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1999
CPT Guidance
Contraceptive Procurement Tables

OCTOBER 1998

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1999 CPT Guidance Highlights

- New USAID procedures for funding contraceptive activities - ATTACHMENT D
 - * Surcharge to cover fully loaded costs of contraceptives (warehousing, quality assurance and MIS services) to be reflected in the Statement of Contraceptive Account as of January 1, 1999
- Updated commodity information and price sheet - ATTACHMENT F
 - * Condoms The recently awarded condom contract which is to begin delivery in January 1999 incorporates several changes over our previous procurement
 - New state-of-the art carbonate finish may prove even more acceptable to users because, while condoms will continue to meet high USAID quality standards, they may seem thinner (they are not) and they will have a reduced latex odor
 - Current FDA approved shelf-life for USAID-procured condoms from London International Group, Inc is four years Expiration date will appear on individual condom foil and shipping cartons as of January 1999 production
 - * Depo-Provera® FDA approval of five year shelf-life expected by the end of 1998

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INTRODUCTION

Purpose of this Guidance

The purpose of this guidance is to assist in the estimation of contraceptive needs. Specifically, it gives step-by-step instruction in the preparation of contraceptive procurement tables (CPT). The CPT provides a standard format for systematically recording the data and assumptions used in preparing estimates of contraceptive requirements, thus making it easier for a wide range of donors and host country organizations to evaluate and satisfy contraceptive needs.

Historically, CPTs have been associated with USAID and USAID-supplied contraceptives. However, as host countries and other donors take on a larger role in contraceptive procurement, the CPTs can serve as a medium for discussion and agreement among all suppliers concerning a program's total requirements.

Steps in CPT preparation

CPT preparation involves eleven steps, from data collection to documentation of figures used in the CPTs to proposing a supply schedule.

PHASE I Collect Data

Step 1 Decide how many contraceptive methods and products CPTs will be prepared for

For each contraceptive product and family planning program do the following

Step 2 Determine or estimate quantities of stock on hand

Step 3 Estimate past and current use or distribution to users

Step 4 Determine or estimate past and future losses and transfers out

- Step 5 Identify the shipments of this contraceptive received from all suppliers over the past two years and/or confirmed for receipt in the next two years ¹ Identify the quantity of transfers received for this product
- Step 6 Set desired end of year stock levels for the next two years

PHASE II Fill out the CPT

- Step 7 Fill in the CPT form with the data and do the calculations
- Step 8 Document the figures in the CPT Annex, page 1 Include key assumptions and methodologies used to estimate figures

PHASE III Estimate Requirements

- Step 9 Determine whether additional quantities are required in calendar year 1999 and calendar year 2000
- Step 10 Identify probable supplier(s) and a shipping schedule to meet quantities required in calendar year 1999 and calendar year 2000
- Step 11 Estimate what portion of the calendar year's 2001 and calendar year's 2002 quantity required will be met by USAID and how the rest of the quantity needed, if any, will be met

¹ For anyone preparing CPTs for USAID supplied contraceptives please contact FPLM or USAID G/PHN/POP/CLM in Washington DC for a list of past present and future shipments to that country

I COLLECTING DATA

Step 1 Decide how many CPTs to prepare

To begin with, you must decide for which distribution or logistics system(s) you are going to prepare CPTs (e g , the Ministry of Health, the local Family Planning Association) A logistics system generally encompasses the warehouses and service delivery points of one organization, though in some cases a single logistics system serves several service delivery organizations

Next, you need to determine which products to prepare CPTs for

- One CPT is needed for each contraceptive product or brand in each logistics system This should include contraceptives that are procured locally and those that are donated
- In general, every different size, brand, or packaging of a method is, for CPT purposes, a separate contraceptive product

If the logistics system receives equivalent but not identical contraceptive products from a variety of suppliers (e g , 52mm non-colored no logo condoms from USAID and 52mm generic condoms from UNFPA), the local situation determines whether one CPT should be completed for both contraceptives or one CPT should be completed for each This is an important consideration to eliminate potential overstocking through full provision of two equivalent products Also, attention should be paid to the future requirements of products to be replaced, especially as social marketing programs transition to new and/or replacement products

- *If there is good reason to forecast and track them separately at the host country level then each contraceptive product should be shown on a separate CPT* Two good reasons would be
 - 1) the two products are used differently, e g , one is used for a community-based distribution program while the other is distributed through fixed facilities, and the change in estimated use over the next few years will not be the same for both, or
 - 2) the program's clients see them as separate products and this causes the demand for the two products to be different

- *If tracking and forecasting for two products are done together, then it is sufficient to prepare one combined CPT for all the equivalent contraceptives* In some cases a program may receive a number of contraceptives that are used interchangeably e g , different kinds of vaginal foaming tablets If the quantities supplied of the individual contraceptives are not large and if they are prescribed and used interchangeably, then one combined CPT may be prepared for all of them The program manager should still document the actual contraceptives and quantities included in the CPT

Should CPTs be prepared for AIDS programs?

If an AIDS program uses a separate logistics system or if the demand for AIDS condoms is volatile, the program manager should prepare a separate CPT (or CPTs if more than one type of condom is used) for the AIDS program In an integrated program where demand is stable for AIDS and family planning condoms, a single CPT for each contraceptive, including both family planning and AIDS requirements, should be prepared It is not necessary to differentiate between AIDS usage and family planning usage unless either program plans an activity that will affect demand (e g , a new information education, and communication program will be launched to promote awareness of AIDS and condom use)

Step 2 Determine or estimate the quantity of stock on hand

The best source of these data is an annual physical inventory conducted at all levels of the delivery system Another very good source for this data is a logistics management information system that collects inventory data as part of periodic reporting If data from lower levels of the distribution system are unobtainable, then the best estimate of stocks on hand at those levels should be included using the most reliable data available from the lowest level possible **Do NOT simply record stock on hand at the central level, this assumes that no stocks are available farther down the pipeline, and may result in overstocks and wastage**

If CPTs were prepared within the last two years, check to see what the estimate used for the Beginning of Year Stock 1997 was in the most recent CPT and on what it was based Verify that it is accurate or correct it with better data if available

If an earlier estimate of Beginning of Year Stock 1997 is not available, then estimate the figure by using all stock level data available (i e , physical inventories, stock cards, LMIS reports) and adjusting these to account for changes to those levels from the date recorded back to January 1 1997 For example if 350,000 were counted during a physical

inventory on June 1 1997, only two deliveries of 50 000 each had been received since January 1, 1997, and 30 000 were issued monthly then the estimated Beginning Year Stock 1997 would be $350\,000 - 100,000 + (5 \text{ mos} * 30\,000) = 400\,000$

Step 3 Estimate past, present, and future use or distribution

For the two historical years of the CPT, calendar year 1997 and calendar year 1998 use the most reliable data available from the lowest level possible in the distribution system to determine use, sales, or distribution Ideally, one would use data on the quantities of contraceptives that were actually dispensed to clients, not the quantities of contraceptives that were issued from central or regional warehouses to lower level warehouses or from lower level warehouses to clinics However, not all programs collect reliable data on contraceptives dispensed to clients If such dispensed-to-user data cannot be obtained issues data from the lowest level which is considered reasonably reliable should be used

When using issues data to estimate use, the program manager should be careful not to double count issues from warehouses that represent the same contraceptive For example condoms issued from the central warehouse to a regional warehouse and then from the regional warehouse to a clinic are really the same condoms and should be counted once not twice

Future year use sales, or distribution estimates should be based on historical trends in contraceptive distribution - i e , how much has been dispensed to clients over the past few years - and **realistic** projections of program expansion or change When making future year estimates consider the impact of any plans to increase the number of family planning clinics or trained service providers to change the method mix or to modify the family planning service delivery strategy

If the logistics data are not reliable you may want to check your logistics-based forecast by preparing forecasts using demographic and prevalence data or service statistics To make a demographic and prevalence data based forecast, you will need a recent national prevalence survey for your country that indicates how much prevalence is attributed to the programs for which you are preparing CPTs In order to prepare a forecast based on service statistics the programs for which you are preparing CPTs should report client visits (not users) and have norms for the quantities of contraceptives dispensed at each visit After preparing forecasts using the various data available to you, reconcile the forecasts based on the strengths and weaknesses of each data source

Step 4 Determine or estimate past and future losses, transfers out, and adjustments

Total or sample physical inventories, or logistics information system records which provide data by manufacturing/expiry date, are the best sources of information on past and present losses or transfers. Studying these records can also tell you what quantities of contraceptives will expire. If large quantities of stock are due to expire, you can attempt to move excess stocks to other areas or programs where they can be used before expiry.²

Note Contraceptives which have expired or which are unusable due to damage in transit or storage should be removed from the distribution system promptly and destroyed in accordance with local laws and any applicable donor guidelines on contraceptive disposal

² Initial efforts to transfer stocks should focus on other programs in-country which may forecast supply shortages in future years. If considerable shelf-life remains on an overstocked product and the quality of the product has not been compromised, it may be possible to move it to another country in time for use. It is important that any transfer of products from one country to another be approved by the donor of the commodities before such transfers are initiated. When considering transfer of USAID-supplied contraceptives, please include CLM in your discussion at the planning stage.

If any data are available on amounts of contraceptives usually damaged or lost in transit or storage at the peripheral levels of the logistics system, these amounts should also be included in the CPT

Any transfers of contraceptives out of the program as well as the reasons for those transfers, should be noted separately from losses or expiry. Transfers are generally beneficial, they help maintain adequate stock levels throughout the contraceptive pipeline by moving contraceptives to facilities needing them most. Because transfers represent stock that is still available for distribution to clients, they are recorded separately from losses.

Occasionally, adjustments may have to be recorded in a CPT. An adjustment is a subtraction from inventory that is required to bring the beginning of year stock for the following year to the correct level. An adjustment represents an error in the data or unknown/unreported losses (i.e. over reporting dispensed-to-user data, or theft). All adjustments should be documented in the CPT Annex and should be brought to the attention of senior program managers.

Example A program conducts a national physical inventory annually at the beginning of the year. In January 1997 they find that they have 1,800,000 condoms in stock at all levels of the distribution system. However, in January 1996 they had 1,500,000 in stock and, in 1996 they distributed 1,000,000 condoms to users and received 1,400,000 condoms from their suppliers. These figures give a 1997 beginning of year stock of 1,900,000 condoms, not 1,800,000 as was found by the national physical inventory. Assuming that the program managers had no indication of what might have happened to account for the loss of 100,000 condoms, an adjustment of 100,000 is made in 1996 to calculate the reported 1997 beginning of year stock.

Step 5 Identify the contraceptives received to date or scheduled to arrive (including transfers from other programs)

For 1997 through 1999, the program manager should identify all shipments received or scheduled to be received from local suppliers, international donors, and non-governmental organizations (NGO). In your counting of contraceptives entering the logistics system, you should include any transfers received or scheduled from other programs. If the family planning program has a firm commitment from a local supplier or international donor to receive a certain quantity in a future year, even though a specific shipping schedule does not exist, it should be counted as well. However, the program manager should not count any quantity from any supplier for which he or she does not have a firm commitment. If the family planning program does not have records of past and future shipments, local donor or NGO representatives should be able to provide such records for the contraceptives they supply.

Adjustments may have to be recorded here as well to account for unexplained gains in stock. As described above, all adjustments should be noted in the CPT Annex and reported to senior program managers.

Step 6 Set a desired end of year stock level

The desired end of year stock level should be set high enough to ensure continuous availability of contraceptives at all program levels, but not so high that they routinely expire. In setting the desired end of year stock level, the program manager should take into account the length of the pipeline to and within the country, storage capacities at all levels, normal lead time for ordering and receiving the contraceptives, potential delays in delivery, and so forth. As a rule of thumb, one can determine the proper level by summing the maximum number of months of supply to be maintained at each level of the delivery system. If, for example, it is appropriate to maintain a maximum of six months' supply at the central warehouse and three months' maximum supply at both the district and service outlet levels, then the desired end of year stock would be equal to twelve months of supply.

The desired end of year stock level should generally not exceed twelve months because of potential problems with contraceptive expiry. While a program should never run short of contraceptives, neither should it have to destroy contraceptives because they have remained in storage beyond the expiry date. A long pipeline, indicated by a desired end of year stock greater than twelve months, increases the risk that contraceptives will expire before they can be distributed.

II FILLING OUT THE CPT

The CPT records the basic data needed for CPT calculations and determination of quantities required and supply shortfall. The Annex page 1 provides further detail and documentation for these data. Instructions for completing the CPT and the CPT Annex are in separate sections, however, in practice, these forms are filled out at the same time (Reproducible blank copies of the CPT and the CPT Annex can be found in Attachment B). When filling out the CPT, it is important not to neglect the Annex. Without the Annex, the figures in the CPT may seem inexplicable to anyone other than the person who prepared the CPT.

Step 7 Fill in the CPT form with the data and do the calculations

The following pages provide detailed instructions on how to manually complete a CPT form. Please refer to your CPT form while reviewing these instructions.

IDENTIFICATION DATA (Country, Program, Contraceptive, Prepared by, and Prepared on) should be completed on each CPT and each page of the Annex.

LOGISTICS DATA are expressed in 1,000s of units and should be completed as follows:

- Item 1 **BEGINNING OF YEAR STOCK** The Beginning of Year Stock in calendar year 1997 (CY-1997) and calendar year 1998 (CY-1998) should equal the actual amount in inventory at all program levels or the program manager's best estimate of that amount, if actual data are not available.

The Beginning of Year Stock figures for the last three years of the CPT are all estimates and are based on the following calculations

Beginning of Year Stock, 1999 = End of Year Stock, 1998

Beginning of Year Stock, 2000 = Either

Item 4, End of Year Stock for 1999 (IF there is a Surplus in 1999)

OR

Item 5, Desired End of Year Stock for 1999 (IF there is a Quantity Required in 1999)

Beginning of Year Stock, 2001 = Either

Item 4, End of Year Stock for 2000 (IF there is a Surplus in 2000)

OR

Item 5 Desired End of Year Stock for 2000 (IF there is a Quantity Required in 2000)

Note In using Desired End of Year Stock as Beginning of Year Stock for the following year when there is a Quantity Required, one assumes that the Quantity Required will be proposed and supplied from some source

Item 2 **ESTIMATED CONSUMPTION**

Item 2(a) Enter actual figures for contraceptive use/sales/distribution to clients for CY-1997 and CY-1998, along with estimated/forecast figures for CY-1999 through CY-2001

Since complete yearly data are rarely available at the time the CPT is completed, it is likely that CY-1998 figures will have to be partially estimated

Item 2(b) Record any stock that has been or will be removed from inventory for any reason other than distribution to clients or transfer to a

different program (e.g. stock that was damaged in a flood and was subsequently destroyed) Item 2(b) should include any stock actually expired and disposed of as well as any stock expected to expire before it can be used

Item 2(c) Record any stock that was transferred out to a different program as well as any adjustments

Item 3 **CONTRACEPTIVES RECEIVED OR CONFIRMED TO ARRIVE**

Item 3(a) For CY-1997, CY-1998 and CY-1999 record the quantity of this contraceptive actually received from all suppliers. If a shipment has arrived in-country but has not yet been cleared from port, do NOT include it in Item 3(a); include it in Item 3(b) instead. The supplier, quantity, receipt date and shipment ID for each shipment represented here should be included in the annex.

Item 3(b) This item is to be completed for CY-1999 and CY-2000 (and CY-1998 if the CPTs are prepared in 1998) to reflect shipments from all suppliers that are ordered, confirmed, and fully expected to arrive, but have not been received yet by the program at the time the CPT is completed. The supplier, quantity, expected receipt date and shipment ID, if known, for each shipment represented here should be included in the annex.

Item 3(c) Record any stock that was transferred in from a different program

Item 4 **END OF YEAR STOCK** This item is simply a calculation

$$\text{Item 1} - \text{Item 2(a)} - \text{Item 2(b)} - \text{Item 2(c)} + \text{Item 3(a)} + \text{Item 3(b)} + \text{Item 3(c)} =$$

End of Year Stock

Item 5 **DESIRED END OF YEAR STOCK** This is the quantity of contraceptives that will be used over a period of time equal to the number of months of desired end of year stock (DEOYS) It should be completed based on the average monthly consumption from Item 2(a) for the subsequent year The calculations for CY-1999 and CY-2000 follow

$$\text{Item 5, 1998} = (\text{Number of months of DEOYS}) \times \left(\frac{\text{Item 2(a), 1999}}{12} \right)$$

$$\text{Item 5, 1999} = (\text{Number of months of DEOYS}) \times \left(\frac{\text{Item 2(a), 2000}}{12} \right)$$

Item 6 **NET SUPPLY SITUATION** This is simply the difference between the End of Year Stock in Item 4 and the Desired End of Year Stock in Item 5

$$\text{Item 4} - \text{Item 5} = \text{Net Supply Situation}$$

A negative number reflects a supply shortfall and should be noted in 6(b) Quantity Required The host government or a donor must provide additional stock to ensure that Estimated Consumption (Item 2) and Desired End of Year Stock (Item 5) levels can be met

A positive number indicates an overstock situation and should be noted in 6(a) Surplus In this case new supplies should not be programmed for the year in question

Item 6(c) should indicate the total quantity of supplies which have been planned but which have not been confirmed with the supplier

Item 7 **SUPPLY SHORTFALL** The supply shortfall is the amount below the desired end of year stock that supplies will fall to if all planned shipments are received

$$\text{Item 6(b)} - \text{Item 6(c)} = \text{Supply Shortfall}$$

If enough shipments are planned to meet the projected need (Item 6(c) is equal to or greater than Item 6(b)), there is no supply shortfall and you should leave Item 7 blank

Step 8 Complete Contraceptive Procurement Table Annex Page 1

The CPT Annex page 1 provides details and explanations of the figures shown on the CPT. Each CPT requires an Annex. The CPT Annex form provided offers limited space for recording this information. If more space is needed, more copies of this page should be used and attached. For each CPT Annex, the following information should be provided:

IDENTIFICATION DATA (Country, Program, Contraceptive, Prepared by and Prepared on) should be completed on each page of the CPT Annex.

Page 1 **DOCUMENTATION OF CPT FIGURES**

Item 1 **BEGINNING OF YEAR STOCK** Clearly explain which facilities were visited, what inventory data from which levels are included in the totals, how current and accurate the data seem to be, and what methodology was used (if any) to adjust for missing data.

Item 2 **ESTIMATED CONSUMPTION** Clearly state the assumptions and methodology used in calculating these figures as well as data sources employed (e.g., service statistics, logistics data, prevalence data).

LOSS/DISPOSAL If there are any losses or disposal noted in the CPT, specify the source of these data.

TRANSFER/ADJUSTMENT If transfers or adjustments are noted in the CPT, specify the destination of transfers out of the program or the reason for the adjustment.

Item 3

CONTRACEPTIVES RECEIVED OR CONFIRMED TO

ARRIVE For all amounts listed on the CPT, state the supplier, the quantity, the receipt date (or estimated/scheduled receipt date) and any identifying information known about the shipment (e g , NEWVERN ID, purchase order number, bill of lading number)
For transfers in to the program, note the origin of the transfer

While the CPT itself tracks all quantities of contraceptives by calendar year and by thousands (1,000s) of units, the shipment amounts recorded in the CPT Annexes should be by ones (1s)

III REQUIREMENTS ESTIMATION

Step 9 Determine Quantity Required

If there is a Quantity Required in CY-1999 and/or CY-2000 (line 6 b of the CPT) then additional contraceptives should be proposed and ordered to maintain an adequately stocked pipeline. Shipments proposed to satisfy this quantity should be included in the Proposed Shipping Schedule table in the Annex page 2.

Step 10 Propose New Supply

The Proposed Supply quantities include any product that host country suppliers and donors are to be asked and expected to DELIVER to the program in CY-1999 and CY-2000. Proposed New Supply quantities represent commitments above and beyond the shipments included on line 3 (Contraceptives Received or Confirmed to Arrive).

A shipping schedule for the Proposed New Supply quantities for CY-1999 and CY-2000 is proposed on the CPT Annex page 2, Proposed Shipping Schedule.

Propose Shipping Schedule

Determination of an appropriate shipping schedule depends on several general considerations:

- total length of the contraceptive pipeline,
- special local problems, such as rainy seasons,
- storage capacity at all levels,
- time required for clearance procedures, and
- any supplier-specific or port-specific constraints on shipment size or frequency.

In general, a program manager has to balance the time and money required to clear shipments with the cost of maintaining stock in the warehouse.

The Proposed Shipping Schedule suggests the best times and quantities for product presumed to be available from suppliers to arrive. The completed Proposed Shipping Schedule is used to prepare the order to present to the donors or suppliers.

If you cannot identify enough Proposed New Supply to meet the Supply Shortfall, the program risks, at best, having a smaller security buffer in its contraceptive pipeline than is desirable, at worst, the program risks stocking out. All such shortfalls should be called to the attention of senior program managers and appropriate donor representatives.

Step 11 Plan Supply for 2001 and 2002

Out Years include the last column year of the CPT (2001) and one year beyond that (2002). Shipments need not be proposed or scheduled for these years, but total calendar year quantities by supplier should be estimated.

If a supplier is known to be limited to a certain amount of this product in these years, this maximum amount should be included (i.e., IPPF/L, 2001, 50,000, 2002, 50,000).

If the program is involved in a "phase-over" program whereby the responsibility for meeting Quantity Required will gradually shift from one donor or supplier to another, then percentages should be used based on the transition strategy agreed to by the donor or supplier and the local program (i.e., Local Procurement, 2001, 25% of Quantity Required, 2002, 50% of Quantity Required).

Out Year estimates of supply to be provided by USAID are required for G/PHN/POP/CLM's procurement planning and for Mission budget planning.

ATTACHMENTS

ATTACHMENT A LIST OF TERMS

ABS	Annual Budget Submission
AIDS	Acquired Immuno-deficiency Syndrome
Bureau	USAID Technical or Regional Office
CA	Cooperating Agency
CDC	Centers for Disease Control and Prevention
CLM	Contraceptive and Logistics Management Division of USAID Office of Population, Bureau of Global Programs
CPT	Contraceptive Procurement Table
CY	Calendar Year
CP	Congressional Presentation
Consignee	The name of the organization that will receive a shipment of contraceptive commodities
DFA	Development Fund for Africa
FDA	Food and Drug Administration
FPLM	Family Planning Logistics Management (Project)
FY	Fiscal (financial) Year October 1 - September 30
G/PHN	The Global Bureau Center for Population, Health and Nutrition
IG	Inspector General
ISO	International Standards Organization
JSI	John Snow Inc
MOH	Ministry of Health
NEWVERN	CLM's automated commodities ordering, processing and financial tracking system
NGO	Non-governmental Organization
OMB	Office of Management and Budget
OYB	Operating Year Budget
PACD	Project Activity Completion Date
Pipeline	(As in length of contraceptive pipeline) The maximum quantity of a particular contraceptive contained in an entire logistics system expressed in units of time (months weeks, years)
PipeLine	The Pipeline Monitoring and Procurement Planning software developed and distributed by FPLM
PIO/C	Project Implementation Order/Commodities
USAID/W	United States Agency for International Development/Washington
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund

ATTACHMENT B. BLANK CPT FORM

1999 Contraceptive Procurement Table

Country	Prepared by				
Program	Prepared on				
Contraceptive					
(all numbers in thousands)					
	1997	1998	1999	2000	2001
1 Beg of Year Stock (BOYS)					
<u>MINUS</u>					
2 Estimated Consumption					
a) Dispensed to Users					
b) Loss or Disposal					
c) Transfers Out/Adjustments					
<u>PLUS</u>					
3 Contraceptives Received or Scheduled					
a) Received					
b) Scheduled					
c) Transfers In/Adjustments					
<u>EQUALS</u>					
4 End of Year Stock					
<u>MINUS</u>					
5 Desired End of Year Stock □ months					
<u>EQUALS</u>					
6 Net Supply Situation					
a) Surplus OR					
b) Quantity Required					
c) Quantity Planned					
6 b) - 6 c) EQUALS					
7 Supply Shortfall					

(Shaded cells should not be completed)

CPT ANNEX DOCUMENTATION OF CPT FIGURES

Country _____

Prepared by _____

Program _____

Prepared On _____

Contraceptive _____

1 Beginning of Year Stock

Where figures are estimated explain basis for calculation Show source of information

2 Estimated Consumption

Specify basis for consumption estimates and forecasts Explain any substantial variations in year to year consumption figures Provide source of information for any loss, disposal, transfer out or adjustment items 2(b), and 2(c)

3 Contraceptives Received or Confirmed to Arrive

List shipments received and any currently scheduled (confirmed) future shipments as shown in lines 3(a) and 3(b) Also include any transfers in or positive adjustments as shown in 3(c) List Quantity in ones If USAID shipments include NEWVERN shipment ID number

Supplier	Quantity	Receipt Date	Shipment ID

ATTACHMENT C: SAMPLE COMPLETED CPT

1999 Contraceptive Procurement Table

Country <i>Ghana</i>	Prepared by <i>Alex Mintah</i>				
Program <i>MDH</i>	Prepared on <i>10/29/98</i>				
Contraceptive <i>Lo-Femenal, Blue Lady</i>					
(all numbers in thousands)					
	1997	1998	1999	2000	2001
1 Beg of Year Stock (BOYS)	<i>636</i>	<i>1,695.2</i>	<i>1,728.8</i>	<i>1,987.5</i>	<i>2,100</i>
<i>MINUS</i>					
2 Estimated Consumption					
a) Dispensed to Users	<i>1,150</i>	<i>1,200</i>	<i>1,250</i>	<i>1,325</i>	<i>1,400</i>
b) Loss or Disposal					
c) Transfers Out/Adjustments					
<i>PLUS</i>					
3 Contraceptives Received or Scheduled					
a) Received	<i>2,209.2</i>	<i>832.8</i>			
b) Scheduled		<i>400.8</i>	<i>645.6</i>		
c) Transfers In/Adjustments					
<i>EQUALS</i>					
4 End of Year Stock	<i>1,695.2</i>	<i>1,728.8</i>	<i>1,124.4</i>	<i>662.2</i>	
<i>MINUS</i>					
5 Desired End of Year Stock <i>18</i> months			<i>1,987.5</i>	<i>2,100</i>	
<i>EQUALS</i>					
6 Net Supply Situation					
a) Surplus OR					
b) Quantity Required			<i>863.1</i>	<i>1,437.8</i>	
c) Quantity Planned			<i>862.8</i>	<i>1,437.6</i>	
6(b) -6(c) EQUALS					
7 Supply Shortfall			<i>0.3</i>	<i>0.2</i>	

(Shaded cells should not be completed)

4

CPT ANNEX DOCUMENTATION OF CPT FIGURES

Country Ghana
 Program MOH
 Contraceptive Lo-Femeral

Prepared by Alex Mintah
 Prepared On 10/29/98

1 Beginning of Year Stock

Where figures are estimated, explain basis for calculation Show source of information

1997 BOYS data from warehouse physical inventory plus lower level stocks aggregated in last quarter MOH Regional Report. 1998 BOYS calculated and verified by review of inventory reports and fourth quarter Regional Reports

2 Estimated Consumption

Specify basis for consumption estimates and forecasts Explain any substantial variations in year to year consumption figures Provide source of information for any loss disposal transferout or adjustment items 2(b) and 2(c)

1,120,000 dispensed to users plus 30,000 estimated for under-reporting in 1997. 1998 consumption based on Regional Reports for first three quarters and estimated for fourth quarter. Forecast 1999-2001 based on modestly increasing trend.

3 Contraceptives Received or Confirmed to Arrive

List shipments received and any currently scheduled (confirmed) future shipments as shown in lines 3(a) and 3(b) Also include any transfers in or positive adjustments as shown in 3(c) List Quantity in ones If USAID shipments include NEWVERN shipment ID number

Supplier	Quantity	Receipt Date	Shipment ID
US AID	486,000	4/29/97	6429/3
US AID	1,168,800	7/5/97	6834/1
US AID	554,400	10/13/97	6429/1
US AID	500,400	5/13/98	6834/2
US AID	332,400	8/14/98	6834/3
US AID	400,800	12/10/98	6834/4
US AID	645,600	6/29/99	7652/1

CPT ANNEX PROPOSED SUPPLY

Country Ghana
 Program MOH
 Contraceptive Lo-Femeral

Prepared by Alex Mintah
 Prepared On 10/29/98

PROPOSED SHIPPING SCHEDULE, 1999 - 2000

Show all proposed shipments (i.e., not currently scheduled and confirmed) from all suppliers to meet quantity required identified in cells 6(b). This list should match the quantity in 6(c)

Supplier	Quantity	Date to be Received
USAID	862,800	12/15/99
USAID	841,200	7/31/00
USAID	596,400	12/15/00

OUT YEAR SUPPLY ESTIMATES

For each supplier provide the maximum amount the supplier is willing to provide toward the quantity required in this calendar year if known **OR** provide the percentage of the quantity required the supplier will be willing to provide. This information is required for USAID/CLM's procurement planning

Supplier	2001	2002
USAID	100%	100%

ATTACHMENT D: USAID PROCEDURES

ATTACHMENT D USAID PROCEDURES

A Transferring Required Funds

Funding required for shipments desired through calendar year 2000 (CY-2000) must be made available to the central contraceptive procurement system during FY-1999 so that CLM can obligate sufficient funds in contracts to set the levels of production required to provide desired shipments during CY-2000

Missions provide funds for contraceptive procurement through any of the mechanisms permitted through re-engineering. Funds already obligated by Missions (MAARD funds formerly referred to as PIO/Cs) may be provided under the conditions outlined in Section 2 below. All funds intended for contraceptive procurement should be directed to the Central Contraceptive Procurement Project, 936-3057. Missions that provide funding for contraceptives, including Field Support, should advise CLM by E-mail of the source of their funding and how it will be transmitted.

1 OYB Transfers and Requests for Field Support

CPT analysis is designed to provide each USAID Mission or Bureau requiring contraceptive supplies with estimates of their product-related OYB, CP, and ABS funding requirements for contraceptive procurement. Collectively, CPTs enable CLM to estimate overall procurement levels and to plan contracting actions that will provide the flow of shipments that USAID Mission and Bureau programs need. It is the responsibility of each USAID Mission or Bureau to ensure that the funding levels derived from CPTs are consistent with their overall funding availability and with the funds budgeted for contraceptives in related projects. Annually, CLM will also advise Missions of their pro rata share of system costs, or surcharge. The surcharge is made of three elements: (1) the costs of warehousing USAID product, (2) the costs of quality assurance monitoring and independent quality surveillance of contraceptive manufacturers, and (3) the costs of managing and maintaining the contraceptive MIS (i.e. NEWVERN). The surcharge is calculated as a percentage of total commodity value and must be included in the funds transferred to CLM as these costs will become part of the Mission's Statement of Contraceptive Account.

At the beginning of each fiscal year, Missions/Bureaus need to take the following actions

- reconfirm funding levels

Missions/Bureaus should review the funding estimates for contraceptive procurement that emerged from the last CPT to ensure that these estimates are still valid. CLM will query Missions and Bureaus to clarify any revisions that have been made in earlier estimates and will advise Missions and Bureaus of the surcharge percentage. Funding estimates should include the cost of contraceptives, surcharge, and estimated freight.

- make funds available for contraceptive procurement

Each USAID Mission or Bureau should then take the steps required to make funds available for central contraceptive procurement, either through the field support mechanism or through a MAARD (in the case of funds obligated by the Mission). CLM should be advised of the prospective funding level and the timing of its availability so that central programming and procurement actions can be planned to accommodate any delays.

After funding has been made available, it is the responsibility of CLM to complete the procurement process working with the Office of Procurement, and to secure the proper recording of the obligations and subsequent disbursements of these funds. These responsibilities include the following:

- Recording the level of funding provided and the costs of all actual or planned shipments
- Ensuring that all relevant regulations and policies are observed in implementing procurement -- e.g. Brooke Amendment restrictions, funds account restrictions on eligible countries, etc
- Implementing production contracts and shipping services that ensure the timely and safe arrival of requested shipments
- Transmitting a quarterly Statement of Contraceptive Account to Controllers and Population Officers which reports overall balances and transactions during the previous quarter

- Providing appropriate reports that attribute expenditures to countries that receive shipments
- Maintaining overall accounts of the use of funds for the procurement of the services included under system costs -- warehousing, quality assurance and MIS services

2 Use of Funds Obligated at the Mission Level (MAARD funds)

The central contraceptive procurement system simplifies procurement and accounting by using a pool of previously unobligated funds for contract obligations. Funds that are obligated at the Mission level may be used for contraceptive procurement where the following conditions apply

- Unobligated funds are not available for contraceptive procurement
- The completion date of the originating results package extends at least 12 months beyond the date at which the funds become available to CLM,
- All of the previously obligated funds designated for contraceptive procurement are made available in a single action,
- USAID/W is designated as the office authorized to pay vouchers against the purchase
- Delivery orders are transmitted separately from the funding action, and
- The language used to describe authorized uses of the funds is consistent with their use in all centrally-managed contraceptive contracts. The following language satisfies this condition

The Office of Population is authorized to attribute these funds for the procurement of all major contraceptives under the operating procedures of Central Contraceptive Procurement. Specific Mission requirements will be transmitted in a separate document. The Mission will pay the charges incurred by the use of these funds in contraceptive contracts as indicated by the Office of Population, and the Office of Population will advise the Mission regularly of the value of the shipments provided, related charges against the funds provided by the Mission, and the unused funds balance available to the Mission for procurement requests

B Ordering Contraceptives

1 Order E-mail

Ordering contraceptives requires

- a) preparation of CPTs and CPT Annexes,
- b) calculation of financial requirements, and
- c) transmission of an order to USAID/G/PHN/POP/CLM by E-mail

An example of a Contraceptive Order E-mail is included in Attachment E. Even if a Mission or Bureau requires the use of cables, CLM still requests an electronic copy of the cable by E-mail.

**The shipment scheduling process does not begin until
this order E-mail is received by G/PHN/POP/CLM.**

Completed CPTs include a projected shipping schedule for the commodities needed. After a Mission approves its CPTs, and has identified necessary funding, the Contraceptive Order E-mail must be composed and sent to USAID/W (G/PHN/POP/CLM). The Contraceptive Order E-mail must include the following information:

- a) the contraceptive product, quantity, and date to arrive in country
- b) the consignee's name and shipping address*,
- c) distribution of shipping documents*,
- d) mode of shipment (sea/air),
- e) source of funding,
- f) Summary Quantity and Estimated Cost Table

2 Contraceptive Registration

In countries with registration laws, each contraceptive ordered by a USAID Mission must be registered in accordance with the country's regulations governing the registration of contraceptives for importation. Registration of a contraceptive must be approved prior to the sending of the order for that item. If an order E-mail requests a contraceptive for the first time, CLM requires a statement from the Mission that the product is registered or that local laws do not require registration.

3 Contraceptive Availability

See Attachment F for a list of USAID-purchased contraceptives available for public and private programs in CY-1999 and CY-2000. This list includes contraceptive description, contraceptive code, price, and other pertinent information.

* This information is on file in Washington and is shown in the NEWVERN Country Profile Report issued periodically to Missions and CAs for review and updating if necessary. It needs to be included only if changes are needed since the last Country Profile Report was issued.

C Acknowledging Receipt of Shipments

In the final step in the procurement process, USAID/W sends a Receiving Report to USAID Missions requesting confirmation of receipt of shipments (See Attachment G)

G/PHN/POP/CLM attaches a copy of the Export Invoice (or Commercial Invoice), Packing List and Bill of Lading to the Receiving Report The Receiving Report requests that USAID verify the arrival of the shipment and return a copy of the memo by e-mail, fax or mail to JSI at

Attn NEWVERN
JSI/FPLM
1616 North Fort Myer Drive, 11th Floor
Arlington, VA 22209
USA

FAX 703-528-7480
E-mail NEWVERN@jsi.com

The Receiving Report is essential in tracking shipments and estimating lead times In the event that no acknowledgment is received within sixty days, a follow-up request is sent to the Mission If there is no response to the Receiving Report and follow-up requests after one year and no status of the shipment is obtained (i.e., it either arrived or was lost), the shipment is marked as received-in-full on the estimated receipt date and the Mission loses any opportunity to lodge a claim for undelivered product

ATTACHMENT E. SAMPLE CONTRACEPTIVE ORDER CABLE

To Bonita Blackburn@G PHN POP@AIDW
 John G Crowley@G PHN POP@AIDW
 Richard Sturgis@REDSO PHD@NAIROBI
 Robert Cunnane@HPO@DAR ES SALAAM

Cc
 Bcc
 From Michael Mushi@HPO@DAR ES SALAAM
 Subject CONTRACEPTIVE ORDER FOR 1998
 Date Thursday, April 30, 1998 9 46 38 EDT
 Attach
 Certify Y
 Forwarded by

USAID/DAR ES SALAAM REQUEST CLM TO ARRANGE THE SHIPMENT OF THE FOLLOWING CONTRACEPTIVE,

1 CONTRACEPTIVE SHIPPING INFORMATION

MINISTRY OF HEALTH

CONTRACEPTIVE	QUANTITY	DATE TO ARRIVE
LO-FEMENAL, BLUE LADY	1,000,000	05/15/98
LO-FEMENAL, BLUE LADY	1,200,000	10/15/98
LO-FEMENAL, BLUE LADY	1,000,000	05/15/99

SHIP TO USE CONSIGNEE MARKING AND DOCUMENT INFORMATION CURRENTLY ON FILE IN NEWVERN

2 SOURCE OF FUNDING CHARGE USAID/TANZANIA CONTRACEPTIVE COMMODITY ACCOUNT WITH G/PHN/CLM

3 SUMMARY QUANTITY AND ESTIMATED COST TABLE

PRODUCT	QUANTITY	COST		FREIGHT	TOTAL
		US DOLS	US DOLS		
LO-FEMENAL Blue Lad	1 000 000	200 000	14,000		214,000
LO-FEMENAL Blue Lad	1 200,000	240 000	15,200		265,200
LO-FEME AL Blue Lad	1 000 000	200 000	14,000		214,000

ATTACHMENT F: 1999 USAID LIST OF CONTRACEPTIVES

1999 USAID LIST OF CONTRACEPTIVES

PUBLIC SECTOR PROGRAMS					
METHOD	DESCRIPTION	CODE	1998	1999	2000
Condom	No Logo 52mm Non-Colored	52NX	\$0 0495	\$0 0585	TBD
- shipping unit 6 000 foil laminate wrapped pieces 21 8 kg (48 lbs) 0 11 cu m (3 7 cu ft) - shelf life up to 5 years from manufacture date depending on storage - no contraceptive insert					
Injectable	Depo-Provera®	DEPO	\$0 93	\$0 95	\$0 98
- shipping unit 400 vials 400 2-ml disposable syringes w/21-gauge needles 6 2 kg (13 7 lbs) 035 cu m (1 2 cu ft) - shelf life FDA approved - 4 years (approval for shelf-life extension to 5 years expected Fall 1998) - contraceptive insert Multi-lingual (English French Spanish)					
Implant	NORPLANT®	NPLT	\$23 80	\$23 80	\$23 80
- ordering unit 50 sets including 5 trocars 0 95 kg (2 09 lbs) 0 023 cu m (0 81 cu ft) - shelf life FDA approved - 5 years - contraceptive insert English					
IUD	Copper T Cu380a	CT38	\$1 4673	\$1 1876	\$1 2232*
- shipping unit 200 units 5 5 kg (12 lbs) 0 44 cu m (1 54 cu ft) - shelf life FDA approved - 7 years - contraceptive insert English					
Orals	Lo-Femenal Blue Lady (0 3 mg Norgestrel/0 030 mg Ethinyl Estradiol- brown tablets contain Ferrous Fumarate)	LFMP	\$0 2066	\$0 2166	\$0 2166
	Ovrette Pink Lady (0 075 mg Norgesrel progestin only)	OVRP	\$0 2066	\$0 2166	\$0 2166
- shipping unit 1 200 cycles 7 7 kg (17 lbs) 0 038 cu m (1 33 cu ft) - shelf life FDA approved - 5 years - contraceptive insert Multi-lingual (English French Spanish and Arabic)					
Tablet	Conceptrol Vaginal Foaming Tablet	VFTP	\$0 1186	\$0 1216	\$0 1246
shipping unit 4 800 tablets 9 5 kg (21 lbs) 0 07 cu m (2 37 cu ft) shelf-life FDA approved - 5 years contraceptive insert Multi-lingual (English French Spanish and Arabic)					

* Estimated price

Note In addition to freight, a surcharge of 5 5% for central costs should be added to commodity cost for shipments in 1999 The estimated surcharge for the year 2000 is 5 5% as well For an explanation of the surcharge, see Attachment D of the CPT Guidance

SOCIAL MARKETING PROGRAMS					
METHOD	DESCRIPTION	CODE	1998	1999	2000
Condom	Panther 52mm Non-Colored	52NP	\$0 0495	0585	TBD
	Blue/Gold 52mm Non-Colored	52NG	\$0 0495	0585	TBD
- shipping unit 6,000 foil laminate wrapped pieces 21 8 kg (48 lbs), 0 11 cu m (3 7 cu ft) - shelf life up to 5 years from manufacture date depending on storage - no contraceptive insert					
Injectable	Depo-Provera®	DEPO	\$0 93	\$0 95	\$0 98
- shipping unit 400 vials, 400 2-ml disposable syringes w/21-gauge needles 6 2 kg (3 7 lbs) 035 cu m (1 2 cu ft) - shelf life FDA approved - 4 years (approval for shelf-life extension to 5 years expected Fall 1998) - contraceptive insert Multi-lingual (English French Spanish)					
Implant	NORPLANT®	NPLT	\$23 80	\$23 80	\$23 80
- ordering unit 50 sets including 5 trocars 0 95 kg ((2 09 lbs) 0 023 cu m (0 81 cu ft) - shelf life FDA approved - 5 years - contraceptive insert English					
IUD	Copper T Cu380a	CT38	\$1 4673	\$1 1876	\$1 2232*
- shipping unit 200 units 5 5 kg (12 lbs) 0 44 cu m (1 54 cu ft) - shelf life FDA approved - 7 years - contraceptive insert English					
Orals	Duofem (0 3 mg Norgestrel/0 030 mg Ethinyl Estradiol- brown tablets contain Ferrous Fumarate)	DUFM	\$0 2349	\$0 2590	\$0 2668*
- shipping unit 1 200 cycles 7 7 kg (17 lbs) 0 038 cu m (1 33 cu ft) shelf life FDA approved - 5 years contraceptive insert Multi-lingual (English French Spanish and Arabic)					
Tablet	Flower Vaginal Foaming Tablet	VFTS	\$0 1186	\$0 1216	\$0 1246
shipping unit 4 800 tablets 9 5 kg (21 lbs) 0 07 cu m (2 37 cu ft) shelf-life FDA approved - 5 years contraceptive insert Multi-lingual (English French Spanish and Arabic)					

* Estimated price

Note In addition to freight, a surcharge of 5 5% for central costs should be added to commodity cost for shipments in 1999 The estimated surcharge for the year 2000 is 5 5% as well For an explanation of the surcharge, see Attachment D of the CPT Guidance

ATTACHMENT G SAMPLE RECEIVING REPORT

USAID RECEIVING REPORT

This report completes the audit trail for receipt of this shipment in country
Please complete and return

Subject CLM Contraceptive Commodity Shipment **NEWVERN ID 8201/4**

To
Mr Chris Barratt/Hlth-Pop Dvl Officer
USAID/Dakar

Department of State
Washington D C 20521-2130

From _____
John G Crowley
Chief
G/PHN/POP/CLM

Consignee
Mr Chris Barratt
USAID/Dakar/HPN (for MOH/AIDS)
c/o American Embassy
2 Av A Fadiga Imm A L Mbacke
B P 49 Dakar Senegal West Africa

Ordering Document
Cable 42597

P O Number
SWHS-3587

Commodity	Quantity	Cartons	Volume (cu ft)	Weight (lbs)
52mm Non Colored No Logo	1 260 000	210	777	9 660

Carrier/Vessel	Port/Date of Departure	Port/Date of Arrival
Sealand Services CMBT EUROPE	Rotterdam Holland 05/09/1998	Dakar Senegal 05/20/1998

Bill of Lading # 796607705

Consolidated with shipments(s) 8206/2 8209/3 8211/3 8212/2 8214/2 8220/2 9181/1 9182/1 9192/1
Shipment consists of 1 containers

RETURN TO
JSI/FPLM
Attn NEWVERN
1616 North Fort Myer Drive
11th Floor
Rosslyn VA 22209

Date received by consignee _____

Quantity received _____

Respondent's signature _____

Title _____

Date of reply _____

Comments _____

OR FAX
703-528-7480

Mission personnel are reminded of the consignee's responsibility to establish claims for shipping or other loss or damages in accordance with AID Handbook 15 Chapter 5 para 5C6a(1) (f) (October 24 1984)

LD