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Tanzania Trip Report

1995 Contraceptive Procurement Table and Assessment of NACP Logistics System

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TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY	1
	A. Scope of Work	1
	B. Major Recommendations	1
II.	BACKGROUND	4
III.	ACTIVITIES, FINDINGS AND RECOMMENDATIONS - NFPP	5
	A. Logistics Management	5
	B. Contraceptive Procurement	9
	C. Transport	12
IV.	ACTIVITIES, FINDINGS, AND RECOMMENDATIONS - NACP	13
	A. Logistics Management	13
	B. Transport	17
V.	ACTIVITIES, FINDINGS, AND RECOMMENDATIONS - LOGISTICS TRAINING PROJECT	19

ANNEXES

A - Persons Contacted
B - Issues from Districts by Quarter
C - Forecast of Contraceptive Need
D - Calculation of Approximate Order Quantity
E - 1995 Contraceptive Procurement by Donor
F - 1995 CPTs
G - CPT- Financial Requirements
H- CPT - Summary of Shipments
I - CPT - Draft Order Cable

LIST OF ACRONYMS

AFRO	AIDSCAP Africa Regional Office
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Prevention and Control Project
CLM	Contraceptives and Logistics Management Division (USAID)
CMS	Central Medical Stores
CPT	Contraceptive Procurement Table
DACC	District AIDS Control Coordinator
DANIDA	Danish International Development Agency
EDP/PHC	Essential Drug Program/Primary Health Care Program
EEC	European Economic Community
EMT	Executive management team
EPI	Expanded Program on Immunization
FPLM	Family Planning Logistics Management Project
FPSS	Family Planning Support Services
GTZ	Gesellschaft fur Technische Zusammenarbeit
HPNO	Health, Population and Nutrition Officer
IDM	Institute for Development Management
IEC	Information, education and communication
JSI	John Snow, Inc.
LMIS	Logistics management information system
MIS	Management information system
MCH/FP	Maternal and child health/family planning
MOH	Ministry of Health
MSD	Medical Stores Department
NACP	National AIDS Control Program
NFPP	National Family Planning Program
ODA	Overseas Development Administration
PHC	Primary health care
PSI	Population Services International
PSU	Project Support Unit
RACC	Regional AIDS Control Coordinator
RMO	Regional Medical Officer
SDP	Service delivery point
SMU	Social Marketing Unit
SOW	Scope of work
STD	Sexually transmitted disease
TAP	Tanzania AIDS Project
TKAP	Tanzania Knowledge, Attitudes, and Practices (Survey)
UMATI	Tanzania family planning NGO
UNFPA	United Nations Population Fund

I. EXECUTIVE SUMMARY

A. Scope of Work

JSI/FPLM consultants Steven Perry and Glenn Dixon, and JSI/AIDSCAP consultant Jamie Browder visited Tanzania from January 16 to February 2, 1995. The overall goal of this trip was to provide technical assistance in logistics management to the Tanzania MOH Family Planning and AIDS Control programs. The specific tasks in the scope of work (SOW) for this trip were as follows:

- Prepare the 1995 Contraceptive Procurement Tables (CPTs) for both USAID and UNFPA-supplied contraceptives for the National Family Planning Program (NFPP) and the National AIDS Control Program (NACP).

- Conduct a central level needs assessment of the NACP's logistics management structure and its ability to manage NACP participation in the logistics training project.

- Review current transport arrangements for the NACP and NFPP in light of the EPI-NFPP Transport Sharing Agreement, PSI's development of the Tanzania AIDS Project (TAP) transport system for moving social marketing contraceptives, and the on-going rehabilitation of the Medical Stores Department (MSD).

This scope of work was expanded in-country to include a review of the current status of the national logistics training project, and a review of the functioning of the NFPP/NACP central warehouse.

B. Major Recommendations

1. NFPP

- A primary long-term objective for MOH/FPU contraceptive supply should be integration of the MOH system into the Medical Supplies Department (MSD) distribution system. Current strategic planning in development of the contraceptive logistics system should be compatible with this objective.

- The MOH/FPU should recruit, hire, and train a MIS Officer, who will be responsible for the development and implementation of the LMIS in the NFPP's developing contraceptive distribution system.

- The MOH/FPU should provided the Logistics Officer with a budget to make regular supervisory visits to the regions and districts. Special attention should be devoted to follow-up visits to regions which have completed the logistics training.

- The MOH/FPU should work with IDM to develop a schedule which will ensure the completion of the logistics trainings in all twenty regions by the end of the project. The MOH/FPU should closely monitor the progress of IDM in achieving this important contractual obligation.

2. *NACP*

For a more complete discussion of the following major recommendations as well as other recommendations for the NACP, please refer to Jamie Browder's JSI/AIDSCAP trip report.

A. The NACP management of its centrally-stored commodities requires the following immediate measures:

   - Use of stock cards and the Inventory Ledger Book for all NACP commodities,

   - Allocation of a monthly budget for day laborers to receive and issue commodities, as well as to provide regular cleaning and maintenance for the central warehouse.

B. The NACP should immediately arrange to ship condoms to Dodoma and Morogoro regions. It should verify supply status as rapidly as possible in all other regions, and ship amounts to cover approximately one quarter's issues as needed.

C. The NACP should make plans leading to an eventual integration of its commodity distribution system into the MSD distribution system. The NACP should begin to develop cost estimates for participation in the MSD system and obtain a budget line item allocation to support those costs.

D. Prior to integration into the MSD system, the NACP should explore private sector options in commodity distribution, including support from PSI/SMU.

E. The NACP should immediately designate a staff member to manage its participation in the national logistics management training project, with a scope of work to include regular follow-up, monitoring, and supervisory visits to regions which have received training to ensure that procedures learned are being followed correctly.

F. The TAP should correct the NACP Report/Request Form as soon as possible, and the NACP should immediately distribute the corrected forms to all regions which have received logistics training, as well as to the IDM trainers, for distribution at upcoming regional trainings.

G. The NACP should immediately designate a central level staff member to process the Report/Request forms that will begin to arrive from the regions and districts where training has occurred.

II. BACKGROUND

For the last three years, JSI/FPLM has provided technical assistance to the Tanzania MOH's family planning and AIDS control program contraceptive logistics management systems under a buy-in delivery order which will end in June 1995. The only task remaining in the contract deliverables is an evaluation of the logistics training project and of the impact of FPLM technical assistance on logistics management. An important objective of this trip was to conduct an overall assessment of the status of logistics management practices in the two projects, as well as the progress of the logistics training project, in order to identify areas requiring assistance following the end of the buy-in. In addition, this visit served as an introduction to the Tanzanian system for FPLM's new country monitor for Tanzania, Glenn Dixon, and for AIDSCAP logistics advisor, Jamie Browder.

During previous technical assistance visits, FPLM consultants found that the National AIDS Control Program's central level management structure was inadequate to fully benefit from the inputs of the regional logistics training project. Furthermore, both JSI/FPLM and JSI/AIDSCAP consultants, who had worked with the NACP previously, found that condoms were not reaching service delivery points (SDPs) at the periphery of the system, and that stockouts were occurring frequently at all levels of the system. As a result of the identification of these and other deficiencies in the NACP's logistics system, JSI/AIDSCAP joined FPLM to provide more intensive assistance to the NACP.

III. ACTIVITIES, FINDINGS AND RECOMMENDATIONS - NFPP

A. Logistics Management

1. *Activities*

The principal activities of the consultants' assessment of NFPP's logistics management were:

- review of logistics records and reports at the central, regional, district, and SDP levels;
- inspection of the central warehouse;
- field trip to Morogoro and Dodoma regions;
- interviews with NFPP logistics staff at all levels of the system.

2. *Findings*

The 1994 TKAP study revealed that Tanzania's CPR had almost doubled since the 1991/2 TDHS. The mid-term evaluation of USAID/Tanzania's FPSS project cited improvements in the NFPP's logistics system as a key factor in the increase in Tanzania's contraceptive prevalence. The NFPP contraceptive supply system is, however, in a transitional stage and will require further management inputs if recent gains are to be sustained.

FPLM has consistently advised that proper management of the logistics system will require at least two full-time, trained professional staff (excluding the warehouse storekeeper) at the central level. To properly fulfill their responsibilities, these staff should conduct annual forecasts of contraceptive requirements, monitor scheduled shipments and central warehouse balances, manage the LMIS, track balances and consumption rates at lower levels of the system, and *make regular supervisory visits* to the lower levels.

The MOH/FPU formerly has had two officers with primary responsibility in logistics management: the MIS Officer and the Logistics Officer. The MIS Officer was later designated the logistics training project coordinator and subsequently resigned. Although there are plans to hire another training project coordinator, the MIS Officer position is currently vacant, and the Logistics Officer must

currently manage an expanding set of responsibilities. While he is performing well in his duties, it is unrealistic to expect one individual to manage all the duties of these positions while also conducting monitoring and supervision visits. Furthermore, with the loss of the logistics training project coordinator, the Logistics Officer has also currently assumed some of those responsibilities.

Specific findings in the area of logistics management are as follows:

A. The MOH/FPU's MIS Officer recently changed positions to become the Logistics Training Project Coordinator. At the time of this TDY, no one had been designated to assume the responsibilities of this position, including collecting and compiling the "interim" logistics reports from the regions and districts which are used to determine quantities of supplies to issue.

B. An average of only 55% of all districts submitted logistics reports for the four quarters from the last quarter of 1993 to the third quarter 1994. The percentage reporting increased slightly from the preceding year's reporting level of 50%.

C. There is no system in place at the central level to receive, compile and use the logistics reports from the four regions already trained in the new logistics system. Furthermore, there is no budget nor a designated person at the central level to assess implementation of the new system in these four regions.

D. Regional MCH/FP coordinators do not make supervisory visits for two reasons:

- the average duration of stops at districts offices during the monthly supply runs in the FP-EPI trucks is not sufficient to conduct supervision, and

- there are no funds for per diem or transport for supervision visits.

Consequently, district MCH/FP coordinators receive no supervision in logistics management or other crucial areas.

E. The central warehouse has been closed for one month due to theft and a subsequent investigation by the MOH Auditors Office. A prime suspect in the investigation is the security company hired to prevent theft.

F. The new NFPP warehouse officer is located in the main FPU office, not in the designated air-conditioned office in the central warehouse. Consequently, the NACP warehouseman (who also does not stay at his office in the warehouse) complains that it is inconvenient for him to access the warehouse as much as he would like.

G. Logistics management is hampered by the slow release of funds from the FPU accounting department. For example, although the agreement with the central warehouse owners, NPF, stipulates that rent for the entire year should be paid in July, NPF received no payment for 1994 until December 1994. Unfortunately that check did not clear and had not been redeemed by the time of the consultancy. The requests for funds for regional logistics trainings are also processed slowly. For example, although the training project coordinator requested funds for the January Mwanza training in November, IDM had not received those funds as of January 26 and had to delay the needs assessment for two weeks.

H. The rehabilitation of the Central Medical Stores, now renamed the Medical Supplies Department (MSD), conceived by the MOH and the World Bank and outlined in the "Master Plan," is now well underway. The MSD is now under the management of an executive management team (EMT) comprised of four expatriates headed by Mr. Peter Mellon. They have been given relative autonomy and a mandate to develop an integrated supply system for all primary health care products, which will eventually include transportation and storage links down to the district level. The rehabilitation of the procurement and central stores functions in Dar Es Salaam is largely complete, and the MSD has begun moving EDP kits to the districts via zonal stores. Future plans include establishment of a "pull" logistics system for transport of all PHC products down to the district level; the development of this system would occur over a period of five years during which PHC products would be incrementally added to regions as they are phased into the system.

3. *Recommendations*

The long-term objective of the MOH/FPU in the area of contraceptive supply should be to integrate into the developing Medical Supplies Department (MSD) distribution system. Maintaining an effective, nationwide logistics system requires a level of interest and resources that the NFPP is unlikely to be able to generate or sustain. Because the MSD is certain to expand the number of products it carries, and the programs it serves, it is critical that the FPU begin discussions with the MSD Director

General, Mr. Peter Mellon, to facilitate the earliest possible transfer of the NFPP supply function to the MSD. EDP is already benefitting from the MSD, and other programs, such as Polio/Leprosy and EPI, are moving in that direction.

In the near-term (until integration into the MSD), the MOH/FPU must dedicate considerably more effort and resources to management of the logistics component of the NFPP in order to sustain recent programmatic gains. The most critical steps to be taken by the FPU are:

A. To recruit, hire and train an MIS Officer, who will be responsible for the development and implementation of the LMIS. This is not a question of data entry! The MIS Officer should thoroughly understand the LMIS currently being trained in the regions and will be responsible for ensuring that reports are completed correctly and submitted in a timely fashion. Follow-up supervisory visits will be required to ensure that MCH/FP Coordinators are satisfactorily performing their duties in the new logistics system. Finally, the MIS Officer will be responsible for compiling data received from the lower levels of the system; these data will be used by the Logistics Officer to determine issue quantities and identify existing or potential supply problems.

B. To provide the Logistics Officer with a budget to make regular supervisory visits to the regions and districts. (In some cases, these visits can be coordinated with scheduled delivery runs.)

C. To allocate funds to Regional MCH/FP coordinators for regular supervisory visits to the district level.

D. To ensure that the FPU accounting department is more responsive in the disbursement of funds. The rent on the central warehouse should be paid immediately.

E. To ensure that the Supplies Officer is actually based in the office at the warehouse built specifically for this purpose.

F. To ensure that, as the MSD begins development of a pull logistics system, the NFPP/NACP system is compatible with the HMIS system.

B. Contraceptive Procurement

1. *Activities*

The following were the primary activities performed for preparation of the 1995 CPTs:

A. Determination of stocks on hand at all levels of the system, including a physical inventory at the central warehouse and estimation of lower level balances based on extremely sketchy logistics data.

B. Confirmation of scheduled shipments that had not yet arrived in-country.

C. Forecasting of total quantities dispensed to users, by reconciling a forecast obtained from MOH logistics data and from a demographic forecast using the TARGET-COST model. For the NFPP logistics forecast, issues from the district level were used as a proxy for dispensed to user data; in addition to inaccuracies in these data, underreporting was also a problem as an average of only 55% of districts reported during the period used as the forecast base. For the NACP, only central warehouse issues were available. The TARGET-COST model forecast was prepared using data from the 1994 TKAP.

D. Presentation of these forecasts at a meeting of the MOH and donors. The participants reviewed the data and FPLM estimates of contraceptive requirements. After reaching agreement on the final forecast, approximate order quantities were calculated for all products and donors (see Annexes C and D).

2. *Findings*

The most important findings from the CPT preparation exercise are as follows:

A. Demand for Depo-Provera® has increased dramatically, as indicated by both logistics data and the findings of the 1994 TKAP. Fortunately, ODA agreed to more than triple its 1995 commitment from 152,450 to nearly 540,000 units. Additionally, 138,600 units ordered by ODA for 1994 should be arriving in early February.

B. While the number of NORPLANT ®users is too small at this point to have been detected in the TKAP, UMATI service data indicates a small but

growing demand. Unfortunately, this method is quite costly (approximately $25/implant, not including training and service delivery costs) and G/PHN/POP/CLM had not, at the time of this trip, been able to reach a suitable agreement with the manufacturer.

c. Earlier attempts to substitute Lo-Femenal for the chemically identical, but much more costly, Microgynon have been unsuccessful largely because the MOH has not launched a campaign to inform consumers that the two pills are identical. Despite forced pushing of Lo-Femenal down the pipeline, there remains an excess of Lo-Femenal at the central warehouse, some of which will expire soon if steps are not taken to create demand or to transfer stocks to another program as was recommended a year ago.

D. As the NACP has yet to develop a LMIS to track issues below the central level, and the donors have no information on utilization of condoms, the quantity of condoms allocated to the NACP for 1995 declined from the level of previous years. UNFPA will be the donor for public sector condoms in 1995.

E. The socially marketed Salaama condom reached sales of almost four million in 1994, and sales are expected to nearly double in 1995. USAID will be the donor for social marketing condoms until the Dutch government begins supplying this product under its recent commitment.

F. The donors and the MOH agreed that UNFPA would no longer procure Marvelon (the most expensive oral contraceptive at $.39/cycle). They also agreed that Microlut would no longer be supplied, as the substitution, which began two years ago, of Microval for the identical but more costly Microlut was now complete.

3. *Recommendations*

A. UNFPA and ODA should place orders for the commodities listed below. USAID should base its order on the draft order cable presented in Annex I. (Please note that 1996 estimated requirements for UNFPA and ODA are included for planning purposes only, as agreements have not yet been reached for supply beyond 1995.)

1995		1996
	USAID	
Condoms (PSI)	10,032,000	11,334,000
Depo - Provera ®	46,100	
	UNFPA	
Condoms (NACP)	8,058,000	14,496,000
Microval	435,600	583,200
Microgynon	1,819,200	2,196,000
NeoSampoon		388,800
	ODA	
Depo-Provera®	396,620	866,700

B. Although the donors agreed that UNFPA would continue to procure Microgynon, we propose the following alternative: UNFPA should reduce its order of this product to one-half the current level, which would produce savings of approximately $250,000. Only a portion of these savings would be required to conduct a marketing campaign to inform clients and service providers that Lo-Femenal and Microgynon are identical products. (We proposed the social marketing unit of the TAP as an excellent resource regarding marketing strategy for this campaign.) Current stocks of Microgynon plus the additional half order to be placed this year would be sufficient to meet demand until a marketing campaign could create additional demand for Lo-Femenal. By transferring supply from Microgynon to Lo-Femenal, savings of approximately $200,000 per year could be realized (based on the estimated demand for these oral contraceptives and their price differential). In addition, this strategy could avert the likely need for destruction of expired Lo-Femenal.

C. The MOH/FPU should continue its outreach to other international donors to assist with the growing burden of contraceptive procurement.

C. Transport

1. *Activities*

Transport conditions for the NFPP logistics system were assessed through a series of interviews and meetings at the central, regional and district levels, with NFPP, EPI, MSD and TAP/PSI staff.

2. *Findings*

A. Central level capacity is more than adequate. However regular deliveries to the regions have sometimes been hindered by the slow release of funds, within the FPU, for driver per diems and fuel.

B. Regional level transport sharing with EPI has drawn some complaints from MCH/FP coordinators regarding scheduling and control of the regional vehicles; the most frequent complaint is that time spent at each district is insufficient for MCH/FP supervision. The supervision problem is compounded by lack of travel or per diem funds for regional MCH/FP coordinators to make separate supervision visits.

C. Transport from the districts to SDPs continues to be the area of greatest concern because of the limited carrying capacity of the Suzuki Maruti vehicles provided by EPI to District Cold Chain Officers (DCCOs). The EPI has, however, begun supplying Toyota double cab Hi-Lux pickups to every district. Of the 106 districts, 35 have already received the new Toyota pickups and the remainder will receive new trucks by the end of 1995.

D. The MSD rehabilitation of the central medical stores is complete and they have begun developing a delivery system down to the district level. However this system is currently a "push" system exclusively for EDP kits. The MSD plans to move incrementally to a "pull" system for all PHC products, but this may require several years to implement nationwide.

IV. ACTIVITIES, FINDINGS, AND RECOMMENDATIONS - NACP

A. Logistics Management

1. *Activities*

A central-level management assessment and an assessment of the existing distribution system for NACP commodities was conducted. Interviews with central, regional, and district level NACP personnel, as well as meetings with personnel from other Tanzanian government agencies, and international organizations that support the Ministry of Health, were primary sources for this assessment and for development of recommendations for programmatic improvements. Meetings were held with staff from the Family Planning Unit (FPU), Expanded Program on Immunization (EPI), the Essential Drug Program/Primary Health Care Program (EDP/PHC), and the Medical Stores Department (MSD). Discussions were also held with the USAID-funded Tanzania AIDS Project (TAP), including meetings with staff from both the TAP's Project Support Unit (PSU) and its Social Marketing Unit (SMU). Additional meetings were held with representatives of the AIDSCAP/AFRO, UNFPA, USAID, the European Economic Community (EEC), and the World Health Organization (WHO). Additional activities included a two-day field trip to two regions, an inspection of the central NACP/FPU warehouse, and extensive document reviews.

During the field visit, in-depth interviews were held with local AIDS control personnel of the MOH, including the Regional AIDS Control Coordinator (RACC) in Morogoro, the Morogoro Urban District AIDS Control Coordinator (DACC), and the Dodoma Rural DACC. Short meetings were also held with the Regional Medical Officer (RMO) and Assistant Health Officer in Dodoma. Storage areas for condoms and other AIDS control commodities were inspected in both regions.

During the field trip, interviews focussed on the implementation of the management information system learned by RACCs and DACCs in the regional logistics trainings, their ability to correctly use the system, verification of current condom stock levels, and the level of functioning of the distribution system, with special emphasis on transport. Transport mechanisms for supervision and frequency of technical supervision, from central to regional, regional to district, and district to SDP levels, were also investigated.

A tertiary focus of this TDY was on logistics management for pharmaceuticals used in treatment of sexually transmitted diseases, and quality assurance for condoms. Comments on these topics, as well as a more detailed discussion of NACP logistics management issues, can be found in Jamie Browder's JSI/AIDSCAP Trip Report.

2. *Findings*

Despite the training of three central level staff in logistics management, including proper warehousing and inventory control practices and management of the new LMIS, almost no progress has been made toward improving the functioning of the NACP's warehousing, inventory control, distribution, or management information systems. Recommendations made to the NACP during previous JSI/FPLM technical assistance visits are largely unimplemented. Specific findings were:

A. Central-level Management

- The NACP's logistics management system is not functioning well at present, and the new LMIS (Inventory Control Ledger and Report/Request form) is not being implemented consistently at the central, regional or district levels. This finding is evidenced by:

- Of the two regions visited, Morogoro received condoms from the central level only once during 1994, while Dodoma received just two shipments.

- Both regions visited were currently stocked out of condoms, and had been since December 1994.

- Morogoro had been waiting for resupply for two months at the time of the visit but had received no response to its request.

- NACP regional and district staff had not yet received the Report/Request form. As a result, no Report/Requests had been forwarded from the regions to the central level, or from districts to regions, as envisioned under the new information system.

- Inventory Ledger Books from the training were available in both regions and one of two districts visited. However, despite recent training on these forms, local personnel were currently not using these ledgers.

- No monitoring or supervision from the central level had occurred to verify the reason for the lack of reports from regions and districts. In fact, the RACCs and DACCs interviewed reported no systematic program supervision of any kind since early 1993.

- NACP recordkeeping at the central level is extremely inaccurate. Effective inventory control does not exist, as evidenced by the disparities in condom stock levels at the Central Warehouse reported by the Procurement and Supply Officers. Furthermore, review of the Supply Officer's ledger revealed that his total did not reflect the entries in the ledger. Finally, a physical inventory of the condoms in the central warehouse by the JSI/FPLM/AIDSCAP consultants revealed that both NACP officials' figures were grossly inaccurate. (The Procurement Officer believed that 11.8 million condoms were on hand; the Supplies Officer's ledger stated that 8.4 million were in stock; the physical inventory by the consultant team revealed that just 5.76 million condoms were available at the Central Warehouse.)

- The NACP Supplies Officer currently does not:

  1- Work at the warehouse with any regularity, despite the construction of a new, air-conditioned office for that purpose;

  2- Keep stock cards for issues, receipts and balances on-site; or

  3- Use the new Inventory Ledger Book he was trained in and provided with at the five day Mikumi workshop.

- The only available records on 1994 condom distribution from the central level were issues records, and they were found to be extremely inaccurate. The NACP believed that it had issued 18.3 million condoms during the year, while the records showed actual issues of 21.8 million.

- While there are NACP staff members with responsibility for managing the logistics system, it is not clear that any one of these individuals has the required combination of time, responsibility, technical knowledge, and initiative to effectively carry out key logistics management functions.

- No one at the NACP is actively managing its participation in the ongoing logistics training project, despite repeated recommendations to that effect.

- No current or foreseeable NACP budget is available to handle any of these areas.

B. Storage

- NACP supplies at the Central Warehouse are extremely disorganized. The area is dirty, and proper storage practices are not being followed. Previous JSI/FPLM recommendations on storage practices have not been followed. While existing space is adequate for commodity stocks, those stocks are not properly stored.

- Storage space at regions and districts visited was inadequate for storage of the shipments currently received. Existing space was also frequently inadequate in terms of quality and security. While previous surveys by JSI/FPLM indicate that this is not the case at all regions and districts in the country, significant areas are affected.

- The NACP Procurement and Supply Officers stated that there is no budget for cleaning and maintenance of the Central Warehouse. Previous requests to hire day laborers to assist in the cleaning and reorganization of the NACP stocks have not been approved.

3. *Recommendations*

A. The NACP management of its centrally-stored commodities requires the following immediate measures:

- Use of stock cards and the Inventory Ledger Book should be immediately implemented, as imparted at the Mikumi central-level logistics management workshop;

- A monthly budget allocation should be made readily available for day laborers, who would receive and issue commodities and provide regular cleaning and maintenance of the central warehouse;

- The NACP should accept the SMU's offer to assist in a one-time reorganization of existing NACP commodities;

- The NACP Supplies Officer should actually sit in the new, air-conditioned office at the central warehouse until such time as the NACP stocks are stored in accordance with the warehousing guidelines taught at the Mikumi workshop. At that time, the hours spent at the central warehouse could be reduced. Preferably, the NACP and FPU storekeepers should keep regular, simultaneous hours at the warehouse in order to ensure accountability in inventory control for both programs.

B. The NACP should immediately supply condoms to Dodoma and Morogoro regions. It should verify supply status as rapidly as possible in all other regions, and ship quantities to meet needs represented by one quarter's issues if required. RACCs can be requested to utilize the last six months of issues data, if available, in order to calculate the average monthly consumption.

B. Transport

1. *Activities*

The transport assessment was carried out through interviews with NACP personnel who were in-country at the time of the technical assistance visit. These included the Procurement and Supply Officers, who were involved in dispatching supplies from the central level, as well as the Secretary to the Administrator, who was in charge of the transport system during the Administrator and Programme Director's absence. The Administrator was absent during this TDY while the Programme Director was in-country only during the last week. During the process of exploring alternative transport mechanisms, interviews were conducted with the EPI Technical Advisor, the AIDSCAP/PSU Director and his Transportation Manager, and the MSD Executive Management Team. During the field visits, RACCs and DACCs were questioned concerning transport conditions and mechanisms in their regions and districts. The WHO Technical Advisor to the NACP was also interviewed regarding WHO support for the NACP transport system.

2. *Findings*

A. Central/regional

Shipments were sporadic during 1994. While improved from 1992-1993, the system is not distributing condoms regularly or in appropriate amounts.

This is evidenced by:

- The two relatively accessible regions visited were stocked out of condoms, despite the presence at the NACP of condom supplies, as well as a truck, driver and budget allocation for per diem, maintenance and fuel.

- According to the NACP issues ledger, five regions received no condom deliveries whatsoever during 1994.

B. Regional-to-district and district-to-SDPs

Condom distribution at these levels is done by RACCs and DACCs on an ad-hoc basis. As no fixed or reliable mode of transport is available, private vehicles are often used. While EPI vehicles frequently distribute NACP commodities on a space-available basis at these levels, they, of necessity, give preference to their own supplies over NACP items. At the district level, DACCs have motorbikes. Since AIDS Control Officers at regional and district level have no budget allocation to cover distribution costs, including fuel, maintenance, freight or per diem, these are often paid from their own pockets.

3. *Recommendations*

A. Central to District Level

- *Medical Stores Department (MSD)*
  The World Bank Master Plan Redevelopment of the Central Medical Stores (CMS) Distribution System, mentioned earlier, is the NACP's best medium- to long-term alternative for commodity distribution. The NACP should monitor the expansion of MSD's distribution system in order to ensure that the NACP's system will eventually be integrated into the MSD system for distribution of all PHC commodities, as envisioned in the Master Plan. It is important to note that the MSD distribution system will require an annual budget allocation for transport and handling of all commodities delivered.

- *Social Marketing Unit of the TAP (SMU)/Private Sector Alternatives*
  Preliminary meetings with the SMU indicate that it might be capable of providing temporary support to the NACP in the area of

supply transport, until such time as the agency could enter the MSD system. This possibility should be examined in more detail. Private sector transport, which has not been effective for the NACP in the past, may have improved possibilities at this time. The SMU reports success using private sector carriers to transport some commodities. The Coca Cola Company of Tanzania expressed willingness to consider a transport arrangement to distribute both NACP and FPU commodities. The details of such an arrangement would need to be negotiated, if further discussions indicate that it is feasible.

B. District to SDP Level

- EPI
  The EPI's addition of a Toyota Hi-Lux pickup at each district, mentioned previously, could potentially assist in the delivery of AIDS commodities from districts to SDPs. The NACP should explore with EPI the possibility of improving distribution at this level.

- Existing motorbikes
  The allocation of funds for fuel, spare parts, maintenance, and per diem would allow DACCs to distribute commodities more effectively from districts to SDPs. The NACP should attempt to facilitate effective budget allocation from regions and districts for this purpose.

V. ACTIVITIES, FINDINGS, AND RECOMMENDATIONS - LOGISTICS TRAINING PROJECT

1. *Activities*

The assessment of the logistics training project was based on the following three steps:

- Interviews with the MOH/FPU Program Manager, Logistics Officer, and the former Logistics Training Project Coordinator,

- A meeting with 5 of the 6 members of the IDM training team,

- Survey in Morogoro and Dodoma regions of the proficiency of NACP and NFPP staff who had participated in the regional logistics training.

2. *Findings*

A. The Training Coordinator, Method Kazaura, resigned during the early part of this TDY. Although a replacement had been identified, there was as yet no plan for training this individual. There is a strong possibility of a lack of continuity in management of the training project as a result of delay in filling this position.

B. IDM, which currently utilizes only two, of the six, trainers for a five week training session, is not on schedule to finish the project by the end of the contract; they will likely complete only between thirteen and sixteen (out of twenty) regional trainings. The training team was quite unconcerned with this shortfall; they provided several reasons for this attitude, including that they are not at fault as the project start-up was late, that they are unable to increase the pace of the trainings, and that they expect to receive a contract extension from the MOH.

C. The IDM training team insisted that the trainings require five weeks in the field despite all evidence to the contrary. The five week period was originally recommended by FPLM based on plans for rewriting the curriculum in each region based on in-depth needs assessments. However, based on the experience of the pilot region training, extensive needs assessments and tailoring of the curriculum were not deemed feasible. When that decision was made, the FPLM trainers and MOH/FPU Project Coordinator emphasized to the IDM team that regional trainings should require only three weeks (four under extreme circumstances). Contrary to this directive, IDM continues to take five weeks for each regional training even though they do not conduct in-depth needs assessments or make curriculum changes. In preparation for a one week training, they are essentially taking four weeks in the field to identify participants, make logistics arrangements, and make other preparations. The IDM training team has made it clear that they will not shorten this five-week period unless they have a formal request from the MOH/FPU and possibly a contract amendment.

D. Despite a contractual requirement to submit regional training reports, IDM has submitted only one, out of four, reports.

E. Despite the request of the MOH/FPU Program Manager to use three trainers for each regional training, IDM continues to use two.

F. NACP and NFPP staff interviewed in two regions that had already received training were utilizing only bits and pieces of the new system and clearly needed follow-up supervision to ensure that they understand what to do and actually begin doing it.

G. The MOH/FPU has never formally launched the training project at the National MCH Coordinator Council Conference or any other high profile setting.

H. The IDM trainers faulted the MOH for the following:

- the slow release of training funds for each regional training,
- the lack of follow-up training from the central level,
- the lack of coordination of changes in the NACP forms with the HMIS,
- the failure of the NACP to supply IDM with Report and Request forms, to contact RMOs, and to send letters to the regions prior to scheduled trainings to request the cooperation of relevant officials (e.g. , the IDM training team was recently not allowed to conduct the training in Mbeya because no letter was sent by the MOH),
- the low profile of the training project.

3. *Recommendations*

NFPP and the Logistics Training Project

A. The MOH/FPU should work with IDM to develop a schedule which will ensure the completion of the logistics trainings in all twenty regions by the end of the project. The MOH/FPU should closely monitor the progress of IDM in achieving this important contractual obligation.

B. The MOH/FPU should instruct IDM to use three trainers for each training and to submit all delinquent training reports.

C. The MOH/FPU should schedule follow-up visits to regions that have completed the logistics training to monitor progress and identify areas requiring further attention.

NACP and the Logistics Training Project

A. The NACP should immediately designate a staff member to manage its participation in the national logistics management training project. This person's scope of work should include:

- Ensuring that all MIS forms and booklets are produced and distributed to RACCs and DACCs;

- Sending a letter from the Program Manager to the RMO and RACC no later than six weeks prior to each regional training, informing them of the participants and other details of the training;

- Providing regular follow-up, monitoring, and supervision visits to regions which have received training to ensure that procedures learned are being followed correctly.

B. The TAP should correct the NACP Report/Request form as soon as possible. The NACP should immediately distribute the corrected forms to all regions which have received logistics training, as well as to the IDM trainers for distribution at upcoming regional trainings. The NACP Program Manager stated that the NACP could provide carbon paper to each RACC and DACC. RACCs and DACCs should be instructed to implement both the Report/Request form and the Inventory Ledger Book immediately, and begin to send in monthly and quarterly reports as instructed in the training.

C. The NACP should immediately designate a central level staff member to process the Report/Request forms that will begin to arrive from the regions and districts where training has occurred. This person should determine the quarterly order quantities to be shipped to regions from the central warehouse, using the data from the Report/Request forms turned in by regions and districts. This person should also follow up promptly on any forms which are not turned in.

ANNEXES

ANNEX A

Persons Contacted

PERSONS CONTACTED

USAID/Tanzania

Ms. Dana Vogel, Health, Population and Nutrition Officer (HPNO)
Dr. Susan Hunter, AIDS Sector Advisor
Mr. Michael Mushi, Assistant Health and Population Officer
Dr. F.M. Mburu, Family Planning Support Services (FPSS) Project Manager

AIDSCAP/Tanzania

Ms. Penina Ochola, Resident Advisor
Mr. Justin Goma, Program Officer
Mr. Tim Manchester, Director, Project Support Unit
Mr. George Bananuka, Operations Manager, Social Marketing Unit (SMU)
Mr. Wilhelm, Sales Representative, SMU

AIDSCAP/Africa Regional Office

Ms. Janet Hayman, Program Officer
Mr. Bunmi Makinwa, Communication Officer
Mr. Robert Clark, Private Sector Officer

Expanded Program of Immunization (EPI), MOH

Mr. B.A. Msoma, Manager

Family Planning Unit (FPU), MOH

Dr. Calista Simbakalia, Programme Manager
Mr. Daniel Mmari, Logistics Officer
Mrs. Nema, Storekeeper

Medical Stores Department

Mr. Peter J. Mellon, Director General
Mr. Stefan Medin, Director of Operations
Mr. Kenneth Prause, Director of Distribution and Regions

National AIDS Control Program (NACP), Ministry of Health (MOH)

Dr. Roland O. Swai, Programme Manager
Dr. Bennett Fimbo, Information, Education and Communication (IEC) Unit Director
Dr. Felix Ndyetabura, STD Unit Director
Mr. Joel Ndayongeje, MIS Officer
Mrs. Neusta Kwesigabo, Assistant to the Administrator
Mr. Mikidadi Kitamu, Procurement Officer
Mr. Felix Mishana, Supplies Officer
Ms. Fauzia Hussein, Computer Programmer
Mr. Charles Lutandula, Stores Attendant
Mr. Carle Lyimo, RACC, Morogoro Region
Mr. Boniventure Moshi, Morogoro Urban DACC
Dr. C.I.D. Mbogo, Regional Medical Officer, Dodoma
Dr. D.A. Mwalyambirle, Assistant Health Officer, Dodoma
Mr. Benedict Temba, Dodoma Rural DACC
Mr. Lenga Nteminyanda, DACC, Kisarawe District, Dodoma Region

Danish International Development Agency (DANIDA)

Mr. Ciaes Broms, Chief Technical Advisor

European Economic Community

Mrs. Maria Paalman, Technical Assistant, NACP STD Unit

Gesellschaft fur Technische Zusammenarbeit (GTZ)

Mrs. S.A. Mlay, Family Planning Coordinator

Overseas Development Administration (ODA)

Mr. Steve Crossman

United Nations Fund for Population Activities (UNFPA)

Ms. Mieko Yabuta, Programme Officer
Mrs. Dorothy Temu-Usiri, Programme Officer

World Health Organization

Mrs. Angela Trenton-Mbonde, NACP Technical Officer

Annex B

Issues from Districts

FAMILY PLANNING METHODS - ISSUES FROM DISTRICTS (UNADJUSTED)
10/1/93 - 9/30/94
(BY QUARTER)[1]

METHOD	QUARTER 4 (1993)	QUARTER 1 (1994)	QUARTER 2 (1994)	QUARTER 3 (1994)
CONDOM (52nx)	309,138	349,296	523,941	348,093
LO-FEMENAL	315,078	193,905	171,289	110,954
MICROGYNON	98,993	167,505	189,527	141,263
MARVELON	58,133	72,258	129,193	74,631
MICROLUT	28,267	47,084	55,100	35,305
MICROVAL	0	12,347	18,752	15,482
DEPO-PROVERA	27,329	113,383	57,127	45,094
NEOSAMPOON	60,800	385,800	263,120	156,140
CONCEPTROL	0	14,356	43,680	29,279
CuT 380	2,632	4,967	4,044	1,952

1 Percent districts reporting for each quarter:
Quarter 4, 1993 - 42%
Quarter 1, 1994 - 74%
Quarter 2, 1994 - 61%
Quarter 3, 1994 - 45%

FAMILY PLANNING METHODS - ISSUES FROM DISTRICTS (ADJUSTED[1])
10/1/93 - 9/30/94

METHOD	QUARTER 4 (1993)	QUARTER 1 (1994)	QUARTER 2 (1994)	QUARTER 3 (1994)	TOTALS
CONDOM(52nx)	736,042	472,021	858,920	773,540	2,840,323
LO-FEMENAL	750,185	262,033	286,802	246,564	900,000[2]
MICROGYNON	235,697	226,358	310,700	313,918	1,086,673
MARVELON	126,507	97,645	211,792	165,847	601,791
MICROLUT	67,302	63,627	90,328	78,455	299,712
MICROVAL	0	16,685	30,741	34,404	109,107
DEPOPROVERA	65,069	153,220	93,651	100,209	412,149
NEOSAMPOON	159,047	521,351	431,344	346,978	1,458,720
CONCEPTROL	0	19,400	71,608	65,064	208,096
CuT 380	6,266	6,712	6,630	4,338	23,946

1 Reporting adjusted to represent 100% reporting for all districts for each quarter. There is insufficient information on reasons for non-reporting to use a lower adjustment factor.

2 Actual adjusted total is 1,539,584. This figure was adjusted down to 900,000 because of the forced pushing of Lo-Femenal down the system resulting in large balances in stock at clinics which has not been dispensed to users.

Annex C

Forecast of Contraceptive Needs

FORECAST OF 1995 CONTRACEPTIVE NEEDS FOR NACP, NFPP, AND PSI

METHODS	1994 CPT ESTIMATED CONSUMPTION for 1995	LOGISTICS DATA FORECAST for 1995	TARGETCOST FORECAST for 1995	FPLM FORECAST for 1995	AGREED UPON ESTIMATED CONSUMPTION for
CONDOMS	19,000,000	19,839,360	17,600,000	20,000,000	20,000,000
- F.P.	5,000,000	3,039,360	-	3,500,000	3,500,000
- NACP	10,000,000	8,000,000	-	9,000,000	9,000,000
- PSI	4,000,000	8,800,000	-	7,500,000	7,500,000
ORALS-TOTAL	3,650,000	4,101,000	3,724,200	3,750,000	3,750,000
LO-FEMENAL	1,200,000	1,200,000	-	1,000,000	1,000,000
MICROGYNON	1,400,000	1,600,000	-	1,650,000	1,650,000
MICROVAL	550,000	220,000	-	350,000	350,000
MICROLUT	N.A.	450,000	-	150,000	150,000
MARVELLON	500,000	631,000	-	600,000	600,000
DEPO-PROVERA	300,000	494,579	543,140	700,000	700,000
NEO SAMPOON	1,000,000	1,000,000	0	750,000	750,000
CONCEPTROL	1,000,000	500,000	0	500,000	500,000
CuT 380	45,000	26,341	12,570	20,000	20,000

1. Based on 1994 adjusted logistics data, projected to 1995 using growth factor from Targetcost projection.
2. Figures agreed upon at the 1/30/1995 donor meeting.
3. Based on condom prevalance rate derived from 1994 TKAP survey
4. Based on adjusted logistics data for Quarter 4, 1993 - Quarter 3, 1994

5. Based on NACP records of issues from central leval. Adjusted down to 8,000,000 due to anticipated effect of PSI condom distribution on NACP distribution.
6. Based on PSI sales projections for 1995.
7. TKAP survey did not provie prevalence data by brand.
8. Projection of no increase based on results of 1994 TKAP and anecdotal evidence from field of client use of VFTs.
9. 1991/1992 TDHS and 1994 TKAP show "0" preference for VFT use.
10. Projected decrease based on results of 1994 TKAP and on anecdotal evidence from field indicating low client preference for Conceptrol.

ANNEX D

Approximate Contraceptive Order Quantities

CALCULATION OF APPROXIMATE CONTRACEPTIVE ORDER QUANTITIES
FOR NFPP, NACP, AND PSI (1995)

METHOD	(1) B.O.Y STOCK (1995)	+(2) SCHEDULED SHIPMENTS NOT YET RECEIVED	-(3) ESTIMATED CONSUMPTION (1995)[1]	-(4) SAFETY STOCK (8 months)	=(5) APPROXIMATE ORDER QUANTITY (1995)	AGREED UPON ORDER QUANTITY (1995)[2]
CONDOM						
- F.P./NACP	7,000,000[3]	6,444,000	12,500,000	8,325,000	7,381,000	7,381,000
- PSI	332,000	3,804,000	7,500,000	4,995,000	8,359,000	8,359,000
ORALS						
- LO-FEMENAL	3,400,000		1,000,000	670,000	0	0
- MICROGYNON	618,591		1,650,000	1,105,500	2,136,909	1,818,182
- MARVELON	51,400	200,000	600,000	402,000	750,600	0
- MICROVAL	210,700	181,200	350,000	233,100	191,200	401,400
- MICROLUT	39,800		150,000	100,000	210,200	0
DEPO-PROVERA®	161,330	611,050[4]	700,000	469,000	396,620	396,620
NEOSAMPOON	1,613,000		750,000	502,500	0	0
CONCEPTROL	1,353,600	158,400	500,000	335,000	0	0
CuT 380	76,200		20,000	13,400	0	0

1. Based on figures agreed upon at 1/30/95 donor meeting.

2. Based on figures agreed upon at 1/30/95 donor meeting.

3. Condoms for the F.P. and NACP are stored in the same warehouse and are not separated by program.

4. Three scheduled USAID shipments in 1995 - total quantity 320,000.
Scheduled ODA shipments for 1994 and 1995 - two shipments, total quantity 291,050.

ANNEX E

1995 CONTRACEPTIVE PROCUREMENT BY DONORS

DONOR COMMITMENTS FOR CONTRACEPTIVE ORDER QUANTITIES (1995)

	UNFPA	
METHOD	**QUANTITY**	**APPROX. COST**
CONDOMS (NACP)	7,381,000	$ 256,285
MICROGYNON	1,818,182	$ 500,000
MICROVAL	401,000	$ 105,864
TOTAL		**$ 862,149**
	USAID	
CONDOMS(PSI)	8,359,000	$434,668
	ODA	
DEPO-PROVERA®	396,620	$ 407,328

ANNEX F

1995 CPTs

NEWCPT V2.2

ountry: Tanzania
ecipient: AIDS Control Program
roduct: 52mm Non Colored, No Logo
repared by: Dixon/Perry
odified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 01/31/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
Beg. of Year Stock	7,546.5	25,608.5	7,000.0	9,002.0	9,998.0
Estimated Consumption					
(a) Sales/Distrib.	22,000.0	23,840.5	12,500.0	13,500.0	15,000.0
(b) Loss/Disposal					
(c) Transfer/Adjust.		6,222.0			
Add'l Contraceptives					
(a) Received	40,062.0	11,454.0		NA	NA
(b) Scheduled	NA		6,444.0		NA
End of Yr Stock	25,608.5	7,000.0	944.0	-4,498.0	NA
Desired EOY Stock	NA	NA	9,000.0	10,000.0	NA
Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	8,058.0	14,496.0	NA
Supply Shortfall	NA	NA			-4.7

995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

38

Country: Tanzania
Recipient: AIDS Control Program
Product: 52mm Non Colored, No Logo
Prepared by: Dixon/Perry
Modified by: Dixon

Date: 07/12/95
Time: 16:56
Prepared on: 01/31/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

1. BEGINNING STOCK Year: 1993

Based on a physical inventory of central level stocks and rough estimates of lower level stocks (system does not currently track stock levels at lower levels of system)

2a. ESTIMATED USE Year: 1993

From 1994 CPTs - figure based on BOY stock. NACP unable to produce even central level issues data for 1993, so this consumption estimate is rough.

2a. ESTIMATED USE Year: 1994

F.P. - 2,840,523, based on log data of issues from districts to SDPs, adjusted for 100% reporting. NACP - 21,000,000, based on NACP records of issues from central level; NACP has no LMIS for recording issues below central level; even central level issues data considered poor.

2a. ESTIMATED USE Year: 1995

F.P. - 3,500,000; NACP - 9,000,000. Based on synthesis of adjusted 1994 log. data projected to 1995 using growth factor from TargetCost, and actual TargetCost 1995 projection; then estimate decreased due to anticipated effect of PSI sales. Final f'cast agreed to at donor mtg.

2a. ESTIMATED USE Year: 1996

See 1995 distributions footnote. Based estimate of increase in distributions for 1996 on growth factor from TargetCost projection adjusted for anticipated effect of PSI sales.

›untry: Tanzania
:cipient: AIDS Control Program
·oduct: 52mm Non Colored, No Logo
·epared by: Dixon/Perry
›dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 01/31/95
Modified on: 02/24/95

ı. ESTIMATED USE Year: 1997

Same methodology used to estimate increase as used for 1996.

:. TRANSFERS Year: 1994

Administrative adjustment to reconcile 1995 CPT BOYS with actual 1995 BOYS (obtained from physical inventory at central warehouse and estimate of stocks at lower levels, as that data was not available). Adjustment necessary because of very poor NACP records & stock estimate

a. SHIPMENTS RECEIVED Year: 1994

NEWVERN 5475/2 (52nx for NACP, original ship date 6/24/94) was delayed due to QA problems and should be received early 1995.

40

NEWCPT V2.2

Country: Tanzania
Recipient: AVSC/Family Planning Association
Product: Norplant
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
1. Beg. of Year Stock	0.2	0.0	3.4	3.4	0.6
2. Estimated Consumption					
(a) Sales/Distrib.	1.6	2.0	2.2	2.8	3.2
(b) Loss/Disposal					
(c) Transfer/Adjust.	-1.4	1.4			
3. Add'l Contraceptives					
(a) Received		2.6		NA	NA
(b) Scheduled	NA	4.2	2.2		NA
4. End of Yr Stock	0.0	3.4	3.4	0.6	NA
5. Desired EOY Stock	NA	NA	1.9		NA
6. Net Supply Situation					
(a) Surplus	NA	NA	1.5	0.6	NA
(b) Qty Needed	NA	NA			NA
7. Supply Shortfall	NA	NA			

1995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 0
Maximum stock (months): 0
Desired stock (months): 0

41

ountry: Tanzania
ecipient: AVSC/Family Planning Association
roduct: Norplant
repared by: Dixon
odified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

|. BEGINNING STOCK Year: 1993

From 1994 CPTs - no additional data available.

a. ESTIMATED USE Year: 1993

From 1994 CPTs - no additional data available.

a. ESTIMATED USE Year: 1994

From 1994 CPTs - no data was obtained from AVSC on this CPT visit.

a. ESTIMATED USE Year: 1995

Estimate from 1994 CPTs - no additional information recvd on this trip to change forecast.
Mission was advised that CLM is having problems in negotiating a Norplant contract and supplies may not be available.

a. ESTIMATED USE Year: 1996

From 1994 CPTs - no additional data available.

42

Country: Tanzania
Recipient: AVSC/Family Planning Association
Product: Norplant
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95
Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

2a. ESTIMATED USE Year: 1997

Estimate based on trend, no other info available.

2c. TRANSFERS Year: 1993

Quantity borrowed from Kenya.

2c. TRANSFERS Year: 1994

To have been returned to Kenya program, although there is no information on whether this was done.

3a. SHIPMENTS RECEIVED Year: 1994

No information recvd on whether these scheduled shipments have arrived The 5992 NEWVERN ID shipments are consigned to USAID/Dar Es Salaam.

3b. SHIPMENTS SCHEDULED Year: 1995

These shipments consigned to USAID/Dar.

NEWCPT V2.2

›untry: Tanzania
:cipient: Ministry of Health
·oduct: Copper T, 380
·epared by: Dixon
›dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
. Beg. of Year Stock	0.0	13.0	76.2	56.2	34.2
. Estimated Consumption					
(a) Sales/Distrib.	27.0	23.9	20.0	22.0	24.0
(b) Loss/Disposal					
(c) Transfer/Adjust.		6.7			
. Add'l Contraceptives					
(a) Received	40.0	45.6		NA	NA
(b) Scheduled	NA	48.2			NA
. End of Yr Stock	13.0	76.2	56.2	34.2	NA
. Desired EOY Stock	NA	NA	14.7		NA
. Net Supply Situation					
(a) Surplus	NA	NA	41.6	34.2	NA
(b) Qty Needed	NA	NA			NA
. Supply Shortfall	NA	NA			

995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 0
Maximum stock (months): 0
Desired stock (months): 0

44

Country: Tanzania
Recipient: Ministry of Health
Product: Copper T, 380
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

1. BEGINNING STOCK Year: 1993

From 1994 CPTs - no other data available.

2a. ESTIMATED USE Year: 1993

From 1994 CPTs - no other data available.

2a. ESTIMATED USE Year: 1994

From adjusted logistics data of district level issues to clinics (data was adjusted to represent 100% of districts reporting).

2a. ESTIMATED USE Year: 1995

Estimate is a compromise between logistics data forecast and TargetCost projection (which used prevalence data from the 1994 TKAP survey to estimate consumption) Both showed decrease in Copper T use.

2a. ESTIMATED USE Year: 1996

Assume that IUD use will start to increase with more trained providers, emphasis on long term methods, etc.
There are ample supplies in the system regardless of whether consumption decreases or increases sharply.

untry: Tanzania
cipient: Ministry of Health
oduct: Copper T, 380
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

. ESTIMATED USE Year: 1997

Same as 1996 reasoning.

. TRANSFERS Year: 1994

Admin adjustment to reconcile CPT 1995 BOYS with actual 1995 BOYS based on physical inventory at central warehouse and estimate of lower level stocks. Discrepancy likely caused by this estimate. Regardless of size of this adjustment, system is very overstocked in CT38.

a. SHIPMENTS RECEIVED Year: 1994

Shipment 5990/2 is now in port, soon to be cleared.

46

NEWCPT V2.2

Country: Tanzania
Recipient: Ministry of Health
Product: Depo-Provera (every 3 mos)
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
1. Beg. of Year Stock	146.0	306.0	161.3	533.3	600.0
2. Estimated Consumption					
(a) Sales/Distrib.	200.0	412.1	700.0	800.0	900.0
(b) Loss/Disposal					
(c) Transfer/Adjust.		-13.4			
3. Add'l Contraceptives					
(a) Received	360.0	254.0		NA	NA
(b) Scheduled	NA		1,025.9		NA
4. End of Yr Stock	306.0	161.3	487.2	-266.7	NA
5. Desired EOY Stock	NA	NA	533.3	600.0	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	46.0	866.8	NA
7. Supply Shortfall	NA	NA	-0.1	0.1	

1995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

untry: Tanzania
cipient: Ministry of Health
oduct: Depo-Provera (every 3 mos)
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

BEGINNING STOCK Year: 1993

From 1994 CPTs - no other data available.

a. ESTIMATED USE Year: 1993

From 1994 CPTs: based on MOH/FPU interim LMIS records of issues from the district level.

a. ESTIMATED USE Year: 1994

From adjusted logistics data of issues from district level (adjusted for non-reporting districts)

a. ESTIMATED USE Year: 1995

Based on 1991/92 TDHS and '94 TKAP, depo exhibiting dramatic increase. This supported by field interviews and indications of shortages of depo. Seems very likely that use will continue to increase rapidly. Use should be closely monitored.

a. ESTIMATED USE Year: 1996

As in 1995, increase in depo consumption is assumed to exceed that indicated by logistics data & TargetCost projection. However, assume also that increase in depo consumption will level off. Depo use should be closely monitored.

48

Country: Tanzania
Recipient: Ministry of Health
Product: Depo-Provera (every 3 mos)
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

2a. ESTIMATED USE Year: 1997

Same reasoning as 1996 - assume that use will increase but rate of increase will taper off.

2c. TRANSFERS Year: 1994

Admin entry to reconcile CPT 1995 BOYS with BOYS obtained from physical inventory of central warehouse and estimate of lower level stocks. Discrepancy likely due to this estimte.

3b. SHIPMENTS SCHEDULED Year: 1995

Per Lois, NEWVERN shipments 5991/1 and 5991/3 will be shipped on 3/31/95 rather than on the shipment date of 3/31/96 indicated on NEWVERN.

3b. SHIPMENTS SCHEDULED Year: 1996

If possible, THESE SHIPMENTS SHOULD BE MOVED UP TO 1995 TO AVOID SHORTFALLS. ODA is supplying most of the remaining requirement.

NEWCPT V2.2

untry: Tanzania
cipient: Ministry of Health
oduct: Lo-Femenal, Blue Lady
e: ared by: Dixon
d fied by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
Beg. of Year Stock	250.0	3,266.0	3,000.0	2,000.0	900.0
Estimated Consumption					
(a) Sales/Distrib.	800.0	900.0	1,000.0	1,100.0	1,200.0
(b) Loss/Disposal					
(c) Transfer/Adjust.		-634.0			
Add'l Contraceptives					
(a) Received	3,816.0			NA	NA
(b) Scheduled	NA				NA
End of Yr Stock	3,266.0	3,000.0	2,000.0	900.0	NA
Desired EOY Stock	NA	NA	733.3	800.0	NA
Net Supply Situation					
(a) Surplus	NA	NA	1,267.2	99.6	NA
(b) Qty Needed	NA	NA			NA
Supply Shortfall	NA	NA			-300.9

995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

50

Country: Tanzania
Recipient: Ministry of Health
Product: Lo-Femenal, Blue Lady
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

1. BEGINNING STOCK Year: 1993

From 1994 CPTs

2a. ESTIMATED USE Year: 1993

From 1994 CPTs: based on district level distribution data from MOH/FPU LMIS.

2a. ESTIMATED USE Year: 1994

From adjusted logistics data of issues from districts. Actual adjusted total is 1,539,584, but this figure adjusted down to 900,000 to compensate for forced pushing of lo-fem down the system. Issues from districts likely differ substantially from actual consumption.

2a. ESTIMATED USE Year: 1995

Microgynon (altho identical, but more expensive product) is preferred by users. Despite this fact and high lo-fem stocks in country, MOH has not, nor appears inclined to, launch lo-fem campaign; Lo-fem has been pushed down system. Difficult to accurately determine consumption.

2a. ESTIMATED USE Year: 1996

Same reasoning as for 1995.
At 1996 CPT preparation, should look closely at Lo-Fem stock levels & distribution to determine if it is gaining acceptance.

51

NEWCPT V2.2

untry: Tanzania
cipient: Ministry of Health
oduct: Lo-Femenal, Blue Lady
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

. ESTIMATED USE Year: 1997

Same as 1995

. TRANSFERS Year: 1994

dmin entry to reconcile CPT 1995 BOYS with stock at central warehouse
stock estimates at lower levels. Because so much lo-fem in system
not possible to accurately determine lower level stocks, 1995 BOYS
s rough estimate. Re-examine lo-fem closely for 1996 CPTs.

52

NEWCPT V2.2

Country: Tanzania
Recipient: Ministry of Health
Product: Microgynon
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95
Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
1. Beg. of Year Stock	600.0	1,600.0	618.6	787.8	1,233.8
2. Estimated Consumption					
(a) Sales/Distrib.	1,300.0	1,467.4	1,650.0	1,750.0	1,850.0
(b) Loss/Disposal					
(c) Transfer/Adjust.					
3. Add'l Contraceptives					
(a) Received	2,300.0	486.0		NA	NA
(b) Scheduled	NA				NA
4. End of Yr Stock	1,600.0	618.6	-1,031.4	-962.2	NA
5. Desired EOY Stock	NA	NA	1,166.7	1,233.3	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	2,198.4	2,196.0	NA
7. Supply Shortfall	NA	NA	379.2		-0.2

1995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

53

untry: Tanzania
cipient: Ministry of Health
oduct: Microgynon
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

BEGINNING STOCK Year: 1993

From 1994 CPTs - no additional data available

a. ESTIMATED USE Year: 1993

From 1994 CPTs (no additional data available): Based on district level distribution data from the interim LMIS of the MOH/FPU.

a. ESTIMATED USE Year: 1994

From MOH/FPU log. records of issues from districts to SDPs, adjusted for non-reporting districts. Altho 1994 issues less than 1993's, interviews of service providers reveal strong client pref for microgynon Believe '94 issues data underestimates actual consumption.

a. ESTIMATED USE Year: 1995

See footnote for 1994 distributions. This estimate based on anecdotal evidence from field interviews, review of TargetCost projections for orals, and logistics records. This estimate was agreed upon by donors at meeting in Dar.

a. ESTIMATED USE Year: 1996

Same methodology used as for 1995.

Country: Tanzania
Recipient: Ministry of Health
Product: Microgynon
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

2a. ESTIMATED USE Year: 1997

Same reasoning as in 1995.

3b. SHIPMENTS SCHEDULED Year: 1995

Shipments are proposed based on agreement reached at donor meeting - UNFPA agreed to supply in 1995. Although quantity needed is 2,198,400, because of funding constraints, UNFPA has currently agreed to procure 1,818,182 for 1995.

3b. SHIPMENTS SCHEDULED Year: 1996

These are "tentative" proposed shipments as the donors did not make firm commitments for supplies beyond 1995.

55

NEWCPT V2.2

untry: Tanzania
cipient: Ministry of Health
oduct: Microval
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
Beg. of Year Stock	0.0	445.8	250.5	367.3	400.5
Estimated Consumption					
(a) Sales/Distrib.	450.0	475.0	500.0	550.0	600.0
(b) Loss/Disposal					
(c) Transfer/Adjust.		141.5			
Add'l Contraceptives					
(a) Received	895.8	421.2		NA	NA
(b) Scheduled	NA		181.2		NA
End of Yr Stock	445.8	250.5	-68.3	-182.7	NA
Desired EOY Stock	NA	NA	366.7	400.0	NA
Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	435.6	583.2	NA
Supply Shortfall	NA	NA			-0.8

995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

16

Country: Tanzania
Recipient: Ministry of Health
Product: Microval
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

1. BEGINNING STOCK Year: 1993

This product was introduced during 1993.

2a. ESTIMATED USE Year: 1993

Based on district issues data of FPU LMIS. Note: this CPT includes stocks for both microval & microlut. As they are chemically equivalent (altho microlut is more expensive), MOH wanted to discontinue microlut. At 1995 donor mtg., UNFPA decided to supply only microval.

2a. ESTIMATED USE Year: 1994

Based on MOH/FPU logistics data of issues from districts to clinics, adjusted for non-reporting districts. Adjusted issues of microlut - 299,712; adjusted issues of microval - 109,107. Total adjusted up slightly as evidence indicates issues underestimates consumption.

2a. ESTIMATED USE Year: 1995

This estimate is a compromise between a logistics based forecast and a TargetCost projection for orals; donors agreed to the forecast. The estimate represents consumption of both products during the period that microlut stocks are depleted.

2a. ESTIMATED USE Year: 1996

Increase is based on growth in orals from TargetCost projection.

untry: Tanzania
cipient: Ministry of Health
oduct: Microval
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

. ESTIMATED USE Year: 1997

Same reason for increase as in 1996.

. TRANSFERS Year: 1994

Admin entry to reconcile CPT 1995 BOYS with BOYS obtained from physical inventory of central warehouse and estimate of lower level stocks. As latter was an estimate, this admin entry was necessary.

. SHIPMENTS SCHEDULED Year: 1995

At donor meeting, UNFPA agreed to supply 401,000 cycles. Hopefully based on CPTs, they will supply full need. If not, there will be small shortfall in safety stock at end of 1995.

58

NEWCPT V2.2

Country: Tanzania
Recipient: Ministry of Health
Product: Marvelon
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95
Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
1. Beg. of Year Stock	250.0	281.0	51.4	0.0	0.0
2. Estimated Consumption					
(a) Sales/Distrib.	500.0	601.8	600.0		
(b) Loss/Disposal					
(c) Transfer/Adjust.	-31.0	285.8			
3. Add'l Contraceptives					
(a) Received	500.0	658.0		NA	NA
(b) Scheduled	NA		200.0		NA
4. End of Yr Stock	281.0	51.4	-348.6	0.0	NA
5. Desired EOY Stock	NA	NA			NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	349.2		NA
7. Supply Shortfall	NA	NA	349.2		

1995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

untry: Tanzania
cipient: Ministry of Health
oduct: Marvelon
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

BEGINNING STOCK Year: 1993

Based on central warehouse records and reports from the lower levels at time of the 1994 CPTs.

. ESTIMATED USE Year: 1993

From 1994 CPTs: based on district level issues data from the interim LMIS of the MOH/FPU.

. ESTIMATED USE Year: 1994

Based on MOH/FPU records of issues from districts to SDPs, adjusted for non-reporting districts.

. ESTIMATED USE Year: 1995

At donor meeting, decision was made that UNFPA would no longer supply this product as both Lo-Fem and Microgynon are similar, but Marvelon is more expensive. (However, 1995 forecast was based on logistics data and TargetCost and expected share of oral market for Marvelon.)

. ESTIMATED USE Year: 1996

As supply of this product is being discontinued and it should stock out in 1995, no forecast made for 1996 and beyond.

Country: Tanzania
Recipient: Ministry of Health
Product: Marvelon
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95
Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

2c. TRANSFERS Year: 1993

From 1994 CPTs: adjustment entry based on knowledge of BOY 1994.

2c. TRANSFERS Year: 1994

Admin adjustment to reconcile CPT 1995 BOYS with 1995 BOYS obtained from physical inventory at central warehouse and estimate of stocks at lower levels. Discrepancy likely from this estimate & uncertainty re UNFPA '94 shipments & quantities-BUT, anyway, product being phased out

3b. SHIPMENTS SCHEDULED Year: 1995

This shipment is scheduled to arrive soon. At the donor meeting, there was no indication by UNFPA whether is would (or could) be cancelled.

61

NEWCPT V2.2

untry: Tanzania
cipient: Ministry of Health
oduct: Neo-Sampoon
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
Beg. of Year Stock	0.0	520.0	1,613.0	863.0	501.8
Estimated Consumption					
(a) Sales/Distrib.	1,000.0	1,458.7	750.0	750.0	750.0
(b) Loss/Disposal					
(c) Transfer/Adjust.	-820.0	-1,405.8			
Add'l Contraceptives					
(a) Received	700.0	487.6		NA	NA
(b) Scheduled	NA	658.3			NA
End of Yr Stock	520.0	1,613.0	863.0	113.0	NA
Desired EOY Stock	NA	NA	500.0	500.0	NA
Net Supply Situation					
(a) Surplus	NA	NA	364.8		NA
(b) Qty Needed	NA	NA		388.8	NA
Supply Shortfall	NA	NA			-0.6

995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

62

Country: Tanzania
Recipient: Ministry of Health
Product: Neo-Sampoon
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

1. BEGINNING STOCK Year: 1993

Per 1994 CPT, no data available re 1993 BOYS.

2a. ESTIMATED USE Year: 1993

Per 1994 CPT: Decision reached by donors at time of 1993 CPT (3/93) to move the program from NeoSampoon to less expensive Conceptrol. Overall use of VFTs is estimated at 2 million for 1993 based on MOH/FPU interim LMIS data.

2a. ESTIMATED USE Year: 1994

Based on MOH/FPU logistics data of issues from districts to SDPs, adjusted for non-reporting districts.

2a. ESTIMATED USE Year: 1995

Per 1991/92 TDHS & 1994 TKAP, no use of VFTs. This method is obviously being used: anecdotal evidence indicates use as back-up method and by certain population grps who may not report use (e.g. teenagers). Donors agreed on dist. of 750,000 (also UNFPA funds to procure limited

2a. ESTIMATED USE Year: 1996

Based on donor discussion, assume that clients will be shifting to long term methods, and VFT use will remain constant. However, VFT use should be closely monitored, as it does appear to be a popular method among certain groups.

untry: Tanzania
cipient: Ministry of Health
oduct: Neo-Sampoon
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

ESTIMATED USE Year: 1997

Same reason as for 1996.

. TRANSFERS Year: 1993

Per 1994 CPTs: adjustment entry based on knowledge of BOY 1994 stock.

. TRANSFERS Year: 1994

Admin entry to reconcile CPT 1995 BOYS and actual BOYS. Explanation: stocks on hand at lower levels of system are only estimates; both FPU & UNFPA are close to clueless re 1994 shipment quantities.

64

NEWCPT V2.2

Country: Tanzania
Recipient: Ministry of Health
Product: Conceptrol Foaming Tablet
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
1. Beg. of Year Stock	0.0	374.0	1,353.6	1,012.0	512.0
2. Estimated Consumption					
(a) Sales/Distrib.	130.0	400.0	500.0	500.0	500.0
(b) Loss/Disposal					
(c) Transfer/Adjust.		161.2			
3. Add'l Contraceptives					
(a) Received	504.0	1,540.8		NA	NA
(b) Scheduled	NA		158.4		NA
4. End of Yr Stock	374.0	1,353.6	1,012.0	512.0	NA
5. Desired EOY Stock	NA	NA	333.3	333.3	NA
6. Net Supply Situation					
(a) Surplus	NA	NA	676.8	177.6	NA
(b) Qty Needed	NA	NA			NA
7. Supply Shortfall	NA	NA			-0.3

1995 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

65

untry: Tanzania
cipient: Ministry of Health
oduct: Conceptrol Foaming Tablet
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

BEGINNING STOCK Year: 1993

Per 1994 CPT, this was new product in 1993.

a. ESTIMATED USE Year: 1993

Per 1994 CPT, use was so low because USAID's 1st shipment did not arrive until 9/93 & this new product was never promoted by MOH/FPU as an alternative to the more expensive NeoSampoon

a. ESTIMATED USE Year: 1994

Based on MOH/FPU logistics data of issues from districts to SDPs, adjusted for non-reporting districts.

a. ESTIMATED USE Year: 1995

Despite strong evidence of client preference for NeoSampoon, supply of that product will be limited because it is more expenseive than Conceptrol & UNFPA has limited funds for its procurement. As there are large stocks of Conceptrol, its use should be encouraged.

a. ESTIMATED USE Year: 1996

With emphasis on long term methods, assume distribution will be stable, but VFTs should be closely monitored.

66

Country: Tanzania
Recipient: Ministry of Health
Product: Conceptrol Foaming Tablet
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95
Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

2a. ESTIMATED USE Year: 1997

Same reasoning as for 1996.

2c. TRANSFERS Year: 1994

Admin entry to reconcile CPT 1995 BOYS with BOYS obtained from physical inventory of central warehouse & estimate of stocks at lower levels of system. Large discrepancy likely results from this estimate of lower level stocks.

-67

NEWCPT V2.2

untry: Tanzania
cipient: PSI
oduct: 52mm Non-Colored Blue-Gold
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
All Numbers in 1,000's

	1993	1994	1995	1996	1997
Beg. of Year Stock	0.0	0.0	332.0	6,668.0	8,002.0
Estimated Consumption					
(a) Sales/Distrib.		3,640.0	7,500.0	10,000.0	12,000.0
(b) Loss/Disposal		600.0			
(c) Transfer/Adjust.					
Add'l Contraceptives					
(a) Received		4,572.0		NA	NA
(b) Scheduled	NA		3,804.0		NA
End of Yr Stock	0.0	332.0	-3,364.0	-3,332.0	NA
Desired EOY Stock	NA	NA	6,666.7	8,000.0	NA
Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	10,032.0	11,334.0	NA
Supply Shortfall	NA	NA			-2.0

95 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

1996 Minimum stock (months): 4
Maximum stock (months): 8
Desired stock (months): 8

68

Country: Tanzania
Recipient: PSI
Product: 52mm Non-Colored Blue-Gold
Prepared by: Dixon
Modified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

1995 Contraceptive Procurement Table
Footnotes

1. BEGINNING STOCK Year: 1993

Program not launched until 1994.

2a. ESTIMATED USE Year: 1993

Program not launched until 1994.

2a. ESTIMATED USE Year: 1994

Based on PSI logistics records of sales.

2a. ESTIMATED USE Year: 1995

PSI estimate of 1995 sales is 8,800,000. Based on logistics data and TargetCost projection, FPLM determined condom share for PSI, MOH, & NACP. FPLM forecast for PSI - 7,500,000. This figure discussed with donors and PSI, and agreed to.

2a. ESTIMATED USE Year: 1996

It is expected that as PSI sales will increase dramatically after first full program year.

untry: Tanzania
cipient: PSI
oduct: 52mm Non-Colored Blue-Gold
epared by: Dixon
dified by: Dixon

Date: 07/12/95

Time: 16:56
Prepared on: 02/01/95
Modified on: 02/24/95

. ESTIMATED USE Year: 1997

Same reasoning as 1996.

. ESTIMATED LOSS Year: 1994

Quantity of condoms that failed quality control and proposed for destruction.

70

ANNEX G

CPT- Financial Requirements

NEWCPT V2.2
Commodity Financial Requirements
Supplier: USAID

Run Date: 07/12/95
Run Time: 16:56:58
Page: 1

Tanzania

Fiscal Year 1995 Operating Year Budget Needs

Product Code	Quantity Year 1	Quantity Year 2	Cost	Freight	Total	
		AVSC/Family Planning Association				
NPLT	0	0	$0	$0	$0	
			$0	$0	$0	TOTAL
		Ministry of Health				
DEPO	46,100	0	$44,256	$3,098	$47,354	
LFMP	0	0	$0	$0	$0	
VFTP	0	0	$0	$0	$0	
			$44,256	$3,098	$47,354	TOTAL
		PSI				
52NG	10,032,000	11,334,000	$1,065,589	$74,591	$1,140,180	
			$1,065,589	$74,591	$1,140,180	TOTAL

Total Commodity Costs	: $1,109,845
Total Estimated Freight Cost (7%)	: $77,689
Total OYB Financial Requirements	: $1,187,534

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

12

Tanzania

Fiscal Year 1996 Congressional Presentation Projections

Product Code	Quantity	Cost	Freight	Total	
		AVSC/Family Planning Association			
NPLT	2,600	$69,576	$4,870	$74,446	
		$69,576	$4,870	$74,446	TOTAL
		Ministry of Health			
DEPO	0	$0	$0	$0	
LFMP	1,467,600	$303,206	$21,224	$324,431	
VFTP	321,600	$36,341	$2,544	$38,885	
		$339,547	$23,768	$363,315	TOTAL
		PSI			
52NG	13,500,000	$729,000	$51,030	$780,030	
		$729,000	$51,030	$780,030	TOTAL

Total Commodity Costs	: $1,138,123
Total Estimated Freight Cost (7%)	: $79,669
Total CP Financial Requirements	: $1,217,792

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

Tanzania

Fiscal Year 1997 Annual Budget Submission Projections

Product Code	Quantity	Cost	Freight	Total	
	AVSC/Family Planning Association				
NPLT	3,700	$103,963	$7,277	$111,240	
		$103,963	$7,277	$111,240	TOTAL
	Ministry of Health				
DEPO	0	$0	$0	$0	
LFMP	1,734,000	$376,278	$26,339	$402,617	
VFTP	504,000	$59,976	$4,198	$64,174	
		$436,254	$30,538	$466,792	TOTAL
	PSI				
52NG	15,750,000	$897,750	$62,843	$960,593	
		$897,750	$62,843	$960,593	TOTAL

Total Commodity Costs	: $1,437,967
Total Estimated Freight Cost (7%)	: $100,658
Total ABS Financial Requirements	: $1,538,624

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
52NG	52mm Non-Colored Blue-Gold	0.0486	0.0510	0.0540	0.0570
DEPO	Depo-Provera (every 3 mos)	0.9600	0.9600	1.0000	1.0500
LFMP	Lo-Femenal, Blue Lady	0.1874	0.1968	0.2066	0.2170
NPLT	Norplant	24.2800	25.4900	26.7600	28.0980
VFTP	Conceptrol Foaming Tablet	0.1040	0.1080	0.1130	0.1190

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.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

ANNEX H

CPT - SUMMARY OF SHIPMENTS

NEWCPT V2.2
Summary of Proposed New Supply
Based on 1995 CPT's
Tanzania

Run Date: 07/12/95
Run Time: 16:57:35
Page: 1

Supplier: USAID

Product	Receipt Date	Quantity
AVSC/Family Planning Association		
* Norplant	1997	2,600
* Norplant	1998	3,700
Ministry of Health		
* Conceptrol Foaming Tablet	1997	321,600
* Conceptrol Foaming Tablet	1998	504,000
Depo-Provera (every 3 mos)	12/31/95	46,100
* Lo-Femenal, Blue Lady	1997	1,467,600
* Lo-Femenal, Blue Lady	1998	1,734,000
PSI		
52mm Non-Colored Blue-Gold	03/31/95	4,500,000
52mm Non-Colored Blue-Gold	08/31/95	3,000,000
52mm Non-Colored Blue-Gold	12/31/95	2,532,000
52mm Non-Colored Blue-Gold	03/31/96	3,000,000
52mm Non-Colored Blue-Gold	07/31/96	4,002,000
52mm Non-Colored Blue-Gold	11/30/96	4,332,000
* 52mm Non-Colored Blue-Gold	1997	13,500,000
* 52mm Non-Colored Blue-Gold	1998	15,750,000

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.

Supplier: Overseas Development Agency

Product	Receipt Date	Quantity
Ministry of Health		
Depo-Provera (every 3 mos)	03/31/96	300,000
Depo-Provera (every 3 mos)	07/31/96	300,000
Depo-Provera (every 3 mos)	12/31/96	266,700
* Depo-Provera (every 3 mos)	1997	966,700
* Depo-Provera (every 3 mos)	1998	1,066,700

* 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.

18

Supplier: UNFPA

Product	Receipt Date	Quantity
AIDS Control Program		
52mm Non Colored, No Logo	07/31/95	3,000,000
52mm Non Colored, No Logo	11/30/95	5,058,000
52mm Non Colored, No Logo	03/31/96	7,002,000
52mm Non Colored, No Logo	10/31/96	7,494,000
* 52mm Non Colored, No Logo	1997	15,840,000
* 52mm Non Colored, No Logo	1998	17,088,000
Ministry of Health		
Microgynon	02/28/95	1,819,200
Microgynon	02/29/96	2,196,000
* Microgynon	1997	1,916,400
* Microgynon	1998	2,017,200
Microval	05/31/95	435,600
Microval	04/30/96	583,200
* Microval	1997	633,600
* Microval	1998	684,000
Neo-Sampoon	09/30/96	388,800
* Neo-Sampoon	1997	748,800
* Neo-Sampoon	1998	753,600

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 V2.2
Summary of All Shipments
Based on 1995 CPT's
Tanzania

Run Date: 07/12/95
Run Time: 16:57:45
Page: 1

Supplier: USAID

Product	Receipt Date	Status	Quantity
AIDS Control Program			
52mm Non Colored, No Logo	01/10/93	Received	4,722,000
52mm Non Colored, No Logo	02/28/93	Received	4,992,000
52mm Non Colored, No Logo	03/16/93	Received	618,000
52mm Non Colored, No Logo	03/19/93	Received	1,740,000
52mm Non Colored, No Logo	03/22/93	Received	3,570,000
52mm Non Colored, No Logo	09/15/93	Received	3,570,000
52mm Non Colored, No Logo	09/15/93	Received	1,152,000
52mm Non Colored, No Logo	09/15/93	Received	3,570,000
52mm Non Colored, No Logo	09/15/93	Received	1,152,000
52mm Non Colored, No Logo	11/26/93	Received	4,992,000
52mm Non Colored, No Logo	11/26/93	Received	4,992,000
52mm Non Colored, No Logo	12/17/93	Received	4,992,000
52mm Non Colored, No Logo	04/14/94	Received	5,208,000
52mm Non Colored, No Logo	07/01/94	Received	6,246,000
52mm Non Colored, No Logo	01/31/95	Shipped	6,444,000
AVSC/Family Planning Association			
Norplant	05/29/94	Shipped	1,500
Norplant	08/14/94	Shipped	500
Norplant	10/31/94	Received	2,600
Norplant	12/02/94	Shipped	100
Norplant	12/03/94	Shipped	1,100
Norplant	12/31/94	Shipped	1,000
Norplant	06/30/95	Ordered	800
Norplant	07/31/95	Ordered	1,400
* Norplant	1997	Proposed	2,600
* Norplant	1998	Proposed	3,700
Ministry of Health			
Conceptrol Foaming Tablet	09/05/93	Received	504,000
Conceptrol Foaming Tablet	09/09/94	Received	1,008,000
Conceptrol Foaming Tablet	10/10/94	Received	532,800
Conceptrol Foaming Tablet	05/31/95	Shipped	158,400
* Conceptrol Foaming Tablet	1997	Proposed	321,600
* Conceptrol Foaming Tablet	1998	Proposed	504,000

+ This shipment is PROPOSED and has not yet been ordered or confirmed from the supplier.
* This shipment represents the aggregate amount of new supply that the program has PROPOSED to order from this supplier for the year and does not indicate a specific shipment quantity or receipt date.

Supplier: USAID

	Product	Receipt Date	Status	Quantity
	Copper T, 380	01/08/93	Received	10,000
	Copper T, 380	08/10/93	Received	10,000
	Copper T, 380	11/19/93	Received	10,000
	Copper T, 380	11/19/93	Received	10,000
	Copper T, 380	09/09/94	Received	8,000
	Copper T, 380	09/09/94	Received	37,600
	Copper T, 380	11/23/94	Shipped	48,200
	Depo-Provera (every 3 mos)	01/30/95	Shipped	160,000
	Depo-Provera (every 3 mos)	03/30/95	Shipped	35,200
	Depo-Provera (every 3 mos)	03/31/95	Shipped	124,800
+	Depo-Provera (every 3 mos)	12/31/95	Proposed	46,100
	Lo-Femenal, Blue Lady	02/19/93	Received	525,600
	Lo-Femenal, Blue Lady	02/19/93	Received	542,400
	Lo-Femenal, Blue Lady	08/10/93	Received	543,600
	Lo-Femenal, Blue Lady	10/15/93	Received	1,101,600
	Lo-Femenal, Blue Lady	11/15/93	Received	1,102,800
*	Lo-Femenal, Blue Lady	1997	Proposed	1,467,600
*	Lo-Femenal, Blue Lady	1998	Proposed	1,734,000
	PSI			
	52mm Non-Colored Blue-Gold	04/05/94	Received	1,002,000
	52mm Non-Colored Blue-Gold	06/01/94	Received	3,570,000
	52mm Non-Colored Blue-Gold	01/30/95	Shipped	582,000
	52mm Non-Colored Blue-Gold	01/30/95	Shipped	1,482,000
	52mm Non-Colored Blue-Gold	01/31/95	Shipped	1,740,000
+	52mm Non-Colored Blue-Gold	03/31/95	Proposed	4,500,000
+	52mm Non-Colored Blue-Gold	08/31/95	Proposed	3,000,000
+	52mm Non-Colored Blue-Gold	12/31/95	Proposed	2,532,000
+	52mm Non-Colored Blue-Gold	03/31/96	Proposed	3,000,000
+	52mm Non-Colored Blue-Gold	07/31/96	Proposed	4,002,000
+	52mm Non-Colored Blue-Gold	11/30/96	Proposed	4,332,000
*	52mm Non-Colored Blue-Gold	1997	Proposed	13,500,000
*	52mm Non-Colored Blue-Gold	1998	Proposed	15,750,000

This shipment is PROPOSED and has not yet been ordered or confirmed from the supplier.
This shipment represents the aggregate amount of new supply that the program has PROPOSED to order from this supplier for the year and does not indicate a specific shipment quantity or receipt date.

Supplier: Overseas Development Agency

Product	Receipt Date	Status	Quantity
Ministry of Health			
Depo-Provera (every 3 mos)	04/10/94	Received	116,000
Depo-Provera (every 3 mos)	01/31/95	Shipped	138,600
Depo-Provera (every 3 mos)	05/31/95	Shipped	152,400
Depo-Provera (every 3 mos)	06/30/95	Ordered	414,900
+ Depo-Provera (every 3 mos)	03/31/96	Proposed	300,000
+ Depo-Provera (every 3 mos)	07/31/96	Proposed	300,000
+ Depo-Provera (every 3 mos)	12/31/96	Proposed	266,700
* Depo-Provera (every 3 mos)	1997	Proposed	966,700
* Depo-Provera (every 3 mos)	1998	Proposed	1,066,700

+ This shipment is PROPOSED and has not yet been ordered or confirmed from the supplier.
* This shipment represents the aggregate amount of new supply that the program has PROPOSED to order from this supplier for the year and does not indicate a specific shipment quantity or receipt date.

Supplier: UNFPA

Product	Receipt Date	Status	Quantity
AIDS Control Program			
+ 52mm Non Colored, No Logo	07/31/95	Proposed	3,000,000
+ 52mm Non Colored, No Logo	11/30/95	Proposed	5,058,000
+ 52mm Non Colored, No Logo	03/31/96	Proposed	7,002,000
+ 52mm Non Colored, No Logo	10/31/96	Proposed	7,494,000
* 52mm Non Colored, No Logo	1997	Proposed	15,840,000
* 52mm Non Colored, No Logo	1998	Proposed	17,088,000
Ministry of Health			
Depo-Provera (every 3 mos)	03/15/93	Received	160,000
Depo-Provera (every 3 mos)	08/15/93	Received	200,000
Depo-Provera (every 3 mos)	03/15/94	Received	138,000
Marvelon	07/15/93	Received	500,000
Marvelon	04/15/94	Received	500,000
Marvelon	05/15/94	Received	158,000
Marvelon	02/01/95	Shipped	200,000
Microgynon	03/15/93	Received	1,300,000
Microgynon	12/15/93	Received	1,000,000
Microgynon	04/15/94	Received	486,000
+ Microgynon	02/28/95	Proposed	1,819,200
+ Microgynon	02/29/96	Proposed	2,196,000
* Microgynon	1997	Proposed	1,916,400
* Microgynon	1998	Proposed	2,017,200
Microval	06/15/93	Received	895,800
Microval	04/15/94	Received	240,000
Microval	08/01/94	Received	181,200
Microval	01/31/95	Shipped	181,200
+ Microval	05/31/95	Proposed	435,600
+ Microval	04/30/96	Proposed	583,200
* Microval	1997	Proposed	633,600
* Microval	1998	Proposed	684,000
Neo-Sampoon	03/15/93	Received	700,000
Neo-Sampoon	05/15/94	Shipped	658,300
Neo-Sampoon	08/01/94	Received	487,600
+ Neo-Sampoon	09/30/96	Proposed	388,800

This shipment is PROPOSED and has not yet been ordered or confirmed from the supplier.
This shipment represents the aggregate amount of new supply that the program has PROPOSED to order from this supplier for the year and does not indicate a specific shipment quantity or receipt date.

Supplier: UNFPA

Product	Receipt Date	Status	Quantity
* Neo-Sampoon	1997	Proposed	748,800
* Neo-Sampoon	1998	Proposed	753,600

+ This shipment is PROPOSED and has not yet been ordered or confirmed from the supplier.
* This shipment represents the aggregate amount of new supply that the program has PROPOSED to order from this supplier for the year and does not indicate a specific shipment quantity or receipt date.

ANNEX I

CPT - DRAFT ORDER CABLE

SECSTATE

FO: CDC/Atlanta for Tim Johnson

BJECT: Population: Order for Contraceptives

R: G/PHN/POP/CLM

AID/Dar Es Salaam requests CPSD to arrange the shipment of the following ntraceptives:

Contraceptive shipping information

AVSC/Family Planning Association

Contraceptive	Quantity	Date to Arrive in Country

Send all shipments to:

The Executive Director, UMATI
Corner Samora/ Zanaki Street
P.O. Box 1372
Dar es Salaam, TANZANIA
Dr. Naomi Katunzi

SHIP DOOR TO DOOR. ALL IUD & NORPLANT SHIPMENTS MUST GO AIR. Please send Consignee copies of all shipping docs, but DHL originals to Mission, Attn D. Vogel, as soon as available Tel: 255-51-28424/23932 Telex: 41780 Fax: 255-51-28426 For IPPF shipments only: 1) mark boxes 'FREE GIFT FROM IPPF' 2) Packing List & Donation Certificate must accompany shipment & be addressed to Dr. Naomi Katunzi. ALL NORPLANT shipments should be consigned to the Executive Director, Family Planning Assoc. of Tanzania (UMATI) Tel:28424/5/6.

Mark containers/boxes with:

Mark For - Air Shipments

Dr. Naomi Katunzi
The Executive Director, UMATI
Corner Samora/ Zanaki Street
P.O. Box 1372
Dar es Salaam, TANZANIA

Mark For - Surface Shipments

Dr. Naomi Katunzi
The Executive Director, UMATI
Corner Samora/ Zanaki Street
P.O. Box 1372
Dar es Salaam, TANZANIA

Send documents to:

	Ocean or Air Negotiable	Bill Copy	Pack List	Export Invoice
Same as Consignee		1	2	2
Lorrie Fritz (For AVSC shipments) AVSC 79 Madison Avenue New York, NY 10016		1	2	2
USAID/Dar Es Salaam ATC Bldg., Ohio St./Garden Ave P.O. Box 9130 Dar Es Salaam, Tanzania	1	1	1	1

B. Ministry of Health

Contraceptive	Quantity	Date to Arrive in Country
Depo-Provera (every 3 mos)	46,100	12/31/95

Send all shipments to:

Ministry of Health, MCH/FP
Samora Avenue/Mirambo Street
P.O. Box 9083
Dar es Salaam, Tanzania
Principal Secretary

SHIP DOOR TO DOOR. ALL IUD & NORPLANT SHIPMENTS MUST GO AIR. Please send Consignee copies of all shipping docs, but DHL originals to Mission as soon as available. Tel: 255-51-20261. Tlx: 41455 TASHEPO.

Mark containers/boxes with:

Mark For - Air Shipments

Principal Secretary
Ministry of Health, MCH/FP
Samora Avenue/Mirambo St.; P.O.B. 9083
Dar Es Salaam, Tanzania

Mark For - Surface Shipments

Principal Secretary
Ministry of Health, MCH/FP
Samora Avenue/Mirambo St.; P.O.B. 9083
Dar Es Salaam, Tanzania

Send documents to:

	Ocean or Air Bill Negotiable	Bill Copy	Pack List	Export Invoice
Same as Consignee		1	2	2
Movement Officer Government Clearing and Forwarding Agent Government Stores;Pugu Rd. P.O.B.9150 Dar Es Salaam, TANZANIA Tel:21859	1	1	2	2
USAID/Dar Es Salaam ATC Bldg., Ohio St./Garden Ave. P.O. Box 9130 Dar Es Salaam, Tanzania	1	1	1	1

PSI

Contraceptive	Quantity	Date to Arrive in Country
52mm Non-Colored Blue-Gold	4,500,000	03/31/95
	3,000,000	09/31/95
	2,532,000	12/31/95
	3,000,000	03/31/96
	4,002,000	07/31/96
	4,332,000	11/30/96

Send all shipments to:

Population Services International
Tetex Building, 4th Fl.
Pamba Road / P.O. Box 33500
Dar Es Salaam, Tanzania
Mr. Tim Manchester

SHIP DOOR TO DOOR. ALL IUD & NORPLANT SHIPMENTS MUST GO AIR. Tel: 255-51-33548. Original shipping documents should be DHL'd to the Mission as soon as available to pass to AIDSCAP/PSI.

Mark containers/boxes with:

Mark For - Air Shipments

Population Services International
Tetex Building, 4th Fl.
Pamba Road / P.O. Box 33500
Dar Es Salaam, Tanzania
Attn: Mr. Tim Manchester

Mark For - Surface Shipments

Population Services International
Tetex Building, 4th Fl.
Pamba Road / P.O. Box 33500
Dar Es Salaam, Tanzania
Attn: Mr. Tim Manchester

Send documents to:

	Ocean or Air Bill Negotiable	Bill Copy	Pack List	Export Invoice
Same as Block 5	1	1	1	1
Attn. John Hayslette PSI 1120 19th Street NW, Suite 600 Washington, DC 20036		1	1	1

2. Source of funding

Charge OYB Transfer from project number .

3. Summary quantities and estimated cost table

Product	Quantity	Cost	Freight	Total
52mm Non-Colored Blue-Gold	21,366,000	$1,065,589	$74,591	$1,140,180

Depo-Provera (every 3 mos)	46,100	$44,256	$3,098	$47,354
Lo-Femenal, Blue Lady	0	$0	$0	$0
Norplant	0	$0	$0	$0
Conceptrol Foaming Tablet	0	$0	$0	$0