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BOLIVIA

Final Trip Report
October 9 - 19, 1993
La Paz

Prepared by

Nora C. Quesada
Regional Logistics Consultant
John Snow, Inc.



Family Planning
Logistics Management
Project

FPLM

1616 N. Fort Myer Drive
11th Floor
Arlington, Virginia 22209 USA
Tel: (703) 528-7474
Telex: 272896 JSIW UR
Fax: (703) 528-7480



John Snow, Inc.

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I. OBJECTIVES OF THIS VISIT

1. Prepare the Contraceptive Procurement Tables (CPTs) for the period 1994 - 1996.
2. Verify that the contraceptive transfers from FAMES to the other private institutions have been carried out according to the agreed upon amounts and schedule.
3. Follow up the Mini-Committee on Logistics which was formed at the suggestion of the participants at the first Logistics Workshop in July, 1992.

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II. GENERAL RECOMMENDATIONS TO INSTITUTIONS AND USAID

The individuals responsible for carrying out these recommendations are the USAID project coordinators and each institution's representative to the Mini-Committee on Logistics.

1. Coordinate with Pathfinder/Lima regarding the amounts to be sent to PROSALUD-Santa Cruz and to CIES; also agree officially that USAID/Bolivia will cover all contraceptive requirements for FAMES, AYUFAM, Projects in Cochabamba, Hospital San Gabriel and National Health Fund (Caja Nacional de Salud, or CNS).
2. For CIES and the National Health Fund, request the clinics and attached doctors (CIES) and the polyclinics (CNS) to attach to the medical prescription the empty envelope from the copper T that was inserted, in order to maintain better control of the insertions recorded daily. An individual should be designated in each clinic to collect these envelopes daily for this purpose.
3. Carry out the pending transfers of contraceptives to the various institutions according to the distribution schedule described in Annex C to this report.
4. Verify whether the Depo-Provera injectable is recorded in the country in order to plan future distribution and marketing through the NGOs and the MPSSP.
5. Pathfinder and Mothercare Project: it is recommended that it be USAID that continues to supply the project. To date the supplies delivered to the institutions have been rationalized in the best way possible, and FPLM has more direct contact with the Project and better knowledge of its supply situation and services delivered.
6. It has been recommended to FAMES, CIES and PROSALUD that they make contraceptive deliveries to their centers or affiliates (other institutions in the case of FAMES) by lot number, so that the contraceptives that are in the market can be tracked and their source identified.

For the Mini-Committee on Logistics

7. Meet with the Services Subcommittee at least every three months to exchange information on the activities of the MCL and to coordinate efforts.

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8. Carry out a more detailed analysis of the consumption figures reported by the institutions and compare them with user records as well as an analysis of the availability of inventory in each institution in order to effect transfers among institutions.
9. Reevaluate the methodology used by the institutions to establish consumption goals. Suggest to the institutions that they use validation tools like COCOPLAN for their data on consumption and goals.
10. Document (with concrete examples) the progress that has been made regarding data analysis and logistics procedures within each institution, so that these activities can be followed up.
11. Make the changes in the quarterly report format that were suggested during the visit and mentioned in the letter dated October 29, 1993 that FPLM sent to CNS.
12. Begin to discuss (amicably) the process of establishing sales prices in each institution, in order to improve coordination among institutions and avoid misunderstandings regarding possible "unfair" competition among the organizations.
13. Create a file to manage all the minutes, reports and any other materials produced within the Mini-Committee (MCL) in order to document all the activities that will in future be used for subsequent analysis, follow-up and impact evaluation. The physical location of the file will have to be defined by the members of the MCL.
14. Update the QUIPUS system whenever there are transactions within the organization, in order to keep the data up-to-date and be able to have the quarterly report ready for the corresponding quarterly meeting of the MCL.
15. Begin to use the CPT program to monitor consumption, balance and projections for each institution, in the medium term.
16. Include the CCH and the institutions of Cochabamba in the MCL.
17. Tighten up communications between the MCL and USAID through the active participation of Mrs. Isabel Stout.

I wish to thank all the individuals contacted during this visit for their time and kind cooperation. A complete list of these persons is included as Annex A to this report.

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III. ACTIVITIES AND FINDINGS

A. Prepare the Contraceptive Procurement Tables (CPTs) for the period 1996 - 1996.

Annex B to this report shows all the amounts requested by each institution for 1994, taking into account consumption and balances reported as of June, 1993 for the majority of the institutions.

During this visit, a count was made of all the shipments received in 1992 and 1993 and these figures were compared with projected consumption for 1993; it was concluded that additional requests would be needed for 21,600 cycles of Lo-Femenal, 6,000 copper Ts, 9,600 vaginal tablets and 402,000 condom units ("NET REQUEST" at the end of Annex B). This led to a USAID cable to CPSD requesting these amounts.

These amounts do not make provision for donations from USAID to PROSALUD and CIES, institutions financed by Pathfinder, because according to conversations among Pathfinder, FPLM and USAID it has been agreed that Pathfinder will cover all the contraceptive needs for its projects.

CIES, in turn, receives financing from FPIA to support the activities (services, promotion, etc.) of a clinic in the city of El Alto, but the amounts of contraceptives needed are minimal (2-3%) compared to the total consumption reported by the institution.

Therefore, the greater volume of activities and services carried out by CIES is done under the project with Pathfinder.

During an earlier visit, the data recorded by CIES through the QUIPUS system and the data recorded/sent in reports to Pathfinder were reviewed; this review discovered differences between what was reported to Pathfinder/Lima and what was reported to FPLM by utilizing QUIPUS, in that the reports to Pathfinder showed amounts of consumption much lower than those recorded under QUIPUS which supposedly reflect the total activity of the institution.

In addition, Pathfinder/Lima, through its Administrator of Supplies, had been using the data sent by CIES to prepare the CPTs for its projects. This was causing significant discrepancies between the estimates done by Lima and those done by FPLM which are based on the needs of the institution according to the QUIPUS reports. Thus, the shipments scheduled by Pathfinder did not cover the activities planned by CIES because different information sources were being used.

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Faced with this situation, it was suggested that CIES validate the information sent to Pathfinder/Lima during the period December 1991 to November 1992 in order to verify the information source used by the Director of Medical Services and the information source used to feed the QUIPUS system. This task was completed and CIES sent a definitive report to Pathfinder explaining the differences.

In addition, the recommendation made in an earlier report that the task of collecting and analyzing the data be delegated to a single individual was carried out and the Head of Logistics/Statistics is now in charge of the entire task. It is hoped that this measure will lead to substantial improvement in the quality of the data.

B. Transfers from FAMES to other institutions

Approximately two years ago, USAID signed an agreement with FAMES to the effect that FAMES would become the receiver of all the contraceptives donated for FAMES itself and other NGOs financed by the Mission. This agreement includes accepting the supplies in Bolivia, clearing them through customs, transporting them to the FAMES warehouse and later distributing the corresponding amounts to each NGO according to the CPTs and the distribution schedule prepared by FPLM during each visit.

In addition, FAMES stores excesses from each shipment whenever the scheduled distribution does not use the entire shipment and awaits instructions from USAID for carrying out new distributions.

To date, this mechanism has operated very efficiently because FAMES maintains excellent control of all the amounts transferred to each institution, with the respective receipts from each NGO, copies of which are sent to USAID to confirm dispatches and receipts. In turn, FAMES reports the balance available for other institutions and FAMES itself, maintaining a separate kardex for its institution and the supplies stored for the NGOs.

All the transfers were made according to schedule (Annex C), with the exception of Lo-Femenal cycles for PROSALUD, which received a shipment from Pathfinder of 16,800 cycles in the first quarter of 1993. Prior to that shipment, PROSALUD faced a situation of undersupply because Pathfinder/Lima misinterpreted the March 1992 FPLM report which mentioned that PROSALUD would not need additional shipments in 1992, but neglected to read the part that said that the institution should receive a shipment of 15,600 cycles at the middle of January, 1993.

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This situation was discussed with the Director of Medical Services of PROSALUD, the local representative of Pathfinder and the Administrator of Supplies in Lima, and it is expected that this situation will not be repeated.

Annex C also reflects the pending delivery amounts for each NGO for which FAMES will proceed with the distribution described. The distribution of Copper Ts is subject to the arrival of pending shipments between October and November, 1993.

C. Follow-up of activities of the Mini-Committee on Logistics

One of the recommendations growing out of the first logistics workshop (7/92) was the formation of a Mini-Committee on Logistics (MCL), identified by the NGOs as the best mechanism for analyzing the logistics administration situation of each institution, for identifying common problems and seeking common solutions. The Mini-Committee is made up of a representative from each NGO, who in turn participated in the above-mentioned logistics workshop.

In addition, the Mini-Committee set itself the goal of seeking to unify the information and logistics administration system of all the institutions, including the public sector, in order to achieve greater coordination, communication and uniformity in the activities that each institution carries out under the different projects that finance them.

One of the purposes is to ensure that the administrators/managers consider logistics an integral and fundamental part of each institution on a par with the institution's financial and service aspects. In addition, within the Ministry of Social Insurance and Public Health (MPSSP), the aim is to collaborate in the search for an efficient and unified logistics administration system for both sectors, under the coordination of the Services Subcommittee which answers to the MPSSP.

About nine meetings have been held to date (one per month from March to November and two in July) as had been proposed in the first meeting setting up the Committee. Discussions have dealt with different subjects of mutual interest and concern for the various institutions and important steps are being taken regarding the analysis of each institution's information and distribution system.

One of the important points discussed at the meeting on July 20, 1993 was the standardization of the quarterly format for contraceptive movements and consumption which is sent to USAID as suggested by FPLM at the first meeting setting up the Committee (03/93). This format was created to answer the need for a

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consolidated report that would reflect all activity on a single form.

Based on meetings and discussions now and in the past, it was suggested during this meeting that an adjustment be made within the QUIPUS system in the scheduling of consolidated reports so that the final report would be the reproduction of this quarterly report, the final format of which was decided upon at the MCL meeting of August 17, 1993. This will facilitate the handling of information at the managerial level, providing it with a simple and complete information tool for making immediate decisions.

Although the members of the MCL indicated that the managers have continued to be unwilling to consider logistics as an important element within each institution, there is much optimism about the MCL itself being an excellent mechanism for eventually achieving the hoped for acceptance as well as achieving continued improvements in the logistics management of the programs.

D. Technical assistance in Logistics for the MPSSP

One of the objectives pursued by all the international organizations operating in Bolivia is to coordinate efforts so that the projects they finance through the public and private sectors will have a positive impact on the Reproductive Health Project, thereby achieving increased use of modern methods of family planning throughout the country.

In this effort, the MPSSP plays a fundamental role because its national influence and coverage makes it the leading institution in this field.

In conversations with the PAHO consultant for the MPSSP (July, 1993) and as the national leader for the Reproductive Health Project, there has been discussion of the possibility of coordinating technical assistance activities designed to improve the project's logistics management within the MPSSP.

Some elements were already introduced in previous meetings with the consultant and were immediately incorporated in the Project. These elements include the quarterly report format, which was considered very useful for collecting information, as well as the essential logistical data that the central warehouse (CEASS) should provide to the Ministry on a monthly basis to facilitate planning for the distribution to the various Regional Supply Units (Unidades Regionales de Suministros or URES) in charge of supplying the districts.

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There was discussion of the possibility that FPLM would in principle offer technical assistance in the following areas:

- analysis and strengthening of the information system;
- improvements in logistics administration;
- refitting of storerooms and establishment of proper storage conditions for contraceptive supplies;
- establishment of schedules for distribution to URES based on a system of maximums and minimums, taking into account consumption and balances;
- follow-up on second logistics workshop to strengthen training areas that need it.

It was agreed that the PAHO consultant would send a letter to USAID requesting this assistance once the results were available (about 09/93) from the Reproductive Health Project Evaluation financed by the United Nations Fund for Population Affairs (UNFPA). With these results, FPLM would begin to analyze, together with PAHO, the weak areas of the project that would require greater support and strengthening.

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PENDING TRANSFERS

ANNEX D: 1994 CPT TABLES

ANEXO A
LISTA DE PERSONAS CONTACTADAS

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A N E X O A

LISTA DE PERSONAS E INSTITUCIONES CONTACTADAS

En La Paz:

USAID/BOLIVIA:

- Sr. Earl Lawrence, Subjefe, HHR
- Lic. Isabel Stout, Coordinadora Programa Prevención del SIDA
- Lic. Jennifer Macias, Coordinadora de Proyectos, HHR

FUNDACION DE ASISTENCIA MEDICO-SOCIAL (FAMES):

- Dra. Ruth Maldonado Ballón, Representante Junta Directiva
- Dr. Winston Uzín, Supervisor Proyecto FPIA
- Ing. Edwin Gery Maldonado S., Director Ejecutivo
- Dra. Mariel Loaysa, Supervisora Proyecto Pathfinder

CENTRO DE INVESTIGACION, EDUCACION Y SERVICIOS (CIES)

- Lic. Iván Prudencio, Director Ejecutivo
- Lic. Elia Pérez de Soriano, Jefe Logística-Estadística

THE DEVELOPMENT GROUP - OPTIONS

- Sr. Darrel Pedersen, Asesor grupo Options
- Lic. Carlos Salazar, Asesor MSH, Development Group

FUNDACION SAN GABRIEL:

- Lic. José V. Barragán, Director administrativo y financiero
- Lic. Elizabeth Abastoflor Barberich, Programas y Proyectos

CAJA NACIONAL DE SALUD (CNS):

- Dra. Cristina Rentería, Coordinadora Proyecto Salud Reproductiva
- Lic. Eddy Valda, Administrador proyecto Salud Reproductiva

AYUFAM

- Dra. Carmen Monasterios, Coordinadora de Proyectos
- Dra. Carmaña Rojas, Coordinadora de Proyectos

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PROYECTO DE SALUD INFANTIL Y DE LA COMUNIDAD (CCH):

- Lic. José Luis Baixeras

MINISTERIO DE PREVISION SOCIAL Y SALUD PUBLICA:

- Lic. Teresa Fernández, asistente proyecto Salud Reproductiva

THE PATHFINDER FUND:

- Lic. Bernardo Uribe, Administrador de Suministros, Lima/Perú

En Cochabamba:

PROMEFA:

- Dr. Oscar Niño De Guzmán, Director
- Dra. Elizabeth De La Fuente, Directora de Personal
- Dra. Nancy Méndez, Directora de Servicios

CENTRO DE PREVENCIÓN CONTRA EL CÁNCER DE LA MUJER (CPCCM):

- Dr. Ramiro Becerra, Director
- Dra. Tina Carmen Pérez, médico programa rural

COMBASE:

- Lic. Cristina Chacón, Jefe de Personal y Encargada de Finanzas del Proyecto
- Dr. Hugo Castrillo, Coordinador Proyecto

ME.DI.CO.:

- Dr. Jorge Quiroga, Director
- Dra. Ruby Castellón, médico posta "Beato Salomón"

ASOCIACION DE ORGANIZACIONES NO GUBERNAMENTALES QUE TRABAJAN EN SALUD (ASONGS):

- Lic. Cristina Cardozo S., Coordinadora

En Santa Cruz:

PROSALUD:

- Dra. Zulema Gutierrez, Directora Laboratorio y Farmacia
- Dr. Iver Castedo, Director de Servicios Médicos
- Lic. Antonio Arrázola, Director Prosalud-Santa Cruz

ANEXO B

REQUERIMIENTOS DE ANTICONCEPTIVOS,
POR INSTITUCION, PARA 1994.

RESUMEN DE SOBANTES PARA ENERO 1/93 Y EMBARQUES RECIBIDOS DE ANTICONCEPTIVOS EN 1993; PEDIDO NETO PARA 1994

CANTIDAD SOBRANTE PARA 01/93:	LO-FEMENAL	TCU380A	CONDONES	TAB. VAG.
	56,100	7,400	453,600	241,300

REQUERIMIENTOS DE ANTICONCEPTIVOS A TRAVES DE CPTs 1993,
PREPARADAS EN MARZO/93:

INSTITUCION	LO-FEMENAL	TCU380A	CONDONES	TAB. VAG.
CIES	0	5,200	12,000	0
FAMES	17,800	7,400	400,000	130,500
SOPACOF	8,400	1,200	54,000	0
PROSALUD	27,600	800	2,500	0
CNS	0	2,200	8,400	0
SAN GAB.	0	2,000	0	0
MOTHERCARE	2,400	2,600	36,000	9,600
CCH	2,400	600	12,000	4,800
	58,600	22,000	524,900	144,900
PEDIDO EN 1993:	(2,500)	(14,600)	(71,300)	96,400
PEDIDO NETO 03/93:	6,000	14,600	72,000	0

REQUERIMIENTOS DE ANTICONCEPTIVOS A TRAVES DE CPTs 1994,
PREPARADAS EN OCTUBRE/93:

INSTITUCION	LO-FEMENAL	TCU380A	CONDONES	TAB. VAG.
FAMES	4,800	1,600	72,000	4,800
AYUFAM	15,600	3,200	246,000	48,000
CNS	0	6,400	54,000	9,600
HOS.SAN GAB.	0	2,400	24,000	0
MOTHERCARE	5,300	3,000	67,100	28,800
CCH	1,200	400	6,000	0
	26,900	17,000	469,100	91,200
PEDIDO PARA 1994:	(20,900)	(2,400)	(397,100)	(91,200)
PEDIDO NETO 1994:	21,600	6,000	402,000	9,600

ANEXO C

TRANSFERENCIAS EFECTUADAS

TRANSFERENCIAS PENDIENTES

TRANSFERENCIAS EFECTUADAS

15-

BOLIVIA: TRANSFERENCIAS EFECTUADAS DURANTE MAR-JUL/93

CONDONES EN FAMES: 558,000 UNIDADES DE SULTAN
33,000 UNIDADES DE NOLOGO

INSTITUCION	CANTIDAD ENTREGADA	PENDIENTE DE ENTREGA
CIES	12,000	0
FAMES	112,000	0
SOPACOF	54,000	0
PROSALUD	6,000	0
CNS	6,000	0
SAN GABRIEL	0	0
MOTHERCARE	30,000	0
PROY. SIDA	99,000	0
	319,000	0

SOBRAN: 272,000

TAB.VAG.EN FAMES: 183,100 UNIDADES CONCEPTROL

INSTITUCION	CANTIDAD A ENTREGAR	PENDIENTE DE ENTREGA
CIES	0	0
FAMES	130,500	0
SOPACOF	0	0
PROSALUD	0	0
CNS	0	0
SAN GABRIEL	0	0
MOTHERCARE	0	0
CCH	4,800	0
	135,300	0

SOBRAN 47,800 UNIDADES

TRANSFERENCIAS PENDIENTES

BOLIVIA: TRANSFERENCIAS SUGERIDAS JUL - DIC./93

TCU380A: LOTE DE 4,600 EN CAMINO PARA FAMES

INSTITUCION	CANTIDAD A PENDIENTE DE	
	ENTREGAR	ENTREGA
FAMES	2,300	0
AYUFAM	600	600
CNS	1,000	0
SAN GABRIEL	700	300
CPCCM	0	0
PROMEFA	0	0
MEDICO	0	0
COMBASE	0	0
CCH	0	400
	-----	-----
	4,600	1,300

TCU380A: LOTE DE 14,600 EN CAMINO, MAS DEVOLUCION DE PROSALUD A FAMES EL 14/OCT/93: 800 UNIDADES

TOTAL: 15,400 UNIDADES

INSTITUCION	CANTIDAD A PENDIENTE DE	
	ENTREGAR	ENTREGA
FAMES	1,600	0
AYUFAM	1,400	1,200
CNS	5,400	0
SAN GABRIEL	1,700	0
CPCCM	800	200
PROMEFA	600	200
MEDICO	800	0
COMBASE	400	0
CCH	400	0
	-----	-----
	13,100	1,600
SOBRAN:	2,300	

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BOLIVIA: TRANSFERENCIAS SUGERIDAS JUL - DIC./93

CONDONES EN FAMES AL 15/SEP/93	272,000 SULTAN
PARA USAID:	117,000 NO LOGO

TOTAL	389,000

INSTITUCION	CANTIDAD A ENTREGAR	PENDIENTE DE ENTREGA
FAMES	0	0
AYUFAM	120,000	126,000
CNS	54,000	0
SAN GABRIEL	24,000	0
CPCCM	36,000	12,000
PROMEFA	12,000	0
MEDICO	18,000	0
COMBASE	1,000	0
CCH	6,000	0
	-----	-----
	271,000	138,000

REPARTIR LOS SULTAN PRIMERO
 SOBRAN: 1,000 SULTAN
 117,000 NO LOGO

LO-FEMENAL EN FAMES AL 15/SEP/93 36,000 CICLOS
 PARA USAID:

INSTITUCION	CANTIDAD A ENTREGAR	PENDIENTE DE ENTREGA
FAMES	4,800	0
AYUFAM	15,600	0
CNS	0	0
SAN GABRIEL	0	0
CPCCM	400	0
PROMEFA	1,200	0
MEDICO	3,600	0
COMBASE	100	0
CCH	1,200	0
	-----	-----
	26,900	0

SOBRAN: 9,100

BOLIVIA: TRANSFERENCIAS SUGERIDAS JUL - DIC./93

TABLETAS VAGINALES EN FAMES AL 15/SEP/93: 159,100
(PARA USAID):

INSTITUCION	CANTIDAD A PENDIENTE DE	
	ENTREGAR	ENTREGA
FAMES	72,700	4,800
AYUFAM	48,000	0
CNS	9,600	0
SAN GABRIEL	0	0
CPCCM	9,600	0
PROMEFA	9,600	0
MEDICO	9,600	0
COMBASE	0	0
CCH	0	0
	159,100	4,800
SOBRAN:	0	

BEST AVAILABLE DOCUMENT

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ANEXO D
TABLAS CPTs 1994

CANTIDADES DEDUCIDAS DE INVENTARIO EN 1993, SIN SOPORTE
ESTADISTICO POR PARTE DE LA INSTITUCION

INSTITUCION	PRODUCTO	CANTIDAD DEDUCIDA	CONSUMO ANUAL
CNS	CONDONES	4,900	25,900
CNS	TCU380A	3,000	2,700
CNS	ORALES	1,800	3,000
CNS	TAB.VAGIN.	28,800	4,600
MOTHERCARE	CONDONES	37,800	25,800
MOTHERCARE	TCU380A	900	1,700
MOTHERCARE	LO-FEMENAL	900	2,000
MOTHERCARE	TAB. VAGIN	1,900	20,000

Este cuadro representa las cantidades que fueron deducidas de inventario, despues de haber tomado en cuenta el consumo y saldos reportados al 30/Sep/93 (Junio 30 para la CNS). Al conciliar las cifras, las "cantidades deducidas" no fueron reportadas en los saldos mencionados, por lo que se tienen que deducir de estos, para conciliar el saldo final reportado.