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**Contraceptive Logistics Management Assistance**

**to**

**the Family Health Services Project,**

**USAID/LAGOS,**

**and**

**the Federal Ministry of Health**

**J. Timothy Johnson, Dr.P.H.  
Division of Reproductive Health  
Centers for Disease Control**

**Brice Atkinson, M.S.  
Family Planning Logistics Management Project  
John Snow, Inc.**

**Bonita Blackburn  
R&D/POP/CPSD  
A.I.D/Washington**

**Resource Person: H. McKinley Coffman  
Director of Logistical Services  
Family Planning International Assistance**

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## SUMMARY

A joint CDC/DRH, JSI/FPLM, and U.S.A.I.D. team, consisting respectively of Timothy Johnson, Brice Atkinson, and Bonita Blackburn, visited Nigeria Sept. 4-21, 1991. The three major tasks in the consultants' scope of work were to review the public sector's contraceptive logistics management system, assess the status of public sector contraceptive supplies, and prepare public sector method-specific contraceptive requirements forecasts (see Section I). Mr. Mac Coffman, of FPIA, served as a resource person to the team.

In order to accomplish this task, the team met extensively with FHS project staff, Federal Ministry of Health staff, officials of State Ministries of Health in their respective states, and staff of other FP agencies and donors. Physical inventories of stock at the Central level and in selected states supplemented extensive review of relevant documents (Sections II and III).

Our review of components of the public sector contraceptive logistics management system begins with a recapitulation and commentary on the public sector component of the "commodity chain" as described in the 1991 "Report of the Management Review of the Nigerian Family Health Services Project", as background to an evaluation of the system's components (Section IV-A).

In Section IV-B, "Evaluation of System Components", we start with an extensive review of aspects of the system related to information gathering (MIS) for purposes of forecasting contraceptive requirements. A discussion of key findings and observations leads to a set of seven recommendations. These are presented in Section IV-B1.

Next, in Section IV-B2, we review issues related to FPIA's role in forecasting and procurement of R&D/POP/CPSD commodities. A set of four recommendations, relating to proposed changes from the way the "NEWCPTs" are currently used is presented. Some of these changes are already informally underway. Formalization of these changes in procedures will help to alleviate future confusion on commodity status within Nigeria. Sections IV-B, 3-6, review topics either addressed in previous recommendations, or requiring no action at this time.

The contentious question of how best to handle public sector distribution of contraceptives within Nigeria is addressed in Section IV-B7. The Federal Ministry of Health has made clear its desire and intention to take over this function from Sterling Products (Nigeria), Inc. at an early date. The team recognized the ultimate inevitability, and indeed the desirability, in principle, of the FMOH taking on this task, but believes that the FMOH underestimates the difficulty of such a transition. The

team proposes a more gradual transition, and accordingly recommends that the FMOH should start this transition by taking on responsibility for distribution initially in one health zone. Lessons learned during this transfer of responsibility would then be applied in the remaining three zones.

Section V summarizes the status of public sector contraceptives at different administrative levels. In Section V-A, we show, by state, the estimated stock held at clinic levels. National totals of clinic-held stock are also presented. While there is substantial variation among and within states in clinic stock levels, in general we note that stocks of Cu "T" 380 IUDs and vaginal foaming tablets were on the high side, condom stocks generally adequate, and oral pills were low. Injectables were in shortest supply, and included several stocked-out states at the clinic level. This problem has subsequently been partially rectified. A separate table is presented for commodities held by the Army, Navy, Airforce, and Police. Section V-B shows state level warehouse stocks, at dates ranging between April 1991 and subsequent visits by FHS logistics officers and our September visits and presents a commentary on these figures. Section V-C shows the public sector commodities counted during our physical inventory at the Sterling central warehouse while V-D discusses the somewhat uncertain status of UNFPA provided injectables, which until recently have been in very short supply.

Section V-E provides the national summary of public sector supplies, based on the foregoing tables and information, and including also commodities known to be en route from the FPIA warehouse in New Windsor, Maryland, with expected arrival dates before the end of November, 1991. For A.I.D. -provided public sector contraceptives, this summary shows approximately 7 million condoms, 1.1 million cycles of pills, 244 thousand Cu"T" 380A IUDs, and 2.1 million foaming tablets.

We next turn to the final section, on our estimates of future requirements of contraceptives, in Section VI. In this section we discuss the data on past consumption and estimated future use which we employed for these forecasts, and the uncertainties in some of these factors. The actual forecasts, and the information on which they are based, as well as the net new supply requirements, are presented in a set of Contraceptive Procurement Tables (CPTs). The first four tables are for the four A.I.D. provided methods (Copper T 380A IUDs, Lo-Femenal oral pills, vaginal foaming tablets, and condoms), while the fifth CPT is for the UNFPA injectables.

The final two tables summarize public sector net supply requirements for each calendar year, 1992 to 1995, and approximate public sector cost implications of these requirements.

Before our departure from Lagos, copies of these forecasts were left with FPIA, which has responsibility within FHS for both public and private sector procurement for AID-supplied commodities. A recommendation was made that appropriate action be initiated promptly to ensure that the contraceptive pipeline would not become depleted.

## I. PLACES, DATES, AND PURPOSES OF TRAVEL

At the request of USAID/Lagos, CDC consultant Timothy Johnson, R&D/POP/CPSD staff Bonita Blackburn, and JSI consultant Brice Atkinson visited Nigeria September 4 - 21, 1991. Dr. Johnson's travel was undertaken under the DRH/CDC PASA with USAID. H. McKinley Coffman, Director of Logistical Services, Family Planning International Assistance (FPIA) assisted the team as a resource person for the duration of the team's visit.

The team's primary purposes and scope of work included:

1. a review of the public sector contraceptive logistics management system;
2. an assessment of the current status of public sector contraceptive supplies;
3. preparation of public sector method-specific contraceptive requirements forecasts.

Another objective was to familiarize Ms. Blackburn with the public and private sector contraceptive logistics management systems in Nigeria. One of Ms. Blackburn's responsibilities at R&D/POP/CPSD is to monitor the procurement and distribution, through FPIA, of USAID funded public and private sector contraceptive supplies to Nigeria.

## II. PRINCIPAL CONTACTS

### A. A.I.D Affairs Office (AAO)

Mr. Eugene R. Chiavaroli, A.I.D Affairs Officer (AAO)  
Mr. Rudolph Thomas, Deputy AAO  
Ms. Elizabeth Lule, Projects Officer, for FHS  
Dr. Cecilia Woodfill, Michigan Fellow

### B. Family Health Services (FHS) Project, Central Staff

Dr. Uche Azie, FPIA Project Director  
Dr. Dayo (Victor) Oluyemi, Country Representative,  
Pathfinder Fund  
Mr. Michael Egboh, Pathfinder Fund

Mr. Tunde Adesipo, Central Logistics Officer (CLO),  
(Pathfinder)  
Mr. Rasheed Iginla, CLO (Pathfinder)

C. Federal Ministry of Health (FMOH), Lagos

Dr. Patrick Okungbowa, Deputy Director, Primary Health Care  
Dr. K. S. Oyegbite, Special Assistant to Minister of Health  
Dr. Oluwole E. Kuteyi, Director, Dept. of Population  
Activities (DPA)  
Dr. Adenike Adeyemi, Asst. Director, Primary Health Care  
Dr. A. Tilley-Gyado, AIDS Coordinator  
Mr. Lawrence C. C. Anyanwu, Planning Officer

D. Field Staff

Kaduna

Dr. J.Y. Madaki, Director, Primary Health Care  
Mrs. Aishatu Abubakar, FHS Zonal Program Officer (ZPO),  
Pathfinder  
Mrs. Rhoda Laal, State FP Coordinator  
Dr. Barbara Maciak, CCCD Officer

Kano

Dr. Mohd. Daiyabo, Director, Health Care Services  
Dr. Lawal Mohamed, Deputy Director, Health Care Services  
Mrs. Zainab Pawa, State Family Planning Coordinator  
Mrs. Zipporah Mafuyi, FHS ZPO, Pathfinder

Oyo

Dr. M.O. Ogundeji, Zonal PHC Director, Zone B (Southwest)  
Mrs. C. Olukemi Agbede, Project Officer, UNFPA, Zone B  
Mrs. M.O. Olugbode, State FP Coordinator  
Mrs. O.I. Ajagbe, Deputy State F.P. Coordinator  
Mrs. M.M. Ojediran, Commodities/Logistics Officer  
Mr. Gbola Omotosho, FHS ZPO, Pathfinder

Ogun

Mrs. Y. Afonja, State Deputy F.P. Coordinator  
Mrs. A.O Taiwo, Asst. Principal, FP Training School,  
Abeokuta  
Mrs. A.O. Kojekee, Commodities/Logistics Officer

E. Others

Dr. A.B. Sulaiman, Exec. Dir., Planned Parenthood  
Federation of Nigeria (PPFN)  
Mr. Patrick J. McConnon, Global 2000  
Mr. Michael Quist, Country Director, PSI  
Dr. Babs Sagoe, Deputy Coordinator, UNFPA

III. BACKGROUND

A. Previous CDC and JSI Assistance

The Division of Reproductive Health, CDC, has been extensively involved in the development of Nigeria's family planning efforts since 1983, and has been joined in this effort since 1987 by FPLM/JSI, in recognition of the size and complexity of the Nigerian family planning effort. This involvement is detailed in 15 previous trip reports, of which the most recent, by Johnson and Atkinson, is dated April 26, 1989.

Along with our role in forecasting national and state-specific public sector requirements, particularly for AID-supplied contraceptive commodities, CDC and JSI have over the years provided assistance in the development of a family planning (FP) service statistics and commodity reporting system, as the core of a FP management information system (FP-MIS). We have conducted national training workshops for state-level and Federal Ministry of Health (FMOH) staff in the use of the system, and have provided assistance to the FMOH and the Agency for International Development (USAID) on various aspects of contraceptive forecasting and program monitoring. CDC consultant Dr. Johnson was also involved in the design phase of the present Family Health Services (FHS) project. With the full implementation of the FHS, logistics related program development was taken over in 1989 by FPIA and the Pathfinder Fund, respectively designated as the lead organizations for these activities in the private and public sectors. Thus there was more than a two year hiatus between our last visit and the present consultation. This consultation was undertaken as a joint CDC/JSI effort, complemented by a representative from CPSD, and with collaboration by the Director of Logistical Services, FPIA. The team's visit was requested explicitly in order to provide an independent review of the public sector contraceptive logistics system, assess the current status of public sector contraceptive supplies, and prepare public sector contraceptive requirements forecasts.

#### B. Present Tasks and Modus Operandi

Traveling in two separate groups, the team visited the capitals of Ogun, Oyo, Kaduna, and Kano, met with state family planning program officials, and performed physical inventories of public sector contraceptives at each of these locations. The groups were accompanied by Pathfinder Fund Contraceptive Logistics Officers (CLOs) on all the state visits, and a Federal Ministry of Health representative accompanied the group which visited Kaduna and Kano. The groups also met with the responsible Pathfinder Fund Zonal Program Officers in each location.

Assisted by FPIA and Pathfinder staff, the team performed a physical inventory of public sector contraceptive supplies at the Sterling Warehouse in Lagos.

The team reviewed FPIA and Pathfinder FHS project logistics management documents, and discussed logistics management policies, procedures and issues with staff from these organizations and with USAID, Federal Ministry of Health, UNFPA, and Planned Parenthood Federation of Nigeria staff.

Before departing Lagos, the team discussed its findings and recommendations with AID and FHS staff. A preliminary draft report was also left with AID/FHS, along with a set of tables showing commodity status at all levels of the public sector program, and a set of contraceptive procurement tables (CPTs), showing our best estimates for annual method-specific contraceptive requirements for 1992-1995.

#### IV. Review of Public Sector Contraceptive Logistics Management System

##### A. System Components

Page 46 of the draft *Report of the Management Review of the Nigerian Family Health Services Project* (May 16, 1991) includes a useful list of the components of the contraceptive logistics system of the FHS project and of the program to which it supplies contraceptives. Titled the "Commodity Chain" in the report, the list is quoted below minus the private sector components.

Comments (in parentheses) have been added to the list by the consultancy team (Atkinson/Johnson/Blackburn) where it was felt amplification or clarification was required. The list of components is accurate and the comments are not meant to imply criticism of the review team's effort.

- "1. Forecasting: Forecasting is done by FHS/Private and FHS/Public based on requests made and past usage."

(FHS/Private is contractually responsible for developing national contraceptive forecasts. An MIS is operated by Management Sciences for Health (MSH) on sub-contract to FHS/Public. However, FHS/Private relies on its own records to develop national forecasts. Within Nigeria, FHS/Public estimates the needs of state programs, develops shipping requests from these estimates, and passes the requests to FHS/Private.)

- "2. FPIA---ST/POP/COMMODITIES (PROCUREMENT) Contraceptive procurement tables (CPTs) prepared by FPIA"
- "3. Shipping to FPIA (New Windsor, Maryland)"
- "4. Shipping to Lagos: Requires 6-8 weeks"

(10 to 12 weeks is a more accurate estimate of average New York - Lagos shipment times, including time for clearance through the port of entry.)

**"5. Sterling clears goods ---- to central warehouse Lagos"**

(Shipments are cleared by a sub-contractor or agent employed by Sterling)

**"6. Sterling Zonal Warehouses"**

(Sterling calls these "Territorial Warehouses". This distinction is important as it avoids the implication that Sterling has "zones" which correspond to the Federal Ministry of Health zones. Beneath the Territorial Warehouses in the delivery system are smaller Sterling warehouses called "depots".)

**"7. Public**

State Warehouse

Shipments based on monthly sector (Commodities request form) which are submitted by FHS/Public to FHS/Private"

(FHS/Public submits requests for shipments to the states to FHS/Private which in turn authorizes Sterling to make the shipments. Sterling makes the shipments on a space available basis on its own trucks or through direct hire of other trucks and has agreed to do so within 60 to 90 days of receiving a shipment authorization from FHS/Private. In most instances the shipments are sent out within a few days of Sterling's receipt of an authorization.)

**"Pick-Up By F.P Coordinator."**

(In the majority of states Sterling delivers directly to state warehouses and it is not necessary for the Coordinator to collect the shipment from a Sterling Territorial Warehouse, or from a depot of the warehouse.)

**"Delivery To Service Delivery Points"**

(Local Government Areas, (LGAs), clinics, hospitals, etc. (service delivery points), requisition contraceptives from the state store and pick them up or arrange to have them delivered.)

**B. Evaluation of System Components**

**1. Forecasting**

As noted above, FHS/Private's national forecasts are based on its own records rather than the FHS/Public MIS. Anecdotal information indicates that logistics data has not moved freely between the FHS Public and Private components. This is a project management issue rather than a logistics issue but the negative impact of delayed or incomplete information on the logistics system cannot be ignored.

**Recommendation: \*\*\*\*\***

Progress has already been made in improving the flow of information between the Public and Private components of the FHS project. Top priority should be given by FPFA, the Pathfinder Fund, and by top FHS management to continuing this improvement.

**\*\*\*\*\***

While not currently used for national forecasting, the MIS is a source of data essential to the effective operation and continued improvement of the logistics system. The accuracy and reliability of the MIS are critical to the timely assessment of state contraceptive requirements, on which are based FHS/Public's requests for shipments to the states.

Information sources for the MIS include:

1. Monthly/Quarterly reports completed by FHS/Public's CLOs during their periodic monitoring visits to states;
2. Monthly State Summary Reports submitted by state family planning coordinators;
3. Field trip reports completed by staff of other FHS project components and provided to FHS/Public.

Original copies of all reports are filed in folders labeled with the names of the states to which they pertain. Information from the reports is entered into the automated MIS. Shipment requests, however, appear to be compiled from the original manually produced reports, rather than from reports produced by the computerized system.

Review of the (manual) state files revealed that copies of all reports, regardless of type, are intermixed in single folders. Those reports which are fastened to the folders are usually found in a chronological sequence which places the oldest file on top. This pattern is not entirely consistent however.

As the filing follows no particular order or sequence it is necessary to review each file in its entirety to determine and locate the most recent report. This adds to the time required to research a particular state and increases the possibility that

newly arrived reports may be overlooked when staff are entering data into the automated system.

The probability of error will increase as new state files are created to accommodate reports from the nine newly established states.

**Recommendations: \*\*\*\*\***

Reports from the CLOs and State Summary Reports should be filed by category, and not intermixed. The reports should be fastened to the folders rather than placed left loose.

Newest reports should be on top.

Miscellaneous field trip reports should not be filed with the CLO and State Summary Reports, but rather kept in separate files. (This may require use of file folders with several compartments if all reports regardless of type are to be kept in single state folders.)

\*\*\*\*\*

The field trip reports of the CLOs provide the most timely and complete state level contraceptive logistics information. Two CLOs now cover 21 states and Abuja, the Federal Territory. The current CLOs appear to be competent and well motivated, but their capabilities and energy cannot overcome the limits of available time as they attempt to cover 22 programs. This dilemma will become more severe with the creation of nine new states as the CLOs will be required to cover programs in 31 locations.

**Recommendation: \*\*\*\*\***

FHS/Public should consider hiring two additional Contraceptive Logistics Officers.

\*\*\*\*\*

Serious problems continue to hamper the overall coordination of national logistics management efforts. Lack of adequate communications between the Public and Private sector components of the national family planning program, already noted, is reflected in the problems which have periodically plagued the program logistics system, particularly in forecasting appropriate quantities of contraceptive commodities, and having these quantities on hand when needed in the states.

A fairly simple step to overcome these institutional or organizational communications problems would be to have one individual designated to serve within FHS as overall "Commodities Czar" for the program. This individual would serve as

coordinator of all logistics-related program aspects, in both the public and private domains, and would have ultimate authority for making and submitting project and method/brand specific forecasts of contraceptive requirements. This individual, preferably a qualified Nigerian, should be stationed in the A.I.D Affairs Office, rather than being identified with any of the Cooperating Agencies, in order to avoid the predictable types of friction inherent in designating an individual in one agency as having authority over a major activity or component of another.

While ideally such an individual would serve the entire program, and would deal with all donor agencies in coordinating the forecasting and distribution of contraceptives, as a practical matter it may at this time be possible only to appoint a person to this position to work with the USAID-funded commodities. However, to accomplish the intended tasks, this person would have to work also with the other donors, including particularly UNFPA for injectables and WHO for condoms provided by that agency to combat AIDS.

**Recommendation:** Urgent consideration should be given to the appointment of a "Commodities Czar", to coordinate and have overall authority for all aspects of FHS contraceptive commodities management. An acceptable position title might be "Commodities Coordinator", or perhaps "FHS Logistics Manager."

\*\*\*\*\*

Time limitations did not allow the team to explore fully the extent to which the automated capabilities of the MIS are being utilized to organize logistics information and to produce reports directly related to contraceptive distribution.

To the limited extent the team was able to review this issue, it appeared that the MIS is focused primarily on client data in terms of new acceptors and revisits for each method by state zone and nationally, and on measuring the success of the family planning program in terms of Couple Years of Protection (CYPs) achieved through use of each method. The MIS appeared to be well organized and operated, and appeared to be well on its way to achieving its objectives in these areas, though the data base continues to suffer from non-reporting service delivery sites.

At the same time it does not appear as if the automated capabilities of the system are being used to produce direct logistics reports, i.e., reports which simply indicate the quantities of each type of contraceptive delivered to each state and zone on a monthly, quarterly, and annual basis. This information is evidently already contained within the system, since otherwise it would not be possible for the system to calculate CYPs for specific areas. Nevertheless, the CLOs appear to be compiling periodic shipment requests by manually

calculating requirements from information in their own reports in the files.

It is emphasized that the team did not fully explore this issue and the above observations are based on an admittedly limited MIS review. However, we feel that the following recommendation is appropriate.

**Recommendation: \*\*\*\*\***

The potential of the MIS system to produce logistics reports should be reviewed. If at all possible the analysis of contraceptive logistics data including the estimation of state program contraceptive requirements, the production of shipment requests, and the production of national forecasts should be automated using the existing MIS hardware. Available software for these purposes should be reviewed for their applicability to Nigeria. If necessary, the feasibility of developing appropriate software should be explored.

**\*\*\*\*\***

## **2. FPIA---ST/POP/Commodities (Procurement)**

### **a. Contraceptive Procurement Tables (CPTs)**

The standard "NEWCPT" document is not appropriate for Nigeria and its continued use has caused confusion.

In this standard CPT the first line, "beginning balances" is intended to refer to stocks available within the recipient country at the beginning of the time periods specified.

In the Nigeria CPT, the first line balances refer to stock available at FPIA's New Windsor warehouse.

In the standard CPT, there is a space for entry of the method of shipment (land, sea, or air) and a space for the required lead time for the shipment to arrive in the concerned country.

The Nigerian CPT indicates that the method of shipment is by land as the shipments listed are not in fact to Nigeria but to the New Windsor warehouse.

The standard automated CPT program generates (or assists in the generation of) shipping schedules based upon the specified method of shipment and the specified shipment lead time. From this same information the program calculates freight costs which are included in the financial analysis section of the CPT.

The shipment schedules and cost data so generated from the Nigerian CPT are meaningless as, again, the shipments are not to Nigeria but to the New Windsor warehouse.

In most USAID Missions in countries receiving USAID funded contraceptives the Population Officers, with or without the assistance of CDC or JSI consultants, are required to complete CPTs.

Upon completion of their CPTs, most Missions are also required to send an order cable to R&D/POP/CPSD specifying the type and quantities of contraceptives desired, the desired in-country arrival time of the specified number of shipments, and the size of each shipment. Concurrently, each Mission is required to specify in the order cable the method by which it will fund the cost of the contraceptives and to indicate that (in most cases) the request for the necessary fund transfer to S&T/POP/CPSD has been cabled to the appropriate A.I.D/Washington office.

In Nigeria the responsibilities for determining the quantities of contraceptives required and when they will arrive in Nigeria have all been contracted to FPIA.

In summary, the CPT document and the CPT-related reports and systems, including the NEWVERN system, are part of a bureaucratic mechanism developed to assist USAID Missions, working in cooperation with R&D/POP/CPSD, to order, fund, and receive contraceptives for use in host country family planning programs. In Nigeria, however, these functions are performed by FPIA under contract.

Those most directly involved in the procurement of contraceptives for Nigeria know that the Nigerian CPT cannot be interpreted in the same way as other CPTs. R&D/POP/CPSD and FPIA New York have evolved procedures to track and cost the contraceptives for the Nigeria program. While effective, the procedures are as yet informal.

**Recommendation: \*\*\*\*\***

Use of the standard NEWCPT document should be discontinued for the Nigeria program.

FPIA should continue to be responsible for forecasting national contraceptive requirements and for making arrangements to ensure that these requirements are met in a timely and cost effective fashion.

R&D/POP/CPSD in coordination with FPIA New York, should formalize procedures for the procurement of contraceptives for the Nigeria program.

R&D/POP/CPSD should arrange to have JSI/Arlington discontinue the monthly "Population - Contraceptive Shipments Scheduled" cables to the Nigeria Mission. (The cables pertain to shipments to New Windsor, not to Nigeria.) The cables should be sent directly to FPIA-New York.

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**3. Shipping to FPIA (New Windsor)**

(The preceding recommendations also apply.)

**4. Shipping to Lagos**

The team found no major problems in this area.

**5. Sterling clears goods----to central warehouse Lagos**

There have been some long delays in clearing some shipments with resultant demurrage charges. The possibility of such delays should be taken into consideration when projecting dates for contraceptive shipments to arrive in Lagos.

**6. Sterling Zonal Warehouses**

Sterling transports both public and private sector contraceptives to its zonal warehouses. This is usually done on a monthly basis. As noted elsewhere, with a few exceptions this system has worked quite well, and without unreasonable delays.

**7. Transfer to Public Sector**

Sterling turns over State commodity consignments to the State Family Planning Coordinator. In cases where Sterling does not have a warehouse in the state, these commodities may be picked up by the FP Coordinator from Sterling, and transferred to the State store, for subsequent delivery to Service Delivery Points (SDPs), sometimes directly but sometimes with an intermediate step involving the LGA store, where such a facility exists.

Issues in Public Sector Distribution - Who should do it?

There is a strong and understandable desire by the FMOH to take over the distribution and delivery system for public sector commodities from Sterling, despite the generally high marks Sterling receives for their past efforts. The government's basic position is that if this program is to be a national program, the government should take responsibility for contraceptive commodity distribution, as it does for other health commodities and equipment. However, it is also recognized that the Federal Ministry of Health has not always been a reliable and effective distributor of the goods they do undertake to distribute:

indeed, it was due to acknowledged deficiencies in this system that the Sterling Products mechanism was recommended in late 1983 and adopted in early 1984, with the agreement of both the FMOH and the different State health ministries. While there are solid grounds for believing that the capability of the FMOH in this regard has improved markedly since 1984, some skepticism remains among some State officials regarding the wisdom of turning this distribution responsibility over to the FMOH at this time. Given the stated intention, however, of the FMOH to take the lead, it is clear that some steps need to be taken in this direction, so that an orderly, non-disruptive, transfer of responsibility can be undertaken.

The FMOH has presented so far only a general outline of how it would organize the distribution system. This would involve distribution from Lagos to four Zonal warehouses. The next stage in the distribution system remains unclear. Some FMOH officials indicated that States would be responsible for picking up the commodities from these zonal warehouses, and transporting them to State warehouses, for distribution then to LGAs and clinics. This would seem quite logical, provided that States had access to adequate transport, and that communications between States and Zonal warehouses was also adequate. However, other officials indicated that individual LGAs would pick up their commodities from the Zonal warehouse, reflecting the increased emphasis on LGAs as the operational locus for health and family planning activities. As a practical matter, we consider this approach to be quite unworkable as a national approach, even though it might work for very large urban LGAs and other LGAs fortunate enough to be in close proximity to the Zonal warehouses.

A practical consideration in these discussions is the problem that adequate zonal warehouses do not exist at this time. The FMOH has developed quite detailed plans of the physical layout of warehouses they would like to renovate or build for this purpose, and has submitted these plans with a proposal for A.I.D to support their construction. Presumably if A.I.D declined to support this construction, other donors could be approached.

Our own recommendation, which recognizes that Sterling continues to perform a very creditable job of contraceptive distribution, yet also recognizes the need to help the government assume this responsibility within the next few years, is to consider a phased transition, starting with FMOH distribution in one zone, and gradually moving out to the remaining three zones as problems are identified and resolved in the first zone.

**Recommendation:** The South-West zone should be used as a prototype for developing FMOH capacity to distribute contraceptives to States. A zonal warehouse should be established as the focus for this activity, and the FMOH should draw up and implement a strategy for obtaining contraceptives

from the national Sterling warehouse in Lagos, transporting them to the Zonal warehouse, and subsequently transporting them to the State warehouses, from which LGAs will obtain their supplies.

When this zonal system has been established and is running effectively, the lessons learned from this experience can be applied in establishing similar Zonal systems for the other three national health zones.

#### V. Current Status of Public Sector Contraceptives Within Nigeria

The following set of tables details the quantities of public sector commodities at the clinic, state warehouse, and Sterling Central Warehouse as of the dates of the latest available reports. The clinic level data is in general the oldest and covers the widest time span. The State Summary Reports from which the clinic totals are drawn range from March to July. In addition, over this time span an average of only slightly more than half the clinics reported, though these tended to be the larger clinics.

Despite these deficiencies, it can be argued that the clinic level commodity information, viewed with suitable caution, can be used in conjunction with more reliable information from higher tiers in the delivery system to develop an approximate but still useful national portrait of the current status of contraceptive stocks in the public sector.

## A. Clinic Level

### TOTAL CLINIC LEVEL MONTH END CLOSING BALANCES - BY STATE (From latest available State Summary Reports)

State	Month	Condoms	Orals	CuT	Inject	VFT	* #Clinics	** % Rep
Abuja	6	22,300	100	1,940	-0-	18,700	16/23	70
Akwa I.	7	5,052	7,093	1,648	-0-	3,690	76/106	72
Anambra	7	4,801	1,052	551	252	3,262	34/54	63
Bauchi	5	39,000	19,448	1,678	2,548	4,000	18/31	58
Bendel	5	4,578	3,793	1,072	794	2,558	75/100	75
Benue	6	8,309	1,181	638	88	5,078	36/68	53
Borno	5	980	26,330	1,006	5,300	8,517	22/42	48
Cross R.	5	9,138	1,386	445	-0-	10,122	??	?
Gongola	4	23,597	9,829	2,193	309	9,371	17/26	65
Imo	3	81,332	653	754	101	18,447	23/70	39
Kaduna	6	66,900	-0-	38,400	-0-	61,500	3/64	5
Kano	5	27,101	2,120	1,858	88	1,908	10/55	18
Katsina	5	2,555	696	249	410	2,505	9/19	47
Kwara	5	22,740	31,048	2,378	66	30,148	77/120	58
Lagos	5	35,659	6,125	2,552	-0-	2,884	71/80	89
Niger	4	16,584	7,600	770	-0-	9,900	11/61	18
Ogun	5	7,798	10,134	75	474	414	100/118	85
Ondo	5	6,895	8,055	410	2,755	14,856	58/133	42
Oyo	6	59,085	8,302	2,100	742	20,976	74/100	74
Plateau	6	155,005	12,587	1,594	71	167,653	30/128	23
Rivers	6	11,472	6,384	418	152	5,771	53/87	61
Sokoto	5	<u>135,825</u>	<u>49,415</u>	<u>631</u>	<u>179</u>	<u>16,818</u>	<u>34/57</u>	60
<b>TOTALS</b>		<u>751,707</u>	<u>213,331</u>	<u>63,360</u>	<u>14,329</u>	<u>419,078</u>		<b>Average**53</b>

\* Number of clinics reporting / Number of clinics providing services

\*\* Percentage of clinics reporting

#### Comments

Of the twenty-two (counting the Federal Territory of Abuja) latest available monthly State Summary Reports, two were for July, six were for June, eleven were for May, two were for April, and one was for March.

The highest percentage of clinics reporting, 89 percent, was in Lagos state with 71 clinics reporting out of 80 providing service. The lowest was in Kaduna, 5 percent, with only 3 clinics reporting out of 64 providing service. Cross River failed to indicate both the number of clinics reporting and the number providing service.

Excluding Cross River, an average of slightly more than half, 53%, of the clinics providing service sent in reports.

Given the time lag in the receipt of the State Summary reports, and the low average percentage of clinics reporting, the preceding table at best provides only a very rough estimate as to what clinic level stock levels were in September.

However, keeping the time lag and the relatively low levels of reporting in mind, the table appears to indicate that clinic level stocks of pills are low, injectables low to nil in many instances, condom stocks adequate, and stocks of foaming tablets and Copper T IUDs somewhat high.

We emphasize that these general observations refer to national levels of supply, that the patterns within individual states vary, and that, as noted earlier, the observations derive from reports dating at best from the end of July and at worst from the end of March, and that on the average only slightly more than half the clinics reported. (There are also shipments now en-route to Nigeria and expected to arrive mid-October to November. Details of these shipments are provided in paragraph E, "National Profile").

However, both our experience and anecdotal evidence suggests that larger, more active clinics are much more likely to submit reports than are smaller, newer, and less active clinics. Thus it is probable that these reports in fact reflect the status of commodities at clinics serving a higher percentage of the client population than might be assumed by simply judging the numbers of clinics reporting compared to the numbers providing service within any given state.

The following table reflects total clinic level closing balances reported by the Army, Navy, Air Force, and Police. It is interesting to note that the average percentage of clinics reporting (excluding the Navy which did not indicate this number in its report) is about the same as in the state programs, that is, slightly more than half those providing services reported.

Total Clinic Level Month End Closing Balances for  
Army, Navy, Air Force, and Police  
(From latest Summary Reports Submitted)

Service	Month	Condoms	Orals	CuT	Inject	VFT	* #Clinics	** % Rep
Army	6	10,200	247	1,862	79	15,930	52/88	59
Navy	5	43,564	1,900	537	-0-	43,564	?/?	??
Air Force	6	1,538	320	123	-0-	3,860	9/12	75
Police	6	<u>11,446</u>	<u>1,854</u>	<u>339</u>	<u>15</u>	<u>2,037</u>	<u>4/22</u>	18
<b>Totals</b>		<u>66,748</u>	<u>4,321</u>	<u>2,861</u>	<u>94</u>	<u>65,391</u>		<u>Average 51</u>

\* Number of clinics reporting / Number of clinics providing services

\*\* Percentage of clinics reporting

## B. State Level

The table below summarizes physical inventories taken at state level warehouses on dates ranging from April in the cases of Abuja and Sokoto, to September in the cases of Ogun, Oyo, Kaduna, and Kano.

### STATE LEVEL PHYSICAL INVENTORIES

State	Date	Condoms	Orals	CuT	Injectables	VFT
Abuja	4/18	22,800	11,300	1,840	-0-	29,200
Akwa						
Ibom	7/29	30,000	8,400	800	-0-	4,800
Anambra	7/24	42,000	1,200	1,200	-0-	28,800
Bauchi	8/12	23,300	600	1,060	-0-	18,400
Bendel	8/20	56,400	1,600	-0-	6,000	41,200
Benue	7/22	67,900	30	783	-0-	29,300
Borno	8/16	31,500	700	2,700	-0-	1,800
Cross						
River	7/26	30,500	189	500	-0-	22,500
Gongola	8/21	70,800	-0-	720	-0-	7,700
Imo	8/1	24,100	-0-	420	-0-	5,700
Kaduna	9/16	22,300	13,500	2,340	7,200	51,958
Kano	9/17	22,600	9,500	1,000	2,470	5,600
Katsina	7/18	24,300	24,000	-0-	-0-	18,600
Kwara	8/19	108,000	16,800	6,800	-0-	-0-
Lagos	8/5	-0-	8,300	10	-0-	-0-
Niger	8/7	22,484	6,600	1,510	-0-	23,000
Ogun	9/10	174,000	36,000	7,600	3,400	19,200
Ondo	8/12	56,800	-0-	-0-	-0-	19,100
Oyo	9/10	246,000	25,200	4,000	6,200	19,200
Plateau	7/11	173,100	2,200	2,380	-0-	42,000
Rivers	7/30	91,800	1,600	3,046	-0-?	-0-?
Sokoto	4/18	<u>126,000</u>	<u>9,200</u>	<u>60</u>	<u>-0-</u>	<u>14,400</u>
<b>Totals</b>		<u><b>1,466,684</b></u>	<u><b>176,919</b></u>	<u><b>38,769</b></u>	<u><b>25,270</b></u>	<u><b>402,458</b></u>

#### Comments

As should be expected, given the frequent travel of the Contraceptive Logistics Officers, the dates of the latest state level physical inventories are more recent than the dates of the State Summary Reports.

Two of the physical inventories were taken in April, seven in July, nine in August, and four in September.

It is reasonable to assume that the closer the dates of the State Summaries and inventories are to the current month of September, the more they reflect the actual current status of contraceptive supply levels. As noted earlier, the State Summaries reflect only a rough approximation of current clinic level stock balances due to the different time frames covered by the individual reports, the time lag in the receipt of the reports, and the relatively low average percentage of clinics reporting.

The physical inventory reports are of more recent vintage and collectively provide a reasonable approximation of the current national total of stocks at the state warehouses.

C. Sterling Central Warehouse

Listed below are the totals of public sector contraceptives counted during the physical inventory performed September 11 at Sterling's Lagos central warehouse.

**Sterling Central Warehouse  
Physical Inventory September 11, 1991**

Condoms	Lo-Fem	CuT	Injectables	VFT
2,604,000	552,000	29,100	-0-	972,400

D. UNFPA Supplies of Noristerat and Depo-Provera

UNFPA staff advised us that it is their intention to provide one million doses of injectables by the end of 1991 as follows: 750,000 doses of Noristerat and 250,000 doses of Depo-Provera. Of this total, one shipment of 375,000 doses of Noristerat has arrived and is now in the process of delivery to the states, and another shipment of 375,000 doses of Noristerat is expected momentarily. While a shipment of 250,000 doses of Depo-Provera is expected before the end of this year, experience with the UNFPA procurement process suggests the possibility that this quantity may not arrive until as late as mid-1992.

E. National Profile

**ESTIMATED NATIONAL TOTALS, BY METHOD**

Level	Condoms	Orals	CuT	Injectables	VFT
Enroute*	2,100,000	193,600	110,000	-0-	264,000
Sterling C.W.	2,604,000	552,000	29,100	-0-	972,400
State W.H.'s	1,466,684	176,919	38,769	25,270	402,458
Military/Police	66,748	4,321	2,861	94	65,391
State Clinics	751,707	213,331	63,360	14,329	419,078
UNFPA	-0-	-0-	-0-	750,000	-0-
<b>Totals</b>	<u>6,989,139</u>	<u>1,140,171</u>	<u>244,090</u>	<u>789,693</u>	<u>2,123,327</u>

\* (Enroute from New Windsor warehouse and due to arrive by mid-October-November.)

Since arrival of the first shipment of 375,000 doses of Noristerat has been confirmed, and since it seems reasonable to accept UNFPA's assurance that the second shipment of 375,000 doses will soon arrive, but since arrival of the 250,000 doses of Depo-Provera by year's end seems less certain, only a total of 750,000 doses of injectables are listed in the above table.

## VI. Estimates of Future Requirements (Forecasts)

Contraceptive Procurement Tables 1 - 5 summarize past and expected future commodity use through public sector facilities. Some explanations for the basis for these estimates is in order.

### A. Past Use (Consumption)

Given that the existing MIS remains an incomplete and imperfect, though improving, source of logistics management information, we tapped a variety of information sources in our efforts to prepare reasonable estimates of product consumption. While the main starting point has been the aggregation of clinic level consumption data, this has been adjusted for non-reporting clinics. The resulting figures have been compared with estimates based on calculated use by the number of reported method-specific new acceptors and revisits, for which some crude approximations have been used. The resulting figures have been compared with data for the DHS, for additional insights into their reasonableness.

### B. Future Use

Future use forecasts are based on prior years' use, adjusted for our best estimates of likely "takeoff" when previous conditions of periodic stock outages are removed, combined with "guesstimates" of what is likely to occur in particular sectors and with specific method types and brands as a consequence of future promotional activities, and also (in the case of condoms) of indirect or "spillover" effects of demand for condoms to combat HIV/AIDS.

The Sterling Central Warehouse data are up-to-date, and the state physical inventory figures are for the most part from recent months. 375,000 doses of Noristerat have already arrived, and there is a reasonable expectation that an additional equal quantity will soon arrive.

The clinic level data is somewhat outdated but is based on reports from only half the clinics providing services. There are doubtless additional stocks at the clinics which failed to report. This offsets the anticipated decrease in stocks at this level due to consumption during the months following submission of the latest reports.

It is possible that demand will tend to increase as word spreads that clinics which have been out of stock or understocked now have supplies. Such an increase in demand, should it occur, will not be sudden and dramatic but rather will be a slowly emergent pattern.

Another factor considered in estimating future requirements is the creation of the nine new states. While the establishment of the new states will not directly nor immediately result in an increase in the number of service delivery points or program clients, there will be an eventual increase in the length of the national contraceptive pipeline to reach the nine new state level storage points.

In theory, the quantities of required reserve supplies should remain unchanged, although they would be redistributed to nine additional locations. In practice, it is likely that contraceptives will not be shared equitably between the old and the new states as the administrators of the current state programs will tend to hoard their supplies. It appears most likely that contraceptives for the new state programs will have to be shipped from the Central Warehouse, Lagos.

Copies of our forecasts were left with FPIA, which has responsibility for both public and private sector procurement for AID-supplied commodities by FHS, with the strong recommendation that appropriate action be initiated promptly, to ensure that the contraceptive pipeline would not become depleted.

A summary of the public sector supply requirements, by method and year, 1992-95, is provided in Table (X). The approximate cost of these items is summarized in (Table Y).

**NIGERIA COPPER T 380A**

**CPT ANALYSIS**  
(In 1000's)

Date 10/17/91

COUNTRY: NIGERIA  
 PROGRAM: Pub  
 PROJECT: MOH-FHS  
 PRODUCT: CT38 - COPPER T IUDS - MODEL TCU380A  
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: Atkinson/Johnson; FHS Records, etc.  
 TABLE YEAR: 1992  
 HISTORICAL YEAR: 1991  
 CONTRACT SHIPPING PERIODS: (1) 01/91-12/92 (2) 01/93-12/93 (3) 01/94-12/94

CALENDAR YEARS

	1991	1992	1993	1994	1995	1996
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	177	115	160	170	185	

PLUS

2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1991 TO DATE	55					
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED	13					
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						

MINUS

3. ESTIMATED PRODUCT CONSUMPTION						
(A) ESTIMATED PRODUCT USE	130	144	160	170	185	200
(B) ESTIMATED PRODUCT LOSS	0	0	0	0	0	0

EQUALS

4. END-OF-YEAR STOCK	115	-29	0	0	0	
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MINUS

5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 12 MONTHS OF ESTIMATED USE IN SUBSEQUENT YEAR)	160	170	185	200		
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EQUALS

6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)	-189	-170	-185	-200		
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# NIGERIA LO FEMENAL ORAL PILL CYCLES

CPT ANALYSIS  
(In 1000's)

Date 10/17/91

COUNTRY: NIGERIA  
 PROGRAM: Pub  
 PROJECT: MOH-FHS  
 PRODUCT: LFMP - OC LO-FEMENAL BLUE LADY PKG.  
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: Atkinson/Johnson; FHS Records, etc.  
 TABLE YEAR: 1992  
 HISTORICAL YEAR: 1991  
 CONTRACT SHIPPING PERIODS: (1) 01/92-06/94 (2) 07/94-06/95 (3) 07/95-06/96

CALENDAR YEARS	1991	1992	1993	1994	1995	1996
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	496	880	1650	1800	2000	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1991 TO DATE	1200					
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED	184					
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT CONSUMPTION						
(A) ESTIMATED PRODUCT USE	1000	1350	1650	1800	2000	2200
(B) ESTIMATED PRODUCT LOSS	0	0	0	0	0	0
EQUALS						
4. END-OF-YEAR STOCK	880	-470	0	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 12 MONTHS OF ESTIMATED USE IN SUBSEQUENT YEAR)		1650	1800	2000	2200	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)	-2120	-1800	-2000	-2200		

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# NIGERIA CONCEPTROL VFT

CPT ANALYSIS  
(In 1000's)

Date 10/17/91

COUNTRY: NIGERIA  
 PROGRAM: Pub  
 PROJECT: MOH-FHS  
 PRODUCT: VFTP - VAG-FOAM TAB CONCEPTROL  
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK:  
 TABLE YEAR: 1992  
 HISTORICAL YEAR: 1991  
 CONTRACT SHIPPING PERIODS: (1) 01/92-12/93 (2) 01/94-12/94 (3) 01/95-12/95

CALENDAR YEARS	1991	1992	1993	1994	1995	1996
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	1432	1786	1600	1750	1850	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1991 TO DATE	1440					
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED	264					
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT CONSUMPTION						
(A) ESTIMATED PRODUCT USE	1350	1440	1600	1750	1850	2000
(B) ESTIMATED PRODUCT LOSS	0	0	0	0	0	0
EQUALS						
4. END-OF-YEAR STOCK	1786	346	0	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 12 MONTHS OF ESTIMATED USE IN SUBSEQUENT YEAR)		1600	1750	1850	2000	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)	-1254	-1750	-1850	-2000		

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# NIGERIA PUBLIC SECTOR CONDOMS

CPT ANALYSIS:  
(In 1000's)

Date 10/17/91

COUNTRY: NIGERIA  
 PROGRAM: Pub  
 PROJECT: MOH-FHS  
 PRODUCT: 52NX - CONDOM 52MM NON-COL. NO LOGO  
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: Atkinson/Johnson; FHS Records, etc.  
 TABLE YEAR: 1992  
 HISTORICAL YEAR: 1991  
 CONTRACT SHIPPING PERIODS: (1) 01/92-06/93 (2) 07/93-06/94 (3) 07/94-06/95

CALENDAR YEARS	1991	1992	1993	1994	1995	1996
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	4739	6039	5000	5500	5800	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1991 TO DATE	3000					
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED	2100					
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT CONSUMPTION						
(A) ESTIMATED PRODUCT USE	3800	4500	5000	5500	5800	6000
(B) ESTIMATED PRODUCT LOSS	0	0	0	0	0	0
EQUALS						
4. END-OF-YEAR STOCK	6039	1539	0	0	0	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 12 MONTHS OF ESTIMATED USE IN SUBSEQUENT YEAR)		5000	5500	5800	6000	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)		-3461	-5500	-5800	-6000	

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**NIGERIA INJECTABLES (DOSES)**

**NOTE: 1991 SUPPLY OF 1,000,000 CONSISTS OF  
750,000 DOSES NORISTERAT,  
250,000 DOSES DEPOPROVERA**

**CPT ANALYSIS  
(In 1000's)**

**Date 10/17/91**

**COUNTRY: NIGERIA  
PROGRAM: Pub  
PROJECT: MOH-FHS  
PRODUCT: INJ.-  
SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: UNFPA and FHS/MOH Records: Johnson/Atkinson  
TABLE YEAR: 1992  
HISTORICAL YEAR: 1991  
CONTRACT SHIPPING PERIODS: (1) 00/00-00/00 (2) 00/00-00/00 (3) 00/00-00/00**

<b>CALENDAR YEARS</b>		<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>
<b>1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)</b>		<b>40</b>	<b>740</b>	<b>600</b>	<b>700</b>	<b>800</b>	
<b>PLUS</b>							
<b>2. NEW SUPPLY OF SAME PRODUCT</b>							
(A) AID SUPPLIES RECEIVED 1991 TO DATE							
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED							
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)	<b>1000</b>						
<b>MINUS</b>							
<b>3. ESTIMATED PRODUCT CONSUMPTION</b>							
(A) ESTIMATED PRODUCT USE		<b>300</b>	<b>500</b>	<b>600</b>	<b>700</b>	<b>800</b>	<b>1000</b>
(B) ESTIMATED PRODUCT LOSS		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>EQUALS</b>							
<b>4. END-OF-YEAR STOCK</b>		<b>740</b>	<b>240</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>MINUS</b>							
<b>5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 12 MONTHS OF ESTIMATED USE IN SUBSEQUENT YEAR)</b>			<b>600</b>	<b>700</b>	<b>800</b>	<b>1000</b>	
<b>EQUALS</b>							
<b>6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)</b>		<b>-360</b>	<b>-700</b>	<b>-800</b>	<b>-1000</b>		

## CPT SUMMARY

NIGERIA 9/20/91

Public sector Net Supply Requirement, to arrive in country in given year (in thousands)

	1992	1993	1994	1995	Total (4 Years)
Copper T 380A (units)	189	170	185	200	744
Lo Femenal (cycles)	2120	1800	2000	2200	8120
VFTs (Conceptrol, tablets)	1254	1750	1850	2000	6854
Condoms (52NX, no logo, pieces)	3461	5500	5800	6000	20761
Injectables (doses)	360	700	800	1000	2860

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CPT Summary

Nigeria Public Sector Cost Implications (\$1,000)

	Cost Factor	1992	1993	1994	1995
Copper T 380A	\$1.06	200.3	180.2	196.1	212.0
Lo Femenal	\$0.1500	318.0	270.0	300.0	330.0
VFTs	\$0.1040	130.4	182.0	192.4	208.0
Condoms	\$0.0451	156.1	248.1	261.6	270.6
(Injectables	NA)				
(NORPLANT* Levonorgestrel Implants	\$23.00)				
<b>Total Costs:</b>		<b>804.8</b>	<b>880.3</b>	<b>950.1</b>	<b>1,020.6</b>

\* Based on 1991 "current unit cost for AID centrally funded commodities," without adjustment for ~~???~~ unit cost changes, including inflation.