

MALAWI TRIP REPORT

MINISTRY OF HEALTH
NATIONAL PROGRAMS for
MATERNAL CHILD HEALTH/FAMILY PLANNING
and
AIDS CONTROL

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TABLE OF CONTENTS

I.	INTRODUCTION	1
A.	PURPOSE	1
B.	GENERAL OBSERVATIONS	1
C.	MAJOR RECOMMENDATIONS	3
D.	ACKNOWLEDGEMENTS	5
II.	OBSERVATIONS and RECOMMENDATIONS	6
A.	FIELD VISIT	6
B.	LILONGWE CENTRAL MEDICAL STORES (CMS) REVIEW	8
C.	LOGISTICS MANAGEMENT INFORMATION SYSTEMS (LMIS)	10
D.	ESTIMATING CONTRACEPTIVE NEEDS	13
E.	LOGISTICS MANAGEMENT TRAINING	20
F.	HIV/AIDS and STDs	22

ATTACHMENTS

- A. PERSONS and ORGANIZATIONS CONTACTED
- B. 1994 CONTRACEPTIVE PROCUREMENT TABLES (DRAFT)
- C. 1994 CPT FINANCIAL REQUIREMENTS
- D. CENTRAL MEDICAL STORES: ISSUED by CMS to DISTRICTS
- E. MOH QUANTITY OF CONTRACEPTIVES DISPENSED REPORT
- F. MOH MONTHLY SUMMARY FORM FOR FAMILY PLANNING CLINICS
- G. MOH QUARTERLY REPORT and CONTRACEPTIVES REQUESTED FORM
- H. PHYSICAL INVENTORIES JANUARY and FEBRUARY

I. INTRODUCTION

A. Purpose

At the request of USAID/Malawi and the Ministry of Health (MOH) the Family Planning Logistics Management Project (FPLM) visited Malawi from November 29 - December 14, 1993 to provide technical assistance in contraceptive logistics management to the MOH's National Maternal Child Health and Family Planning (FP) Program and the AIDS Control Program. The major focus of this visit was to:

- Forecast national contraceptive needs and to prepare Contraceptive Procurement Tables (CPTs) for the MOH/FP Program
- Forecast national condom needs for National AIDS Control Program and prepare CPTs
- Prepare contraceptive and condom financial requirements and ordering documents for USAID/Malawi.

In addition, it was requested that FPLM assist in reviewing the following issues:

- Logistics management training needs
- Logistics management information system (LMIS) recording and reporting.

B. General Observations

In general, it was found that many standard contraceptive logistics management procedures were not adhered to throughout the MOH contraceptive logistics management system, including the Central Medical Stores (CMS). More specifically, problems encountered included:

- Expired contraceptive stocks
- Contraceptive stock-outs
- Under-stocking of contraceptives
- Transport problems

- Inadequate storage space
- Lack of adherence to First-Expiry/First-Out (FEFO) and Maximum and Minimum supply procedures
- Insufficient supervision and monitoring of the contraceptive supply system and recording and reporting of contraceptive logistics data.

Forecasting contraceptive and condom needs proved difficult due to the lack of reliable and timely data which included:

- Inaccurate and insufficient issues records
- Under-reporting of dispensed-to-user data
- Inaccurate stock cards
- Insufficient receipt data.

As reported in the January 1992 FPLM Trip Report (by Brice Atkinson), the national contraceptive logistics system has been greatly improved over the past few years due to improved collaboration between donors, family planning and AIDS program management, and improved design and operations. It is also important to note that in spite of the problems referred to above, the consultants observed numerous cases of dedicated personnel who improved the effectiveness of the logistics system even in the absence of standardized logistics procedures. Many individuals use innovative solutions to ensure that clients' needs are met and the viability of the logistics system is maintained. In particular, the MOH/FP Logistics Coordinator has done an admirable job making improvements to the logistics system.

Contraceptive logistics management is an integral component of the Family Planning and AIDS Control Programs. If contraceptives are not available to clients when needed, they will be unprotected and at risk. In addition, program credibility and past investment are seriously eroded if quality contraceptives are not at the right place, at the right time and in the right quantities.

C. Major Recommendations

The following are major recommendations for USAID and MOH consideration. If requested, and with G/R&D/POP/CPSD concurrence, FPLM may be available to assist with the

implementation of any or all recommendations. The findings which lead to these recommendations are found in Section II of this report.

- The contraceptive supply system including supplies at the CMS and other Regional Stores should be carefully monitored for stock-outs and/or low stocks by the MCH/FP Logistics Coordinator. The MOH should alert USAID and/or other contraceptive donors in advance of low stock levels.
- The MOH/FP Logistics Coordinator should have the use of a vehicle, a driver, sufficient petrol and per diem to carry out logistics monitoring on a regular basis to ensure adherence to standard logistics procedures.
- A comprehensive assessment should be undertaken to determine if there are alternatives to the present contraceptive logistics management system. The assessment would include a review of viable options, including but not limited to the following:
 - ◆ Utilization of private or non-governmental organizations (NGO) for transport and distribution
 - ◆ Operating separate storage facilities for contraceptives
 - ◆ Contracting of NGOs for the overall management of the system or certain components of the system

The assessment would not exclude making recommendations for the improvement of the present system nor maintaining all or some components of the present system. The assessment will also need to consider logistics training needs.

- The CMS "Contraceptives Issued by CMS to Districts" monthly report should be modified to include stock-on-hand and stock-on-hand in terms of months at the CMS. In addition, more supervision is needed to ensure that data is entered correctly and on time.
- Due to the lack of reliable data needed for forecasting, the CPTs will need to be updated in the third quarter of 1994. All stocks should be carefully monitored and donors alerted to any supply short-falls.
- The MOH should send out a written directive that informs all pharmacists and family planning service delivery providers of the 3-year extended shelf-life for

Copper T 380s. The directive should also inform personnel that the extended shelf-life should be corrected on all cartons, boxes and individual packages that were manufactured before 1994.

- A request by USAID/Malawi should be submitted to G/R&D/POP/CPSD USAID/Washington for the participation of the MOH Family Planning Logistics Coordinator in an upcoming FPLM Logistics Management Workshop (scheduled for March and September 1994 in Washington, DC).
- The MOH/FP Logistics Coordinator should ensure that all expired contraceptives be removed from stocks and destroyed according to MOH and donor guidelines.

D. Acknowledgements

We would like to thank the many people who assisted us during our visit. In particular, we would like to thank Chris McDermott, USAID, Health, Population, Nutrition Officer; Doreen Lisimba, USAID, Development Program Assistant and Dennis Chimungu, MOH, Family Planning Logistics Coordinator. A list of persons and organizations contacted can be found in Attachment A.

II. OBSERVATIONS AND RECOMMENDATIONS

A. Field Visit

From December 2-4, 1993 a field trip was undertaken to gather logistics data for forecasting national contraceptive needs. The trip included tracing the contraceptive supply flow from the central level to service delivery points to gain a better understanding of the logistics supply operations. Discussions were held with family planning supervisors, pharmacy assistants and service delivery personnel. A review of stocks-on-hand, physical inventories, contraceptive quality assurance and record keeping was also undertaken.

We were accompanied by the Development Program Assistant from the USAID/Malawi Office of Health and the MOH Family Planning Logistics Coordinator. Randomly selected sites were visited in the Central and Southern Regions and included: 5 district hospitals, 2 health centers, 2 MCH health centers, and a general hospital.

In general, it was found that standard contraceptive logistics management procedures were not always adhered to. More specifically:

Expired Contraceptives were found in some pharmacy stocks and health centers. In some cases personnel were unaware that the contraceptives were expired and therefore these stocks were still available for distribution to clients. In other cases, personnel were aware that the contraceptives were expired but had not removed them from stock for destruction. This can create confusion as expired contraceptives can easily get mixed up with usable stock. In addition, expired stocks take up valuable storage space.

Recommendation: The MOH/FP Logistics Coordinator should ensure that all expired contraceptives be removed from stocks and destroyed according to government and donor policy as soon as possible.

Contraceptive stocks were not maintained in accordance with standard logistics practices. **Stock-outs** of at least one contraceptive method were observed at most sites and other sites had stock-outs of more than one method. Stock card records also showed a pattern of frequent stock-outs throughout the year.

Under-stocking of contraceptives was observed. This is deceiving to management as the program is not experiencing a stock-out but will have insufficient supply to meet the demand of new clients as well as clients requiring re-supply. Virtually all pharmacy personnel, District Health Officers and service providers complained of insufficient supplies of Depo-Provera.

Maximum and minimum supply standards are not maintained, leading to contraceptives not being ordered until they are stocked-out. Virtually all sites were also over-stocked with condoms as quantities were issued based on population size rather than on client demand. While recognizing that condoms were recently distributed because of renovations at the Lilongwe Regional Stores, over-stocking on this scale will inevitably lead to expiration of product, uneven distribution and additional transportation costs due to the eventual need to transfer condoms where they are needed.

Most personnel complained of **delays in receiving orders**. In addition it was reported that contraceptives supplied were typically less than requested. However, it should be noted that personnel were waiting until they were virtually stocked-out to place orders. In these cases it did not appear that personnel were adjusting their maximum and minimum standards to compensate for these delays.

Storage space was inadequate in most locations. This problem was most acute for condom supplies which were typically stored in hallways and will most certainly become more of a problem as condom demand increases.

Multiple transport problems were reported, including: a lack of adherence to standard procedures for distribution, inadequate storage space, a shortage of vehicles, insufficient fuel, spare parts and maintenance. These problems result in contraceptives not being supplied to lower levels when they are needed. It was reported that numerous lower level sites had to collect their contraceptives as standard delivery was late or unavailable.

While recognizing the sites visited are a limited sample size, we believe that these problems are not unique to these districts. It is important to note that the districts visited are responsible for providing contraceptives to approximately 115 health centers. From our experience, problems at the district level typically result in problems at lower levels.

The majority of the above-mentioned problems can be improved by better monitoring and supervision. Supervisors at the district level need to provide more guidance on logistics procedures during monthly visits with an emphasis on recording and reporting and stock management. The MOH/FP Logistics Coordinator has done a commendable job of periodic monitoring visits. However, due to constraints on travel, logistics monitoring takes place infrequently.

Recommendation: The contraceptive supply system including supplies at the CMS and other Regional Stores should be carefully monitored for stock-outs and/or low stocks by the MCH/FP Logistics Coordinator. The MOH should alert USAID and/or other contraceptive donors in advance of low stock levels.

Recommendation: The MOH/FP Logistics Coordinator should have the use of a vehicle, a driver, sufficient petrol and per diem to carry out logistics monitoring on a regular basis to ensure adherence to standard logistics procedures.

B. Lilongwe Central Medical Stores (CMS) Review

We made two visits to the Lilongwe Central Medical Store and observed that a number of standard contraceptive management procedures were also not adhered to. Our observations follow:

Contraceptive stocks were not stored according to standard logistics procedures. Throughout 1992 and 1993 there were stock-outs and/or insufficient stocks. Problems observed included: contraceptives not on shelves or pallets, numerous open cartons and/or boxes and cartons not stacked to allow ease in reading labels for product identification and expiration dates. Contraceptives were not stored in one consolidated area. In addition, **First-Expiry/First-Out (FEFO)** standards are not always maintained. For example, condoms in stock at CMS were of an earlier manufacturing date than those found out in the field during our site visit.

Logistics records were not organized or maintained in a logical or rational fashion. Receipt and issues data were not kept up-to-date or entered correctly. Therefore, proper forecasting, monitoring, and management of the contraceptive stocks is problematic, and accountability is hampered. Personnel were unable to account for issues or receipts of contraceptives for 1992 and 1993. They were also unable to determine anticipated donor shipments. Current personnel managing contraceptive data and stocks have not been trained in contraceptive logistics management.

We conducted a **physical inventory** and found that for some methods, the physical inventory count was dramatically different than the quantities found on stock cards. For example, we physically counted 132,150 cycles of the oral contraceptive Lo-Femenal, whereas the stock card noted 325,000 cycles. For Conceptrol, the physical count was 36,000 whereas the stock-card noted 42,290. It was reported that physical inventories are conducted only once per year. More frequent physical inventories will reduce stock data discrepancies.

All contraceptives used in the public sector must first pass through the CMS. As such, CMS serves as the starting point for distribution to all levels of the supply system. Accordingly, it is essential that **maximum and minimum standards** for contraceptive supplies be maintained, that the distribution of contraceptives flow from CMS be rational and based on need and that logistics records and data are well maintained and be available for Family Planning and AIDS Program management. If a central store does not follow standard

logistics management procedures then the entire supply chain will be plagued with logistical problems. For example, if the exact quantities of forecasted need were supplied but the central store did not manage or distribute them efficiently, then the logistics system would be plagued with over-stocking, under-stocking and stock-outs even though there were sufficient supplies in-country.

It is also important to point out that no one person or organization manages a logistics system. Any public sector system is made up of many personnel at all levels of the system and numerous organizations including NGOs, donors and several agencies within the government. Accordingly, it takes the coordinated efforts of all these entities to have an efficient, well-managed logistics system.

Recommendation: A comprehensive assessment should be undertaken to determine if there are alternatives to the present contraceptive logistics management system. Based on the above observations and past experience, USAID/Malawi would like to explore the feasibility of an alternative system. The assessment would include a review of viable options, including but not limited to the following:

- Utilization of private or non-governmental organizations (NGO) for transport and distribution,
- Operating separate storage facilities for contraceptives,
- Contracting of NGOs for the overall management of the system or certain components of the system.

The assessment would not exclude making recommendations for the improvement of the present system nor maintaining all or some components of the present system. The assessment should also consider logistics training needs.

C. Logistics Management Information System (LMIS)

The consultants reviewed the following LMIS forms and reports:

Central Medical Stores: Contraceptives Issued by CMS to Districts Report: (An example of the November report can be found in Attachment E)

The Central Medical Stores currently prepares a computerized printout, "Contraceptives Issued by CMS to Districts" on a monthly basis. The purpose of the report is to summarize

issues data from the CMS to the district level.

However, the November report that we reviewed did not have any issues entered when stock-cards at the CMS indicated that a number of issues had occurred. It was also reported by MOH personnel that this report is routinely of limited value as most contraceptive issues are not indicated; typically, the report sent indicating zero contraceptives issued when it is known that contraceptives were issued.

In addition, issues data by itself is of limited value. To monitor and manage stock movement you also need to know stock-on-hand and how many months-of-stock this represents. This additional data will greatly enhance management's capability in tracking contraceptive movement from the CMS.

Recommendation: The CMS "Contraceptives Issued by CMS to Districts" monthly report should be modified to include stock-on-hand and stock-on-hand in terms of months of supply at the CMS. In addition, more supervision is needed to ensure that data is entered correctly and on time.

Ministry of Health: Quantity of Contraceptives Dispensed Report (An example of this report is found as Attachment F.)

The MOH currently prepares an annual report, which includes an aggregation of the data from service delivery points known as the "Quantity of Contraceptives Dispensed" report. The aggregated data is based on the "Monthly Summary Form for Family Planning Clinic's" form (See Attachment G for an example) submitted to Lilongwe from approximately 500 family planning service delivery points throughout the country.

In conversations with the MCH/FP Health Information Specialist responsible for this data, it was learned that only 5 percent of the service delivery points consistently report in a timely manner. Furthermore, the information collected is often incomplete.

As an example, the 1992 aggregated data were not completed until October 1993. In October the report represented 70 percent of the service delivery points. However, of the 70 percent, many of the sites under-reported use by not including all contraceptives and/or failing to submit all 12 monthly reports.

Even this level of incomplete reporting was achieved only after considerable effort, including repeated phone calls. It was stated that one of the major causes of late and incomplete reporting was the lack of forms.

If provided in a complete and timely basis, this report would be an extremely valuable monitoring tool for program management in evaluating family planning activities. In addition, this data would be exceedingly useful in forecasting contraceptive needs as quantities dispensed-to-users is ultimately the most practical and beneficial data.

Stock-Cards

Stock-cards are an essential tool in monitoring and managing contraceptive movement as they provide data on: stocks-on-hand, stocks received and stocks issued. Stock-cards are also crucial for determining contraceptive orders.

It is important to commend the fact that contraceptive stock-cards were found and maintained at all pharmacies, service delivery sites and warehouses visited. However, it was observed that at most sites stock-cards were not kept up-to-date and data was not recorded correctly. For example, at some sites not all receipts were recorded, issues were not entered and contraceptive unit of measures were not maintained in a standard fashion. If stock-cards are not maintained accurately or kept up to date their value in monitoring and managing supplies is negated. At all levels of the system recording and reporting should be maintained using individual units of measure (i.e., oral contraceptives: cycles, Depo-Provera®: doses, condoms: pieces, etc.) in order to ensure comparable data. Boxes and cartons should never be used as the unit of measure.

Recommendation: The MOH Logistics Coordinator should monitor and supervise stock-card recording at all levels of the logistics system on a regular basis to improve data entry.

MOH Quarterly Report and Contraceptives Request Form (An example of this form can be found in Attachment H)

The MOH Quarterly Report and Request Form provides information on: contraceptives and condoms dispensed, issued, stocks-on-hand, contraceptives received, losses, and quantities needed. This is a quarterly report to be filled out by all service delivery points throughout the system. If data are recorded accurately and aggregated on time it will provide essential information to program management for the monitoring contraceptive supplies.

It was reported by MOH/FP Health Information Specialist that this form will be operational next year. Instructions for this form and training for all service providers is scheduled for 1994 with UNFPA funding. However, it was reported that there is inadequate funding for the forms to be distributed to all service providers on an on-going, continuous basis.

Recommendation: The MOH should ensure that sufficient forms are provided to all service delivery points on a regular basis and that data sent to the central level be aggregated and provided to management on a timely basis. Increased supervision needs to take place at all service delivery sites to maintain accurate and timely recording and reporting.

D. Estimating Contraceptive Needs

1. Forecasting

At the heart of any logistics system is information. Without essential information, a logistics system cannot function properly. Personnel managing supplies need timely and accurate information to make informed decisions on how many contraceptives should be procured and distributed.

Consequently, in order to forecast future needs one needs reliable, up-to-date and comparable historical data, which includes quantities of contraceptives used, sold or distributed. Stocks-on-hand, transfers, expired products and receipts are also essential. In addition, demographic and prevalence data as well as programmatic plans are required. Forecasting contraceptive needs without this data is extremely problematic, and can result in inaccurate estimates of need.

If contraceptive needs cannot be forecasted accurately there is risk of too much stock or insufficient stock. If there is too much stock then you risk having expired stocks thus incurring substantial financial losses. Insufficient stocks lead to stock-outs and hence clients who are at risk of pregnancy and disease. A program's credibility and investment are also jeopardized, when a client arrives at a clinic only to learn that a method is unavailable.

Another aspect of forecasting is understanding how the logistics supply system works. If the logistics supply system does not follow standard procedures and contraceptives are not distributed in a logical, rational manner, there will be over- and under-stocking and stock-outs. Another way of looking at this: even if the forecasts are accurate and there are sufficient contraceptives available to meet demand, if the logistics system does not function efficiently by distributing sufficient contraceptives where and when they are needed, there will be over- and under-stocking and stock-outs. Therefore, accurate forecasting alone is not enough; a program also needs a well managed logistics system.

The preparation of forecasts is also impeded by service providers who cannot depend on or trust a logistics system that does not provide them with sufficient supplies when they need them. In order to have sufficient supplies for their clients they will over-stock and hoard

products. This compounds the malfunctioning of the system.

In the case of Malawi, data needed for forecasting are often inaccurate, inaccessible or incomplete. No two sets of data were comparable. More specifically, stock-cards at all levels of the system were not kept up to date, quantities of units were mixed and issues, receipts and transfers were not always recorded correctly. Two other critical data sets, the Central Medical Stores (CMS) computer printout for Contraceptives Issued to Districts and the MOH/Family Planning Quantity of Contraceptives Dispensed Report were of little value as the data had not been kept up to date or suffered from substantial under-reporting.

An important and useful data source for forecasting were the district level physical inventories prepared by the family planning Logistics Coordinator in January, June and July 1993. However, physical inventories should not be the norm or preferred method of collecting logistics data as they are **costly** and **time consuming** task. By themselves physical inventories have limits on their value. Without other reliable information such as stock-card, issues, receipt and dispensed-to-user data you do not know how many months of stock the inventory represents or whether the quantities represent an over-stock, an under-stock, or adequate stock. (See Attachment I for January and July, 1993 Physical Inventories)

2. *1994 Contraceptive Procurement Tables (CPTs)*

A useful tool for estimating contraceptive needs is the CPTs. The CPTs provide a standard format for systematically recording the data and assumptions used in preparing estimates of contraceptive need. CPTs include past, present and future: stocks-on-hand, estimated consumption, contraceptives received or scheduled and contraceptives needed.

Individual CPTs were prepared for each contraceptive method and can be found in Attachment B. 1994 CPT financial requirements were also prepared and can found in Attachment C.

All 1994 CPT estimates included:

- A review of the 1992 Demographic and Health Survey (DHS) and other demographic data,
- Discussions with AIDS and Family Planning program management and service providers,
- A review of previous logistics reports and other pertinent documentation,

- A random assessment of field sites and Lilongwe CMS stocks and stock records,
- An assessment of previous CPTS, USAID shipment data and 1993 district physical inventories,
- An analysis of all MOH logistics data.

Recommendation: Due to the lack of reliable data needed for forecasting, the CPTs will need to be updated in the third quarter of 1994. All stocks should be carefully monitored and donors alerted to any supply short-falls.

Below is a description of the assumptions used in the preparation of the 1994 CPTs for each contraceptive method. The methodologies used to estimate current year usage and future need varies for each method due to inconsistencies in available data. In addition, observations on issues relating to these methods are also included.

Condoms

This year condom forecasts for the Family Planning and AIDS Control Programs were prepared as one estimate in contrast to previous years. At the beginning of 1993 it was estimated that there were 12.6 million condoms in stock. The July physical inventory found 4,102,209 condoms.

In a well functioning system, issues data could be used as a surrogate for dispensed-to-user data. However, based on discussions with service providers and a review of field stocks, it is doubtful that 8 million condoms were dispensed-to-users during this 7 month period. We assume that the vast majority of this 8 million was in health centers and not included in the July physical inventory. It is important to note that both physical inventories were of the district level and the Lilongwe CMS stocks and did not include health centers and other service delivery points, which received large quantities of stocks in 1993. We estimate there is approximately a two year supply in the field, whereas there is only an estimated two week supply at the Lilongwe CMS.

In 1993 the Lilongwe Central Medical Stores issued approximately 10 million condoms country-wide based on population size rather than client demand. This was done to make space for renovations. While it was considered necessary at the time, it is not a prudent or recommended logistical practice to issue over 2 years worth of supply to the field as it creates overstocking which will lead to expiration of product. This practice will create overstocking and/or understocking as most sites will be more less successful than others in

distributing them. Although transport costs will be high, transfer plans should be considered from over-stocked sites to under-stocked sites.

It was observed that condoms at the Lilongwe Medical Stores were of an earlier manufacturing date than those in the field. Therefore FEFO standards are not being maintained and condoms are at risk of expiring.

It is still not understood at all sites visited that it is not necessary to separate AIDS and family planning condoms. For the management of logistics information record keeping, as well as storage, condoms should be maintained together.

Depo-Provera®

The estimated consumption for 1993 of 159,000 doses is based on the beginning of year stock in the 1993 CPTs plus shipments received from January to July, minus the physical inventory conducted in July 1993 by the MOH. An average of those 7 months was calculated and the remaining months of the year were extrapolated, taking into consideration low stock levels and stock-outs. Since these estimations were prepared using data during a period of major stocks-outs and a subsequent uneven distribution flow, the supply should be carefully monitored to avoid future stocking problems.

The estimated consumption in 1994 through 1996 is based on expected program expansion and the assumption that there will be a full supply situation. There are presently sufficient stocks on hand. However, orders for 1994 and 1995 will need to be placed by USAID/Malawi.

There has not been a full supply situation for Depo for the last few years. This year alone Depo was stocked-out for five months. Therefore estimating demand for a full supply situation is difficult. All service providers interviewed during our field trip indicated their frustration with insufficient supplies of Depo. It was also reported that demand was extremely high and Depo would probably be the most popular method if there were sufficient supplies. It was also reported that orders were typically not supplied in full. A number of sites visited during the field trip were either stocked-out or under-stocked and therefore unable to meet the demand of all their clients. Finally, providers felt that if Depo were supplied in sufficient quantities prevalence would increase dramatically.

Lo-Femenal

Based on the 1992 Demographic and Health Survey (DHS) oral contraceptives are the most

popular method of contraception in Malawi and Lo-Femenal is the most popular brand. The estimated consumption for 1993 of 375,000 cycles is based on the January 1993 FPLM/MOH physical inventory plus shipments received, minus the physical inventory conducted in July 1993 by the MOH. An average of those 7 months was calculated and the remaining 5 months of the year were then extrapolated to arrive at the estimated consumption.

It should be noted that the 1993 CPT beginning-of-year stock (BOYS) was used in this calculation. However, there was an inconsistency between this figure and a physical inventory taken during the same time period. While it is known that the physical inventory did not include the entire country, this inventory was still considerably larger than the BOYS for the 1993 CPT. Because the 1993 CPT BOYS represents the entire country, it should be a higher figure and not lower as stated in the CPTs.

The estimated consumption in 1994 through 1996 are based on expected program expansion. There are sufficient stocks on hand currently - however, 381,600 cycles will need to be ordered in 1994 and 450,000 cycles in 1995.

Although there was a full supply situation in-country and most places visited did have sufficient stocks, we observed a district pharmacy (which distributes to health centers) that was stocked-out.

Ovrette

The estimated consumption for 1993 of 77,000 cycles is based on the beginning-of-year stock in the 1993 CPTs plus shipments received from January to July, minus the physical inventory conducted in July 1993 by the MOH. An average of those 7 months was calculated and the remaining months of the year were extrapolated. The estimated consumption in 1994 through 1996 are based on expected program expansion. There are presently sufficient stocks on hand and no orders will need to be placed until 1996.

Ovrette has a history of stock-outs and expiration of product. In 1991, 106,600 cycles were destroyed due to expiration. Although there were stock-outs throughout 1992 and a major stock-out for approximately 6 months in 1993, we observed a district hospital with 12,100 cycles of expired product. Expiration of product of this quantity while there are country-wide stock-outs is an indication of serious problems in the logistics system.

Copper T 380

The estimated consumption for 1993 of 1,000 CT 380s is based on the beginning of year

stock in the 1993 CPTs plus shipments received from January to July, minus the physical inventory conducted in July 1993 by the MOH. An average of those 7 months was calculated and the remaining months of the year were extrapolated. Based on discussions with program management and service providers, we estimate continued low demand for this product. In fact, all data and discussions indicate that demand is decreasing for various reasons. Foremost is the high percentage of STDs among clients.

The estimated consumption in 1994 through 1996 are based on the limited demand for this product. There are presently sufficient stocks on hand. Additional stocks will not need to be ordered until 1996.

With USFDA approval, the manufacturer of Copper T 380s has recently extended the shelf-life from 4 years to 7 years. Although recently manufactured CT 380s will have the new 7-year shelf life noted on the packages, products manufactured before 1994 will only have a printed shelf-life of four years. It is important to note that these CT 380s need not be destroyed as the shelf-life extension of three years is valid for these supplies.

Recommendation: The MOH should send out a written directive that informs all pharmacists and family planning service delivery providers of the 3 year extended shelf-life for Copper T 380s. The directive should also inform personnel that the extended shelf-life should be corrected on all cartons, boxes and individual packages that were manufactured before 1994.

Conceptrol Vaginal Foaming Tablets (VFTs)

The estimated consumption for 1993 of 164,000 VFTs is based on the beginning of year stock in the 1993 CPTs plus shipments received from January to July, minus the physical inventory conducted in July 1993 by the MOH. An average of those 7 months was calculated and the remaining months of the year were extrapolated.

The estimated consumption in 1994 through 1996 are based on modest demand for this product. Based on discussions with service providers there did not seem to be high or increasing demand for this product, however, USAID should place orders in 1994 and subsequent years.

E. Logistics Management Training

MOH personnel have participated in a number of logistics management workshops over the

years. In November 1986 the MOH sent ten officials to a logistics management workshop in Nairobi conducted by the Eastern and Southern African Management Institute (ESAMI) and the U.S. Centers for Disease Control (CDC). In November 1987, ESAMI and CDC conducted an in-country logistics management workshop for 41 MOH participants including: service providers, trainers and pharmacy assistants. This was followed by another in-country logistics training for more than 200 service providers and pharmacy assistants by FPLM.

This year, Doreen Lisimba, USAID, Program Assistant, attended a comprehensive 2 week logistics management workshop in Washington D.C. The workshop was sponsored by FPLM and included courses on CPT preparation, maximum and minimum standards, storage procedures, forecasting contraceptive supplies, quality assurance and logistics management. Over the years MOH officials have also profited from on the job training provided by numerous short-term logistics management consultants.

At this juncture monitoring and supervising the many personnel that have benefitted from these trainings would improve the system. During our field visit we encountered personnel who had participated in logistics management training but were not applying skills learned. With increased supervision and monitoring of logistics activities these personnel could improve their logistics practices. In the absence of improved supervision, additional training will have limited impact.

Logistics training needs will also be reviewed during the assessment for alternative options to the logistics system, if such a review is requested. Any recommended interventions included in the assessment will also include logistics training needs.

The MOH/FP Logistics Coordinator has shown notable initiative in improving the contraceptive logistics system. It is felt that a comprehensive logistics management course would strengthen his logistics management skills.

Recommendation: A request by USAID/Malawi should be submitted to G/R&D/POP/CPSD USAID/Washington for the participation of the MOH Family Planning Logistics Coordinator in an upcoming FPLM Logistics Management Workshop (scheduled for March and September 1994 in Washington, DC). The request should be sent as soon as possible as the Workshop has limited space.

F. HIV/AIDS and STDs

HIV/AIDS

Malawi is experiencing a critical AIDS epidemic. The National AIDS Control Program has reported nearly 31,000 cases through September 1993. In addition, the seroprevalence rate is 11.7% with an estimated 700,000 HIV positive individuals.

Although we were not specifically assessing AIDS prevention activities, the impact of AIDS was clearly visible during our field visit. Health Officers were overwhelmed with providing care and management to people with AIDS partially due to the number of infected individuals but also because of the impact AIDS has had on their own staff. It was our impression that managing AIDS patients was superseding preventive care, including family planning and, ironically, AIDS prevention activities.

Condom promotion is an important part of Malawi's AIDS control effort. This includes the acceptance of condom promotion in mass media advertising and recently, the ability to promote condom usage among adolescents. It is anticipated that PSI will start a new social marketing program for condoms in the near future.

Sexually Transmitted Diseases (STDs)

The AIDSCAP Project plans to distribute USAID procured STD drugs (including Benzathine Penicillin G with sterile water, Gentamicin, Erythromycin, Doxycycline, Metronidazole) at three pilot sites with the AIDSCAP Regional Logistics Advisor in Nairobi providing logistics management assistance as needed.

The quantity of drugs currently planned for is not likely to present unmanageable delivery and storage problems. However, the reporting and recording of these drugs will present a challenge because they can and will be used in the treatment of other medical conditions. While supplying STD drugs to non-target patients is contrary to the goals of the project, proper accounting as well as the ability to measure the impact on STD reduction will require that the reporting system capture this usage.

ATTACHMENT A
PERSONS AND ORGANIZATIONS
CONTACTED

PERSONS AND ORGANIZATIONS CONTACTED

USAID/MALAWI

Mr. Sam Scott, Deputy Director
Mr. Chris McDermott, HPN Officer
Ms. Doreen Lisimba, Development Program Assistant for HPN

MOH MCH/FAMILY PLANNING PROGRAM

Mrs. M. Kasonda, DFH Coordinator
Mrs. Jane Namasasu, Coordinator
Dr. J.G. Kigonde, WHO Medical Officer MCH/FP
Mr. Dennis D. Chimunga, Logistics Officer
Mr. Laila B. Lokosang, Health Information Specialist

AIDS CONTROL PROGRAM

Dr. George Liomba, Director
Ms. Domatob, WHO/GPA IEC Specialist

LILONGWE CENTRAL MEDICAL STORES

Ms. Valerie Remedies, Pharmacist-in-Charge
Mr. E.W. Nyirongo, Senior Stores Supervisor
Mr. Adamson Jim, Cleric Officer
Mr. Oscar Banda, Cleric Officer
Mr. James Chimwendo, Cleric Officer

SEATS

Ms. Njoki Wanaina, Resident Advisor
Ms. Lynette Malianga, Training Specialist
Ms. Mindy Johal, Senior Technical Advisor

AIDSCAP

Mr. Marc Robbins, Resident Advisor
Ms. Celine Costello Daly, STD Specialist

DEDZA DISTRICT HOSPITAL

C. Chizimba

NTCHEU DISTRICT HOSPITAL

Dr. Paul Degier, District Health Officer
Mr. T. Nyirongo

MWANZA DISTRICT HOSPITAL

Dr. Ngwira, District Health Officer
Miss E. Mbeya, Community Health Nurse
Mrs. H. Mbalah, Community Health Nurse
Ms. A. Mkusa, Community Health Nurse

THONDWE HEALTH CENTER

T.B. Chimphepo, Clinic Officer

ZOMBA GENERAL HOSPITAL

Ms. M. Kaumphawi, Senior Matron

Mr. Auderford Kananji, District Pharmacy Assistant

Miss M.T. Malunga, Nursing Sister

MANGOCHI DISTRICT HOSPITAL

Dr. V.M. Van Oosterzee, District Medical Officer

MONKEY BAY HEALTH CENTER

Mrs. Jane Somanje, Public Health Nurse

Mr. G. Mbaza, Senior Medical Officer

BANJO LA MTSOGOLO BLANTYRE

Chrissie Chihana, Deputy Program Director

AMERICAN REFUGEE COMMITTEE - BLANTYRE

Mrs. Martha Gunda, Coordinator

ATTACHMENT B

1994 CPTs

DRAFT

NEWCPT V2.1
Proposed Shipping Schedule for Malawi
Based on 1994 CPT's

Run Date: 01/07/94
Run Time: 11:54:08
Page: 1

Supplier: AID

Product	Receipt Date	Quantity

Government of Malawi, MOH		
52mm Non Colored, No Logo	09/30/95	4,278,000
* 52mm Non Colored, No Logo	1996	6,498,000
* 52mm Non Colored, No Logo	1997	7,002,000
Conceptrol Foaming Tablet	11/30/94	57,600
Conceptrol Foaming Tablet	08/31/95	177,600
* Conceptrol Foaming Tablet	1996	182,400
* Conceptrol Foaming Tablet	1997	182,400
* Copper T, 380	1996	800
* Copper T, 380	1997	2,200
Depo-Provera (every 3 mos)	12/31/95	23,300
* Depo-Provera (every 3 mos)	1996	210,000
* Depo-Provera (every 3 mos)	1997	230,000
Lo-Femenal, Blue Lady	07/31/94	381,600
Lo-Femenal, Blue Lady	05/31/95	450,000
* Lo-Femenal, Blue Lady	1996	475,200
* Lo-Femenal, Blue Lady	1997	500,400
* Ovrette	1996	78,000
* Ovrette	1997	105,600

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

NEWCPT V2.1
Proposed Shipping Schedule for Malawi
Based on 1994 CPT's

Run Date: 01/07/9
Run Time: 11:54:0
Page:

Supplier: Unknown source

Product	Receipt Date	Quantity

Government of Malawi, MOH		
Depo-Provera (every 3 mos)	12/15/94	20,000

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: 52mm Non Colored, No Logo
 Prepared by: Hawkins and Halpert
 Modified by: Hawkins and Halpert

Date: 12/28/93
 Time: 10:09
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 All Numbers in 1,000's

	1992	1993	1994	1995	1996
1. Beg. of Year Stock	1,760.0	12,621.0	10,221.0	7,225.0	6,003.0
2. Estimated Consumption					
(a) Sales/Distrib.	3,300.0	4,500.0	5,000.0	5,500.0	6,000.0
(b) Loss/Disposal	2.0				
(c) Transfer/Adjust.	-12,063.0				
3. Add'l Contraceptives					
(a) Received	2,100.0	2,100.0		NA	NA
(b) Scheduled	NA		2,004.0		NA
4. End of Yr Stock	12,621.0	10,221.0	7,225.0	1,725.0	NA
5. Desired EOY Stock	NA	NA	5,500.0	6,000.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	1,728.0		NA
(b) Qty Needed	NA	NA		4,278.0	NA
7. Supply Shortfall	NA	NA			-1.0

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

1995 Minimum stock (months): 6
 Maximum stock (months): 12
 Desired stock (months): 12

Country: Malawi
Recipient: Government of Malawi, MOH
Product: 52mm Non Colored, No Logo
Prepared by: Hawkins and Halpert
Modified by: Hawkins and Halpert

Date: 12/28/93
Time: 10:09
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1992

Based on 1993 CPT.

2a. ESTIMATED USE Year: 1993

Based on the FPLM/MOH January physical inventory minus the MOH July 1993 physical inventory and discussions with service providers. 1995-1996 estimated use based on expected increases in product due to AIDS awareness.

2b. ESTIMATED LOSS Year: 1992

Based on 1993 CPTs.

2c. TRANSFERS Year: 1992

Based on 1993 CPTs. Transferred from the MOH AIDS Control Program.

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: 52mm Non Colored, No Logo
 Prepared by: Hawkins and Halpert
 Modified by: Hawkins and Halpert

Date: 12/28/93
 Time: 10:09
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
CPSD	528,000	04/24/92
CPSD	528,000	05/03/92
CPSD	528,000	08/10/92
CPSD	516,000	12/28/92
CPSD	1,050,000	03/17/93
CPSD	1,050,000	03/17/93
CPSD	1,002,000	03/01/94
CPSD	1,002,000	11/29/94

Total shipments: 6,204,000

NEWCPT V2.1

Country: Malawi
Recipient: Government of Malawi, MOH
Product: 52mm Non Colored, No Logo
Prepared by: Hawkins and Halpert
Modified by: Hawkins and Halpert

Date: 12/28/93
Time: 10:10
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
CPSD	4,278,000	09/30/95
* CPSD	6,498,000	1996
* CPSD	7,002,000	1997

Total to order for 1994 and 1995: 4,278,000

* This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: 52mm Non Colored, No Logo
 Prepared by: Hawkins and Halpert
 Modified by: Hawkins and Halpert

Date: 12/28/93
 Time: 10:10
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1994	
Supplier Name	Quantity

Total (1994):	0.0
Quantity Needed (1994):	0.0
Supply Shortfall (1994):	0.0

1995	
Supplier Name	Quantity

AID	4,278,000.0

Total (1995):	4,278,000.0
Quantity Needed (1995):	4,278,000.0
Supply Shortfall (1995):	0.0

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: 52mm Non Colored, No Logo
 Prepared by: Hawkins and Halpert
 Modified by: Hawkins and Halpert

Date: 12/28/93
 Time: 10:10
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1996	
Supplier Name	Quantity

AID	6,498,000.0

Total (1996):	6,498,000.0
Quantity Needed (1996):	6,497,000.0
Supply Shortfall (1996):	-1,000.0

1997	
Supplier Name	Quantity

AID	7,002,000.0

Total (1997):	7,002,000.0
Quantity Needed (1997):	7,000,000.0
Supply Shortfall (1997):	-2,000.0

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Copper T, 380
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:10
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 All Numbers in 1,000's

	1992	1993	1994	1995	1996
1. Beg. of Year Stock	3.4	3.6	7.2	5.7	3.7
2. Estimated Consumption					
(a) Sales/Distrib.	1.8	1.0	1.5	2.0	2.5
(b) Loss/Disposal					
(c) Transfer/Adjust.					
3. Add'l Contraceptives					
(a) Received	2.0	3.0		NA	NA
(b) Scheduled	NA	1.6			NA
4. End of Yr Stock	3.6	7.2	5.7	3.7	NA
5. Desired EOY Stock	NA	NA	2.0	2.5	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	3.8	1.2	NA
(b) Qty Needed	NA	NA			NA
7. Supply Shortfall	NA	NA			1.0

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

1995 Minimum stock (months): 6
 Maximum stock (months): 12
 Desired stock (months): 12

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Copper T, 380
Prepared by: Hawkins & Halpert
Modified by: Hawkins & Halpert

Date: 12/28/93
Time: 10:10
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1992

Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1992

Based on 1993 CPTs and MOH physical inventory in July 1993.

2a. ESTIMATED USE Year: 1993

Based on the FPLM/MOH January physical inventory minus the MOH July 1993 physical inventory and discussions with service providers. 1994 - 1996 estimated use based on modest demand for this product. See trip report for additional information.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Copper T, 380
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:10
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
CPSD	2,000	04/24/92
CPSD	1,600	02/14/93
CPSD	3,000	10/15/93

Total shipments: 6,600

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Copper T, 380
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:10
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
* CPSD	800	1996
* CPSD	2,200	1997

Total to order for 1994 and 1995: 0

* This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Copper T, 380
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1994	
Supplier Name	Quantity

Total (1994):	0.0
Quantity Needed (1994):	0.0
Supply Shortfall (1994):	0.0

1995	
Supplier Name	Quantity

Total (1995):	0.0
Quantity Needed (1995):	0.0
Supply Shortfall (1995):	0.0

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Copper T, 380
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1996	
Supplier Name	Quantity

AID	800.0

Total (1996):	800.0
Quantity Needed (1996):	1,800.0
Supply Shortfall (1996):	1,000.0

1997	
Supplier Name	Quantity

AID	2,200.0

Total (1997):	2,200.0
Quantity Needed (1997):	3,500.0
Supply Shortfall (1997):	1,300.0

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Depo-Provera (every 3 mos)
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 All Numbers in 1,000's

	1992	1993	1994	1995	1996
1. Beg. of Year Stock	31.0	76.0	141.9	242.7	66.0
2. Estimated Consumption					
(a) Sales/Distrib.	45.0	159.0	175.0	200.0	225.0
(b) Loss/Disposal					
(c) Transfer/Adjust.					
3. Add'l Contraceptives					
(a) Received	90.0	224.9		NA	NA
(b) Scheduled	NA		255.8		NA
4. End of Yr Stock	76.0	141.9	222.7	42.7	NA
5. Desired EOY Stock	NA	NA	200.0	225.0	NA
5. Net Supply Situation					
(a) Surplus	NA	NA	22.7		NA
(b) Qty Needed	NA	NA		182.3	NA
7. Supply Shortfall	NA	NA	-20.0	159.0	199.0

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

1995 Minimum stock (months): 6
 Maximum stock (months): 12
 Desired stock (months): 12

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Depo-Provera (every 3 mos)
Prepared by: Halpert and Hawkins
Modified by: Halpert and Hawkins

Date: 12/28/93
Time: 10:11
Prepared on: 12/09/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1992

Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1992

Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1993

Based on July physical inventory data and shipments received. It should be noted that there were stockouts throughout the year. 1994 - 96 based on expected high demand and a full supply situation. See trip report for additional information.

3a. SHIPMENTS RECEIVED Year: 1992

UNKN supplier. Quantity based on 1993 CPTs.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Depo-Provera (every 3 mos)
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
UNKN	90,000	03/01/92
ODA	1,000	05/02/93
ODA	4,000	05/19/93
ODA	12,000	05/25/93
ODA	184,200	11/03/93
ODA	23,700	11/26/93
ODA	175,800	04/01/94
CPSD	40,000	11/29/94
CPSD	40,000	11/29/94

Total shipments: 570,700

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Depo-Provera (every 3 mos)
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
UNKN	20,000	12/15/94
CPSD	23,300	12/31/95
* CPSD	210,000	1996
* CPSD	230,000	1997

Total to order for 1994 and 1995: 43,300

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

-40-

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Depo-Provera (every 3 mos)
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1994	
Supplier Name	Quantity

Unknown source	20,000.0

Total (1994):	20,000.0
Quantity Needed (1994):	0.0
Supply Shortfall (1994):	-20,000.0

1995	
Supplier Name	Quantity

AID	23,300.0

Total (1995):	23,300.0
Quantity Needed (1995):	182,300.0
Supply Shortfall (1995):	159,000.0

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Depo-Provera (every 3 mos)
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1996	
Supplier Name	Quantity
AID	210,000.0

Total (1996):	210,000.0
Quantity Needed (1996):	409,000.0
Supply Shortfall (1996):	199,000.0

1997	
Supplier Name	Quantity
AID	230,000.0

Total (1997):	230,000.0
Quantity Needed (1997):	275,000.0
Supply Shortfall (1997):	45,000.0

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Lo-Femenal, Blue Lady
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 All Numbers in 1,000's

	1992	1993	1994	1995	1996
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	537.8	492.2	443.6	425.2	450.2
2. Estimated Consumption					
(a) Sales/Distrib.	300.0	375.0	400.0	425.0	450.0
(b) Loss/Disposal					
(c) Transfer/Adjust.					
3. Add'l Contraceptives					
(a) Received	254.4	326.4		NA	NA
(b) Scheduled	NA				NA
4. End of Yr Stock	492.2	443.6	43.6	0.2	NA
5. Desired EOY Stock	NA	NA	425.0	450.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	381.6	450.0	NA
7. Supply Shortfall	NA	NA			-0.4

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

1995 Minimum stock (months): 6
 Maximum stock (months): 12
 Desired stock (months): 12

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Lo-Femenal, Blue Lady
Prepared by: Hawkins & Halpert
Modified by: Hawkins & Halpert

Date: 12/28/93
Time: 10:11
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1992
Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1992
Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1993
1993 estimated use based on 1993 BOYS minus MOH July physical inventory. 1994 - 1996 estimated use based on modest increased demand for this product. See trip report for additional information.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Lo-Femenal, Blue Lady
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:11
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
CPSD	57,600	12/30/91
CPSD	118,800	01/15/92
CPSD	67,200	09/23/92
CPSD	68,400	12/15/92
CPSD	326,400	10/15/93

Total shipments: 638,400

- 45 -

NEWCPT V2.1

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Lo-Femenal, Blue Lady
Prepared by: Hawkins & Halpert
Modified by: Hawkins & Halpert

Date: 12/28/93
Time: 10:12
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
CPSD	381,600	07/31/94
CPSD	450,000	05/31/95
* CPSD	475,200	1996
* CPSD	500,400	1997

Total to order for 1994 and 1995: 831,600

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Lo-Femenal, Blue Lady
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:12
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1994	
Supplier Name	Quantity
AID	381,600.0

Total (1994):	381,600.0
Quantity Needed (1994):	381,600.0
Supply Shortfall (1994):	0.0

1995	
Supplier Name	Quantity
AID	450,000.0

Total (1995):	450,000.0
Quantity Needed (1995):	450,000.0
Supply Shortfall (1995):	0.0

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Lo-Femenal, Blue Lady
 Prepared by: Hawkins & Halpert
 Modified by: Hawkins & Halpert

Date: 12/28/93
 Time: 10:12
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1996	
Supplier Name	Quantity
AID	475,200.0

Total (1996):	475,200.0
Quantity Needed (1996):	474,800.0
Supply Shortfall (1996):	-400.0

1997	
Supplier Name	Quantity
AID	500,400.0

Total (1997):	500,400.0
Quantity Needed (1997):	500,000.0
Supply Shortfall (1997):	-400.0

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Ovrette
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:12
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 All Numbers in 1,000's

	1992	1993	1994	1995	1996
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	66.4	46.0	293.0	208.0	118.0
2. Estimated Consumption					
(a) Sales/Distrib.	66.0	77.0	85.0	90.0	95.0
(b) Loss/Disposal					
(c) Transfer/Adjust.					
3. Add'l Contraceptives					
(a) Received	45.6	324.0		NA	NA
(b) Scheduled	NA				NA
4. End of Yr Stock	46.0	293.0	208.0	118.0	NA
5. Desired EOY Stock	NA	NA	90.0	95.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	117.6	22.8	NA
(b) Qty Needed	NA	NA			NA
7. Supply Shortfall	NA	NA			-1.0

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

1995 Minimum stock (months): 6
 Maximum stock (months): 12
 Desired stock (months): 12

- 49 -

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Ovrette
Prepared by: Halpert and Hawkins
Modified by: Halpert and Hawkins

Date: 12/28/93
Time: 10:12
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1992

Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1992

Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1993

1993 estimated use based on 1993 BOYS minus the July 1993 MOH physical inventory. 1994 - 1996 estimated use based on modest increases in demand for this product.

NEWCPT V2.1

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Ovrette
Prepared by: Halpert and Hawkins
Modified by: Halpert and Hawkins

Date: 12/28/93
Time: 10:12
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
CPSD	25,200	01/15/92
CPSD	20,400	04/24/92
CPSD	21,600	01/19/93
CPSD	302,400	10/15/93

Total shipments: 369,600

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Ovrette
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:12
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
* CPSD	78,000	1996
* CPSD	105,600	1997

Total to order for 1994 and 1995: 0

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Ovrette
Prepared by: Halpert and Hawkins
Modified by: Halpert and Hawkins

Date: 12/28/93
Time: 10:13
Prepared on: 12/08/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
New Supply Summary

1994	
Supplier Name	Quantity

Total (1994):	0.0
Quantity Needed (1994):	0.0
Supply Shortfall (1994):	0.0

1995	
Supplier Name	Quantity

Total (1995):	0.0
Quantity Needed (1995):	0.0
Supply Shortfall (1995):	0.0

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Ovrette
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:13
 Prepared on: 12/08/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1996	
Supplier Name	Quantity

AID	78,000.0

Total (1996):	78,000.0
Quantity Needed (1996):	77,000.0
Supply Shortfall (1996):	-1,000.0

1997	
Supplier Name	Quantity

AID	105,600.0

Total (1997):	105,600.0
Quantity Needed (1997):	105,000.0
Supply Shortfall (1997):	-600.0

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Conceptrol Foaming Tablet
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:13
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 All Numbers in 1,000's

	1992	1993	1994	1995	1996
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	300.0	297.8	249.0	199.0	201.6
2. Estimated Consumption					
(a) Sales/Distrib.	175.0	164.0	170.0	175.0	180.0
(b) Loss/Disposal					
(c) Transfer/Adjust.					
3. Add'l Contraceptives					
(a) Received	172.8	115.2		NA	NA
(b) Scheduled	NA		62.4		NA
4. End of Yr Stock	297.8	249.0	141.4	24.0	NA
5. Desired EOY Stock	NA	NA	175.0	180.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	33.6	158.4	NA
7. Supply Shortfall	NA	NA	-24.0	-19.2	-19.0

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

1995 Minimum stock (months): 6
 Maximum stock (months): 12
 Desired stock (months): 12

Country: Malawi
Recipient: Government of Malawi, MOH
Product: Conceptrol Foaming Tablet
Prepared by: Halpert and Hawkins
Modified by: Halpert and Hawkins

Date: 12/28/93
Time: 10:13
Prepared on: 12/09/93
Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
Footnotes

1. BEGINNING STOCK Year: 1992

BOYS based on physical inventory.

2a. ESTIMATED USE Year: 1992

Based on 1993 CPTs.

2a. ESTIMATED USE Year: 1993

1993 estimated use based on 1993 CPT BOYS minus the MOH July 1993 physical inventory. See trip report for additional information. 1994 - 1996 estimates based on modest program expansion.

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Conceptrol Foaming Tablet
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:13
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
CPSD	57,600	02/28/92
CPSD	57,600	04/16/92
CPSD	57,600	09/01/92
CPSD	115,200	10/15/93
CPSD	62,400	11/29/94

Total shipments: 350,400

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Conceptrol Foaming Tablet
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:13
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
CPSD	57,600	11/30/94
CPSD	177,600	08/31/95
* CPSD	182,400	1996
* CPSD	182,400	1997

Total to order for 1994 and 1995: 235,200

* This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

NEWCPT V2.1

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Conceptrol Foaming Tablet
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:13
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1994	
Supplier Name	Quantity

AID	57,600.0

Total (1994):	57,600.0
Quantity Needed (1994):	33,600.0
Supply Shortfall (1994):	-24,000.0

1995	
Supplier Name	Quantity

AID	177,600.0

Total (1995):	177,600.0
Quantity Needed (1995):	158,400.0
Supply Shortfall (1995):	-19,200.0

-59-

Country: Malawi
 Recipient: Government of Malawi, MOH
 Product: Conceptrol Foaming Tablet
 Prepared by: Halpert and Hawkins
 Modified by: Halpert and Hawkins

Date: 12/28/93
 Time: 10:13
 Prepared on: 12/09/93
 Modified on: 12/10/93

1994 Contraceptive Requirements Estimate
 New Supply Summary

1996	
Supplier Name	Quantity
AID	182,400.0

Total (1996):	182,400.0
Quantity Needed (1996):	163,400.0
Supply Shortfall (1996):	-19,000.0

1997	
Supplier Name	Quantity
AID	182,400.0

Total (1997):	182,400.0
Quantity Needed (1997):	190,000.0
Supply Shortfall (1997):	7,600.0

NEWCPT V2.1
Proposed Shipping Schedule for Malawi
Based on 1994 CPT's

Run Date: 12/28/95
Run Time: 09:56:22
Page:

Supplier: AID

Product	Receipt Date	Quantity
Government of Malawi, MOH		
52mm Non Colored, No Logo	09/30/95	4,278,000
* 52mm Non Colored, No Logo	1996	6,498,000
* 52mm Non Colored, No Logo	1997	7,002,000
Conceptrol Foaming Tablet	11/30/94	57,600
Conceptrol Foaming Tablet	08/31/95	177,600
* Conceptrol Foaming Tablet	1996	182,400
* Conceptrol Foaming Tablet	1997	182,400
* Copper T, 380	1996	800
* Copper T, 380	1997	2,200
Depo-Provera (every 3 mos)	12/31/95	23,300
* Depo-Provera (every 3 mos)	1996	210,000
* Depo-Provera (every 3 mos)	1997	230,000
Lo-Femenal, Blue Lady	07/31/94	381,600
Lo-Femenal, Blue Lady	05/31/95	450,000
* Lo-Femenal, Blue Lady	1996	475,200
* Lo-Femenal, Blue Lady	1997	500,400
* Ovrette	1996	78,000
* Ovrette	1997	105,600

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

NEWCPT V2.1
Proposed Shipping Schedule for Malawi
Based on 1994 CPT's

Run Date: 12/28/94
Run Time: 09:56:00
Page:

Supplier: Unknown source

Product	Receipt Date	Quantity

Government of Malawi, MOH		
Depo-Provera (every 3 mos)	12/15/94	20,000

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

Malawi

Fiscal Year 1994 Operating Year Budget Needs

Product Code	Quantity Year 1	Quantity Year 2	Cost	Freight	Total
Government of Malawi, MOH					
52NX	0	4,278,000	\$207,911	\$87,323	\$295,233
CT38	0	0	\$0	\$0	\$0
DEPO	0	23,300	\$22,019	\$9,248	\$31,266
LFMP	381,600	450,000	\$152,446	\$64,027	\$216,473
OVRP	0	0	\$0	\$0	\$0
VFTP	57,600	177,600	\$24,288	\$10,201	\$34,489
			\$406,663	\$170,798	\$577,461 TOTAL

* Total Commodity Costs					
* Total Estimated Freight Cost (42%) : \$406,663					
* Total OYB Financial Requirements : \$170,798					
* : \$577,461					

NB For an explanation of the calculation methodology, contract periods and unit prices, please refer to the attachment listing the parameters used in the Financial Requirements Analysis.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

Malawi

Fiscal Year 1996 Annual Budget Submission Projections

Product Code	Quantity	Cost	Freight	Total
Government of Malawi, MOH				
52NX	7,002,000	\$375,307	\$157,629	\$532,936
CT38	2,200	\$2,768	\$1,163	\$3,931
DEPO	230,000	\$239,637	\$100,648	\$340,285
LFMP	500,400	\$103,383	\$43,421	\$146,803
OVRP	105,600	\$21,817	\$9,163	\$30,980
VFTP	182,400	\$20,684	\$8,687	\$29,372
		\$763,596	\$320,710	\$1,084,307 TOTAL

```

*****
*
* Total Commodity Costs : $763,596 *
* Total Estimated Freight Cost ( 42%) : $320,710 *
* Total ABS Financial Requirements : $1,084,307 *
*
*****

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NB For an explanation of the calculation methodology, contract periods and unit prices, please refer to the attachment listing the parameters used in the Financial Requirements Analysis.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

Parameters Used in the Financial Requirements Analysis
Prices are for a Single Unit of Product

Prod Code	Product	OYB Year 1 Price	OYB Year 2 Price	CP Year Price	ABS Year Price
52NX	52mm Non Colored, No Logo	0.0475	0.0486	0.0510	0.0536
CT38	Copper T, 380	1.0870	1.1414	1.1984	1.2583
DEPO	Depo-Provera (every 3 mos)	0.9000	0.9450	0.9923	1.0419
LFMP	Lo-Femenal, Blue Lady	0.1785	0.1874	0.1968	0.2066
OVRP	Ovrette	0.1785	0.1874	0.1968	0.2066
VFTP	Conceptrol Foaming Tablet	0.1010	0.1040	0.1080	0.1134

Missions pay only for what they receive. If for some reason (shipment cancellation, etc.) you should receive less than you have paid for, you will be given a credit for the following financial year.

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- 65 -

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NEWCPT V2.1
 CPTests 1 and 5
 Malawi

Run Date: 12/28/93
 Run Time: 10:33:28
 Page: 1

All Figures are in 1,000s

Method	Product	1992	1993	1994	1995	1996
CONDOM	52NX	3,300.0	4,500.0	5,000.0	5,500.0	6,000.0
	CPT Use	3,300.0	4,500.0	5,000.0	5,500.0	6,000.0
	Proj. Use % CPT/Proj	0.0	0.0	0.0	0.0	0.0
INJ-3	DEPO	45.0	159.0	175.0	200.0	225.0
	CPT Use	45.0	159.0	175.0	200.0	225.0
	Proj. Use % CPT/Proj	0.0	0.0	0.0	0.0	0.0
UD	CT38	1.8	1.0	1.5	2.0	2.5
	CPT Use	1.8	1.0	1.5	2.0	2.5
	Proj. Use % CPT/Proj	0.0	0.0	0.0	0.0	0.0
MAL	LFMP	300.0	375.0	400.0	425.0	450.0
	OVRP	66.0	77.0	85.0	90.0	95.0
	CPT Use	366.0	452.0	485.0	515.0	545.0
F	VFTP	175.0	164.0	170.0	175.0	180.0
	CPT Use	175.0	164.0	170.0	175.0	180.0
	Proj. Use % CPT/Proj	0.0	0.0	0.0	0.0	0.0
Total CYPs	79.5	124.1	137.2	152.4	167.5	

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-66-

ATTACHMENT C
1994 FINANCIAL REQUIREMENTS

Malawi

Fiscal Year 1994 Operating Year Budget Needs

Product Code	Quantity Year 1	Quantity Year 2	Cost	Freight	Total
Government of Malawi, MOH					
52NX	0	4,278,000	\$207,911	\$87,323	\$295,233
CT38	0	0	\$0	\$0	\$0
DEPO	0	23,300	\$22,019	\$9,248	\$31,266
LFMP	381,600	450,000	\$152,446	\$64,027	\$216,473
OVRP	0	0	\$0	\$0	\$0
VFTP	57,600	177,600	\$24,288	\$10,201	\$34,489
			\$406,663	\$170,798	\$577,461 TOTAL

 *
 * Total Commodity Costs : \$406,663 *
 * Total Estimated Freight Cost (42%) : \$170,798 *
 * Total OYB Financial Requirements : \$577,461 *
 *

NB For an explanation of the calculation methodology, contract periods and unit prices, please refer to the attachment listing the parameters used in the Financial Requirements Analysis.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

Malawi

Fiscal Year 1995 Congressional Presentation Projections

Product Code	Quantity	Cost	Freight	Total
Government of Malawi, MOH				
52NX	6,498,000	\$331,398	\$139,187	\$470,585
CT38	800	\$959	\$403	\$1,361
DEPO	210,000	\$208,383	\$87,521	\$295,904
LFMP	475,200	\$93,519	\$39,278	\$132,797
OVRP	78,000	\$15,350	\$6,447	\$21,798
VFTP	182,400	\$19,699	\$8,274	\$27,973
		\$669,309	\$281,110	\$950,418 TOTAL

 *
 * Total Commodity Costs : \$669,309 *
 * Total Estimated Freight Cost (42%) : \$281,110 *
 * Total CP Financial Requirements : \$950,418 *
 *

NB For an explanation of the calculation methodology, contract periods and unit prices, please refer to the attachment listing the parameters used in the Financial Requirements Analysis.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

Malawi

Fiscal Year 1996 Annual Budget Submission Projections

Product Code	Quantity	Cost	Freight	Total
Government of Malawi, MOH				
52NX	7,002,000	\$375,307	\$157,629	\$532,936
CT38	2,200	\$2,768	\$1,163	\$3,931
DEPO	230,000	\$239,637	\$100,648	\$340,285
LFMP	500,400	\$103,383	\$43,421	\$146,803
OVRP	105,600	\$21,817	\$9,163	\$30,980
VFTP	182,400	\$20,684	\$8,687	\$29,372
		\$763,596	\$320,710	\$1,084,307 TOTAL

 *
 * Total Commodity Costs : \$763,596 *
 * Total Estimated Freight Cost (42%) : \$320,710 *
 * Total ABS Financial Requirements : \$1,084,307 *
 *

NB For an explanation of the calculation methodology, contract periods and unit prices, please refer to the attachment listing the parameters used in the Financial Requirements Analysis.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

Parameters Used in the Financial Requirements Analysis
 Prices are for a Single Unit of Product

Prod Code	Product	OYB Year 1 Price	OYB Year 2 Price	CP Year Price	ABS Year Price
52NX	52mm Non Colored, No Logo	0.0475	0.0486	0.0510	0.0536
CT38	Copper T, 380	1.0870	1.1414	1.1984	1.2583
DEPO	Depo-Provera (every 3 mos)	0.9000	0.9450	0.9923	1.0419
LFMP	Lo-Femenal, Blue Lady	0.1785	0.1874	0.1968	0.2066
OVRP	Ovrette	0.1785	0.1874	0.1968	0.2066
VFTP	Conceptrol Foaming Tablet	0.1010	0.1040	0.1080	0.1134

Missions pay only for what they receive. If for some reason (shipment cancellation, etc.) you should receive less than you have paid for, you will be given a credit for the following financial year.

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-71-

ATTACHMENT D

**CENTRAL MEDICAL STORES ISSUED
BY CMS TO DISTRICTS**

DATE: 30/11/93

GOVERNMENT OF MALAWI - CENTRAL MEDICAL STORES

<CSISSUES>

CONTRACEPTIVES ISSUED BY CME TO DISTRICTS: NOV 1993

ISSUES BY CME TO DISTRICT	LOFEMENAL (CYCLE)	OVIRETTE TABLET (CYCLE)	DEPO PROVERA (EACH)	FOAMING TABLETS (1)	COPPER T (EACH)	CONDOMS (EACH)
MC - CHITIPA	0	0	0	0	0	0
MZ - KARONGA	0	0	0	0	0	0
MZ - RUMPHI	0	0	0	0	0	0
MZ - NKHATA BAY	0	0	0	0	0	0
MZ - NZIMBA	0	0	0	0	0	0
LL - KASUNGU	0	0	0	0	0	0
LL - SALIMA	0	0	0	0	0	0
LL - NKHOTAKOTA	0	0	0	0	0	0
LL - NTCHEU	0	0	0	0	0	0
LL - MCHINJI	0	0	0	0	0	0
LL - LILONGWE	0	0	0	0	0	0
LL - DOVA	0	0	0	0	0	0
LL - FERZA	0	0	0	0	0	0
LL - NTCHEU	0	0	0	0	0	0
LL - MACHINGA	0	0	0	0	0	0
LL - MANGochi	0	0	0	0	0	0
LL - ZOMBA	0	0	0	0	0	0
LC - BLANTIRE	0	0	0	0	0	0
LL - NYANZA	0	0	0	0	0	0
LL - CHIKVAVA	0	0	0	0	0	0
LL - THYLO	0	0	0	0	0	0
LL - CHIPADZULU	0	0	0	0	0	0
LL - MULANJE	0	0	0	0	0	0
LL - NSANJE	0	0	0	0	0	0
GRAND TOTAL	0	0	0	0	0	0

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- 73 -

ATTACHMENT E

REPORT: MOH QUANTITY OF CONTRACEPTIVES DISPENSED

Quantity of Contraceptive Dispensed

DISTRICT SUMMARY - CHILD SPACING RETURNS 1992

Districts	ORAL	IUCD	IUD	Area COK	Reg. COK	SPECIALIZED DISPENSING SERVICES	SURGICAL	OTHER
II Region: NORTH								
Chitipa	2361	10	61906	6546	4511	1241	0	0
Karonga	1167	0	26544	6875	1482	88	0	0
Mhala Bay	3229	10	38645	12604	4357	1872	0	0
Rumphi	2105	11	35017	8753	3406	866	0	190
Mzimba	7336	10	160985	13174	11005	2367	0	0
II Subtotal II	16198	41	323100	47454	24561	6438	0	0
II Region: CENTRAL								
Kasungu	8457	2428	251639	23551	4578	2397	0	812
Mkhotakota	5037	32	140100	24781	4047	2222	0	10
Mtchisi	1977	22	73109	8555	2349	1527	0	1
Dowa	6156	18	21332	16982	2911	1816	0	2
Salima	4511	32	140973	4168	2314	910	0	0
Lilongwe	38289	4904	1026891	132819	43356	22998	0	798
Mchinji	3541	1053	106761	8345	2722	820	0	0
Dedza	9336	4415	440743	5836	6434	4666	0	6
Mtcheu	7767	55	264898	2837	11815	634	0	0
II Subtotal II	85122	12959	2465416	226466	85574	37024	0	1629
II Region: SOUTHERN								
Mangochi	9212	476	126343	19185	4390	4043	7	0
Machinga	1857	7	51647	173	1954	556	0	0
Zomba	12839	14	278110	49724	5726	9590	2	8
Chiradzulu	2457	2	86406	3744	1218	1010	0	0
Blantyre	19428	100	300721	47700	8423	10363	0	0
Mwanza	3138	7	129912	9985	1302	212	0	0
Thyolo	8934	51	206504	17191	5671	7405	0	0
Mulanje	7336	135	160693	5137	9949	4473	0	0
Chikwawa	4922	3005	122627	6498	996	3799	0	0
Hsanje	2502	1652	53695	3262	2234	795	0	0
II Subtotal II	72377	5459	1515758	162000	41265	42236	9	8
III Total III	173697	18456	4304274	436720	152000	85698	9	1637

ATTACHMENT F

**MOH MONTHLY SUMMARY FORM
FOR FAMILY PLANNING CLINICS**

ATTACHMENT G

**MOH QUARTERLY REPORT AND
CONTRACEPTIVES REQUESTED FORM**

REPUBLIC OF MALAWI
MINISTRY OF HEALTH

QUARTERLY REPORT AND CONTRACEPTIVES REQUEST FORM

NAME OF FACILITY: _____ DISTRICT: _____

REPORT FOR QUARTER BEGINNING _____, 19— ENDING _____, 19—

Contraceptive	Beginning Balance	Received this year	Dispensed/ issued	Losses	Ending Balance	Quantity needed
Iofemenol						
Ovrette						
Norinyl						
Depo Provera						
Norplant						
Copper T						
Lippes Loop						
Condoms						
Spermicides						
Other						

New clients	
Revisits	

Sterilization Referrals	
Other referral	

Explanation of Losses (If any): _____

Submitted By: _____ Designation: _____ Date: _____

ATTACHMENT H

MOH DISTRICT
PHYSICAL INVENTORIES

MOH District Physical Inventories

<u>Commodity</u>	January '93 <u>Quantity</u>	July '93 <u>Quantity</u>
Condoms	10,956,086	4,102,209
Depo-Provera®	46,937	13,335
Copper T 380A	4,123	3,548
Conceptrol	258,030	201,555
Lo-Femenal	624,130	425,231
Ovrette	47,528	22,234