expertise, large volume procurement, use of WHO/GPA condom specifications and emphasis on procurement compliance testing at IPPF/FHMS and UNFPA currently make them the most cost effective options for NFPB's condom procurement. IPPF/FHMS's current non-binding price estimate is approximately US\$ 3.53/gross condoms. This price is CIF, for condoms procured to WHO/GPA specifications and tested for

compliance the nominal FHMS fee also is included
this price.

IPPF/FHMS handles foreign exchange requirements on a
case by case basis. In the case of Jamaica, FAMPLAN
(formerly the Jamaican Family Planning Association)
may be able to play a critical role in assisting the
Board with this procurement.

3. Recommendation: NFPB should avail itself of technical assistance
(TA) in contraceptive procurement offered through the A.I.D. Family
Planning Logistics Management (FPLM) project. The first of these
scheduled TA visits should take during the week of 13 September 1993.
Use of a local consultant to assist with follow up between TA visits on
an as needed bases should be considered, pending availability of funds
through FPLM or another source. Since the JCTC Pharmaceutical Unit is
scheduled to be seriously scaled back, some staff from that organization
may be available for independent consulting.

Rationale: Given the limited time frame in which the
initial procurement must be undertaken, the relative
newness of the procurement process, the negotiations
that must precede the procurement, and the demands on
the time of current staff, the interests of Board
would be well served by such assistance. The
assistance would be aimed at further
institutionalizing a procurement capability at NFPB.
Activities undertaken during the first visit should
consist of the following:

1. Assist the Board in carrying out required
negotiations with FAMPLAN and IPPF/FHMS, in
developing the specific terms of the agreements
enabling the use of Jamaican \$\$ for at least the

initial condom purchase, and in reviewing the IPPF/FHMS purchase contract.

2. Assist in documenting the procurement process and procedures used in this procurement and in assuring that GOJ procurement requirements are satisfied.

3. Assist in the development of task lists and time lines for the procurement including the assignment of responsible persons to carry out each task.

4. Recommendation: The Deputy Executive Director should serve as the counterpart of the procurement consultant.

Rationale: Since the contraceptive procurement will be undertaken across the Divisions under the Deputy Executive Director, he is the logical counterpart.

5. Recommendation: The NFPB Executive Director should approach the Chairman of FAMPLAN to assess the organization's willingness to assist NFPB in carrying out its condom procurement.

Rationale: Financial transactions with IPPF/FHMS procurement (commodity costs, testing costs, fees etc.) typically are carried out in convertible currency. However, on a case by case basis, IPPF/FHMS has demonstrated a willingness to assist with alternative payment schemes, frequently working through their local affiliate organizations.

Contingent upon FAMPLAN willingness, one such scheme would be for NFPB to remit to FAMPLAN, Jamaican dollars sufficient to cover the cost of the condom

procurement through IPPF/FHMS (approximately US\$30,000-35,000/J\$720,000-840,000). This local currency could be used to cover some of FAMPLAN's local operating costs. IPPF/FHMS would then hold the equivalent amount out of FAMPLAN's grant in hard currency and would apply it to the NFPB condom procurement.

The OPTIONS II Project Briefing Book on the Jamaica National Family Planning Programme puts the IPPF level of support to FAMPLAN at US\$ 125,000 of which approximately \$US 30,000 is in the form of commodities. Thus, FAMPLAN appears to receive IPPF support at a level sufficient to warrant pursuing discussions with them. It is important to note, that both FAMPLAN and IPPF would have to consent in to such an arrangement and to the specific payment terms.

6. Recommendation: The NFPB should establish an in-house contraceptive procurement task force to consider and evaluate procurement options and to develop long term strategies to meet the USAID contraceptive donation phase out.

Rationale: Recognizing that contraceptive procurement falls within the responsibilities of divisions supervised by the Deputy Executive Director, the procurement process could be strengthened by taking advantage of existing NFPB resources and expertise. The new and increasingly critical role NFPB's contraceptive procurement will play in meeting Jamaica's public sector contraceptive needs will have a significant impact on NFPB as an organization. This

impact will be felt across divisions such as Finance and Budget, Administration, Logistics Management and Medical. A task force, meeting regularly at first, should be charged with long term planning for contraceptive procurement including timing and anticipating the impact on NFPS's operating budget and assessing the consequent effect on other program activities and follow up.

7. Recommendation: A Contraceptive Management/Logistics Officer position should be filled as soon as a suitable candidate can be found. Since procurement is part of the logistics cycle (see attached figure), the person who fills the position should have a good working knowledge of procurement issues, procurement planning, contracting etc.

Rationale: Contraceptive procurement is a critical component of the contraceptive logistics cycle. The Contraceptive Management/Logistics Officer position, while not directly responsible for the details and operational aspects of procurement, must have a good grasp of procurement issues and processes their impact on forecasting and distribution issues. It is this individual who will set in motion any contraceptive procurement activities based on distribution needs. As discussed above procurement and budgeting for it will have a significant impact on other activities of the organization. Therefore, the decisions and recommendations of this person will have organization wide effect.

8. Recommendation: The logistics and procurement MIS systems must be linked.

Rationale: As noted previously logistics and procurement activities are bound together by needs forecasting, current stock inventories, distribution figures, procurement time lines, shipping information and port clearance etc. The top-up distribution system being evaluated by CDC during this visit should help to reduce stock level volatility and hence make for a smoother procurement process.

9. Recommendation: Once the procurement process is defined, all steps in procurement relevant to recipients of NFPB-procured condoms and other collaborating institutions should be documented and provided along with detailed procurement request instructions (including lead time) and relevant forms to each recipient organization. This documentation and instruction should include the names and contact numbers of each NFPB staff member responsible for a different phase of the procurement process. Following presentation of the material, NFPB should follow up with each organization to evaluate how the system is working and revise it accordingly.

Rationale: In meetings with representatives of organizations outside of NFPB (EPI/ACOSTRAD, UNFPA, USAID) one theme that repeatedly emerged was the strongly held perception of a need to strengthen NFPB's commodity management capabilities. Development of the above documents for collaborating organizations should help to allay some of the outside concern surrounding this issues.

10. Recommendation: Once the aforementioned documents have been developed, they should be presented at a meeting involving the following organizations or programs:

a. MOH

PHC

MCH

b. EPI

c. ACOSTRAD

d. AIDSCAP

e. USAID

f. FAMPLAN (assuming they assist with NFPB procurement)

g. UNFPA

At this meeting representatives of each organization should be given an opportunity to ask questions and/or make suggestions. Organizations for whom NFPB will be assuming procurement responsibilities should provide the name of their primary procurement contact.

Rationale: Although meetings on NFPB condom distribution procedures have been held in the past, providing NFPB's collaborators with an opportunity to a written set of procedures is a good way of receiving immediate feed back and ensuring that standard information is being provided.

Intermediate and Long Term

1. Recommendation: NFPB should initiate discussions with Grace Kennedy as to their willingness to add the NFPB procurement onto their own.

Rationale: Grace Kennedy has recently been selected as the private sector company to manage and carry out Jamaica's contraceptive social marketing program. Historically, Grace Kennedy has served as the

distributor while the program was managed by NFPB. However, the Board has divested itself of this responsibility. Given the relatively small combined condom requirements for Jamaica's social marketing and public sector distribution programs, the pooling of procurement is a reasonable long term administrative strategy. Issues of convertible currency are likely to remain a critical issue even under an arrangement with Grace Kennedy as would coordination and synchronization of delivery schedules.

2. A contraceptive quality assurance seminar should be held for appropriate NFPB staff and relevant staff of all organizations receiving commodities through NFPB. The seminar should cover, quality assurance in procurement specifications, visual inspection of stored commodities, classification of defects, corrective action, reasons for inspections. The seminar should be presented in modules to enable participants to attend only those sessions most relevant to their work. This seminar should be held in the first or second quarter of 1994, after the first procurement is underway.

Rationale: Contraceptive quality management should be an important part of the phase down strategy as NFPB assumes responsibility for the commodities it procures. Although the establishment of a condom quality monitoring system does not appear warranted, NFPB should possess the skills to draw a valid sample of any commodity visually inspect it, arrange for testing on an as needed basis and evaluate the test results. Organizations receiving commodities from NFPB also should be introduced to basic quality assurance and inspection issues.

3. Recommendation: The NFPB should formulate a strategy for approaching other donors for hard currency donations to support contraceptive procurement.

Rationale: Access to hard currency and sufficient budget allocations are likely to plague the Board's procurement efforts for the foreseeable future. Therefore the Board should take additional steps to secure access to foreign exchange.

Potential Obstacles

1. Access to foreign exchange will continue to be a problem for the GOJ and the national shortage of foreign exchange reserves will compromise the Board's ability to carry out contraceptive procurement.

2. In the short term it is reasonable for the Board to work through FAMPLAN to gain access to foreign exchange. However, in the long term, contraceptive supply should not be contingent upon by the level of IPPF's support of FAMPLAN, or the willingness of FAMPLAN to participate in such an arrangement.

Next Steps

1. Arrange a meeting with Mr. George Martin, MOH, interim head of Health Corporation Limited. If a consultant comes to provide procurement technical assistance, this meeting should occur in advance of the TA visit or on the first day. In addition to asking Mr. Martin to describe the anticipated structure and function of the Corporation, key questions include the following:

1. What is the anticipated role of the Health Corporation Limited in NFPB procurement?

2. Confirm the quantity of foreign exchange available to the Corporation (currently estimated at US \$2.5 million).
3. How is this foreign exchange to be allocated?
4. What is the extent of the Corporation's purchasing responsibility, (i.e. what types of procurement will the Corporation undertake?)
5. How will the Corporation carry out procurement, (i.e. competitive tendering process, selective tender etc.)?
6. At what dollar amount does the GOJ require a competitive tendering process?
7. Who will have access to the purchasing capabilities of the Corporation?
8. What is the procedure for accessing the Corporation's procurement capabilities?
9. What will be the relationship between the Corporation and the JCTC?
10. When is the Corporation expected to be operational?
11. In the interim between JCTC and the Corporation, what organization will provide the service JCTC

provided in pharmaceutical and contraceptive procurement?

2. Prior to TA visit, should one occur or if not by the end of the second week of September verify and document the government approval process for procurement through an outside procurement agency.

3. Prior to the TA visit, should one occur, or, if not, by the beginning of the second week of September, document any approvals required for the proposed FAMPLAN and IPPF/FHMS currency arrangement

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Table II. Comparison of Purchasing Methods

Purchasing Method	Brief Description	Comparative Effect on Price	Approximate Delivery Times	Comparative Workload on the Procurement Unit	Comparative Need for a Merit Rating of Suppliers	Conditions Favoring Use
I. Single Source Procurement						
1. Direct Procurement to Vendor	Purchase is made directly from a single supplier at his quoted price.	Probably unfavorable	Short (5-9 mos.)	Very low	High	<ul style="list-style-type: none"> • Low price, small volume items • Emergency items where negotiation not possible
2. Direct Procurement, Donor Assisted	Donor assists in arranging purchase from single supplier at favorable price	Potentially favorable	Short (5-9 mos.)	Low	No need	<ul style="list-style-type: none"> • Preference to continue use of product familiar to public
II. Procurement through Intermediate Agency						
	Purchase contract issued directly to intermediate agency, who buys from supplier	Favorable	Short (7-9 mos.)	Low	No need	<ul style="list-style-type: none"> • Standard items from reliable suppliers • Small to large volume items
III. Competitive Procurement						
1. Open Tender	Bids are accepted from all interested suppliers.	Very favorable	Long (17-19 mos.)	Very high	Very high	<ul style="list-style-type: none"> • Many reputable suppliers are available • May be necessary at beginning of programme to open supply channels • Generic specifications
2. Selective Tender	Suppliers bid against each other for the contract, but participation of suppliers is limited to those who have registered with the government or who have met established prerequisites.	Favorable	Moderate (14-16 mos.)	Moderate	Moderate	<ul style="list-style-type: none"> • Where only a few reputable suppliers are available • Products where bioequivalence, sterility, precise formulation is important • Large volume, standard items for which all reliable suppliers are known
3. Negotiated Procurement	The buyer approaches a small number of selected potential suppliers and bargains with them for specific price or service arrangements.	Moderately favorable	Moderate/short (10-13 mos.)	High initially, low later	Only initially	<ul style="list-style-type: none"> • Bulk buying of single-source drugs • Special terms or specifications are required by the buyer

Adapted from: Management Sciences for Health. *Managing Drug Supply*. Boston: Management Sciences for Health, 1986.

Table III. Timeline for Procurement through International Competitive Bidding

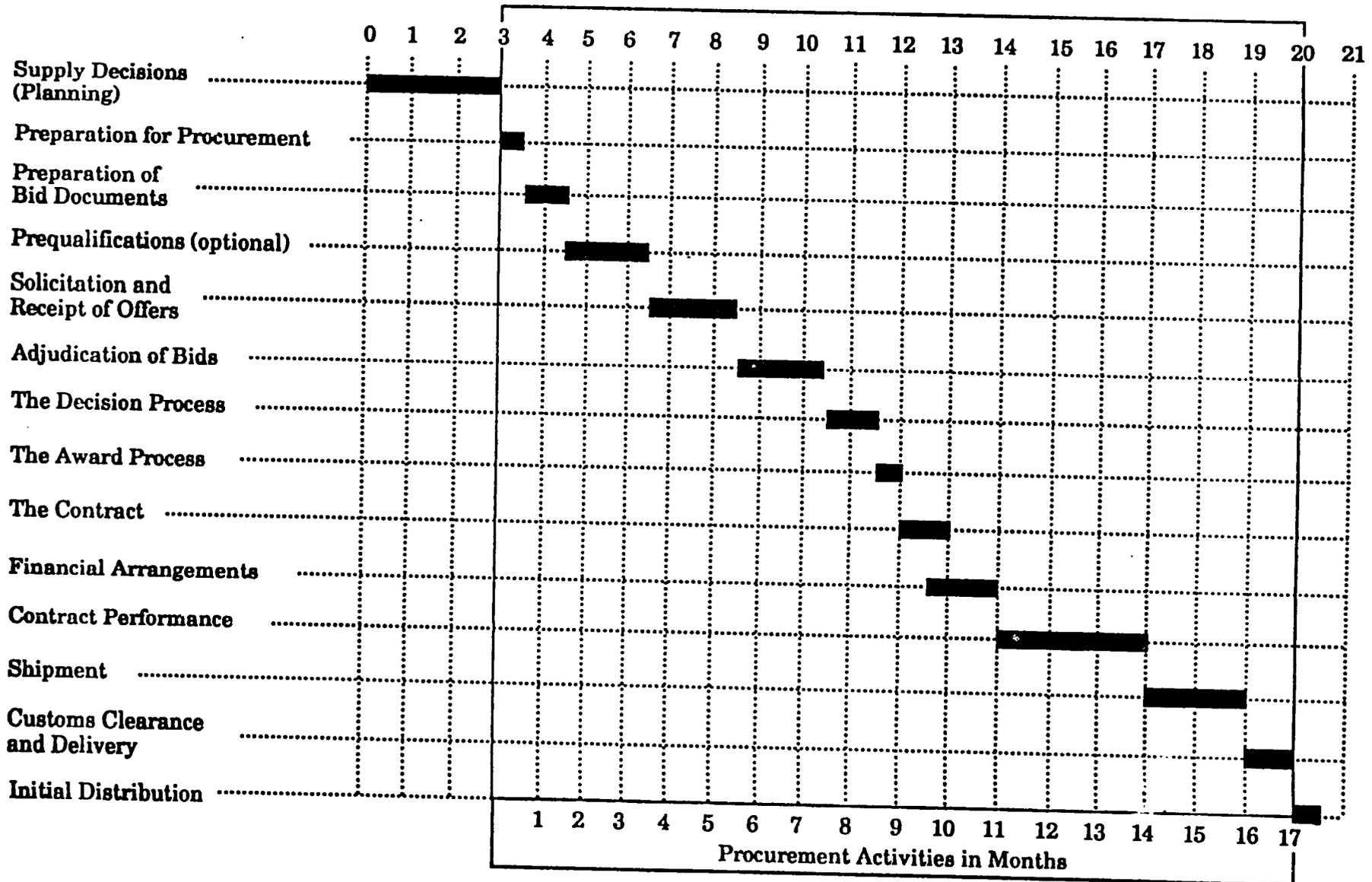
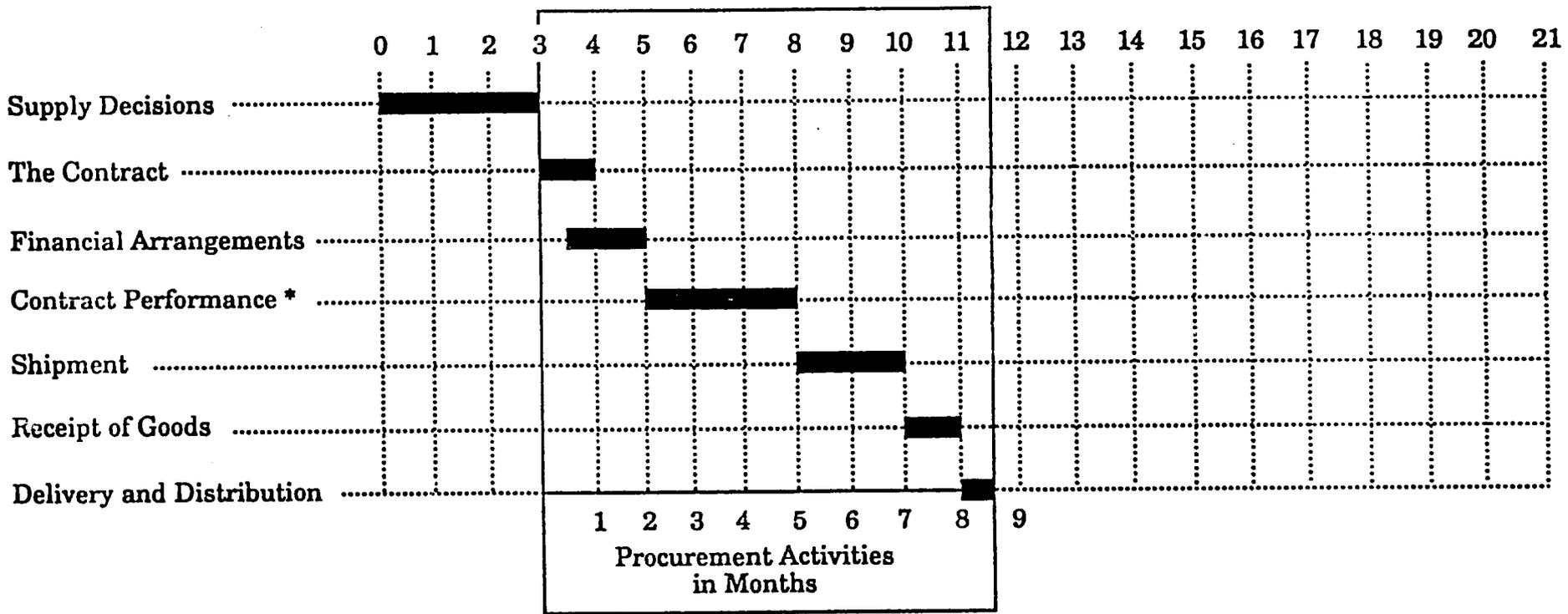


Table IV. Timeline for Procurement through Intermediate Agency

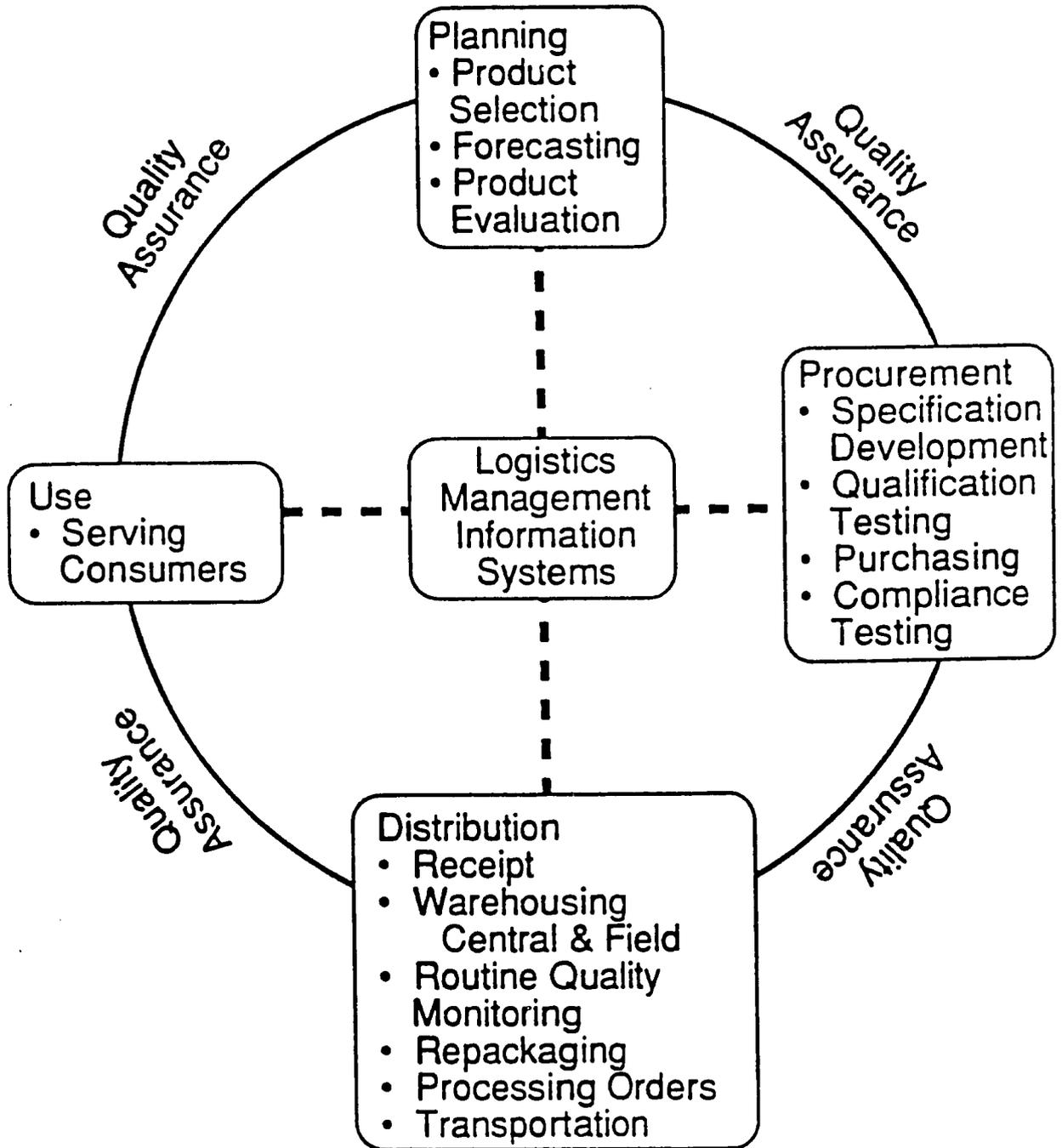


Intermediate Procurement Agency	Accept J#	Effect on NFPB Staff Resources	Use of WHO/GPA Specifications	Compliance Testing	Lead Time	Payment Schedule	Fee	All inclusive Estimated nonbinding cost/gross US \$	Comments
PPF/FHMS	possibly Through PAMPLAN	High at first to establish then moderate to oversee payment	yes	yes	10-12 weeks estimate after order	40% upfront?	2-3%	3.53	
UNFPA	willing to discuss arrangement	High at first to establish then moderate to oversee payments	yes	yes	6 months after order is placed	100% upfront	5%	5.00	most likely would go out on tender
JCTZ	yes	negligible	willing to use	can arrange	?	40% upfront	8% for J# ~3% for US\$?	most likely would go out on tender
Eastern Caribbean Drug Service (EDS)	willing to discuss	very high at first to establish arrangement	willing to discuss	could arrange	Depends upon terms and conditions	50% upfront	15%	?	would go out on tender
Grace Kennedy	?	High at first to establish then moderate							For future consideration no discussion has been initiated likely to use FHMS procurement service
Health Corporation Limited									
WHO/GPA									will procure through UNFPA and will

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Figure 1-1

The Logistics Cycle



USEFUL CONTACT NAMES AND ADDRESSES

The following organizations undertake international procurement of contraceptives and provide technical assistance for establishing procurement capabilities:

United Nations Population Fund (Procurement Unit)

220 East 42nd Street

New York, NY 10017

U.S.A.

Telephone: (212) 297 5381

Fax: (212) 297 4916

International Planned Parenthood Federation/Family Health
Management Services (IPPF/FHMS)

Regent's College

Inner Circle

Regent's Park

London, NW1 4NS

U.K.

Telephone: 071 487 7900

Fax: 071 487 7950

Attachment D

2 September 1993

Suggested Ordering Cable for Contraceptives for Jamaica

TO: SECSTATE WASHDC

INFO: CDC/Atlanta for Tim Johnson

SUBJECT: Population: Order for Contraceptives

FOR: R&D/POP/CPSD

USAID/Kingston requests CPSD to arrange the shipment of the following contraceptives to and for the National Family Planning Board:

1. Contraceptive shipping information:

- A. According to our information, the following is a list of contraceptives proposed or scheduled for shipment, but not yet received:

Contraceptive	Quantity	Date to Ship
52mm non-colored, No-Logo Condoms	48,000 2,178,000	July 93 September 94
Copper T 380	1,200 1,400 1,400	August 93 January 94 September 94
Lo Femenal	106,800 170,400 180,000 180,000	August 93 October 93 May 94 September 94

Please keep this schedule, except move the 2,178,000 condoms to January 94.

- B. The additional quantities required are:

Contraceptive	Quantity	Date to Ship
52mm non-colored, No-Logo Condoms	1,152,000 1,602,000 192,000	March 94 October 95 October 96
Copper T 380	1,400 1,400 1,400 1,400	April 95 October 95 April 96 October 96

Lo Femenal	201,600	March 95
	199,200	September 95
	199,200	March 96
	204,000	September 96

Ship to: Use consignee, marking, and document information currently on file in NEWVERN.

2. Source of funding

To be completed by USAID/Kingston

3. Summary Quantities and Estimated Cost Table:

For CY 1994:

Contraceptive	Quantity	Cost	Freight	Total
52NX Condoms	1,152,000	\$ 61,632	\$ 6,163	\$ 67,795

For CY 1995:

52NX Condoms	1,602,000	\$ 89,992	\$ 8,999	\$ 98,991
CT38	2,800	\$ 2,837	\$ 284	\$ 3,121
LFMP	400,800	\$ 69,439	\$ 6,944	\$ 76,383
Totals		\$162,268	\$16,227	\$178,495

For CY 1996:

52NX Condoms	192,000	\$ 11,325	\$ 1,132	\$ 12,457
CT38	2,800	\$ 2,979	\$ 298	\$ 3,277
LFMP	403,200	\$ 73,347	\$ 7,335	\$ 80,682
Totals		\$ 87,651	\$ 8,765	\$ 96,416

CONTRACEPTIVE PROCUREMENT TABLE

LO FEMENAL	03-Sep-93 NO. OF SHIPMENTS ----->	2	2	2	2	
JAMAICA NFPB - CLINIC PROGRAM	Jan-92	Jan-93	Jan-94	Jan-95	Jan-96	Jan-97
1. BEGINNING OF YEAR STOCK:	259,000	89,800	221,700	272,247	300,016	NA
3. NEW SUPPLY OF SAME PRODUCT						
A. AID SUPPLIES RECIEVED /JAN	0	0	0			
B. OR SCHEDULED / FEB	0	0	0			
TO DATE / MAR	0	150,000	0			
/ APR	0	0	0			
MONTH RECEIVED / MAY	0	0	180,000			
OR / JUN	94,800	0	0			
SCHEDULED TO \ JUL	0	0	0			
RECEIVE \ AUG	0	0	0			
\ SEP	127,200	106,000	0			
\ OCT	0	0	180,000			
\ NOV	0	170,000	0			
\ DEC	0	0	0			
TOTAL	222,000	426,000	360,000			
C. SUPPLIES RECEIVED /JAN	0	0	0			
OR SCHEDULED FROM: / FEB	0	0	0			
/ MAR	0	0	0			
/ APR	0	0	0			
MONTH RECEIVED / MAY	0	0	0			
OR / JUN	0	0	0			
SCHEDULED TO \ JUL	0	0	0			
RECEIVE \ AUG	0	0	0			
\ SEP	0	0	0			
\ OCT	0	0	0			
\ NOV	0	0	0			
\ DEC	0	0	0			
TOTAL	0	0	0			
2. ESTIMATED PRODUCT CONSUMPTION						
A. USE/SALES/DISTRIBUTION	391,040	294,600	350,046	362,996	400,021	408,022
B. TRANSFER/LOSS/DISPOSAL	160	(500)	0	0	0	0
4. END OF YEAR STOCK	89,800	221,700	231,654	(90,749)	(100,005)	NA
5. DESIRED END OF YEAR STOCK LEVEL (MONTHS)			9	9	9	9
6. NET SUPPLY SITUATION/COMMODITY REQUIREMENT			40,593	390,765	406,022	NA

CONTRACEPTIVE PROCUREMENT TABLE

52NX CONDOM	03-Sep-93	NO. OF SHIPMENTS	----->	2	2	2	2
JAMAICA NFPB - CLINIC PROGRAM	Jan-92	Jan-93	Jan-94	Jan-95	Jan-96	Jan-97	NA
1. BEGINNING OF YEAR STOCK:	2,904,000	1,395,500	1,472,000	4,157,536	4,573,095	NA	
3. NEW SUPPLY OF SAME PRODUCT							
A. AID SUPPLIES RECIEVED /JAN	672,000	0	2,178,000				
B. OR SCHEDULED / FEB	0	0	0				
TO DATE / MAR	0	0	0				
/ APR	0	0	0				
MONTH RECEIVED / MAY	0	0	0				
OR / JUN	894,000	1,692,000	0				
SCHEDULED TO \ JUL	0	0	0				
RECEIVE \ AUG	0	1,842,000	0				
\ SEP	1,176,000	48,000	0				
\ OCT	0	0	0				
\ NOV	0	0	0				
\ DEC	0	0	0				
TOTAL	2,742,000	3,582,000	2,178,000				
C. SUPPLIES RECEIVED /JAN	0	0	0				
OR SCHEDULED FROM: / FEB	0	0	0				
/ MAR	0	0	0				
/ APR	0	0	0				
MONTH RECEIVED / MAY	0	0	0				
OR / JUN	0	0	0				
SCHEDULED TO \ JUL	0	0	0				
RECEIVE \ AUG	0	0	0				
\ SEP	0	0	0				
\ OCT	0	0	0				
\ NOV	0	0	0				
\ DEC	0	0	0				
TOTAL	0	0	0				
2. ESTIMATED PRODUCT CONSUMPTION							
A. USE/SALES/DISTRIBUTION	4,238,500	3,505,700	5,280,423	5,543,382	6,097,460	6,219,409	
B. TRANSFER/LOSS/DISPOSAL	12,000	(200)	0	0	0	0	
4. END OF YEAR STOCK	1,395,500	1,472,000	(1,630,423)	(1,385,845)	(1,524,365)	NA	
5. DESIRED END OF YEAR STOCK LEVEL (MONTHS)			9	9	9	9	
6. NET SUPPLY SITUATION/COMMODITY REQUIREMENT			5,787,959	5,958,940	6,188,922	NA	

CONTRACEPTIVE PROCUREMENT TABLE

OVRAI	03-Sep-93 NO. OF SHIPMENTS ----->	2	2	2	2	
JAMAICA NFPB - CLINIC PROGRAM	Jan-92	Jan-93	Jan-94	Jan-95	Jan-96	Jan-97
1. BEGINNING OF YEAR STOCK:	40,000	60,858	39,061	68,851	70,205	NA
3. NEW SUPPLY OF SAME PRODUCT						
A. AID SUPPLIES RECEIVED /JAN	0	0	0			
B. OR SCHEDULED / FEB	0	0	0			
TO DATE / MAR	0	0	0			
/ APR	0	0	0			
MONTH RECEIVED / MAY	0	0	0			
OR / JUN	0	0	0			
SCHEDULED TO \ JUL	0	0	0			
RECEIVE \ AUG	0	0	0			
\ SEP	0	0	0			
\ OCT	0	0	0			
\ NOV	0	0	0			
\ DEC	0	0	0			
TOTAL	0	0	0			
C. SUPPLIES RECEIVED /JAN	0	0	0			
OR SCHEDULED FROM: / FEB	0	0	0			
PURCHASE BY NFPB / MAR	0	0	60,400			
/ APR	0	0	0			
MONTH RECEIVED / MAY	0	0	0			
OR / JUN	0	60,000	0			
SCHEDULED TO \ JUL	0	0	0			
RECEIVE \ AUG	0	0	0			
\ SEP	40,000	0	0			
\ OCT	0	0	0			
\ NOV	0	0	0			
\ DEC	57,400	0	0			
TOTAL	97,400	60,000	60,400			
2. ESTIMATED PRODUCT CONSUMPTION						
A. USE/SALES/DISTRIBUTION	76,542	82,047	90,014	91,801	93,607	95,479
B. TRANSFER/LOSS/DISPOSAL	0	(250)	0	0	0	0
4. END OF YEAR STOCK	60,858	39,061	9,447	(22,950)	(23,402)	NA
5. DESIRED END OF YEAR STOCK LEVEL (MONTHS)			9	9	9	9
6. NET SUPPLY SITUATION/COMMODITY REQUIREMENT			59,404	93,155	95,011	NA

CONTRACEPTIVE PROCUREMENT TABLE

COPPER T380A		03-Sep-93 NO. OF SHIPMENTS ----->			2	2	2	2
JAMAICA NFPB - CLINIC PROGRAM		Jan-92	Jan-93	Jan-94	Jan-95	Jan-96	Jan-97	
1.	BEGINNING OF YEAR STOCK:	2,579	2,258	1,490	1,931	2,024	NA	
3.	NEW SUPPLY OF SAME PRODUCT							
A.	AID SUPPLIES RECEIVED /JAN	1,200	0	0				
B.	OR SCHEDULED / FEB	0	0	1,400				
	TO DATE / MAR	0	0	0				
	/ APR	0	0	0				
MONTH RECEIVED	/ MAY	0	0	0				
OR	/ JUN	2,000	0	0				
SCHEDULED TO \	JUL	0	0	0				
RECEIVE \	AUG	0	0	0				
	SEP	0	1,200	0				
	OCT	0	0	1,400				
	NOV	0	0	0				
	DEC	0	0	0				
	TOTAL	3,200	1,200	2,800				
C.	SUPPLIES RECEIVED /JAN	0	0	0				
	OR SCHEDULED FROM: / FEB	0	0	0				
	/ MAR	0	0	0				
	/ APR	0	0	0				
MONTH RECEIVED	/ MAY	0	0	0				
OR	/ JUN	0	0	0				
SCHEDULED TO \	JUL	0	0	0				
RECEIVE \	AUG	0	0	0				
	SEP	0	0	0				
	OCT	0	0	0				
	NOV	0	0	0				
	DEC	0	0	0				
	TOTAL	0	0	0				
2.	ESTIMATED PRODUCT CONSUMPTION							
A.	USE/SALES/DISTRIBUTION	3,521	1,968	2,449	2,575	2,699	2,753	
B.	TRANSFER/LOSS/DISPOSAL	0	0	0	0	0	0	
4.	END OF YEAR STOCK	2,258	1,490	1,841	(644)	(675)	NA	
5.	DESIRED END OF YEAR STOCK LEVEL (MONTHS)			9	9	9	9	
6.	NET SUPPLY SITUATION/COMMODITY REQUIREMENT			90	2,668	2,740	NA	

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CONTRACEPTIVE PROCUREMENT TABLE

DEPO PROVERA	03-Sep-93	NO. OF SHIPMENTS	----->	2	2	2	2
JAMAICA NFPB - CLINIC PROGRAM	Jan-92	Jan-93	Jan-94	Jan-95	Jan-96	Jan-97	NA
1. BEGINNING OF YEAR STOCK:	10,975	16,324	157,831	86,637	90,013	NA	
3. NEW SUPPLY OF SAME PRODUCT							
A. AID SUPPLIES RECEIVED /JAN	0	0	0				
B. OR SCHEDULED / FEB	0	0	0				
TO DATE / MAR	0	0	0				
/ APR	0	0	0				
MONTH RECEIVED / MAY	0	0	0				
OR / JUN	0	0	0				
SCHEDULED TO \ JUL	0	0	0				
RECEIVE \ AUG	0	0	0				
\ SEP	0	0	0				
\ OCT	0	0	0				
\ NOV	0	0	0				
\ DEC	0	0	0				
TOTAL	0	0	0				
C. SUPPLIES RECEIVED /JAN	0	0	0				
OR SCHEDULED FROM: / FEB	0	0	0				
UNFPA AND PURCHASE / MAR	0	0	0				
BY NFPB / APR	0	92,200	0				
MONTH RECEIVED / MAY	0	0	0				
OR / JUN	55,000	10,800	0				
SCHEDULED TO \ JUL	0	0	0				
RECEIVE \ AUG	0	107,000	0				
\ SEP	0	0	0				
\ OCT	0	0	0				
\ NOV	0	0	0				
\ DEC	0	0	0				
TOTAL	55,000	210,000	0				
2. ESTIMATED PRODUCT CONSUMPTION							
A. USE/SALES/DISTRIBUTION	49,651	68,493	109,985	115,516	120,017	122,417	
B. TRANSFER/LOSS/DISPOSAL	0	0	0	0	0	0	
4. END OF YEAR STOCK	16,324	157,831	47,846	(28,879)	(30,004)	NA	
5. DESIRED END OF YEAR STOCK LEVEL (MONTHS)			9	9	9	9	
6. NET SUPPLY SITUATION/COMMODITY REQUIREMENT			38,791	118,892	121,817	NA	

TABLE 6 JAMAICA NFPB - CLINIC PROGRAM
 PREPARED 01-Sep-93
 UPDATED 03-Sep-93 00:03

CONTRACEPTIVE SHIPPING SCHEDULE FOR 3 YEARS BEGINNING: Dec-93
 ANNUAL TOTALS BASED ON DATE TO RECEIVE
 BASED ON 1 MONTHS LEAD TIME, SURFACE SHIPMENTS

DATE TO SHIP	PRODUCT-----								TOTAL WEIGHT (LBS)	TOTAL VOLUME (CU FT)	
	ORAL # 1 LO FEMENAL	ORAL # 2 OVRAL	ORAL # 3 C	ORAL # 4 D	COND. # 1 52NX CONDOMF	COND. # 2	I U D COPPER T380H	V F T			INJECTABLE DEPO PROVER
Dec-93	0	0	0	0	2,178,000	0	0	0	0	15,972	1,416
Jan-94	0	0	0	0	0	0	1,400	0	0	70	9
Feb-94	0	60,400	0	0	1,152,000	0	0	0	0	9,483	835
Mar-94	0	0	0	0	0	0	0	0	0	0	0
Apr-94	180,000	0	0	0	0	0	0	0	0	2,850	200
May-94	0	0	0	0	1,200,000	0	0	0	0	8,800	780
Jun-94	0	0	0	0	0	0	0	0	0	0	0
Jul-94	0	44,100	0	0	0	0	0	0	0	756	63
Aug-94	0	0	0	0	2,994,000	0	0	0	0	21,956	1,946
Sep-94	180,000	0	0	0	0	0	1,400	0	0	2,920	209
Oct-94	0	0	0	0	0	0	0	0	0	0	0
Nov-94	0	0	0	0	0	0	0	0	58,400	584	146
Dec-94	0	0	0	0	0	0	0	0	0	0	0
Jan-95	0	46,200	0	0	0	0	0	0	0	792	66
Feb-95	201,600	0	0	0	2,892,000	0	0	0	0	24,400	2,103
Mar-95	0	0	0	0	0	0	1,400	0	0	70	9
Apr-95	0	0	0	0	0	0	0	0	0	0	0
May-95	0	0	0	0	0	0	0	0	59,600	596	149
Jun-95	0	0	0	0	0	0	0	0	0	0	0
Jul-95	0	46,900	0	0	0	0	0	0	0	804	67
Aug-95	199,200	0	0	0	1,446,000	0	0	0	0	13,758	1,161
Sep-95	0	0	0	0	1,602,000	0	1,400	0	0	11,818	1,051
Oct-95	0	0	0	0	0	0	0	0	0	0	0
Nov-95	0	0	0	0	0	0	0	0	60,000	600	150
Dec-95	0	0	0	0	0	0	0	0	0	0	0
Jan-96	0	46,900	0	0	0	0	0	0	0	804	67
Feb-96	199,200	0	0	0	3,030,000	0	0	0	0	25,374	2,190
Mar-96	0	0	0	0	0	0	1,400	0	0	70	9
Apr-96	0	0	0	0	0	0	0	0	0	0	0
May-96	0	0	0	0	0	0	0	0	60,800	608	152
Jun-96	0	0	0	0	0	0	0	0	0	0	0
Jul-96	0	47,600	0	0	0	0	0	0	0	816	68
Aug-96	204,000	0	0	0	2,922,000	0	0	0	0	24,658	2,125
Sep-96	0	0	0	0	192,000	0	1,400	0	0	1,478	134
Oct-96	0	0	0	0	0	0	0	0	0	0	0
Nov-96	0	0	0	0	0	0	0	0	61,200	612	153
TOTALS FOR YEAR BEGINNING: (BASED ON MONTH TO RECEIVE)											
Jan-94	360,000	104,500	0	0	7,524,000	0	2,800	0	58,400	63,391	5,603
Jan-95	400,800	93,100	0	0	5,940,000	0	2,800	0	119,600	52,838	4,756
Jan-96	403,200	94,500	0	0	6,144,000	0	2,800	0	122,000	54,420	4,899

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RECEIVED OCT 19 1993

TABLE 8 JAMAICA NFPB - CLINIC PROGRAM
 PREPARED 01-Sep-93
 UPDATED 03-Sep-93 00:03

CONTRACEPTIVE COST SUMMARY FOR 3 YEARS BEGINNING: Jan-94
 ANNUAL TOTALS BASED ON DATE TO RECEIVE
 FIRST YEAR AT CURRENT CONTRACT PRICES, SUBSEQUENT YEARS AT
 5.00 % PER YEAR INCREASE

DATE TO RECEIVE	ORAL # 1 FEMENAL LO COS	ORAL # 2 OVRAL \$0.85000	ORAL # 3 C \$0.15000	ORAL # 4 D \$0.63000	COND. # 1 52MX CONDOMF \$0.05350	COND. # 2 \$0.05350	I U D COPPER T380H \$0.96500	V F T \$0.09350	INJECTABLE DEPO PROVER \$0.95000	TOTAL PRODUCT COST	INCLUDING F & H 6.68
Jan-94	\$0	\$0	\$0	\$0	\$116,523	\$0	\$0	\$0	\$0	\$116,523	\$124,303
Feb-94	\$0	\$0	\$0	\$0	\$0	\$0	\$1,351	\$0	\$0	\$1,351	\$1,441
Mar-94	\$0	\$51,340	\$0	\$0	\$61,632	\$0	\$0	\$0	\$0	\$112,972	\$120,515
Apr-94	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
May-94	\$29,700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,700	\$31,683
Jun-94	\$0	\$0	\$0	\$0	\$64,200	\$0	\$0	\$0	\$0	\$64,200	\$68,487
Jul-94	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Aug-94	\$0	\$37,485	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,485	\$39,988
Sep-94	\$0	\$0	\$0	\$0	\$160,179	\$0	\$0	\$0	\$0	\$160,179	\$170,874
Oct-94	\$29,700	\$0	\$0	\$0	\$0	\$0	\$1,351	\$0	\$0	\$31,051	\$33,124
Nov-94	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dec-94	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$55,480	\$55,480	\$59,184
Jan-95	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Feb-95	\$0	\$41,234	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,234	\$43,987
Mar-95	\$34,927	\$0	\$0	\$0	\$162,458	\$0	\$0	\$0	\$0	\$197,385	\$210,565
Apr-95	\$0	\$0	\$0	\$0	\$0	\$0	\$1,419	\$0	\$0	\$1,419	\$1,513
May-95	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Jun-95	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59,451	\$59,451	\$63,420
Jul-95	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Aug-95	\$0	\$41,858	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,858	\$44,653
Sep-95	\$34,511	\$0	\$0	\$0	\$81,229	\$0	\$0	\$0	\$0	\$115,740	\$123,468
Oct-95	\$0	\$0	\$0	\$0	\$89,992	\$0	\$1,419	\$0	\$0	\$91,411	\$97,514
Nov-95	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dec-95	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59,850	\$59,850	\$63,846
Jan-96	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Feb-96	\$0	\$43,951	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$43,951	\$46,886
Mar-96	\$36,237	\$0	\$0	\$0	\$178,721	\$0	\$0	\$0	\$0	\$214,958	\$229,310
Apr-96	\$0	\$0	\$0	\$0	\$0	\$0	\$1,489	\$0	\$0	\$1,489	\$1,589
May-96	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Jun-96	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,680	\$63,680	\$67,932
Jul-96	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Aug-96	\$0	\$44,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$44,607	\$47,586
Sep-96	\$37,110	\$0	\$0	\$0	\$172,351	\$0	\$0	\$0	\$0	\$209,461	\$223,446
Oct-96	\$0	\$0	\$0	\$0	\$11,325	\$0	\$1,489	\$0	\$0	\$12,814	\$13,670
Nov-96	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dec-96	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$64,099	\$64,099	\$68,379
TOTAL FOR YEAR BEGINNING:											
Jan-94	\$59,400	\$88,825	\$0	\$0	\$402,534	\$0	\$2,702	\$0	\$55,480	\$608,941	\$649,599
Jan-95	\$69,439	\$83,092	\$0	\$0	\$333,680	\$0	\$2,837	\$0	\$119,301	\$608,348	\$648,967
Jan-96	\$73,347	\$88,558	\$0	\$0	\$362,396	\$0	\$2,979	\$0	\$127,780	\$655,060	\$698,798

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