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FORECAST OF CONTRACEPTIVE NEEDS
FOR
SENEGAL'S FAMILY PLANNING PROGRAM
AND
PREPARATION OF 1993 CONTRACEPTIVE PROCUREMENT TABLES (CPTs)

Dakar, Senegal

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I. SUMMARY

The purpose of this field visit was to determine actual contraceptive consumption in Senegal, forecast future demand, and program the shipment of future contraceptive requirements to be received over 1993 and 1994.

Major recommendations for USAID/Senegal and the Senegal National Family Planning Program are as follows:

- * The Mission should follow up on the cancellation of condom orders detailed in the cable DAKAR 02966 dated March 17, 1993, to ensure that these shipments have, in fact, been cancelled.
- * The Mission should follow up on inquiry made in the same cable as to the status of the Norplant shipments on order to ensure their arrival prior to the depletion of current stock on hand in May, 1993.
- * The Mission should finalize and submit the order cable generated by the preparation of the 1993 CPTs as soon as possible to ensure timely scheduling.
- * The AID-supplied condoms in the AIDS program warehouse identified as having an expiry date of April 1993 should be segregated from the other condoms and rapidly distributed through the prostitute program. Any of these condoms remaining unused by the end of April 1993 should be recalled from circulation and destroyed.
- * The UNFPA-supplied condoms remaining in stock and having an expiration date of June 1993 should be given priority for distribution and distributed where they are sure to be used prior to expiry.
- * A Ministry of Health policy notice should be issued and distributed to all service providers detailing the shelf lives of all the the contraceptive products and providing instructions on what to do with expired stock.
- * The transfer of 1,000,000 Non Colored No Logo condoms to the AIDS program that was programmed when the 1992 CPTs were prepared, should be done as soon as possible.
- * Expired contraceptive stock in the Pharmacie Nationale d'Approvisionnement (PNA) warehouse should be removed and destroyed as soon as possible, in accordance with both AID and GOS regulations. Other non-contraceptive commodities currently stored there should also be removed and either stored elsewhere or discarded.

* A system should be established among AID and GOS personnel responsible for contraceptive logistics to monitor stocks on hand, routinely review each shipping status cable sent out from CPSD to the Mission, and make any modifications to the shipping schedule that may prove necessary.

I would like to express my appreciation to the staffs of the Ministry of Health, USAID/Senegal, Projet Sante Familiale, Projet Bien-Etre Familiale, the AIDS Committee, SANFAM, ASBEF and ISTI for their time and cooperation in the data collection and preparation of the attached Contraceptive Procurement Tables.

II. ACTIVITIES:

In order to prepare the 1993 Contraceptive Procurement Tables, data was collected and future program development discussed with staff members of the various actors involved in family planning in Senegal, notably:

- * Service Nationale/Sante Maternelle et Infantile (SN/SMI)
- * Projet Sante Familiale et Population (PSFP - AID-funded)
- * Projet Bien-Etre Familiale (BEF - UNFPA-funded)
- * Comite de Lutte contre le SIDA
- * SANFAM (Volet Secteur Prive et Parapublic - VSPP)
- * ASBEF (IPPF affiliate)

Though the first three of these entities are in the process of being fused into a global National Family Planning Program, this fusion has not yet been completed, and each entity still functions somewhat independently.

CPTs were prepared for the Ministry of Health for all products that they receive from USAID: Non Colored No Logo Condoms, LoFemenal, Ovrette, Copper T 380s, Conceptrol and Norplant. Program requirements for the VSPP and a portion of ASBEF's requirements are also included in the MOH CPTs.

A CPT was also prepared for the MOH for Non Colored Blue Gold condoms, the brand that will be distributed in the Social Marketing program. Once the CSM project is launched and SOMARC (the contractor chosen to implement the CSM program) has established a presence in Senegal, the possibility of using SOMARC as the recipient for Blue Gold condoms should be explored. For the time being, however, MOH remains the recipient.

A separate CPT was prepared for Non Colored No Logo condoms to be procured for the AIDS prevention program, with "Ministry of Health/AIDS" as the recipient. The address on file in the NEWVERN system for MOH/AIDS is the Directeur du Projet Sante Familiale - Front de Terre. Before the order cable is sent for these products, the Mission should determine if this address is still appropriate, and if not, notify CPSD and JSI/FPLM of any changes.

With the AIDSCAP activity soon to be underway, with separate funding for the procurement of condoms, differentiating between condoms for AIDS prevention and those for other programs will facilitate tracking consumption through the various activities that will be involved in condom distribution: public sector

health centers, VSPP, the social marketing program, ASBEF's planned community based distribution activity, and the AIDS program. At this point it is difficult to determine just what market share of total condom distribution each of these programs will capture. Distribution through the AIDS program, somewhat more flexible than that of the MOH health center network, has apparently already begun to have an effect on the quantities distributed through the health centers. Will it also stifle the launch of the CSM program? The AID mission should take the lead with the various actors involved in condom distribution to develop a global strategy and then determine policies accordingly to support that strategy; price, accountability, number of condoms distributed per visit, etc.

CPTs were also prepared for Depo-Provera and Neogynon. Though it is universally understood that AID will not be responsible for supplying these products, the preparation of these CPTs may help MOH staff in estimating their needs and placing their orders with UNFPA. UNFPA to date has been able to supply sufficient quantities of these contraceptives, and apparently is willing to continue to do so. Therefore, limiting the supply of contraceptives to 2 donors, with the clear demarkation of which contraceptives will be supplied by each should be encouraged. If other donors, such as the World Bank, are interested in funding Family Planning efforts in Senegal, their resources could better be used to support other aspects of the program.

Due to FDA regulations that can only grant a product a shelf life that is covered by clinical trial data that they have available, AID-supplied Depo-Provera will only have a shelf life of 2 years for the first years that AID will make it available. Given the length of the contraceptive logistic system's pipeline in Senegal, it would not be wise to have AID even consider supplying Depo-Provera until its shelf life is increased to 5 years.

The overall pipeline used in the preparation of MOH CPTs is 21 months, reduced slightly from the 24 months used in the preparation of the 1992 CPTs. This 21 months represents a maximum stock level of 10 months at the Central level, 8 months at the Regional level and 3 months at the SDP level. This slight reduction will mean less stock in the pipeline at any given time, therefore less chance of expiry, and less strain on existing storage capacity. It also reflects an increased awareness of the importance of logistics, which will lead (and appears to be leading already, albeit slowly) to an increased efficiency in the management of contraceptive stocks in country. The interval between deliveries from the Central warehouse to the Regions is currently approximately 6 months. If this can be reduced to 3 months, the pipeline could be further slimmed down.

Pipelines for the AIDS program and Norplant were fixed at 12 months, having a less cumbersome delivery network with fewer tiers, and 10 months was used for the social marketing program as these types of programs, being based on commercial principles, tend to have more frequent deliveries to allow for less stock (and therefore less capital) to be tied up at any given time.

Since "dispensed-to-user" data was not available (except for the 3rd and 4th quarters of 1992 for the VSPP program), consumption for 1992 was extrapolated from beginning-of-year stocks on hand for 1992 and 1993, and quantities of contraceptives received during 1992. Beginning-of-year stocks for 1992 were calculated when the 1992 CPTs were prepared by inventorying stocks at the Central level, and estimating quantities available in the Regions by phone calls. Beginning-of-year stocks for 1993 could be more reliably determined, thanks to the December 1992 - January 1993 "tournee" undertaken by Dr. Gueye and Yacine Seck of the SN/SMI which included an inventory of each of the Regional warehouses. The warehouseman for the Region Medicale of Dakar was also able to provide beginning-of-year stock data, and a recent physical inventory of the PNA assured that their stock cards were up-to-date as well.

During this TDY, several shipments of condoms had to be cancelled:

4485/1	Non Colcred No Logo	1,494,000	ship date 3/31/93
4696/1	Non Colored No Logo	504,000	ship date 4/30/93
4474/2	Non Colored Blue/Gold	252,000	ship date 3/31/93

Though the 1992 CPTs and subsequent order cable called for new shipments totalling 4,044,000 Non-Colored No Logo Comdons, 5,052,000 were scheduled, due in part to some confusion regarding 1,000,000 condoms destined for the AIDS program. The cable DAKAR 01962 dated February 25, 1992 identified 2 lots of condoms already on order as being earmarked for AIDS prevention activities, but apparently this led to the scheduling of 2 additional shipments of 500,000 condoms each, explaining about half of the quantities to be cancelled. The cancellation of the Blue/Gold condoms is due to delays in the identification of the contractor to implement the Social Marketing program.

ISTI is in the process of setting up a Lotus inventory file with the PSFP logistician, Sidy Fall. Each separate lot or batch with like manufacture dates of each contraceptive stored in the PNA warehouse will be considered as a separate item. Each quarter, or upon request, the logistician will be able to print out the stock situation showing quantities on hand and expiration dates for each lot. Each time the mission receives a NEWVERN shipment status cable from CPSD (in theory, monthly), it will be easy check stocks on hand to determine if shipment quantities scheduled for the up-coming several months need to be modified or

cancelled. This could prevent the type of situation that almost occurred of having large quantities shipped before they were needed, causing storage problems and increasing the risk of expiration. The mission's HPN assistant responsible for monitoring contraceptive logistics, Ms. Dieneba Diallo, should also be familiarized with the use of this system.

Scheduling in the 1993 CPTs calls for 2 to 3 shipments of each contraceptive per year, consolidated together whenever possible. This allows greater facility in modifying or cancelling orders if assumptions made pertaining to expected consumption trends prove overly (or underly) optimistic. The mission must, however, closely monitor the NEWVERN print out of shipments on order, the shipping status cables and the in-country stock levels to take advantage of these opportunities to modify quantities on order. A cable was drafted acknowledging the receipt of several past orders to "clear Senegal's slate" in the NEWVERN system and make future shipping status cables easier to follow. In the future, the Mission's Supply Management Office (SMO) should be responsible for responding to the 2-way memos concerning contraceptive shipments as they are the most intimately involved in the clearance/delivery process. Apparently, the receipt of some past shipments had not been acknowledged because both the original and copies of the 2-way memos were circulating in the Mission, and it was unclear as to who had responsibility for responding.

In order to get a better appreciation of how Senegal's contraceptive logistics system functions, the Region Medicale in Kaolack, the Centre de Sante in Kaffrine, and the "Dixieme" and "Goutte de Lait" (VSPP) Health Centers in Thies were also visited by the consultant, accompanied by the HPN assistant (Ms. Dieneba Diallo) and the PSFP logistician (Mr. Sidy Fall). Ms. Diallo and Mr. Fall were briefed on the methodology used in the preparation of the CPTs, and were involved in the data collection and CPT drafting process to the extent their schedules and other responsibilities would allow.

The latest version of the NEWCPT software was installed in the HPN assistant's computer, and she was given a copy of the user's manual. Diskette and hard copies of the 1993 CPTs, as well as a draft order cable were also left with the Mission. Though Ms. Diallo had one session on the actual use of the NEWCPT software, time did not allow for a full familiarization. This should be pursued during any future FPLM TDYs to Senegal. FPLM will also provide the mission with dates and locations of upcoming logistics training opportunities that could be beneficial to Ms. Diallo, now that she has been identified as the AID staff member who will be responsible for monitoring contraceptive logistics.

III. SPECIFICS ON THE VARIOUS CPTs

Ministry of Health:

In the MOH CPTs, the transfer line includes estimated consumption through the VSPP as well transfers to ASBEF. Now that the VSPP has a well-functioning contraceptive logistics reporting system, data was available to accurately determine 1993 beginning of year stocks, based on quantities available in the storeroom where a security stock is now kept, as well as in each of the centers. This data was included in the MOH CPT beginning of year stocks, to give a more realistic global picture of the entire program's consumption. Therefore, the quantities attributed to the VSPP in the transfer line of the CPTs reflect estimated consumption rather than merely the quantities transferred to the VSPP from MOH stocks.

For 1993, ASBEF was able to provide a breakdown of what their total expected needs will be and what IPPF will be able to provide. AID has been (or will be) asked to supply the difference. ASBEF envisions starting a Community Based Distribution activity, mainly for non-prescriptive methods, and though IPPF can cover most of their needs for Conceptrol, there is a considerable shortfall for condoms (520,500) and pills (61,400). For 1994 and 1995, ASBEF was able to provide their total expected needs, but not the quantities that IPPF will be able to supply. As their needs are quite modest, except for condoms and conceptrol for the CBD activity, their total needs are included in the transfer line of the CPTs as they do not feel that IPPF will be able to cover their total needs in 1994 or 1995 either.

Condoms: There was an apparent drop in distribution in 1992 as compared to 1991, due in part to the fact that large quantities were distributed in November 1991; therefore the pipeline was entirely full at the beginning of 1992, and some of this available stock escaped recording when the 1992 CPTs were prepared. If the end of year stock is underestimated in the CPTs, consumption will appear to be greater than it actually was. So 1991 consumption was perhaps unrealistically high in the 1992 CPTs. Contributing to this apparent drop could also be the considerable quantities of condoms put into circulation through the AIDS program, detracting from the MOH health center network distribution.

Included in the transfer line, as well as VSPP and ASBEF consumption, is a transfer of 1,000,000 condoms to the AIDS program that was factored into the preparation of the 1992 CPT at the request of the Mission. The AIDS program currently has somewhat less than 800,000 condoms in stock and has been holding

back on distribution due to uncertainty as to when they will next be resupplied and by whom. WHO will no longer be providing them with condoms, and the social marketing program will not be in place in time to cover the AIDS program's market share should they stop distribution when their current stock runs out. Therefore, this 1,000,000 condom transfer should be made as soon as possible. This will allow the AIDS program to continue distribution at close to current level, and will also alleviate serious storage capacity problems that the PSFP is currently experiencing.

Condoms supplied by UNFPA were also included in the MOH Non Colored No Logo condom CPT to better reflect total condom distribution. As it is unlikely that UNFPA will continue to supply condoms to Senegal, the CPT calls for AID to cover the entirety of future MOH condom consumption estimates. The UNFPA-supplied condoms are presently stored separately from the AID-supplied condoms. The expiration date for the remainder of the UNFPA-supplied condoms is June 1993. There are currently approximately 242,000 of these condoms remaining in stock, and at the current rate of UNFPA-supplied condom distribution, approximately 125,000 will reach their expiration date before they can be used. To minimize this loss, these condoms should be included into the global PSFP stocks and given priority for distribution, citing distribution points where they will be consumed rapidly, and not sent to Regions where condom consumption rates are low.

It is expected that a social marketing study tour will take place in April 93 and that SOMARC will begin to get set up around June - July 93. Their proposal estimates that the first 6 months of their presence will be devoted to design. Therefore, the CPT for Non Colored Blue Gold condoms calls for minimal sale or pipeline filling in 1993, and modest growth in 1994 and 1995, given the non-aggressive approach that has been decided upon for "socio-religious" reasons. As mentioned above, once SOMARC establishes a presence in Senegal, the possibility of their becoming the recipient for CSM condoms should be explored.

Currently, Non Colored Blue Gold condoms are carried on the same stock card as the MOH's Non-Colored Non Logo condoms. A separate stock card should be established for these condoms awaiting SOMARC's assumption of responsibility for their management.

LoFemenal: Consumption of LoFemenal apparently remained stable in 1992 as compared to 1991, again perhaps because 1991 consumption figures were overestimated as with condoms. Another contributing factor to slow growth was the nurses' strike, effecting prescriptive methods especially. Consumption is expected to increase as the UNFPA will no longer be supplying an

equivalent brand, and as Lofemenal becomes more widely known in the 4 Regions that previously received only UNFPA-supplied contraceptives.

Ovrette: Use of this method continues to grow, though at a very modest rate. Large quantities currently exist in the pipeline, and have been pushed down to the district and service delivery point (SDP) levels. Some storerooms were observed to have as much as an 82 month stock on hand, longer than the product's 5 year shelf life, and therefore guaranteed to expire before it can be used. Attempts should be made to recover and redistribute some of these stocks. No new orders of Ovrette were scheduled while preparing the CPTs. Orders already placed were maintained even though this might lead to a slight surplus. As it is difficult to determine what quantity, if any, of the Ovrette that was pushed down the system will expire, this slight surplus could serve as a cushion should some of this product expire and have to be taken out of circulation and destroyed.

Copper T 380: This method continues to have limited success, hampered somewhat no doubt by the nurses strike this past year. The discontinuation of the Family Health and Population Project's distribution of antibiotics is frequently cited as one reason for this slow growth, vaginal infections being widespread. Current stocks on hand will cover 1993 and most of 1994.

Conceptrol: After a slow year in 1991 due to shortages and stock outs, Conceptrol consumption increased considerably in 1992 and will continue to increase over the next few years, especially with the uncertainty of the future availability of NeoSampoon, the more preferred of the 2 vaginal foaming tablets. Quantities included in the transfer line take into account some of ASBEF's shortfall for NeoSampoon as well as Conceptrol.

Norplant: Consumption estimates for this product are based on discussions with J. R. Brutus and Alain Damiba of JHPIEGO. Currently, consumption in the 5 operating centers combined totals about 100 implants per month, and is expected to grow to between 150 and 200 per month over the next year or so. A "centre de reference" is envisioned in each Region, with 3 Regions to start up each year starting mid-to-late 1994. Norplant is a very expensive product, representing approximately one quarter of the total cost of contraceptive orders generated by the preparation of these CPTs. It is too early to confidently predict what future growth trends will be. Therefore, 4 additional shipments have been scheduled over 1993 and 1994. The Mission should closely monitor consumption and take advantage of these 4 opportunities to modify quantities on order should it prove necessary.

AIDS Program:

Condoms: As mentioned above, the transfer of 1,000,000 condoms from the PSFP should be undertaken as soon as possible. Additional condoms are also scheduled during 1993 to allow distribution at substantial levels and to build up the AIDS program's security stock. In 1994 and 1995, scheduling was done to gradually cut back on condom distribution through the AIDS program to facilitate the start up of the social marketing program, the idea being that past free distribution clients will increasingly be oriented toward purchasing condoms through social marketing. By 1995, yearly consumption should be in line with the \$100,000 per year budgeted through the AIDSCAP project for condom procurement.

The AIDS program has been making attempts to put in place an accountability system for tracking their distribution. Part of the success of their distribution is that it is more accessible, quicker, less complicated and more discrete than distribution through public health facilities. However, the Mission needs to work with the AIDS program to ensure that at least a minimum of accountability is in place. This process is already underway, and should be pursued, especially after the AIDSCAP resident advisor arrives around June 1993.

During data collection for the CPTs, it was noted that some of the 500,000 condoms transferred to the AIDS program from PSFP stocks in September 1991 have an expiration date of April 1993. As the AIDS program still has WHO-supplied stocks that they received prior to this transfer, the stockman had been distributing the WHO stock before beginning distribution of the AID-supplied stock, unaware that a portion of the AID-supplied stock had an earlier expiration date. This was brought to the attention of the AIDS committee, and distribution of these condoms has begun through their Dakar and Kaolack prostitute programs where they can be rapidly utilized before expiration. This distribution should be monitored closely to ensure that a maximum of these condoms can be used before expiry, and that those that have not been used be taken out of circulation at the end of April 1993.

UNFPA-supplied Products:

Though AID will not be supplying these products, CPTs were prepared to assist MOH staff in cross-checking the estimates that they prepare for submission to UNFPA. The methodology used in the preparation of CPTs is different from that generally used by UNFPA as it automatically factors in an end of year security stock equal to the number of months of consumption in the pipeline; in the case of the MOH, 21 months. The quantities scheduled may therefore appear high by comparison to past

consumption rates, but this will build up a security stock of UNFPA-supplied contraceptives equal to that of AID-supplied products.

Depo-Provera: This method could become quite popular as it expands through the Regions that previously only received AID-supplied contraceptives. Some training may be necessary for service providers who have not used this method in the past. Distribution does not yet seem to be nationwide, as witnessed by the total absence of Depo-Provera in half of the Regional stores at the end of 1992. The possibility of supplying this method through the centers in the VSPP program should also be explored. Due to these various possibilities for expansion in the use of this method, a 25% increase in consumption over the next 2 years was used in the preparation of the CPTs.

Neogynon: The last of the pills that UNFPA will continue to supply, Neogynon, makes up between 5 and 10% of Senegal's total orals consumption, and its growth is expected to increase at a rate comparable to those of the other brands of pills.

IV. OBSERVATIONS

Reporting in the field: Some reporting is done from the SDP level to the Regional level, however, it is oriented toward calculating numbers of active, inactive and new clients rather than keeping track of actual quantities of contraceptives consumed. The trip report from Dr. Gueye and Yacine Seck's field visits attempts to determine monthly consumption rates from these figures, yet acknowledges the fact that variations in interpretations or recording methodologies for these terms can lead to significant discrepancies. A much simpler and more reliable type of reporting, at least as far as stock management is concerned, would be a format that periodically reports stock at the beginning of the period, quantities received during the period, quantities distributed during the period, and stock remaining at the end of the period. Such a format, as was previously introduced by the Projet Sante Familiale, would allow for a simple calculation of monthly consumption, and determination of quantities required between fixed delivery intervals. Nearly all the service providers record all quantities of each product dispensed in their daily activity registers, so totalling up monthly or quarterly distribution would be no major difficulty. In fact, many service providers already do tally up monthly distribution, but the upward reporting of this data and its agregation at each level is not done systematically.

Over the second quarter of 1992, the VSPP shifted from calculating monthly consumption by active, inactive and new clients, and introduced the type of consumption-driven system described above. The results from the third and fourth quarters of 1992 show that the new system is an improvement, and service providers find it easier to track their consumption and ensure sufficient stock without increasing the time they spend on reporting.

With the development and pilot test of the new MOH MIS, the awareness of the importance of reliable field reporting is increasing. However, the pilot test has shown that the global MOH MIS is not yet perfected to the point where it can satisfy all reporting needs; especially stock management requirements that need to be able to respond regularly and in a timely manner to changing trends in the field. In both Thies and Kaolack Regions, additional information, inspired by the MOH MIS but different in each of these Regions, is being requested of service providers who are not in the pilot test areas. These "parallel" personal initiatives reflect the Regional managers' perceived need for better field reporting.

Page 158 of the "Elements de Formation sur le Nouveau S.I.G." published in April 1992, is a stock management reporting form inspired by the form introduced in the VSPP and entitled the "Rapport Trimestriel de Stock et de Distribution." The

introduction of this form, even in Regions that are not yet part of the pilot test of the global MOH MIS, would be an immense help to the Logistics Unit of the National Family Planning Program in determining the quantities of contraceptives required in each Region. Being consumption-driven, it would provide more reliable distribution data than the admittedly-troublesome active, inactive and new client oriented data. Introducing the same form nationwide would also avoid the proliferation of Regional systems, thus facilitating standardization. As this form is already incorporated into the global MOH MIS, when the MOH is adopted and proven functional nationwide, the practice of filling out this same form separately can simply be dropped.

Clarification of shelf lives: It was observed in the field that not all service providers are familiar with the designated shelf lives of all of the contraceptive products that they handle. In addition, the Dr. Gueye/Yacine Seck trip report details the expiration dates of condom stocks in the field, based on a 3-year shelf life. This is indeed preferable to the FDA-established 5 years, given the climate and storage conditions in Senegal. However, a considerable quantity of AID-supplied condoms will reach 3 years of age in August 1993. If service providers are under the impression that they should be removed from circulation and destroyed at 3 years, this could lead to destruction that would be contrary to AID regulations.

This situation needs to be clarified, and service providers given guidance as to established (and perhaps optimum) shelf lives for each product. This directive should also contain instructions as to what to do with stock that reaches its expiry date.

Through Bills of Lading: The Mission's Supply Management Office (SMO) receives original Bills of Lading as they are issued in the United States. However, for the U.S.-Europe leg of the shipment, contraceptives are sometimes consigned to a freight forwarder in Europe, who in turn issues a second Bill of Lading for the Europe-Senegal leg of the shipment. When this change takes place in Europe, SMO is not always kept informed. The Bill of Lading that they have received when the commodities leave the U.S. therefore does not always correspond with the Bill of Lading with which the commodities arrive in Senegal. SMO may not even be aware of which freight forwarder in Dakar has been retained by the transshipping agent in Europe to clear the goods upon arrival. This obviously makes it difficult for SMO to know when goods arrive and who to coordinate clearance actions with, leading at times to the payment of storage charges in port.

Panalpina has now officially been awarded the freight forwarding contract for all AID-funded contraceptives. STATE

032580 dated February 3, 1993 details the Scope of Work of the Panalpina contraceptive freight forwarding contract. SMO and HPNO should collaborate to review this cable and draft a response, detailing the type of service that is most appropriate for Senegal.

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