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**OVERALL IMPLEMENTATION PLAN  
CONTRACEPTIVE COMMODITY SUBPROJECT**

**APRIL 1994 - JUNE 1997**

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**A MINISTRY OF HEALTH SUBPROJECT UNDER  
USAID POPULATION/FAMILY PLANNING III**

**PROJECT NO. 263-0227**

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## ACRONYMS AND ABBREVIATIONS

BPSS	Bishopric for Public, Ecumenical and Social Services
CASC	Coptic Association for Social Care
CEOSS	Coptic Evangelical Organization for Social Services
CHO	Cairo Health Organization
CIIS	Contraceptive Inventory Information System
CPT	Contraceptive Procurement Table
CSI	Clinical Services Improvement Subproject
CSMP	Contraceptive Social Marketing Project
EFCS	Egyptian Fertility Care Society
EPTC	Egyptian Pharmaceutical Trading Company
FEFO	First Expiry First Out
FOF	Family of the Future
GOE	Government of Egypt
HIO	Health Insurance Organization
I/G&S	Implementation Goods & Services Contractor
IIC	International Islamic Center
IUD	Intra-Uterine Device
JSI	John Snow, Incorporated
MOH	Ministry of Health
MOSA	Ministry of Social Affairs
NPC	National Population Council
PACD	Project Assistance Completion Date
PATH	Program for Appropriate Technology in Health
POP/FP III	Population/Family Planning III Project
PROFIT	Promoting Financial Investments and Transfers
RCT	Regional Center for Training
SOMARC	Social Marketing of Contraceptives Project
TFR	Total Fertility Rate
THO	Teaching Hospitals Organization
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VFT	Vaginal Foaming Tablets

## **EXECUTIVE SUMMARY**

### **Background and Rationale**

Faced with one of the world's highest population growth rates, the Egyptian Government is fully aware of the constraints that rapid population growth poses to national economic and social development, and, since the late 1970s, has been fully committed to effectively addressing this problem. However, although substantial investments have been made in initiating a comprehensive public sector service delivery program to help slow the population growth rate, challenges remain. In further efforts to address this problem through population policy measures, the GOE has adopted specific fertility reduction goals as part of its five year plan (1992-1997). These goals include first, reducing the population growth rate and the total fertility rate, respectively, to 1.8 and 2.7 by the year 2007; and second, to reduce the population growth rate to 2% and the total fertility rate to 3.5 by 1997.

To achieve these goals, GOE strategic efforts will focus on increasing the level and effectiveness of contraceptive use among married couples in Egypt. To assist the GOE to attain its fertility reduction goals, USAID has funded the Population/Family Planning III Project, which aims to contribute to an increase in the CPR from an estimated 47.1% in 1992 to 53% by 1997, and to a decrease in the extended use failure rate from 10% in 1992 to 7% by 1997. Achieving these goals demands that couples have access to information and services that will enable them to select an appropriate, effective method, use that method correctly, and continue use.

### **USAID Support for Contraceptive Commodities**

Since it first initiated assistance to the GOE in family planning, USAID's efforts have included a focus on both the provision of contraceptive supplies and the enhancement of contraceptive commodities logistics and management systems to ensure the ready availability of supplies nationwide. Since 1983, USAID has been the principal donor of contraceptive commodities to Egypt, supplying over \$27,000,000 worth of contraceptive supplies, including IUDs, condoms, vaginal foaming tablets, and oral contraceptives to the public and private sector. USAID has also assisted the Ministry of Health (MOH), Egyptian Pharmaceutical Trading Company (EPTC), and the Contraceptive Social Marketing Project, to establish and improve the contraceptive commodities supply and distribution system.

The public sector contraceptive logistics system is a large and complicated system that provides the full range of contraceptive methods and formulations to service providers for subsequent distribution to clients in nearly 4,000 public sector service sites. Contraceptives move from the central EPTC warehouse in

Cairo, through either EPTC Regional or Governorate warehouses, to MOH Governorate warehouses, to MOH Directorate Stores, down to MOH units for distribution to clients. USAID support has enabled the MOH and EPTC to develop and disseminate logistics management procedures to ensure that sufficient supplies of contraceptives are readily available at all levels of the distribution system. Both the MOH and the EPTC maintain information and records systems able to monitor the flow of commodities throughout their area of responsibility; however, these systems are not coordinated.

Under the POP/FP III Project, USAID will support the further institutionalization of the MOH contraceptive logistics management system, including the development of an integrated MIS that can track commodity distribution throughout the entire system. USAID will also donate IUDs and a limited supply of condoms and NORPLANT (and Depo Provera as requested) for distribution to the public sector and to selected non-profit NGOs.

### **Subproject Goal, Purpose, and Outputs**

#### **Goal**

The goal of the contraceptive commodity subproject is to contribute to the achievement of the Government of Egypt's stated goal of reducing the population growth rate to 1.8 percent and the total fertility rate (TFR) to 2.7 by the year 2007, and an intermediate goal of reducing the growth rate to 2.0 and the TFR to 3.5 by 1997.

#### **Purpose**

The purpose of the subproject is to contribute to an increase in the level and effectiveness of contraceptive use among married couples by ensuring a constant and reliable supply of high quality IUDs and condoms, as well as NORPLANT and the injectable Depo-Provera if requested by the Government of Egypt.

#### **Outputs**

Expected outputs for the Contraceptive Commodity Subproject will be:

- a. Increased service volume through regular supply of contraceptive commodities;
- b. Improved institutional capacity in contraceptive commodities management.

## **Subproject Description**

### Contraceptive Procurement/Provision of Commodities

To maintain a commodities pipeline to ensure a regular and reliable supply of contraceptives to family planning clinics nationwide, USAID will provide a reliable supply of IUDs, condoms, NORPLANT<sup>■</sup> and Depo Provera<sup>■</sup> (as requested) to the MOH, USAID-funded NGOs, and USAID-graduated subprojects. These organizations will receive contraceptives through the EPTC for subsequent distribution to their clients either free of charge or for a nominal fee. Throughout the life of the project, USAID will also support the provision of technical assistance to the MOH and the EPTC in the area of contraceptive forecasting.

### Capacity Building

USAID will focus on improving Government of Egypt management capacity in contraceptive commodities logistics and management systems. Efforts will be made to strengthen institutional capacity within the MOH in the areas of contraceptive forecasting, procurement, distribution, inventory, monitoring and disposal procedures. This will include assisting the MOH in enhancing in-country commodities management training, overseas training for two key MOH/EPTC staff in contraceptive logistics management, and regular technical consultant visits to assist the MOH in forecasting commodities needs.

### MIS/CIIS Development

USAID will also assist the GOE in improving maintenance and utilization of a comprehensive logistics management information system. This will involve the provision of upgraded computer hardware and software, and the coordination of ongoing systems to develop a national MIS which will have the capacity to track commodities throughout the entire system, from the central EPTC warehouse to individual clinic sites.

### **Commodity Procurement**

Based on projected needs, a total of \$7,483,631 worth of contraceptive commodities, including IUDs, Depo Provera, NORPLANT implants, and condoms, as well as specialized related equipment such as IUD and NORPLANT insertion kits, will be provided to the public sector, to non-profit NGOs providing family planning services under the POP/FP III Project, and to USAID-graduated NGO projects. These commodities will be procured through USAID/Washington.

In addition, under the Ministry of Health Systems Development Subproject, approximately \$30,000 of computer hardware and software will be purchased to upgrade MIS capabilities.

No vehicles will be procured for this subproject.

### **Technical Assistance**

Foreign short-term technical assistance to the Contraceptive Commodity Subproject will be provided through USAID/Washington under a centrally-funded project, the Family Planning Logistics Management Project. Ten person-months of TA will be provided to both the USAID Office of Population and to the MOH/EPTC to assist in the areas of contraceptive needs forecasting and in refining the commodities management information system.

Finally, expertise from selected other USAID centrally funded contracts, such as SOMARC, may be drawn upon as a resource to review sustainability issues regarding contraceptive production/importation in Egypt.

### **Cost and Duration of Subproject**

The life of the subproject will be 3.25 years, with the first year a 15 month period, from April 1994 through June 1995, and following project years concurrent with GOE fiscal years, July through June, as follows: PY2 - July 1995 through June 1996; PY3 - July 1996 through June 1997.

The total cost over the life of the project is estimated to be \$ 7,483,631.

## I. SUBPROJECT DESCRIPTION

### A. Background and Rationale

#### **Demographics and Justification for Family Planning**

The strongest rationale for continued investment in FP activities in Egypt is the negative economic and social consequences of increasing population pressure. Despite encouraging signs that the pace of growth of the Egyptian population is slowing, the level is still high, and, if the rate does not decrease further, Egypt's current population of 54 million will grow to 108 million over the next 30 years. Population growth remains one of the central constraints to the country's economic growth with the negative effects of high fertility evident in many aspects of Egyptian life: population distribution, food supply, education, employment, and health.

Although since the 1960s the Government of Egypt (GOE) has formally identified rapid population growth as a key constraint to development, it was not until the late seventies that strong and consistent leadership at all political levels began to address the population problem and a comprehensive public sector program for delivering FP services emerged. And it was not until the health justifications for FP services were clearly articulated and promulgated, that religious leaders, MOH service providers and the population at large were prepared to accept and support modern birth control methods. Although FP activities in Egypt have attained substantial success in recent years, challenges remain: service volume must be further increased not only to maintain contraceptive prevalence at current levels given the increasing number of women reaching child bearing age, but to address unmet need for contraception by serving existing MWRA not currently using contraception but who want to; service quality and user knowledge must be improved to increase contraceptive effectiveness; and improved information must be available to policy makers in order to take advantage of the comparative advantages of the Egyptian sector mix and to reduce the large differentials that still exist in contraceptive use and fertility rates between urban and rural areas and between Upper and Lower Egypt.

The goal of the Population/Family Planning III Project is to assist the GOE to achieve its fertility reduction goals. The GOE has set a long-range goal of reducing the population growth rate to 2.0 percent and TFR to 3.5 by 1997. The project's purpose is to increase the level and effectiveness of contraceptive use among married couples. This would be indicated through an increase in contraceptive prevalence from 47% in 1992 to 53% in 1997, and a decrease in the extended-use failure rate, measured at 10% in 1992, to 7% in 1997. Achieving this purpose requires that couples have access to information and services that will enable them to select

an appropriate, effective method, use that method correctly, and continue use.

### **Historical Development of USAID Contraceptive Commodity Support: The Contraceptive Commodity Subproject**

When USAID initiated assistance in family planning to the GOE in 1977 under the first bilateral family planning project, it recognized that one important constraint to the increase of contraceptive prevalence resulted from an inadequate system of contraceptive supply and distribution. USAID's response to this specific constraint involved two concurrent strategies: to establish a commodity pipeline and provide sufficient numbers of contraceptives to ensure sustained availability of commodities, as well as to assist the GOE to develop an automated contraceptive inventory information system to enhance management of contraceptive commodities logistics operations.

In follow-on projects, the provision of contraceptive commodities has continued to be an important element, the purpose being to provide adequate supplies of contraceptives for the Egyptian Family Planning program to ensure increased family planning use.

Since 1983 alone, USAID has supplied over \$27,000,000 worth of contraceptives to the Egyptian Family Planning Program, public and private sector, through the Ministry of Health's (MOH) Egyptian Pharmaceutical Trading Company (EPTC) and the Contraceptive Social Marketing Project (CSMP) [Formerly - Family of the Future (FOF) under the auspices of the Ministry of Social Affairs (MOSA)]. Types of contraceptives provided have included intrauterine devices (IUDs), condoms, vaginal foaming tablets (VFTs) and oral contraceptives. At present, USAID is the principal donor of contraceptive commodities to Egypt, providing both IUDs and condoms to the public and private sectors, as well as donating a limited amount of oral contraceptives to the private sector contraceptive social marketing project.

USAID support for contraceptives has encompassed the following range of activities:

- securing necessary funding
- contracting and ordering supplies
- developing delivery schedules
- arranging transportation
- monitoring the quality of contraceptives delivered to Egypt through independent testing as necessary.

Throughout its years of support to family planning activities in Egypt, USAID has also assisted the MOH, EPTC and the CSMP in establishing and improving the contraceptive logistics system, by:

- forecasting future contraceptive needs
- developing the Contraceptive Inventory Information System (CIIS) which has improved inventory control
- assessing supply status and conducting periodic pipeline analysis
- improving warehousing and storage
- evaluating the logistics system both in terms of general logistics system problems and compliance with USAID requirements

The public sector contraceptive logistics system in Egypt is a large and necessarily complicated system that provides the full range of contraceptive methods and formulations to service providers for subsequent distribution to clients in nearly 4000 public sector service sites.

Contraceptives are stored and issued from the well managed main EPTC warehouse in Shoubra, through either EPTC Regional or Governorate warehouses, to MOH Governorate warehouses, using a pull system. A pull system is one in which recipients from the lower levels request supplies from the next highest level. The process ensures that contraceptives are available, accessible, and in good condition. From MOH Governorate warehouses, contraceptives are issued either to MOH Directorate Stores or to MOH units for distribution to clients. Warehouses at all levels are professionally managed, following First Expiry First Out (FEFO) principles.

The EPTC and the MOH have issued guidelines and held extensive training over the past several years to ensure that procedures to determine the quantities of supplies to be issued by warehouses to units avoid creating an oversupply or an undersupply of contraceptives. This has substantially reduced the possibility of the program serving fewer clients through undersupply or wasting contraceptives through oversupply. Contraceptive recipients at all levels calculate and maintain information on average monthly consumption, quantities in stock, and maximum and minimum stock levels.

The contraceptive logistics management information system has evolved and is supported by an information and records system that attempts to monitor the flow of goods and assure accountability for stock as it passes through a number of

organizations.

The MOH has developed a recording and reporting system that collects information from nearly 100 percent of distribution sites on stock levels, receipts, quantities dispensed to users, and the number of new and repeat clients. The EPTC has developed a system (Contraceptive Inventory and Information System [CIIS]) that tracks the warehousing and distribution of contraceptives from receipt in country through the EPTC Governorate warehouses. The management information system at the EPTC is capable of providing the information required for product management at the top levels of the distribution system. In addition, the National Population Council (NPC) is developing an automated data base using information collected from the MOH and the EPTC that can track commodity distribution at the unit level and look at contraceptive distribution from a larger perspective. Currently, however, there is no coordination between these two systems which, in fact, represent the top (EPTC) and bottom (NPC) of a single unit. It is critical that communications throughout the distribution network be established. The EPTC and the NPC should thus work together to develop an integrated commodity management information system. To establish compatibility between these systems, EPTC hardware and software will have to be upgraded. Once this communication is established, management of the entire distribution system as a unit will be possible. In addition, the combined data will provide significant opportunities for other uses of information to guide areas such as strategic planning, service evaluation and program design, and evaluation.

Through the Contraceptive Commodity Subproject under POP/FP III, USAID will donate IUDs and a limited supply of condoms and NORPLANT for distribution to the public sector and non-profit NGOs providing family planning services under the POP/FP III Project. USAID will also supply the MOH with DepProvera upon request. (The MOH has indicated it may need Depo Provera commencing in 1995, after UNFPA donations cease.) The MOH will support the costs of using the Egyptian Pharmaceutical Trading Company (EPTC) as both a distributor for the USAID-donated contraceptives, and as a monitoring mechanism to track the USAID-donated commodities in the public sector. A Revenue Agreement covering the "Procurement, Receipt, Storage, Distribution, Monitoring and Disposal of USAID-Donated Commodities" defines and governs the implementation of this system. A copy of this agreement is included as Attachment B.

Since USAID-donated contraceptives will be sold by the direct recipient agencies (MOH, THO, and CSI), revenue agreements will also be instituted to jointly program proceeds from the sales. Under the POP/FP III Project, the MOH will also continue to supply contraceptives to a number of the family planning service delivery organizations that were supplied under POP/FP II, but that are no longer implementing agencies under POP/FP III. In these instances, the EPTC will sell the USAID-donated contraceptive commodities to

the USAID-graduated implementing agencies for a nominal fee, and they will in turn sell them to end users to cover operating costs. The nominal fee collected by EPTC will be applied to its management costs. A firm will be subcontracted under the prime I/G&S Contract to make periodic assessments of revenue agreements and contraceptive commodity reporting.

Under POP/FP III, support will also be provided to further institutionalize the MOH contraceptive logistics management system - i.e., contraceptive commodity procurement, inventory, monitoring, and disposal procedures. The Contraceptive Inventory Information System (CIIS), a GOE contribution to the project, will need to be maintained, improved, and better utilized as an information tool to guide management decisions. USAID will support short-term TA to improve the CIIS and to transfer logistics management technology.

Finally, the approach applied to contraceptive commodity provision under POP/FP III represents a strategic change from the approach used during POP/FP II, in that commodities will be provided only to public sector and selected non-profit NGO agencies participating in the Project. Under POP/FP III, donated contraceptives will not be provided to the private sector, so as to encourage commercial contraceptive suppliers to participate in this sector. Thus, although the provision of donated commodities to the private sector under POP/FP I and II greatly increased accessibility and demand for contraceptives in Egypt, over time this policy of subsidizing the subsidies had the inadvertent effect of discouraging private commercial sector participation in the Egyptian marketplace. Now that demand for products has been established, USAID, using TA from the USAID/Washington centrally-funded SOMARC project, is encouraging commercial suppliers to sell their products in Egypt. USAID is also phasing out its donated supply (remaining from POP/FP II to the private sector) by mid-1995. It is anticipated that this approach will most probably positively affect the expansion of supply channels for contraceptive commodities, thereby ensuring greater program sustainability.

## B. Subproject Goal, Purpose and Outputs

### **Goal**

The goal of the contraceptive commodity subproject is to contribute to the achievement of the Government of Egypt's stated goal of reducing the population growth rate to 1.8 percent and the total fertility rate (TFR) to 2.7 by the year 2007, and an intermediate goal of reducing the growth rate to 2.0 and the TFR to 3.5 by 1997.

## **Purpose**

The purpose of the subproject is to contribute to an increase in the level and effectiveness of contraceptive use among married couples by ensuring a constant and reliable supply of high quality IUDs and condoms, as well as NORPLANT<sup>1</sup> and the injectable Depo-Provera (if requested by the Government of Egypt).

## **Outputs**

Expected outputs for the Contraceptive Commodity Subproject will be:

- a. Increased service volume through regular supply of contraceptive commodities;
- b. Improved institutional capacity in contraceptive commodities management.

## **Subproject Strategy**

a. The outputs for ensuring a reliable supply of contraceptives will be achieved through the following strategy:

- provision of a reliable supply of IUDs, condoms, NORPLANT and Depo Provera (if requested\*) to the MOH, USAID-funded NGOs, and USAID-graduated subprojects as specified in a MOH-EPTC-USAID agreement;

b. The outputs for improving management capacity will be achieved through the following strategies:

- strengthening institutional capacity within the MOH in the areas of contraceptive forecasting, procurement, distribution, inventory, monitoring and disposal procedures;
- improving and ensuring maintenance and better utilization of the logistics management information system, including the EPTC's CIIS.

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<sup>1</sup>

The MOH is currently requesting the UNFPA to secure Depo-Provera. Currently, the UNFPA has funds for about 900,000 vials, or enough for 1994. It is anticipated that the MOH will request USAID to supply Depo-Provera for 1995-1997.

## C. Detailed Description of Subproject Activities and Inputs

### 1. **Subproject Components**

#### A. Contraceptive Procurement/Provision of Commodities

USAID has agreed to procure, on behalf of the MOH, adequate supplies of the following contraceptives: intrauterine devices (IUDs), condoms, Depo Provera■, and NORPLANT■ implants as well as specialized related equipment such as IUD and NORPLANT■ insertion kits for the following organizations:

- Ministry of Health (MOH)
- Teaching Hospital Organization (THO)
- Egyptian Family Planning Association (EFPA)  
Clinical Services Improvement (CSI) Subproject
- Regional Center for Training at Ain Shams University (RCT)
- Cairo Health Organization (CHO)
- Health Insurance Organization (HIO)
- Bishopric for Public, Ecumenical and Social Services (BPSS) and Coptic Association for Social Care (CASC) of the Coptic Orthodox Church
- International Islamic Center (IIC), Al Azhar University
- Coptic Evangelical Organization for Social Services (CEOSS)
- Egyptian Fertility Care Society (EFCS),  
through participating university hospitals

These organizations will receive contraceptives through the EPTC for subsequent distribution to their clients either free of charge or for a nominal fee. (Details may be found in Attachment B, the November 1993 Revenue Agreement between USAID, EPTC and the MOH.)

Inputs: USAID will provide the contraceptives listed above in adequate supply. Currently, Depo Provera■ is included in the agreement beginning in CY 95. It will continue to be included in annual agreements if requested by the MOH.

In addition, USAID through its centrally funded logistics management contracts with the Centers for Disease Control and John Snow, Inc., will provide assistance to the MOH and the EPTC in the area of contraceptive forecasting at least annually or on as needed and requested basis.

#### B. Capacity Building

USAID will assist the Government of Egypt in building institutionalized capacity within the MOH, EPTC and NPC in the areas of contraceptive forecasting, procurement, distribution, inventory, monitoring and disposal procedures.

Inputs: The POP/FP/III Implementation/Goods and Services (I/GS) contractor will assist the MOH in improving already existing training courses in the field of commodities management through curriculum redesign and the professional development of trainers. Areas slated for improvement will be identified by the MOH, USAID logistics advisors during their annual visit, and I/GS training specialists. As an example, improving training may involve increasing MOH staff awareness of the importance of managing condoms within the logistics system (often neglected because of its lack of relative importance in the current method mix). Because of almost universal reporting and understanding of proper logistics management procedures, improvements in training in these areas will only require a modest amount of additional support.

The I/GS contractor will provide support for two persons - one key member of the EPTC, and one key member of the MOH, to attend a contraceptive logistics management course offered in the United States.

USAID, through its centrally funded logistics management contracts with the Centers for Disease Control and John Snow, Inc., will provide recommendations and non-formalized training during their annual forecasting exercise that will strengthen the MOH and EPTC capacity to institutionalize forecasting functions. In addition, this annual forecasting exercise will assist the MOH in coordinating with other donors to ensure that appropriate quantities of contraceptives are procured with appropriate delivery schedules.

The I/GS contractor, in conjunction with other centrally funded contracts, such as SOMARC, will be drawn on as a resource in the areas of local production/international procurement of contraceptives on an as needed and requested basis.

### C. MIS/CIIS Development

USAID will assist the Government of Egypt in improving and ensuring maintenance and better utilization of the logistics management information system, including the EPTC's CIIS.

Part of this process will involve assisting in the identification of objectives for the management information system and in identifying its user or users. In the case of the family planning program in Egypt, there are four clearly identifiable user populations: 1) the EPTC (because of its role as central warehouse and supplier); 2) the various implementing organizations such as the MOH; 3) the NPC (as the policy and coordination body and entity responsible for GOE family planning statistics reporting); and 4) the donors (with respect to commodities, primarily USAID and UNFPA). The differing needs and perspectives of these organizations affect the type of information that each will find within the MIS and the analysis, presentation, and use of this information.

The EPTC serves the functions of central warehousing and distribution to warehouses within the governorates. For this reason their primary interest is in information that assists in warehouse, distribution, and product management.

Bodies such as the MOH are interested in these same types of issues because they perform similar roles at lower levels of the system which link to the client. The MOH is supplied with products from the EPTC warehouses; the MOH pulls the product from the EPTC warehouses and transfers it to Governorate level MOH warehouses. The product then flows through the system to clients. In addition to these issues, however, bodies such as the MOH, being implementing agencies, are also interested in possible uses of the information to provide indications of service quality, performance evaluation, facility needs, staff needs and management issues.

The NPC generally examines the picture from a larger perspective. It is concerned with national objectives

and issues associated with the strategic directions of the program. It also is responsible for reporting on the overall program's progress through its service statistics system.

Donor agencies are interested in this broader perspective as well, but are also concerned with resource requirements, performance evaluation, and program monitoring functions.

Inputs: The I/GS contractor will provide the EPTC upgraded computer hardware and software in order to make its operation compatible with the NPC allowing for greater sharing of data, and more meaningful and timely data analysis.

In addition, USAID through its centrally funded logistics management contracts with the Centers for Disease Control and John Snow, Inc., will provide assistance to the MOH, EPTC and the NPC in improving the contraceptive logistics management information systems as part of their annual forecasting exercise or more often as needed. This assistance will include determining data requirements and the format for appropriate reports.

## **2. Master Implementation Plan and Schedule**

### **A. Contraceptive Procurement**

Table 1 shows the quantities and cost of contraceptives to be procured and delivered to Egypt through June 1997, the Project Activities Completion Date (PACD) of the Contraceptive Commodities Subproject. Because of changes in program needs, orders for contraceptives are only placed two years in advance of delivery.

**Table 1**  
**USAID Contribution**  
**Quantity and Cost of Contraceptives**

Type	CY 94		CY 95		CY 96		CY 97 <sup>1</sup>		Total	
	Condoms	0	0	1,992,000	\$98,747	2,304,000	\$114,213	2,400,000	\$118,972	6,696,000
IUDs	104,000	\$120,377	750,000	\$868,103	775,000	\$897,040	800,000	\$925,977	2,429,000	\$2,811,497
Injectables	0	0	860,000	\$828,954	920,000	\$886,788	980,000	\$944,622	2,760,000	\$2,660,364
Norplant	6,700	\$162,733	10,000	\$242,884	10,400	\$252,600	12,900	\$313,321	40,000	\$971,538
TOTAL	-	\$283,110	-	\$2,038,688	-	\$2,150,641		\$2,302,892		\$6,775,331

<sup>1</sup> Budget is projected for full CY 97 needs due to USAID/Washington procurement timing and the need to keep Egypt pipeline full.

**B. Master Implementation Plan and Schedule:  
Contraceptive Commodities Subproject Activities**

**Table 2**  
**B. Master Implementation Plan and Schedule**

ACTIVITY	RESPONSIBLE	Q4	PY1					PY 2				PY 3			
		94	(4/94-6/95)					(7/95-6/96)				(7/96-6/97)			
		4	1	2	3	4	5	1	2	3	4	1	2	3	4
1. Prepare and finalize Overall LOP 3 Year Implementation Plan and Budget	TA USAID MOH	X	X												
2. Assess LOP Contraceptive Needs through June 1997 under POP/FP III	TA USAID MOH	X													
3. Conduct analysis of contraceptive needs	MOH I/G&S	X		X		X		X		X		X		X	
4. Review Logistics Management Information Needs of MOH and NPC	TA I/G&S	X				X				X					
5. Review EPTC Hardware and Software Needs	TA	X													
6. Develop PIO/C	USAID		X			X				X					
7. Draft Ordering Cable	TA USAID		X		X				X						
8. Procure and ship Contraceptive Commodities	USAID/W			X	X	X	X	X	X	X	X	X	X	X	X
9. Procure and ship Computer Equipment for EPTC	I/G&S			X	X	X									

ACTIVITY	RESPONSIBLE	Q4	PY 1					PY 2				PY 3			
		94	(4/94-6/95)					(7/95-6/96)				(7/96-6/97)			
		4	1	2	3	4	5	1	2	3	4	1	2	3	4
10. Conduct Commodities Management Systems Development Activity	I/G&S MOH				X		X		X				X		
11. Review & Revise Training Curricula on Commodities	I/G&S MOH	X													
12. Conduct Commodities Management System Training of Governorate Pharmacists and Storekeepers	I/G&S MOH					X									
13. Conduct Commodities Management System Training of District Pharmacists and Storekeepers	I/G&S MOH						X								
14. Provide Technical Assistance to MOH and EPTC in Contraceptive Needs Forecasting	USAID/W TA			X		X		X		X		X		X	
15. Distribute and Monitor Contraceptive Commodities	MOH EPTC							X	X	X	X	X	X	X	X

ACTIVITY	RESPONSIBLE	PY1 (4/94-6/95)					PY 2 (7-95-6/96)				PY 3 (7/96-6/97)			
		1	2	3	4	5	1	2	3	4	1	2	3	4
16. Monitor Contraceptive Commodities Distribution & Logistics System	MOH EPTC AID I/G&S								X		X		X	
17. Report to USAID	MOH EPTC I/G&S	X	X	X	X	X	X	X	X	X	X	X	X	X
18. Monitor Revenue Agreements	I/G&S		X	X	X	X	X	X	X	X	X	X	X	X

### **3. Training Plan**

#### **a. In-Country Training**

As referenced in Section G.3, Training Plans, Subsection "Management Systems Training", page 80, in the Overall 3.25 Year Implementation Plan for the Ministry of Health Family Planning Systems Development II Subproject (SDP II), staff at all MOH organizational levels will be trained in new and revised commodities management systems operating policies, procedures and formats. Training curricula will be based on systems policies and procedures manuals and will utilize competency-based methods. A tiered approach to training will be utilized wherein central MOH staff will be first trained to be trainers of governorate staff, and governorate staff will be trained to be trainers and supervisors of district staff, and district staff trained to be trainers and supervisors of clinic staff. See Table 3.

#### **b. Participant Training**

Short-term participant training opportunities will be available to two individuals - one from the EPTC, and one from the MOH Family Planning Division, who will be sent for advanced training in contraceptive logistics management. See Table 4.

**Table 3**  
**In-Country Training Plan**  
**From SDP Overall Implementation Plan**  
**Table 14, Illustrative Training Plan**  
**Page 82**

Trainee	Course Topic	No. to be Trained	No. Per Course	No. Courses	Course Duration	Course Location	Cost Per Course	Total Cost
1. Governorate Pharmacists & Storekeepers (4 per governorate)	Commodity Management & TOT for Commodity Management	Yr 2 - 104	26	4	5 days	Gov'ate Training Centers	3,850	15,400
2. District Pharmacist & Storekeepers	Commodity Management & TOT for Commodity Management	Yr 1 - 0 Yr 2 - 200 Yr 3 - 200	20	20	3 days	Gov'ate Training Centers & District Training Sites	2,050	41,000

**Table 4**  
**Participant Training Plan**

Trainee	Course Topic	Course Location	No. to be Trained	Course Duration	Cost per Course	Total Cost
EPTC Candidate*	Contraceptive Logistics Management	Washington D.C.	1	3 weeks	N/A**	N/A
MOH Candidate*	Contraceptive Logistics Management	Washington D.C.	1	3 weeks	N/A**	N/A

\* to be inserted

\*\* funded through I/G&S Contract; participant travel costs covered under FT-800 funds allotted to MOH/SDP budget

#### 4. Commodity Procurement Plan

##### a. Contraceptive Commodities

Based on projected needs, a total of \$7,483,631 worth of contraceptive commodities, including IUDs, Depo-Provera, NORPLANT implants, and condoms, as well as specialized related equipment such as IUD and NORPLANT insertion kits, will be provided to the public sector, to non-profit NGOs providing family planning services under the POP/FP III Project, and to USAID-graduated NGO projects. These commodities will be procured through USAID/Washington after annual estimates of need are obtained. The current estimates of needs and shipping times are provided below in Table 5.

Throughout the life of the project, technical assistance in contraceptive needs projection will be provided twice annually under the USAID Family Planning Logistics Management Project. Contraceptive needs will be forecast using Contraceptive Procurement Tables (CPTs), estimating related Commodity Financial Requirements. CPTs are a forecasting tool that provide a standard format for systematically recording the data and assumptions including past, present, and future: stocks on hand, estimated consumption, contraceptives received or scheduled, lead times for delivery, maximum and minimum stocks, and the amount of contraceptives needed. CPTs are prepared for each contraceptive method.

USAID Office of Population staff will work closely with MOH and EPTC personnel to finalize contraceptive requirements for IUDs, NORPLANT, Depo-Provera, and condoms. The supply of contraceptives will be closely monitored in order to identify any changes over time in the composition of demand. Stocks and flows will be monitored regularly to ensure that they are in balance with consumer preference. Analyses will be undertaken annually, and will be used to compile annual PIO/Cs which will be sent to USAID/Washington for contraceptive delivery and consumption in the following year.

**Table 5**  
**Contraceptive Procurement, 1994-97**  
**Estimated Quantities and Shipping Schedule**  
**(Based on 1994 CPTs)**

Product	Shipping Date	Quantity
52mm Non Colored, No Logo Condoms	03/31/95	504,000
52mm Non Colored, No Logo Condoms	06/30/95	504,000
52mm Non Colored, No Logo Condoms	09/30/95	504,000
52mm Non Colored, No Logo Condoms	12/31/95	480,000
52mm Non Colored, No Logo Condoms	1996	2,304,000
52mm Non Colored, No Logo Condoms	1997	2,400,000
Copper T, 380	10/31/94	104,000
Copper T, 380	03/31/95	250,000
Copper T, 380	07/31/95	250,000
Copper T, 380	11/30/95	250,000
Copper T, 380	1996	775,000
Copper T, 380	1997	800,000
Depo Provera (every 3 months)	04/30/95	306,000
Depo Provera (every 3 months)	08/31/95	277,000
Depo Provera (every 3 months)	12/31/95	277,000
Depo Provera (every 3 months)	1996	920,000
Depo Provera (every 3 months)	1997	980,000
Norplant	06/30/94	2,500
Norplant	10/31/94	2,500
Norplant	12/31/94	1,700
Norplant	02/28/95	2,500
Norplant	05/31/95	2,500
Norplant	08/31/95	2,500
Norplant	11/30/95	2,500
Norplant	1996	10,400
Norplant	1997	12,900

b. Non-Contraceptive Commodities

As discussed earlier, both the EPTC and the NPC manage commodity logistics distribution information systems that are neither integrated nor coordinated. The EPTC system produces data on the warehousing and distribution of contraceptives from receipt in country through the EPTC Governorate Warehouses, while the NPC system currently uses information from the MOH which tracks commodity distribution at the unit level. Combined information from these two systems would not only facilitate management of the entire distribution system as a whole, but would provide opportunity for use of national data in strategic planning, service evaluation, and program design and evaluation.

To allow for greater compatibility between the EPTC and NPC information systems, computer hardware and software will be purchased to upgrade EPTC capabilities. The Implementation/Goods & Services Contractor will be responsible for the development of specifications and the procurement of these commodities from the United States applying USAID's "Buy America" policy, as well as for obtaining any necessary clearances required from USAID/IRM in Washington. A description of planned procurement for the EPTC was provided in the Overall 3.25 Year Implementation Plan developed by the Ministry of Health Systems Development Subproject (SDP), and presented below in Table 6.

**Table 6**  
**EPTC Commodity List**  
**Extracted from SDP Overall Implementation Plan**  
**TABLE 17, Illustrative Commodity List**  
**Page 89**

COMMODITY DESCRIPTION	QUANTITY	UNIT COST (\$)	UNIT COST (\$)
Microcomputers & Software for EPTC	2	13,000	26,000
Computer Spare Parts/Supplies	2 sets	1,200	2,400
Dot Matrix Printers for EPTC	2	800	1,600
Total			30,000

**5. Vehicle Procurement Plan**

No vehicle procurement is planned for this subproject.

**6. Technical Assistance Plan**

Foreign short-term technical assistance to the Contraceptive Commodity Subproject will be provided through USAID/Washington under a centrally-funded project, the Family Planning Logistics Management Project. Short-term TA will focus primarily on providing support to and enhancing the entire contraceptive commodities logistics system, from the national level at the EPTC to the district level through the MOH, including the process of international procurement of contraceptives. It is anticipated that a total of 10 person months of technical assistance will be provided to both the USAID Office of Population and to the MOH/EPTC in contraceptive logistics management throughout the life of the project, primarily in the areas of contraceptive needs forecasting and in refining the commodities management information system, although technical assistance needs will be reviewed annually to determine whether further support in contraceptive logistics management is indicated. Under the Contraceptive Commodity Subproject, technical assistance is currently planned as follows:

**Table 7  
Technical Assistance**

TYPE OF TECHNICAL ASSISTANCE	Q4 94	PY 1 (4/94-6/95)				PY 2 (7/95-6/96)				PY 3 (7/96-6/97)			
Contraceptive Needs Forecasting/FP Commodities Management (2)	X			X			X					X	

This level of effort is described in the Ministry of Health's SDP Subproject 3.25 Year Overall Implementation Plan, which, in Table 19, page 100, allocates these 10 person months of technical assistance in commodities management.

Finally, expertise from selected other USAID centrally funded contracts, such as SOMARC, may be drawn upon as a resource to review sustainability issues regarding contraceptive production/importation in Egypt.

**D. SUBPROJECT MANAGEMENT PLAN/INFRASTRUCTURE**

The Contraceptive Commodities Subproject is managed by the Department of Family Planning, MOH, in conjunction with the USAID/Cairo Office of Population. Specific activities in support of the Contraceptive Commodities Subproject - such as in-country training and contraceptive logistics systems development - will be carried out under the MOH Systems Development Subproject. In this case, the Ministry of Health will coordinate implementation of all

MOH units involved in the Contraceptive Commodity Subproject. In addition to support from the I/G&S Contract, technical assistance to the Subproject in contraceptive needs forecasting will be provided regularly through the USAID centrally-funded Family Planning Logistics Management Project.

### III. MONITORING AND EVALUATION PLAN

#### A. Monitoring

The EPTC submits monthly reports from its Contraceptive Inventory and Information System (CIIS) to USAID. The report provides detailed information about the movement of contraceptives to and through each EPTC Warehouse. For each type of product (oral contraceptives, condoms, etc.) it shows stock at the beginning of the month, stock use during the month (sales, returns, transfers, and spoilage), and the resulting stock at the end of the month. It also shows average monthly use and calculates the number of months of stock remaining in the pipeline for each product line. The second portion of the report supplies information, by warehouse, on sales of contraceptives from EPTC warehouses to individual outlets (e.g., pharmacies and MOH units). Finally, the report summarizes warehouse data on a national level, showing ending stocks for each type of product for each warehouse, and the net monthly sales for each type of product for each warehouse.

The Office of Population uses these reports to monitor the stock and distribution of contraceptive commodities and to take corrective action where indicated. The goal is to maintain a 12-month pipeline for each type of contraceptive product. If stocks are greater than a 12-month supply for a particular product, USAID/Cairo informs USAID/Washington to postpone the next scheduled shipment until stocks decline sufficiently. If shortages of a particular product show up in any governorate, USAID/Cairo notifies the GOE Ministry of Health of the impending shortfall.

The Office of Population Project Officer also uses these reports to monitor any excessive oftakes of contraceptives, and to serve as a resource during both routine - and special - site visits to governorates to check inventory levels.

#### B. Impact Evaluation

The Demographic and Health Survey (DHS), scheduled for 1996, will substantiate project impact. This extensive survey will provide baseline and final impact information which follows the same exacting methodology as the previous DHSs of 1980, 1984, 1988 and 1992. The DHS provides the most salient and valid mechanism to measure achievement of the Contraceptive Commodity Subproject's goal and purposes under the POP/FP III Project.

#### C. Interim and Formative Evaluation

A formative interim evaluation will be conducted in 1995 of the overall project, POP/FP III. It will be used as the basis for modifying and amending its design, if needed. The Contraceptive Commodity Subproject will be reviewed during this evaluation in terms of its contribution to:

- o Service Delivery
- o Sustainability
- o Institutionalization

The final evaluation will focus on documenting lessons learned over the life of the Project and establish priorities for any follow-on program for funding by the GOE or other donors. To do so adequately may involve a retrospective review of the POP/FP I and POP/FP II Projects.

**D. Specific Assessments and Evaluations**

Individualized assessments and evaluations are required for differing elements of the individual components. These will be carried out as required by the individual components and will be designed to address specific issues and concerns. Such studies may include an in-depth look at contraceptive supply issues (e.g., patterns of IUD or Depo Provera oftakes); how to better link the EPTC and NPC systems; and annual cost assessments of the public sector family planning program.

**IV. USAID CONDITIONS AND APPROVALS**

The following Conditions Precedent to USAID disbursement of funds apply to the Contraceptive Commodities Subproject:

a. USAID Conditions Precedent and Special Covenants

**First Disbursement**

Prior to any disbursement or to the issuance by USAID of any commitment documents under this Agreement, the Grantee shall, except as the Parties may otherwise agree in writing, furnish to USAID, in satisfactory form and substance, a statement of the names and titles of the persons authorized to act as the representatives of the MOH, together with a specimen signature of each person specified in such statement.

PIL Number 1, dated December 3, 1992; PIL Number 1, Amendment 1, dated August 12, 1993; PIL Number 1, Amendment 2, dated January 27, 1994, and PIL No. 1, Amendment 3, dated April 5, 1994 notified the Ministry of International Cooperation (MIC) that this Condition Precedent had been met. Authorized signatories of the Grantee under the Population/Family Planning III Project include Dr. Hassan Selim, Administrator, Ministry of International Cooperation; Dr. Youssef Boutros Ghali, Minister of State for International Cooperation; Dr. Maher Mahran, Minister of State for Population and Family Welfare; Mr. Mohamed Safwat El Sherif, Minister of Information; and Dr. Ali Abdelfattah El Makhzangy, Minister of Health.

## **Disbursement for Contraceptive Commodity Procurement**

Prior to any disbursement for the procurement of contraceptive commodities under the Grant Agreement, the MOH shall, except as the parties may otherwise agree in writing, obtain approval in writing from USAID of the MOH's proposed mechanism for distribution of the contraceptive commodities which will be provided by USAID and financed from the Grant. Such proposal shall indicate the MOH will use the Egyptian Pharmaceutical Trading Company (EPTC) as a distributor, with the MOH bearing EPTC's distribution and management costs, including that of the Contraceptive Inventory and Information System.

PIL Number 2, dated January 19, 1994, approved the MOH's planned mechanism for the distribution and management of USAID-donated contraceptive commodities, and further, notified the Ministry of International Cooperation that the Condition Precedent for Disbursement for Contraceptive Commodity Procurement had been met.

The following Special Covenants shall also apply to the Contraceptive Commodities Subproject:

### **Distribution of Contraceptive Commodities**

The EPTC agrees that all USAID-donated contraceptive commodities shall be distributed free of charge to all GOE and private not-for-profit organizations which are to receive such contraceptive commodities.

### **Payment by the MOH of Taxes, Tariffs, Duties and Other Levies**

This agreement shall be free from any customs duties, taxes, social insurance assessments, and other levies imposed under laws in effect in the Arab Republic of Egypt. Specifically, (i) any contractor financed under the Grant, (ii) any personnel of any such contractor, (iii) any equipment, materials, or other property provided or used under the Grant, (iv) any work or services performed under the Grant, (v) or any transaction (including any commodity procurement) financed under the Grant, shall be exempt from identifiable taxes, tariffs, duties or other levies (including social insurance assessments) imposed under the laws in effect in the Arab Republic of Egypt.

If any taxes, tariffs, duties or other levies (including social insurance assessments) are imposed in violation of the above requirements, the MOH shall, unless otherwise expressly provided in Project Implementation Letter, pay the same with funds other than those provided under the Grant.

For purposes of this Section (i), each reference to "contractor" shall be deemed to include any individual (who is not a citizen or

permanent resident of the Arab Republic of Egypt) or organization (which is not organized or incorporated under the laws of the Arab Republic of Egypt) performing work or services, or supplying commodities, under any agreement financed under the Grant (including contracts, grants, cooperative agreements, subcontracts, and subagreements under grants and cooperative agreements); and (ii) each reference to "personnel" shall be deemed to include all individuals (whether contractors or employees of contractors) performing work or services, or supplying commodities, under any agreement referred to in the preceding clause who are not citizens or permanent residents of the Arab Republic of Egypt, and all family members of such individuals.

#### **Documentation Required for Duty-Free Importation of Commodities and Personal Effects**

The MOH and EPTC agree that they shall provide to the Egyptian Customs Authority letters of guarantee and any other documentation required for the duty-free importation of (i) equipment (including vehicles), materials and supplies (hereinafter collectively referred to as "commodities") financed under the Grant; (ii) commodities imported for use in connection with work or services to be performed under the Grant; and (iii) the personal effects of foreign contractor resident advisors referred to above. Such letters of guarantee shall provide for payment, by the MOH or EPTC for which commodities are imported, with funds other than those provided under the Grant, of all customs duties and other taxes imposed on such commodities and such personal effects, which are not exempted from customs duties or re-exported.

#### **Abortions and Involuntary Sterilizations**

The MOH and EPTC agree that no USAID funds made available under this project will be used for:

- o Payment for the performance of abortions as a method of family planning, or to motivate or coerce any person to practice abortion;
- o Payment for the performance of involuntary sterilizations, or to offer or provide any financial incentive to any person to practice sterilizations; or
- o Payment for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning.

Appendix A  
Logical Framework

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p><b>GOAL:</b> To contribute to the achievement of the GOE's stated goal of reducing the population growth rate to 1.8 percent and the total fertility rate to 2.7 by the year 2007, and an intermediate goal of reducing the growth rate to 2.0 and the TFR to 3.5 by 1997.</p>	<p>Reduction in population growth rate to 2.0 by 1997.</p> <p>Reduction in TFR from 3.9 in 1992 to 3.5 in 1997.</p>	<p>Demographic and Health Survey</p>	<p>Age at first marriage remains constant or rises due to greater adherence to law.</p> <p>Breastfeeding practice (extent, duration, and prevalence) remains constant.</p> <p>Socio-political and economic conditions continue to favor lower fertility.</p>
<p><b>PURPOSE:</b> To contribute to an increase in the level and effectiveness of contraceptive use among married couples by ensuring a constant and reliable supply of high quality IUDs, condoms, NORPLANT, and Depo-Provera.</p>	<p>1. Increase in contraceptive prevalence from 48.5% in 1992 to 53% in 1997.</p> <p>2. Decrease in extended-use failure rate from 10% in 1992 to 7% in 1997.</p>	<p>Demographic and Health Survey</p> <p>FP Service Statistics</p> <p>Special Studies</p>	<p>Population and family planning remain a high priority for GOE</p> <p>FP services continue to improve in quality and to gain acceptance among Egyptians</p>
<p><b>OUTPUTS:</b> 1. Increased service volume through regular supply of contraceptive commodities.</p>	<p>1. 80% of commodities storage sites retain 2-3 months of stock on hand</p> <p>2. Distribution from warehouses to units takes place at least once monthly</p>	<p>Site visits</p> <p>CIIS Reports</p> <p>NPC/MIS reports</p>	<p>Staff will be trained, integrated into system, and will follow standard logistics management guidelines</p>
<p>2. Improved institutional capacity in contraceptive commodities management.</p>	<p>1. CIIS improved and utilized as a management tool by implementing agencies</p> <p>2. EPTC and NPC management information systems made compatible and data shared</p> <p>3. Annual forecasting exercise directed by MOH</p> <p>4. Strategy developed regarding local production and international procurement</p>	<p>CIIS Reports</p> <p>Quarterly Progress Reports</p> <p>NPC/MIS Reports</p> <p>FP service statistics</p>	<p>Trained staff will adhere to guidelines and implement improved systems</p> <p>Counterparts available to work with ST TA and committed to implementing enhanced systems</p>
<p><b>INPUTS:</b></p> <p>Contraceptives and related supplies</p> <p>Technical Assistance (10 p/m)</p> <p>Participant Training (2 trainees, 1.5 p/m total)</p> <p>Non-Contraceptive Commodities</p> <p>TOTAL</p>	<p>(\$000)</p> <p>7,483,631</p> <p>(funded under MOH/SDP Subproject through I/G&amp;S Contractor and FPLM)</p> <p>(funded under MOH/SDP Subproject through I/G&amp;S Contractor)</p> <p>(funded under MOH/SDP Subproject through I/G&amp;S Contractor)</p> <p>7,483,631</p>	<p>PIO/Cs</p> <p>Project Records and Reports</p>	<p>MOH continues to support EPTC CIIS as HCC</p> <p>MOH/EPTC/USAID Revenue Agreement continues in effect</p>

Attachment A  
MOH/EPTC/USAID Revenue Agreement

REVISED  
AGREEMENT AMONG  
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID),  
THE EGYPTIAN PHARMACEUTICAL TRADING COMPANY (EPTC)  
AND THE MINISTRY OF HEALTH (MOH)  
ON THE  
PROCUREMENT, RECEIPT, STORAGE, DISTRIBUTION,  
MONITORING AND DISPOSAL  
OF USAID-DONATED CONTRACEPTIVE COMMODITIES

ARTICLE 1: PURPOSE AND GOALS

1.1 This Agreement covers the responsibilities of the MOH, EPTC and USAID related to the procurement, receipt, storage, distribution, monitoring and disposal of USAID-donated contraceptive commodities.

1.2 It is the intent of the donor (USAID) and the grantee (MOH) to clarify the responsibilities of each party in order to ensure adequate availability of selected contraceptive commodities for USAID-funded public sector and non-profit, private voluntary organization projects as well as graduates of USAID-funded projects, and to safeguard the USAID-donated contraceptive commodities.

ARTICLE 2: PROCUREMENT AND ASSESSMENT OF NEEDS

2.1 - USAID agrees to assist the Government of Egypt (GOE) to ensure contraceptive availability of selected contraceptives in the public and non-profit, private voluntary organization sectors which have, or have recently concluded, family planning service delivery projects funded by USAID. To do this, USAID shall procure, subject to project design, performance and financing availability, on behalf of the Ministry of Health (MOH) adequate supplies of the following contraceptives: intrauterine contraceptive devices (IUDs), condoms, Depo Provera (if requested) and NORPLANT implants (subject to approval and registration by the MOH and development of an appropriate NORPLANT introduction strategy), as well as specialized related equipment such as IUD and NORPLANT insertion kits.

2.2 The Population/Family Planning II and III Project Grant Agreements and their amendments provide the basis for the requirements and funding.

2.3 Periodic assessments will be undertaken by the MOH and USAID to update projected commodity requirements. These assessments will be the basis for preparing the Project Implementation Order/Commodities (PIO/C) to initiate the procurement action.

2.4 The PIO/C is signed by responsible authorities in the MOH and USAID according to the regulations of each organization and in keeping with the monetary value of the procurement. The signed PIO/C represents the quantities needed as agreed upon by the MOH and USAID.

2.5 The assessment of the contraceptive commodity requirements of recipient organizations will be prepared as part of the periodic MOH and USAID assessments. The amount of contraceptives required for each recipient organization should include enough stock to ensure a functioning logistics pipeline, but not more than can reasonably be used by the number of clients served. These projections will be used by the MOH and EPTC as the basis for providing quantities of contraceptives to the eligible organizations.

2.6 The MOH will prepare a summary logistics form to be completed quarterly by recipient organizations. USAID will require submission of completed forms to the MOH as condition for receipt of USAID-donated contraceptive commodities at no charge, or at nominal charge, as discussed in Article 5 below.

### ARTICLE 3: RECEIPT

3.1 Copies of shipping documentation will be provided to both the MOH and USAID.

3.2 Upon notification that the shipment has arrived in Egypt (e.g., at the Port of Alexandria), USAID will prepare a letter for the MOH indicating the contents of the shipment and that the shipment is a gift of the United States of America to the Government of Egypt.

3.3 The MOH will be responsible for obtaining timely release of the shipment to avoid payment of any tariffs. Should any customs charges arise, they are the responsibility of the MOH.

3.4 The MOH agrees to ensure the receipt of complete shipments of contraceptive commodities. Should any discrepancy be noted in the amount procured and that received, the MOH will promptly notify USAID so that appropriate recovery measures can be initiated.

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3.5 USAID reserves the right to inspect receipt of contraceptive shipments at its discretion.

#### ARTICLE 4: STORAGE

4.1 The MOH and EPTC agree to safeguard all contraceptive commodities provided by USAID in warehouses with appropriate storage conditions and inventory procedures. Further, measures will be taken to ensure first-expiry, first-out of inventory.

4.2 A stock equivalent to 12 months need will be maintained in the main warehouse. A stock equivalent to 6 months will be maintained in the EPTC Governorate warehouses. A stock equivalent to 3 months supply will be maintained at the Unit level.

4.3 USAID agrees to ensure that any contraceptive commodities shipped should be of a recent manufacturing date. The MOH reserves the right to reject any contraceptive commodities that have less than three quarters (3/4) of their shelf life (as determined by the manufacturer) remaining upon arrival at port in Egypt.

4.4 The MOH and EPTC further agree that all costs for warehousing (including administrative and management costs) incurred by the EPTC for the USAID-donated contraceptive commodities intended for currently on-going USAID-funded family planning subprojects are the responsibility of the GOE through the MOH budget. These funds will be considered as GOE contribution to the Population/Family Planning II and III Projects, and any successor USAID Population/Family Planning Project in which USAID-donated contraceptives are donated to the GOE. For organizations whose family planning projects have graduated from USAID support, EPTC will be allowed to charge a nominal fee, as agreed to by USAID, for its management costs.

#### ARTICLE 5: DISTRIBUTION

5.1 The MOH and EPTC agree that USAID-donated contraceptive commodities provided under this agreement will be provided free of charge to public sector family planning units and to non-profit, private, voluntary organizations which are providing family planning services as part of the Population/Family Planning II and III Projects or a successor USAID Population/Family Planning Project for use in their family planning programs only. The amount provided to each organization will not exceed the specified limit, without prior written approval of USAID.

5.2 The MOH and EPTC agree that USAID-donated contraceptive commodities provided to organizations that have graduated from USAID-support for their family planning activities will be provided at a nominal fee, as determined by USAID. The amount provided to each organization will not exceed the specified limit without prior written approval by USAID.

5.3 Lists of eligible organizations for free or nominal charge procurement of commodities are found in Appendix A and B, respectively. These lists may be amended as needed by USAID. These lists will be transmitted in Arabic and English by EPTC to its warehouses at all levels (central, regional, governorate, and so forth). A copy of the transmittal letters will be provided to the MOH and USAID.

5.4 All costs associated with distribution of the contraceptives to the on-going USAID-supported family planning projects will be paid by the MOH to the EPTC and will be considered as a GOE contribution to the Population/Family Planning II and III Projects or their successor.

#### ARTICLE 6: MONITORING

6.1 MOH and USAID agree that they share responsibility for monitoring the receipt, storage and distribution of the USAID-donated contraceptive commodities.

6.2 As an essential part of the monitoring system, the MOH and the EPTC shall maintain the Contraceptive Inventory and Information System (CIIS) to track the distribution of USAID-donated contraceptive commodities. The MOH agrees to provide EPTC all costs associated with operating the CIIS from GOE resources.

6.3 The CIIS monthly report will be revised to add a table indicating the free distribution or sale at nominal charge to all the projects and graduates indicated on the list provided by USAID. The EPTC will also provide to USAID and MOH quarterly, a separate report, indicating the amounts of contraceptives sold to each graduate organization and the management fees generated.

6.4 Two copies of the CIIS publication will be provided monthly to USAID for its monitoring purposes and additional copies will be provided to the different family planning implementing organizations which monitor or receive USAID-donated contraceptives such as the National Population Council (NPC), and the Egyptian Family Planning Association/Clinical Services Improvement Project (EPPA/CSI).

6.5 The periodic assessments to be carried out by the MOH and USAID will also serve as monitoring assessments for the proper warehousing, distribution and utilization of USAID-donated contraceptive commodities.

ARTICLE 7: DISPOSAL OF USAID - DONATED CONTRACEPTIVE COMMODITIES

7.1 Disposal is necessary for good logistics management whenever contraceptive commodities provided by USAID have passed their expiry date or have deteriorated.

7.2 The MOH, as the organization holding title to the USAID-donated contraceptives covered by this agreement, should initiate the disposal process for its own units or for other recipient organizations upon their request. The MOH as a consignee of the shipments acquires title by its acceptance of the shipments.

7.3 The MOH must request in writing approval from USAID to dispose of A.I.D-supplied contraceptive commodities. The letter of request must contain at a minimum the following information:

A. Clear documentation of the evidence that is prompting the disposal action. Such evidence includes test results, if applicable, clear identification of the lots requiring disposal, and so forth.

B. The US dollar cost of the commodities identified for disposal must be clearly identified.

7.4 Following written USAID approval for disposal of the commodities, the disposal should be carried out in accordance with the laws and ordinances of the Arab Republic of Egypt. The mode of disposal should ensure that the commodities cannot be recovered for use. A USAID witness or person designated to witness for USAID should observe the disposal action.

7.5 After the disposal has been completed, a record of the action should be prepared by the MOH. This record should include the following information: the stock site, product, quantity, mode of destruction to ensure that product is not recoverable, place and date of destruction, name and title of USAID witness to the destruction, reason the destruction was necessary (e.g., storage conditions, shipping delays, shelf-life, etc.) and remedial action, as appropriate, to prevent future disposals.

7.6 USAID will be responsible for obtaining AID/Washington Bureau of Research and Development, Office of Population (R&D/POP/CPSD) approval when the value of the commodities proposed for destruction exceeds US\$ 100,000 or if there is

question as to the need for disposal. Further, USAID will be responsible for forwarding a copy of the record of action of disposal prepared by the MOH to R&D/POP/CPSD.

ARTICLE 8: GENERAL CONDITIONS

8.1 This Agreement supersedes the June 1992 Agreement among USAID, MOH and EPTC.

8.2 This Agreement shall become effective as of December 1, 1993.

8.3 This Agreement shall be in force until canceled by USAID or until contraceptive commodities are no longer provided by USAID and no USAID-donated contraceptive commodities remain in EPTC warehouses at all levels.

8.4 This Agreement may be canceled by USAID with 30 days notice.

8.5 This Agreement may be amended in writing by mutual consent of USAID and the MOH and EPTC.

8.6 All notifications required under this agreement shall be written in English and sent to USAID, MOH and EPTC.

8.7 All correspondence between MOH and/or EPTC to USAID will be in writing and in English.

*Dr. Moushira El Shaffie*

DR. MOUSHIRA EL SHAFFIE  
UNDERSECRETARY FOR FAMILY  
PLANNING  
MINISTRY OF HEALTH

DATE: 18 Nov, 1993

*Ismael Ewaïs*

MR. ISMAIL EWAI  
CHAIRMAN  
EGYPTIAN PHARMACEUTICAL  
TRADING COMPANY

DATE: 18/11/1993

*Duncan R. Miller*  
DUNCAN R. MILLER  
ASSOCIATE DIRECTOR  
HUMAN RESOURCES AND  
DEVELOPMENT COOPERATION  
USAID - EGYPT

DATE: 18 Nov 1993

- Appendix A: USAID-funded Sub-projects with Revenue Agreements Eligible to Receive USAID-donated Contraceptives Free-of-Charge from EPTC.
- Appendix B: List of Sub-projects of organizations that have Graduated from USAID-support that are Eligible for USAID-donated Contraceptives at a Nominal Fee.
- Appendix C: List of Annual limits that may not be Exceeded Without USAID Written Approval.
- Appendix D: USAID-Approved Nominal Fee for USAID-donated Contraceptives.

USAID-funded Sub-projects  
with Revenue Agreements Eligible to  
Receive USAID-donated Contraceptives  
Free-of-Charge from EPTC.

PUBLIC SECTOR FAMILY PLANNING PROGRAMS

- TITLE OF SUB-PROJECT: Family Planning Systems Development  
IMPLEMENTING AGENCY: Ministry of Health
  
- TITLE OF SUB-PROJECT: Family Planning Services  
IMPLEMENTING AGENCY: Teaching Hospital Organization  
(THO)

NON-GOVERNMENT ORGANIZATION FAMILY PLANNING PROGRAMS

- TITLE OF SUP-PROJECT: Clinical Services Improvement  
Project  
IMPLEMENTING AGENCY: Egyptian Family Planning  
Association/CSI

UNIVERSITY-BASED FAMILY PLANNING TRAINING AND SERVICES

- TITLE OF SUP-PROJECT: Regional Center for Training (RCT)  
and Satellite Training Centers  
(STC)  
IMPLEMENTING AGENCY: RCT at Ain Shams University

List of Sub-projects of Organizations  
that have Graduated from USAID-support  
that are Eligible for USAID-donated Contraceptives  
at a Nominal Fee.

- TITLE OF SUB-PROJECT: Comprehensive Urban Family Planning  
Services in Greater Cairo  
IMPLEMENTING AGENCY: Cairo Health Organization (CHO)
  
- TITLE OF SUB-PROJECT: Family Planning Services  
IMPLEMENTING AGENCY: Health Insurance Organization (HIO)
  
- TITLE OF SUB-PROJECT: Upper Egypt Family Planning and  
Community Development Project  
IMPLEMENTING AGENCY: Bishopric of Public, Ecumenical and  
Social Services (BPESS), Coptic  
Orthodox Church
  
- TITLE OF SUB-PROJECT: Family Planning Services Project  
IMPLEMENTING AGENCY: International Islamic Center for  
Population Studies and Research, Al  
Ashar University
  
- TITLE OF SUB-PROJECT: Comprehensive Family Care Project  
IMPLEMENTING AGENCY: Coptic Association for Social Care  
(CASC)
  
- TITLE OF SUB-PROJECT: Rural Community-based Family  
Planning  
IMPLEMENTING AGENCY: Coptic Evangelical Organization For  
Social Services (CEOSS)
  
- TITLE OF SUB-PROJECT: Norplant Clinical Trials Project  
IMPLEMENTING AGENCY: Egyptian Fertility Care Society  
(EFCS) through:  
Al Azhar University Hospital  
Ain Shams University Hospital  
Alexandria University Hospital  
Assiut University Hospital  
Mansoura University Hospital

List of Annual Limits  
that may not be Exceeded  
Without USAID Prior Written Approval

ORGANIZATION	IUD	CONDOM (pcs)
<b>A. Free Contraceptives</b>		
1. Ministry of Health	700,000	2,000,000
2. Teaching Hospital Organization	12,000	6,000
3. EFPA/Clinical Services Improvement Sub-project	115,000	160,000
4. Regional Center for Training	5,000	20,000
<b>B. Nominal Fee</b>		
1. Cairo Health Organization	8,700	2,100
2. Health Insurance Organization	36,000	50,000
3. Bishopric of Public, Ecumenical and Social Services, Coptic Orthodox Church and Coptic Association for Social Care	2,350	20,000
4. Coptic Evangelical Organization for Social Services	8,000	0
5. Al Azhar University	5,000	1,000
6. Ain Shams University	15,000	1,000
7. Alexandria University	5,000	1,000
8. Assiut University	5,000	1,000
9. Mansoura University	5,000	1,000

Appendix D

USAID-Approved Nominal Fee  
for USAID-Donated Contraceptives

CUT380A IUD: 20 piasters for 1 IUD  
Condom: 16 piasters for box of 100  
Flower Vaginal Foaming Tablet: 2 piasters for an 8 tablet box

Attachment B  
Annual Implementation Plan/  
PIO/C

PIO/C	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT	<input checked="" type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE 1 OF 6 PAGES
	PROJECT IMPLEMENTATION ORDER/COMMODITIES	1. Cooperating Country EGYPT	2. PIO/C Number 263-0227-5-92242
		3. Project Number and Title 263-0227 "ELEMENT #1" POPULATION/FAMILY PLANNING III	

RD/POP/CPSD (3) AID/Mail Room (3)	4. Appropriation Symbol 72-112/31037	5. Allotment Symbol and Charge MES29223263TC13	6. Funds Alloted To <input type="checkbox"/> AID/W <input checked="" type="checkbox"/> Mission
	7. Obligation Status <input type="checkbox"/> Administrative Reservation <input checked="" type="checkbox"/> By Agreement		8. <input checked="" type="checkbox"/> Original OR Amendment Number

OP/CC/E	9. Authorized Agent AID/W - FA/OP/CC	10. Method of Financing A. <input type="checkbox"/> U.S. Government B. <input type="checkbox"/> Direct Letter of Commitment
---------	---	--

11. Contracting Period (Mo., Day, Yr.) From: 04/94 To: 08/94	12. Delivery Period (Mo., Day, Yr.) From: 04/94 To: 12/94	13. Project Assistance Completion Date (Mo., Day, Yr.) July 31, 1997	
14. Area of Source (000)	15. DOLLAR VALUE		
	A. Previous Total -0-	B. Increase \$503,027.44	C. Decrease -0-
			D. Total to Date \$503,027.44

16. Quantity, Description, Specifications, Instructions and Special Provisions

THIS AUTHORIZATION HAS BEEN REVIEWED AND APPROVED IN ACCORDANCE WITH THE PRESIDENT'S MEMORANDUM OF SEPTEMBER 16, 1966, CONCERNING ECONOMY IN PROCUREMENT.

A. PROJECT COMMODITIES: SEE DETAILS ON PAGE (2)  
 B. CONSIGNEE: MINISTRY OF HEALTH  
 C. DOCUMENT DISTRIBUTION AND SHIPPING INSTRUCTIONS FORM 11-94 (ATTACHED) PAGE (3)

17. MISSION REFERENCES  
 (A) NEW CPT'S CY 94/95 DATED 03/21/94

THE GOE/MOH RESERVES THE RIGHT TO REJECT ANY CONTRACEPTIVE COMMODITIES THAT HAVE LESS THAN THREE QUARTERS (3/4) OF THEIR SHELF LIFE (AS DETERMINED BY THE MANUFACTURER) REMAINING UPON ARRIVAL IN EGYPT.

(B) CAIRO 04490 DATED 03/94

18. MISSION CLEARANCES	DATE	MISSION CLEARANCES	DATE
HRDC/P: TNOURY	5/9/94		
HRDC/P: C. JOHNSON	5/9/94	PDS/PS: [Signature]	5/11/94
HRDC/P: [Signature]	5/11/94	TI/CAT: [Signature]	5/12/94
EM/EO: KFARAG	5/11/94		
19. Date of Original Issuance MAY 9, 1994		20. Date of this Issuance	

21. For the Cooperating Country -  
 The terms and conditions set forth herein are hereby agreed to:

Signature: Dr. MOUSHIRA EL SHAEFIE  
 Title: UNDERSECRETARY OF STATE FOR FAMILY PLANNING

22. For the Agency for International Development

Signature: DR. CAROL CARPENTER-YAMIAN  
 Title: DIRECTOR, OFFICE OF POPULATION

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**PROJECT : CONTRACEPTIVE COMMODITY****CONSIGNEE: MINISTRY OF HEALTH****A. COMMODITY TYPE: CONDOMS/NO LOGO 52MM NON COLORED**

ESTIMATED SHIPPING DATES	QUANTITY	ESTIMATED COMMODITY COST	ESTIMATED FRGHT COST	ESTIMATED TOTAL COST
03/31/95	504,000	\$24,494.00	\$490.00	\$24,984.00
06/30/95	504,000	\$24,494.00	\$490.00	\$24,984.00
09/30/95	504,000	\$24,494.00	\$490.00	\$24,984.00
12/31/95	480,000	\$23,329.00	\$466.00	\$23,795.00
SUB-TOTAL	1,992,000	\$96,811.00	\$1,936.00	\$98,747.00

**B. COMMODITY TYPE: IUDs/COPPER T380a**

ESTIMATED SHIPPING DATES	QUANTITY	ESTIMATED COMMODITY COST	ESTIMATED FRGHT COST	ESTIMATED TOTAL COST
10/31/94	104,000	\$118,016.00	\$2,360.33	\$120,376.33
03/31/95	250,000	\$283,694.00	\$5,673.89	\$289,367.89
07/31/95	250,000	\$283,694.00	\$5,673.89	\$289,367.89
11/30/95	250,000	\$283,694.00	\$5,673.89	\$289,367.89
SUB-TOTAL	854,000	\$969,098.00	\$19,382.00	\$988,480.00

**C. COMMODITY TYPE: IMPLANT/NORPLANT**

ESTIMATED SHIPPING DATES	QUANTITY	ESTIMATED COMMODITY COST	ESTIMATED FRGHT COST	ESTIMATED TOTAL COST
05/30/94	2,500	\$59,531.00	\$1,190.57	\$60,721.57
10/31/94	2,500	\$59,531.00	\$1,190.57	\$60,721.57
12/31/94	1,700	\$40,478.00	\$809.58	\$41,287.58
02/28/95	2,500	\$59,531.00	\$1,190.57	\$60,721.57
05/31/95	2,500	\$59,531.00	\$1,190.57	\$60,721.57
08/31/95	2,500	\$59,531.00	\$1,190.57	\$60,721.57
11/30/95	2,500	\$59,531.00	\$1,190.57	\$60,721.57
SUB-TOTAL	16,700	\$397,664.00	\$7,953.00	\$405,617.00

TOTAL ESTIMATE		\$1,463,573.00	\$29,271.00	\$1,492,844.00
----------------	--	----------------	-------------	----------------

PLEASE NOTE: MISSION CURRENTLY HAS A CREDIT OF US\$989,816.56 AS PER ATTACHMENT(A) STATE CABLE 368384 AND ATTACHMENT(B) BALANCE INDICATED ON FIRST PAGE OF NEWVERN STATUS OF CONTRACEPTIVES ACCOUNT DATED 01/25/94.

THUS, THE BALANCE OF THIS PIO/C IS AS FOLLOWS: -

TOTAL ESTIMATED COST OF THIS PIO/C	\$1,492,844.00
USAID/CAIRO CREDIT	989,816.56
TOTAL AMOUNT THIS PIO/C	503,027.44

**DOCUMENT DISTRIBUTION AND SHIPPING INSTRUCTIONS**

DEPARTMENT OF STATE  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
UNITED STATES OF AMERICA

1. DATE 05/03/94 PAGE 3 OF 6 PAGES

2. U.S. AID ORDERING OFFICE  
OFFICE OF POPULATION  
USAID/CAIRO - UNIT 64902  
APO AE 09839-4902

IMPORTANT: This form shall be completed by the U.S. AID Ordering Office and attached to all requests for commodities (PA's and PIO/C's) submitted for supply action. A separate form is required for each ultimate consignee receiving material.

3. U.S. AID PROCUREMENT REQUEST NO.  
PIO/C No.  
263-0227-5-

4. DOCUMENT CONTROL NO.  
(Leave blank)

**SHIPPING**

3. CONSIGN SHIPMENT TO:  
  
POPULATION/FAMILY PLANNING III  
USAID GRANT NO. 263-0227  
MINISTRY OF HEALTH  
MAGLES EL SHAAB ST.  
CAIRO, EGYPT

5. MARK FOR (Final Destination):  
  
POPULATION/FAMILY PLANNING III  
USAID GRANT NO. 263-0227  
C/O MINISTRY OF HEALTH  
MAGLES EL SHAAB ST.,  
CAIRO, EGYPT

7. PARTIAL DELIVERY ACCEPTANCE  
 a. YES  b. NO

**DOCUMENTATION**

8. ADDRESS TO RECEIVE INFORMATION REGARDING STATUS OF PROCUREMENT REQUESTS:  
  
USAID/HRDC/POP  
ATTN: OFFICE DIRECTOR  
USAID/CAIRO - UNIT 64902  
APO AE 09839-4902

9. ADDRESS TO WHICH BILLING DOCUMENTS ARE TO BE SENT:  
  
FINANCIAL MANAGEMENT DIVISION  
USAID/CAIRO  
UNIT 64902  
APO AE 09839-4902

10. **SHIPPING DATA** (insert complete addresses below, items a through c, to receive shipping documents in the number of copies indicated.)

	ADDRESS	OCEAN BILL OF LADING		AIR FREIGHT B/L	PACKING LISTS	EXPORT INVOICE
		NEGOTIABLE	COPY			
a.	USAID/HRDC/POP ATTN: OFFICE DIRECTOR USAID/CAIRO - UNIT 64902 APO AE 09839-4902	2	2		2	2
b.	MINISTRY OF HEALTH MAGLES EL SHAAB ST. CAIRO, EGYPT	2	2		2	2
c.	FINANCIAL MANAGEMENT DIVISION USAID/CAIRO UNIT 64902 APO AE 09839-4902		2		1	1

SPECIAL DOCUMENTATION (justify any special documents required, such as import licenses, certificates of origin, etc.)

NA

\* Supply documents furnished to the addressee will serve to inform the ordering office of the status of the procurement request during the report processing cycle.

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ACTION AID3 INFO DCN ADM /5

VZCZCRO311  
PP RUEHEG  
DT RUEHC #8384 3420620  
ZNR UUUUU ZZH  
P R 080621Z DEC 93  
FM SECSTATE WASHDC  
TO RUEHEG/AMEMBASSY CAIRO PRIORITY 4734  
INFO RUEHPH/CDC ATLANTA 0976  
BT  
UNCLAS STATE 368384

28-DEC-93 FOR: 06:52  
CHRG: AID  
DIST: AIDM

ACTION TO HRDC fm PDS  
ACTION TAKEN \_\_\_\_\_ DATE 12/15  
DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

AID ADM CDC IN ATLANTA FOR TIM JOHNSON

E.O. 12356: N/A

TAGS:  
SUBJECT: POPULATION: AVAILABLE FUNDS

REF: NOURY/HAWKINS 11/28 E-MAIL

SUMMARY - FUNDS IN TWO PIO/CS RECEIVED FROM USAID/CAIRO FOR USE IN CENTRAL COMMODITIES PROCUREMENT ARE AVAILABLE FOR DE-OBLIGATION. SPECIFICALLY, USDOLS 144,517.55 ARE AVAILABLE FOR DE-OBLIGATION FROM PIO/C 00076 AND USDOLS 579,926.06 ARE AVAILABLE FROM PIO/C 91108.

A. PURSUANT TO VARIOUS COMMUNICATIONS BETWEEN USAID/CAIRO AND RD/POP/CPSD REGARDING MISSION'S CONTRACEPTIVE ACCOUNT BALANCE, CPSD HAS WITHDRAWN FUNDS PROVIDED BY MISSION FROM CONTRACTS IN ORDER TO ALLOW MISSION TO DE-OBLIGATE SAME. THE FUNDS IN QUESTION ARE NOW AVAILABLE FOR MISSION ACTION. SPECIFICALLY, USDOLS 144,517.55 ARE AVAILABLE FOR DE-OBLIGATION FROM EGYPT PIO/C 00076 AND USDOLS 579,926.06 ARE AVAILABLE FROM EGYPT PIO/C 91108. THESE FUNDS HAVE BEEN WITHDRAWN FROM CONTRACEPTIVE COMMODITY CONTRACTS AND WILL NOT BE USED BY CPSD FOR PROCUREMENT. FURTHER, BECAUSE CONTRACT COMMITMENTS HAVE ALREADY BEEN COMPLETED BY CPSD FOR

CY 1994 PRODUCTION, IT WILL NOT BE POSSIBLE FOR CPSD TO USE THESE FUNDS PRIOR TO THEIR JUNE 1994 PACDS. THE FOLLOWING DATA ARE PROVIDED AS AN INDICATION OF WHAT OUR RECORDS INDICATE IS THE STATUS OF FUNDS PROVIDED THROUGH THESE PIOCS.

C. PIO/C: 00076  
BPC: QES0-90-27263-K313  
PROJECT: 0144  
TOTAL FUNDED LEVEL ..... \$3,232,414.00  
PRODUCTION/SHIPMENTS CHARGED TO THIS PIO/C FOR WHICH THE MISSION SHOULD HAVE RECEIVED BILLS ..... \$3,057,896.45  
AMOUNT AVAILABLE FOR DE-OBLIGATION...\$ 144,517.55

D. PIO/C: 91108  
BPC: QES1-91-23263-K313

BEST AVAILABLE COPY

PIO/c 00076  
+ 47

TOTAL FUNDED LEVEL .....	\$4,576,648.55
PRODUCTION/SHIPMENTS CHARGED TO THIS PIO/C FOR WHICH THE MISSION SHOULD HAVE RECEIVED BILLS .....	\$3,900,558.50
SCHEDULED PRODUCTION/SHIPMENTS CHARGED TO THIS PIO/C FOR WHICH THE MISSION PROBABLY HAS NOT YET RECEIVED BILLS .....	\$ 96,154.00
AMOUNT AVAILABLE FOR DE-OBLIGATION .....	\$ 579,925.06

PLEASE LET US KNOW IF FURTHER INFORMATION IS REQUIRED TO ALLOW YOU TO PROCESS THIS TRANSACTION.

E.  
TARNOFF  
BT  
#8384  
NNNN

UNCLASSIFIED STATE 368384

BEST AVAILABLE COPY

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Customer: USAID/Cairo  
 \*\*\* COPY \*\*\*

Summary of Financial Activity

Summary of Current Period Activity

Opening Current Account Balance - as of 01/01/80	\$0.00
Total Additions to Account During Reporting Period	\$0.00
Total Charges Against Account During Reporting Period	\$0.00
Closing Current Account Balance - as of 03/31/80	\$0.00

Summary of Expected Future Activity

Funds Received between 04/01/80 and 01/25/84	\$27,410,146.19
Value of Ordered Contraceptives - Shipments posted after 03/31/80	\$25,695,886.02
Summary Account Balance Including Transactions After 03/31/80	\$1,714,260.17
Positive Balance Indicates Commodity credit to Customer	

Details of Current Period Activity

Transaction Date	Transaction Description	NEWVERN ID	Ordering/Funding Document	Funding Transactions	Commodity Transactions	Net Account Balance
	Total Funds Added to account during reporting period			\$0.00		
	Total Charges against account during reporting period				\$0.00	
	Closing Current Account Balance - Commodity Credit to Customer					\$0.00

===== END OF CURRENT PERIOD REPORT =====

Details of Expected Future Activity

Estimated Transaction Date	Description of Expected Transaction	NEWVERN ID	Ordering/Funding Document	Projected Funding Transactions	Projected Commodity Transactions	Estimated Net Account Balance
04/01/80	Opening Balance for Future Transactions					\$0.00

BEST AVAILABLE COPY

725  
18-7-1994

Dr. Carol Carpenter - Yaman  
Director  
Office of Population  
USAID, Cairo.

July 18, 1994.

Subject: POPIII - Contraceptive Commodity  
Sub-project.

Dear Dr. Carol:

This letter is to approve subject sub-project paper. We understand that this sub-project paper is to cover the different types of contraceptive supplies that USAID will donate to the Egyptian Family Planning Program for the next three years. It also approves the training of two candidates from the Ministry of Health and from the Egyptian Pharmaceutical Trading Company to be trained in the Logistics Management of Contraceptives.

As you know I have already approved and requested USAID to provide us with the CY 94/95 schedule of our contraceptive needs based on Mr. Carl Hawkins last visit trip report.

May I thank you and your staff for the excellent cooperation between the Agency and the Ministry of Health.

Yours sincerely,



Dr. Moshira ElShaffie.  
Undersecretary of Family Planning  
Ministry of Health