



Population Technical Assistance Project

MIDTERM EVALUATION OF
FAMILY PLANNING
LOGISTICS MANAGEMENT PROJECT

Prepared for

Office of Population
Bureau for Science and Technology
Agency for International Development
Washington, D.C.
Under Contract No. DPE-3024-Z-00-8078-00
Project No. 936-3024

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LOGISTICS MANAGEMENT PROJECT**

by

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**Field work
February 1 - 21, 1989**

Edited and Produced by

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Report No. 88-010-083
Published May 19, 1989

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Glossary

AAPC	JSI subcontractor for warehousing and shipping
A.I.D.	Agency for International Development
AIDS	Acquired Immunodeficiency Syndrome
ANE	Asia and Near East
CA	Cooperating agency
CCMIS	Contraceptive Commodity Management Information System
CDC	The Centers for Disease Control
CEDPA	Center for Development & Population Activities
CPSD	Commodity Procurement Support Division
CPT	Contraceptive Procurement Table
CPTTESTS	FPLM software for examining CPT validity
CTO	Cognizant Technical Officer
DCIS	Donor Contraceptive Information System
ESAMI	Eastern and Southern Africa Management Institute
FPIA	Family Planning International Assistance
FPLM	Family Planning Logistics Management Project
FTE	Full-time equivalent
GSA	General Services Administration
GPA	Global Program on AIDS
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IPPF	International Planned Parenthood Federation

ISTI	International Science and Technology Institute
JSI	John Snow, Inc.
LDC	Less developed countries
MIS	Management Information System
MOH	Ministry of Health
NEWVERN	FPLM software for financial and commodity management
OYB	Operating Year Budget
PATH	Program for Appropriate Technology in Health
PIACT	Program for the Introduction and Adaptation of Contraceptive Technology
PIO/C	Project Implementation Order/Commodity
PPD	Population Projects Database
PROFAMILIA	Asociacion Pro-Bienestar de la Familia Colombiana
RAP	Resource Allocation Plan
RFP	Request for Proposals
REDSO	Regional Economic and Development Support Office
SOMARC	Social Marketing for Change
S&T/POP	Bureau of Science and Technology, Office of Population, US A.I.D.
TA	Technical assistance
TARGET	Population Council/Futures Group projections model
TOT	Training of trainers
WHO	World Health Organization

Acknowledgments

The evaluation team wishes to thank the Family Planning Logistics Management project staff, A.I.D.'s Office of Population, and CDC staff who are involved with logistics management. Representatives from A.I.D.'s Auditor General's Office also shared their insights with the team. Additionally, both USAID Population Officers and national family planning organization personnel responded to a survey implemented during the course of the evaluation. We also wish to acknowledge the assistance given to us by the staff of the Population Technical Assistance Project, who had responsibility for implementing the evaluation.

A complete list of those contacted is attached as Appendix A, Attachment One.

Executive Summary

Introduction

This is a midterm evaluation of the Family Planning Logistics Management Project (FPLM), which began in 1986 and is being implemented by John Snow, Inc. The project is providing contraceptive logistics management assistance to A.I.D.'s central Office of Population, USAID missions, leading Cooperating Agencies (CA), and public and private family planning organizations in developing countries. (This effort supplements that of the Centers for Disease Control, which has been providing logistics support to A.I.D. since 1974.)

There has been a tremendous growth in the quantities of contraceptives supplied since 1970, A.I.D.'s first year of involvement in their distribution; today approximately 80 developing countries receive contraceptives, at an annual cost of \$41 million. Concurrent with this increase in the volume of contraceptives distributed, the commodities management system in place has become labyrinthine and inefficient.

Overall, FPLM is a highly successful project with an impressive record of performance. Several major accomplishments reflect the ability of project staff to react with imagination and creativity to problems encountered in their efforts to carry out the responsibilities specified in the contract.

Project Responsibilities

JSI was charged with tasks whose principal aim is to streamline the operations of this very large and exceedingly complex logistics system in order to ensure that it functions at an optimum level of efficiency. Areas of concentration with regard to the various groups to be assisted are delineated in the contract as follows:

At the central, S&T/POP level, FPLM is to work to improve the quality of the estimation of total annual contraceptive requirements by working with Missions and LDCs to prepare Contraceptive Procurement Tables (CPT); to improve the management of commodity handling including warehousing and shipping; to establish a Donor Contraceptive Information System (DCIS); to prepare country-specific contraceptive logistics profiles; and to improve contraceptive quality assurance at the manufacturer's level by inspection and testing.

At the USAID mission level, the contractor is to assist in the preparation of annual estimates of contraceptive requirements and provide technical assistance for family planning logistics management in support of central, bilateral, or CA programs.

For developing country family planning organizations including ministries of health (MOH), FPLM is charged with assisting in the estimation of annual contraceptive requirements; carrying out assessments of major family planning logistics systems including conducting physical inventories of contraceptives; conducting host country and regional training workshops; and improving host country manual and computerized management information systems (MIS).

Program Management

FPLM staff size has grown from 11 at the project's outset to 23 today, reflecting increases in demand for technical services both at headquarters and in the field. JSI's subcontractors, AAPC, the Program for Appropriate Technology in Health (PATH), and the International Science and Technology Institute, Inc. (ISTI), each provide full-time staff to the project who are fully integrated with FPLM personnel. PATH also provides short-term assistance in condom testing. Collaboration with CDC began quickly and smoothly and continues on a collegial basis with almost all overseas travel being undertaken jointly.

JSI's and the FPLM's project structure is based on the dictum, "The more technical and complex the task, the more informal the organization." The FPLM project is characterized by a fairly flat as opposed to hierarchical organizational structure. A participatory management style supports individual creativity and encourages staff to act independently while both at home and in the field.

Project Accomplishments

- FPLM's most far-reaching accomplishment has been the creation of a new, automated system for tracking commodity procurement and distribution and related financial accounting called NEWVERN. This development was in response to the complexity and confusion existing in the commodities management system that had evolved over the years in A.I.D.'s Commodity Procurement Support Division (CPSD). NEWVERN's accomplishments far surpass the potential of the old system and its design can be proclaimed a success. Without NEWVERN, CPSD's workload would have become unmanageable and the attribution of funds for commodity purchases would have been impossible.
- The quality of country CPTs has vastly improved. FPLM and CDC field logistics advisors have completed CPTs for some 30 countries (with several more pending) for the 1989 cycle. USAIDs and host country family planning organizations uniformly rated technical assistance in this area as highly useful.
- FPLM's subcontractor for warehousing and shipping has developed a system that takes advantage of fluctuations in freight rates offered by competing carriers. In addition, NEWVERN records shipping documents for GSA-routed shipments providing a "safety net" useful in tracking non-receipt of shipping documents and lost shipments.
- The creation and maintenance of country logistics profiles represents a major step in documenting the status of logistics activities and will form the basis for much of FPLM's and CDC's technical assistance.
- The entire area of quality assurance has received a major boost with the involvement of PATH through FPLM and the establishment of condom testing facilities in LDCs. This will continue to be important for A.I.D.'s family planning efforts and also for ensuring an adequate quality in condoms provided for AIDS prevention.

- A regional training and technical assistance center in Bogota, Colombia is off to a strong start and a number of LAC Population Officers spoke well of both their training offerings and technical assistance. Cost savings already are being realized in intercountry travel, per diem and overhead. A recently approved center for North Africa and Francophone West Africa to be located in Rabat, Morocco will be operational soon, with implementation to begin in March, 1989. This center will serve family planning centers in Arabic- and French-speaking countries of North Africa, the Middle East, and sub-Saharan Africa.

Remaining Constraints and Unfinished Business

- FPLM staff have had to assume many basic, normally central functions of CPSD because of staffing changes and shortages within CPSD. This has had a modest negative impact on project productivity and has blurred somewhat the boundaries between the two organizations.
- At present only two FPLM staff know how to operate and maintain the extremely complex NEWVERN system. There is an expanding range of familiarity with the system in both CPSD and the FPLM team, but as of now, there is no formal users manual. Such a manual is critical for continuous project functioning.
- Difficulties in obtaining complete and detailed information on commodities inventory from FPIA have made it impossible to realize NEWVERN's potential to record and track shipments arranged by FPIA in coordination with FPLM's own warehousing and shipping operations. This arrangement of two contractors handling warehousing seems cumbersome.
- As of September, 1988, 78.5 percent of the allowable project funds of \$11,998,709 had been obligated--a rate of commitment higher than originally anticipated. Although project expenditures initially proceeded at a slower rate than planned, a high volume of buy-in activity has taken place, effectively lowering the contract ceiling, as total project activity cannot exceed the nearly \$12 million budget. Even ruling out further buy-ins, it is evident that FPLM, under its current terms, will not be able to continue activities for the full five-year term of the contract.
- The extremely heavy travel schedule of some staff members is a cause of some concern. Cumulatively, FPLM staff spent 780 days in overseas travel, with some family planning logistics advisors traveling up to 120 days. This represents an unrealistically rigorous travel/work schedule, which could eventually erode the enthusiasm and energy of these individuals. Population Officers commented that advisors, in order to complete assignments, frequently worked up to 16 hours a day.
- There is a lack of clear inter-office routing procedures between CPSD and FPLM, which causes the relay of information necessary for logistics management (mail, cables, PIO/Cs, etc.) to be unnecessarily slow, making it difficult for FPLM staff to carry out some of their most basic tasks.
- Plans for a regional center in Asia have not been given high priority because most logistics systems there are relatively well developed, and the cultural and language differences in the region, combined with its huge geographic spread, call into question the value of such a center.

- Two important tasks remain unfinished. The first is related to the CCMIS, the computerized contraceptive management information system jointly designed by CDC and FPLM and developed by CDC for use in host countries. Its introduction has been somewhat delayed because of other demands on computer programming staff. The CCMIS presently is operating in Guatemala, and will be installed in Kenya in April, 1989, with multiple installations worldwide anticipated in subsequent years.

Second, the DCIS, intended to track disbursement of supplies and to be used as a coordinating tool by all major donors of contraceptives, has yet to be established. Preliminary work has started, however, and movement on this can be expected late in CY 1989.

Principal Recommendations

For Consideration by A.I.D.

1. Seek a basic change in OYB and allotment procedures so that the convoluted financial tracking system imposed upon S&T/POP by A.I.D.'s Financial Management is overhauled. Explore establishment of an imprest fund or a revolving account. Convene a small technical committee with representatives from Procurement, Financial Management, CPSD, and FPLM to come up with solutions.
2. The warehousing function, now managed by FPIA, should be competed and the systems developed by FPLM and AAPC should be applied to its operation.
3. Efforts should be made to remedy the staffing deficiencies in CPSD. Unless this division is up to full strength, even more responsibility will fall upon FPLM.
4. When the new follow-on project is competed, a sufficiently high ceiling should be established to accommodate more buy-ins and the continuing increase in demand for services.

To Be Considered By FPLM Project Management

5. Greater priority should be given both to completing the NEWVERN user manual and to providing training for key CPSD staff. Target dates to accomplish these two essential tasks should be established without delay. A third member of the FPLM staff should be trained in the complete operation and maintenance of the NEWVERN system. This is considered essential to avoid bottlenecks that could occur within any part of NEWVERN should the primary operators be absent.
6. Move with reasonable energy on development of the Donor Contraceptive Information System as time permits, but not as highest priority.
7. Attention should be directed to the heavy travel schedules of family planning logistics advisors. It should be determined to what extent this is a problem and alternative solutions should be discussed (adding staff, consultants, deputizing other JSI staff to make these trips, etc.).

For Joint Consideration By A.I.D. and FPLM Management

8. The rationale for locating a regional logistics center in Asia should be reviewed. There seems little or no justification for such a center, given the lack of common language or suitable location and the maturity of most Asian programs. Countries with the greatest need (i.e., Bangladesh) deserve their own national institutions.
9. The feasibility of establishing a regional center to serve English-speaking African countries should be examined. Because family planning programs are rapidly expanding in this area, the need to install sound logistics management would appear essential.
10. Condom testing in the field should be expanded. A.I.D. and WHO should explore opportunities for cooperation in the area of testing. In particular, FPLM could arrange for A.I.D.-provided condoms for family planning and HIV/AIDS prevention to be regularly tested.
11. Efforts should be made to ensure prompt delivery to FPLM of all communication addressed to it. A prototype of a successful operation is that used by the Office of Health's AIDS Division and AIDSTECH which includes both a system for tracking and distributing cables and mail, and procedures for logging-in and responding to outstanding requests for technical assistance.
12. Both CDC and FPLM should be involved in tracking and other logistics applications in the provision and distribution of A.I.D.-financed condoms directed towards HIV/AIDS prevention. Whether the Office of Health's AIDS Division should formally buy-in to the FPLM project is an issue best left to negotiation between the Offices of Population and Health.

For Consideration by CDC and FPLM

13. Develop an implementation plan with CDC to speed the introduction of the CCMIS in LDCs.

1. Introduction and Project Background

1.1 Project Background

1.1.1 Overview

The Family Planning Logistics Management (FPLM) Project, implemented through a contract between John Snow, Inc. (JSI) and the Agency for International Development (A.I.D.), provides assistance to A.I.D. and host country organizations in carrying out the large and unwieldy task of managing contraceptive supplies provided to developing countries worldwide. Currently, A.I.D.'s Office of Population provides contraceptives to approximately 80 countries at an annual cost of over \$41 million.

The Office began its program of centralized contraceptive procurement in support of A.I.D.'s population program in 1970. In 1974, the Centers for Disease Control (CDC) undertook the responsibility for providing logistics technical assistance to this effort. By mid-1985, the quantity as well as the variety of contraceptives purchased by the Office had increased substantially, and personnel ceilings and other organizational responsibilities made it impossible for CDC to continue to handle the job alone. Thus, A.I.D. designed the 10-year FPLM project and competitively bid and awarded to JSI a five-year contract to further support their needs in logistics management.

The \$11,998,709 contract with JSI, begun September 30, 1986, has two main goals:

- To improve the capability of host country public and private family planning organizations in administering more effective and efficient family planning service delivery programs, with emphasis on contraceptive logistics systems, through technical assistance (TA), training, special studies, and the introduction of computerized management systems in selected LDCs, where feasible and appropriate.
- To improve USAID Mission, A.I.D./Washington and other family planning donors and less developed country (LDC) capabilities to forecast and maintain necessary levels of contraceptive supplies.

The Project, now in its third year of operation, is part of a cooperative effort to improve the logistics of A.I.D.'s contraceptive supply management effort. JSI works closely with two other groups--the Commodity and Program Support Division (CPSD) of the Office of Population and CDC--and most of the activities undertaken through the project reflect joint efforts of JSI in cooperation with one or both of them.

1.1.2 Principal Contractor Tasks

JSI, under the FPLM project, has been assigned work in the following areas, in descending order of priority:

1. Estimation of contraceptive requirements (including assistance to USAID Missions, host country family planning logistics systems, and CPSD);
2. Assessment of the major family planning logistics systems;
3. Implementation of host country and regional workshops for family planning logistics;

4. Improvement in host-country family planning logistics management information systems (MIS);
5. Management of contraceptive supplies (in particular for Contraceptive Social Marketing projects, Enterprise, CEDPA, and new projects);
6. Planning and/or implementation of physical inventories of contraceptive supplies in the highest priority countries;
7. Establishment of a donor contraceptive inventory system (DCIS) and;
8. Implementation of biannual country-specific logistics reports.

In addition to these major objectives, the contract specifies several other tasks to be performed, such as assistance at both the central and the field levels on quality assurance and special studies on factors that constrain contraceptive supplies and distribution systems.

The original FPLM contract has been amended to include the maintenance of the Population Projects Database (PPD), which tracks population project expenditures by A.I.D.-supported projects and reflects buy-in activities.

1.2 Project Strategy

Within the parameters of the eight tasks set forth in the contract, JSI has developed a strategy that balances the priorities in a number of areas: between assistance to CPSD and in-country needs; among various in-country activities; and among high, medium, and low priority countries.

1.2.1 Priority Between Central and In-Country Activities

A higher priority has been accorded assistance to CPSD in management of central level logistics (ordering, warehousing, shipping, and tracking contraceptives) than originally anticipated. In FY 1988, 42 percent of project expenditures were directed to non-field-oriented tasks: primarily, improving the central computer system that develops and tracks contraceptives orders; warehousing; and the PPD. In particular, systematizing the forecasting operation turned out to be far more complex than anticipated: The extent of confusion in the entire commodity procurement system had been severely underestimated in the Request for Proposal (RFP) and the contract, and consequently, FPLM had to undertake the major task of a virtually complete overhaul of the system. This effort is still consuming a considerable proportion of project resources.

The several in-country activities have received attention generally in accordance with the contract. As required, top priority is accorded to the annual Contraceptive Procurement Table (CPT) preparation exercise. No effort is made to prioritize globally the other four tasks laid out in the contract. Rather, the choice is made according to individual country needs, which are routinely identified during the CPT preparation exercise, and requests from USAID Missions and host country counterparts.

The only one of the eight activities that has barely begun is development of the DCIS, and this had been identified as a low priority and longer-term goal of the project in the contract.

The overall effect has been that project staff have been required by circumstances to put more effort into accomplishing specific tasks than in developing the capability of host country staff to undertake those tasks. FPLM staff are clearly aware of the problem, but hold that it is necessary to create workable systems before making a major effort to train host country nationals in their use. Despite these constraints, they have included host country logistics staff in every activity and have made all programming decisions in consultation with host country management. It is expected in the second half of the project that the emphasis will change, and that an increased level of effort will go to transferral of skills and institution building.

1.2.2 Geographic Priorities

FPLM's CPT preparation assistance efforts concentrate largely on those countries that receive the largest amount of contraceptives. In addition, considerable technical assistance effort is devoted to those countries where the forecasting exercise is known to be difficult or where other logistics management problems abound. These two general guidelines do not constitute a full-blown geographic strategy since, like any A.I.D. effort, the FPLM program is subject to other conflicting pressures for country concentration. Particularly important is A.I.D.'s Resource Allocation Plan (RAP), which is drawn up annually by CPSD for both CDC and FPLM. For the current year, for example, CPSD negotiated with CDC/FPLM 18 countries designated to receive priority assistance (see Table 1 below).

Table 1
FOR APRIL 1988 - MARCH 1989
COUNTRY PRIORITIES DESIGNED IN CPSD'S RAP

AFRICA	ASIA/NEAR EAST	LATIN AMERICA
Ghana	Bangladesh	Brazil
Kenya	Egypt	Haiti
Niger	Morocco	Mexico
Nigeria	Pakistan	Peru
Sudan	Philippines	
Tanzania	Turkey	
Uganda		
Zimbabwe		

FPLM's country strategy is reviewed regularly in joint discussions between FPLM, CDC and CPSD. Overall, the project has done an excellent job in covering those countries that receive 90 percent or more of A.I.D.'s contraceptives (see Table 2).

Table 2
CUMULATIVE VALUE OF A.I.D. CONTRACEPTIVES
RECEIVED BY RANK ORDER OF COUNTRIES

<u>Category</u>	<u>Percentage of All A.I.D. Commodities</u>
Top 4 countries	55 percent
Top 10 countries	76 percent
Top 20 countries	93 percent
Top 25 countries	97 percent
Top 30 countries	99 percent

During FY 1987 and 1988, FPLM staff made trips to 36 countries that receive A.I.D. contraceptives in conjunction with A.I.D. bilateral population projects. It has also adhered well to A.I.D.'s RAP, which gives priority to the Africa and Asia/Near East regions: Over one-third of the person days was spent in each of two regions--Africa and Asia/Near East--while the remaining quarter was allocated to Latin America and the Caribbean (see Appendix B).

A look at person days spent in various countries, however, illustrates some of the vagaries of attempting to develop an overall geographic strategy. During those two years, 72 percent of the total person days were spent in just 6 countries--Morocco, 119 person days; Bangladesh, 106; Peru, 97; Kenya, 88; Indonesia, 84; and Nigeria, 72 (see Appendix B). Of these, only Bangladesh ranked as one of A.I.D.'s top four recipients and only one, Morocco, appears as one of its top ten. (In FY 1987, 55 percent of the dollar value of contraceptives went to four countries: Bangladesh, Pakistan, Mexico, and Egypt, and 76 percent went to ten--see Table 2).

The amount of time spent in Morocco reflects efforts to set up a regional technical assistance/training center (see Section 3.3.2) and the effort expended in Nigeria and Kenya (which rank respectively 13 and 24 in value of contraceptives received) reflect difficulties in logistics operations and the importance of both countries within the Office of Population's overall strategy.

In short, FPLM's global strategy is based on a complex web of factors in which concentration of contraceptive supplies and great need are only two, albeit strong, strands. FPLM is currently developing more explicit guidelines and, although cautious with regard to the outcome, continues to work on developing a more rational strategy.

1.3 Summary of Performance

Overall, this has been a highly successful project, with an impressive record of performance. Several major accomplishments reflect project staff's ability to react with imagination and creativity to the many problems encountered. The principal ones include

- Creation of NEWVERN--a new, automated system for tracking commodity procurement and distribution and related financial accounting. NEWVERN's accomplishments far surpass the potential of the old system and its design can be proclaimed a success. Without it, CPSD's workload would have become unmanageable and the attribution of funds for commodity purchases would have been impossible.

- The quality of country CPTs has vastly improved. Field logistics advisors, working with CDC staff, are completing increasing numbers of CPTs for host countries. USAIDs and host country family planning organizations uniformly rate this as a highly useful exercise.

- FPLM's subcontractor for warehousing and shipping, AAPC, has developed a system that takes advantage of fluctuations in freight rates offered by competing carriers. In addition, NEWVERN records shipping documents for GSA- and FPLM-routed shipments, providing a "safety net" that is useful in tracking non-receipt of shipping documents and lost shipments.

- The creation and maintenance of country logistics profiles represents a major step in documenting the status of logistics activities and forms the basis for much of FPLM's and CDC's technical assistance.

- The entire area of quality assurance has received a major boost with the involvement of PATH through FPLM and the establishment of condom testing facilities in LDCs. This will

continue to be important for A.I.D.'s family planning efforts and also for ensuring adequate quality in condoms provided for AIDS prevention.

- The establishment of regional training centers is a major step towards technology transfer.

2. Support to Commodity Procurement and Support Division

2.1 Estimation of Contraceptive Requirements

The project contract views accurate forecasting of contraceptive requirements as the *sine qua non* of a well-run commodity procurement system. Accordingly, improvement of USAID Mission, A.I.D./W, and other family planning donor and LDC capabilities to forecast is one of the fundamental purposes of the FPLM project. In order to fulfill this purpose, the project contract specifies that FPLM staff concentrate their efforts in two areas basic to developing a capacity for forecasting contraceptive requirements:

1. The understanding of CPSD commodity procurement and distribution procedures; and
2. The preparation of CPTs, which involves the compilation and analysis of all available in-country data regarding prevalence, inventory, offtake, and program plans that serve as inputs to the forecasting process.

Other project activities supportive of these two main functions include the establishment of a U.S.-based warehouse to provide contraceptive commodity support, the development of the Country Profiles Database, the DCIS, and the upgrading and maintenance of the Population Projects Database (PPD).

2.1.1 **Systematization of CPSD Commodity Procurement and Distribution Procedures/Development of NEWVERN**

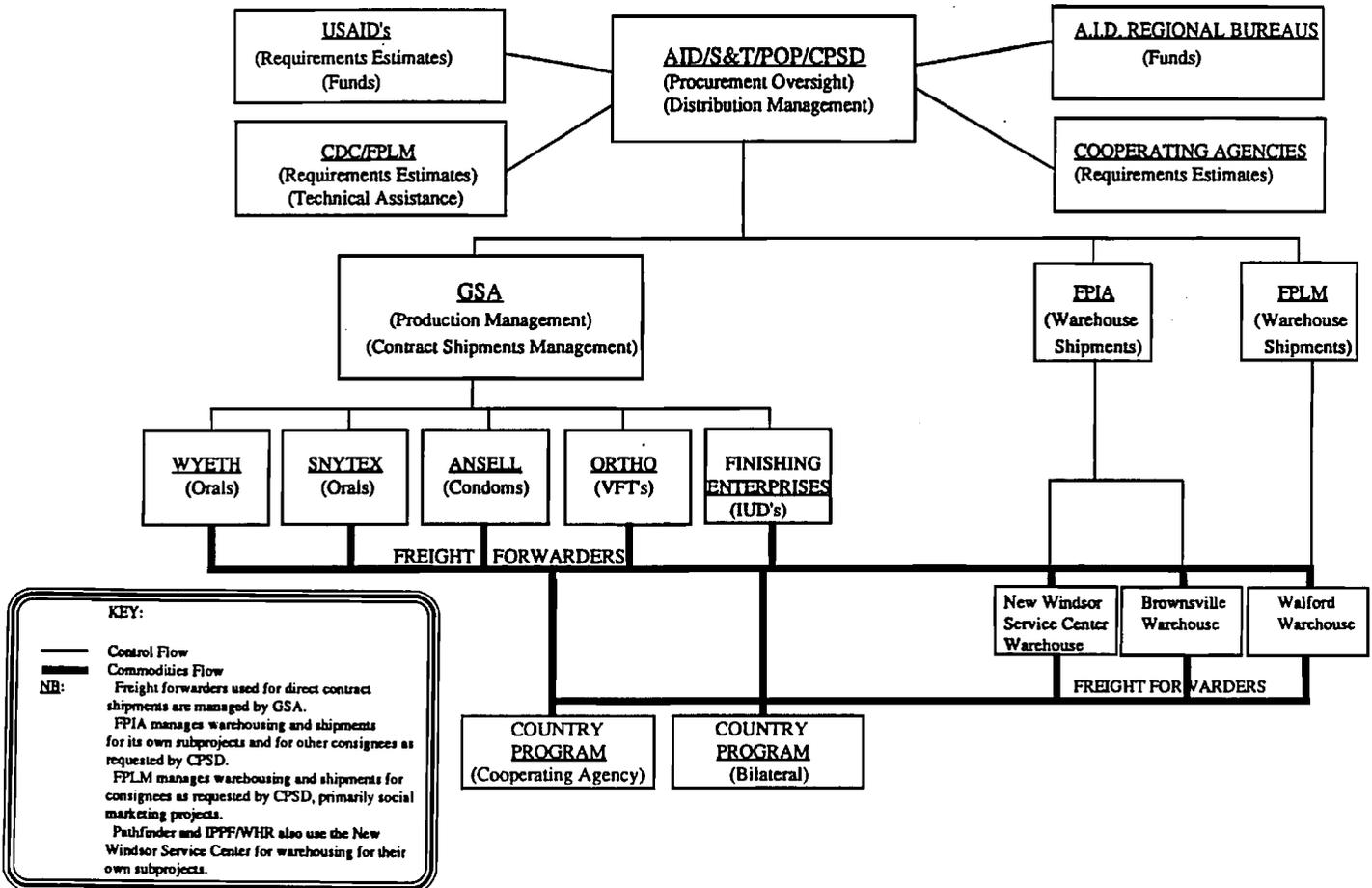
Background. The Office of Population's program of centralized contraceptive procurement in support of A.I.D.'s population program includes the distribution of contraceptives through several different types of programs including community-based distribution systems, non-government family planning associations, public sector health systems, and social marketing organizations. The CPSD network, through which centrally procured contraceptives are channelled from manufacturer to acceptor, has grown complex, as Table 3 shows (see page 7). Potential bottlenecks and problems in the system have multiplied, underscoring the urgent need for coherent and integrated decision-making in contraceptive logistics. A major shortcoming in this regard was determined to be the lack of informed, well-executed annual analyses of contraceptive needs necessary to maintain an adequate flow of contraceptives. The FPLM project, along with CDC, was charged with according the highest priority to remedying this critical deficiency.

CPSD's logistics and financial management process is extremely complex. As described in the project contract, the process involves the following:

Procurement of contraceptives by CPSD involves conversion of requirements estimates made on a calendar year basis to funding requirements made on a fiscal year basis, and manufacturing production and shipping schedules which cross both calendar and fiscal year endings.

Table 3

**A.I.D. CENTRALLY-FINANCED CONTRACEPTIVE COMMODITIES
FLOW CHART**



Funding is provided by both central and AID Mission budgets in their Annual Budget Submission cycle and subsequent Project Implementation Orders for Commodities (PIO/Cs). Contracts for contraceptives involve various parts of AID and the General Services Administration. Three years of funding and procurement/shipping are open at all times, each of which is subject to amendment as changes in requirements or other circumstances occur. There is an elaborate system of amending/payback in process through buying by the central account to cover shortfalls or other changes for specific countries. This activity is voluminous, detailed, and intricate. It involves considerable improvisation to cover shortfalls, changes in requirements, temporary financing and subsequent payback.

It had been assumed that a coherent system geared to this complexity was already operating within CPSD and would require only modest improvements and fine-tuning to meet future demands. Once FPLM staff began studying CPSD procedures with an eye to identifying necessary improvements, however, they discovered that the "system" in place lacked formal methodical procedures and failed to generate an acceptable financial audit trail. In addition, in July 1987, personnel who formerly had the responsibility for (and an understanding of) the complicated funding and procurement process, retired, leading FPLM and CPSD to conclude that a new, comprehensive system including both manual and automated components was required.

In December of 1987, FPLM sent to CPSD a memorandum containing suggestions for modifications to CPSD's central commodity management system. These suggestions included proposed changes for warehousing procedures, CPSD's commodity accounting process, the establishment of more consistent calendars for all parties involved in commodities management, and the like.

NEWVERN Capabilities. Based upon their assessment of this need, FPLM staff have, since July 1987, devoted substantial and continuing efforts to the development of an entirely new, automated central commodity management system, NEWVERN¹, for tracking commodity procurement and distribution and the financial accounting related to it.

NEWVERN, although a complex and comprehensive database, is in essence an order processing system which tracks

- customers (the organizations which order products, usually a USAID Mission or a Cooperating Agency);
- recipients (the organizations which receive and use products, usually an MOH or private service delivery organization);
- funds (PIO/Cs and Budget Allotment Transfers used to pay for products);
- orders (for specific quantities of contraceptives);
- shipments (made from production contracts or U.S. warehouses); and
- production contracts (which supply the contraceptives).

Within the funding, production, and other constraints of the CPSD procurement process, NEWVERN schedules requested shipments, orders their production, tracks their shipment and receipt, and accounts for the funds used. Necessary documentation for each step is produced automatically by the system where possible (e.g., Contract Production Memos). Where another organization must provide the documentation (e.g., Bills of Lading produced by GSA's freight forwarders), NEWVERN tracks their issuance and receipt.

¹So named in recognition of Vernon Peterson's many years of logistics work for CPSD.

At present, NEWVERN produces the following reports:

- Contract Shipments Reports;
- Warehouse Shipments Reports;
- Production Reports (Monthly Production Memos, Film Requirements Memos, Financial Attribution Memos, Two-way Memos, Warehouse Memos, and 1194s);
- Quantity/Value Reports (Shipment Summaries by Country or by Product);
- Shipment History Reports (by Country, by Product, or by Recipient);
- Statement of Account Reports (Financial Accounting of Funded PIO/Cs, Statements of Accounts, Status of Orders);
- Warehouse Inventory Reports (Warehouse Stocks by Age or by Lot); and
- Tickler Reports (Ordered Shipments Not Yet Shipped, Scheduled Shipments Not Yet Ordered, and Shipments Not Yet Received).

Additionally, NEWVERN will have the capacity, on a large and automated scale, to verify that prerequisites are met before attempting to carry out a dependent task. For example, a warehouse memo specifying the release of a commodity cannot be generated for CPSD approval without an inventory check to verify availability. Many other such controls are built into the system. Prior to this automation, these tasks were cumbersome, if not impossible, to perform with a great deal of confidence. Similarly, NEWVERN will provide, for the first time, a statement to USAID Missions on the allotment of their funds by relating this to the commodities which they have received or are scheduled to receive.

At present, FPLM operates NEWVERN on CPSD's behalf, and the system is being used to manage contract and warehouse production scheduling. A substantial effort continues to be made to correct and enter historical data from previous contracts and is expected to be completed in 1989, at which time all portions of the system will be fully operational.

Conclusions and Issues. Although in theory a simple program might be desirable, NEWVERN's very complexity is necessary to accommodate that which is found in the Agency's commodity and financial management systems. A simple, logistics-oriented database capable only of recording historic commodities data, projecting future requirements, and tracking shipments, clearly would be insufficient for A.I.D.'s complex contracting, production, distribution and funding web.

NEWVERN's accomplishments far surpass the potential of the old manual and partially computerized system, and as such, the design can be acclaimed a success: it achieves what CPSD saw as required.

NEWVERN was created principally by a single FPLM staff member and although, for a time, was operable only by him, at present another FPLM staff person also knows the system. In both CPSD and the FPLM team, there is an expanding range of familiarity with NEWVERN, though a formal user manual does not yet exist. The previous risk in terms of assuring continuous project functioning in the event a sole operator were to become unavailable has been reduced.

Recommendations

For Consideration by CPSD

- ² A basic change in OYB and allotment procedures should be sought so that the convoluted financial tracking system imposed upon S&T/POP by A.I.D.'s Financial Management can be overhauled. The exploration of the establishment of an imprest fund or a revolving account should be undertaken. A small technical committee with representatives from Procurement, Financial Management, CPSD and FPLM should be convened to determine solutions.

For Consideration by FPLM

- Greater priority should be given both to completing the NEWVERN user manual and to providing training for key CPSD staff. Target dates to accomplish these two essential tasks should be established without delay. A third member of FPLM staff should be trained in the complete operation and maintenance of the NEWVERN system. This is considered essential to avoiding bottlenecks that could occur within any part of NEWVERN should the primary operators be absent.

2.1.2 **Compilation of Available Data/Completion of CPTs**

CPTs play the pivotal role in the forecasting process: drawn up in host counties on the basis of available data on family planning program plans, contraceptive prevalence, levels of demand, and other factors relevant to the estimation of future commodity needs, they specify product quantities and an ordering schedule to be followed by CPSD. Their annual preparation is a major focus of FPLM's field activities; CPTs have been prepared for 30 countries for 1989 (with several more pending), either with FPLM and CDC staff, or Mission staff in conjunction with host country organization staff. Prior to FPLM's involvement, guidance for this task had lapsed, forms had not been distributed by CPSD to USAID Missions since 1984, and, for a variety of reasons--understaffed USAIDs, inexperienced MOH staff--this task was considered low-priority. Respondents to the questionnaire sent to USAID Missions stated that FPLM staff had "worked closely with primary actors," "turned them around [for the better] as far as planning, reporting, etc.," and "made it [CPT preparation] scientific."

In addition to these direct efforts, FPLM staff, with CDC and other CA staff, have undertaken a variety of activities related to forecasting requirements: the CPTs themselves have been modified to reduce the number of forecast years; CPSD's instruction package for completing the CPT has been rewritten and clarified; and an automated CPT data collection program has been designed which will interface directly with NEWVERN (this is intended to link the CPT forecasting process and the PIO(C)/Budget Allotment Transfer process through which contraceptive orders are filled).

FPLM staff are also developing a series of computerized tools called "CPTTESTS" to check the consistency of CPTs. For example, CPTTEST¹³ compares Contraceptive Prevalence

²The footnotes are numbered consecutively throughout the report.

³Other CPTTESTS are CPTTEST2, a longitudinal comparison of CPTs; CPTTEST3, a comparison of TARGET (an automated forecasting tool developed by the Futures Group) Model projections to quantities of commodities shipped; and CPTTEST4, a comparison of CPT net supply requirements with actual shipments.

Survey data to Couple-Years of Protection generated by A.I.D.-supplied commodities. The purpose of comparisons of this sort is not to determine whether a particular set of CPTs is right or wrong but rather to serve as a management tool that will highlight those situations where forecasts and utilization data are inconsistent.⁴

Issues

■ **Balance Between Task Implementation and Skills Transfer**

CPSD staff consider CPTs as being vital to the forecasting process. Therefore, FPLM and CDC staff have taken a strong lead in the implementation of this activity. The TA currently provided for CPT preparation is viewed, however, as part of an evolving process which actually began several years ago. Step one was to send instructions to USAIDs and CAs on how to prepare CPTs; step two involves the provision of TA for CPT preparation; step three is the training of host country staff in this task, and the final step will be to phase out foreign TA. The process, which will of necessity mature at different rates in different countries, is now in the middle of step two for most FPLM assisted countries, and in the beginning of step three for only a few. In time, however, most countries should move to step three, and perhaps, to four.

■ **Under- vs. Over-Supplies**

An important goal underlying this project is to ensure that stockouts do not occur, and all indications are that the project has generally been successful in attaining this goal. At the same time, A.I.D. hopes to avoid the problem of oversupplies, which in the past have resulted in expired contraceptives and, in some cases, required destruction of stock. By allocating responsibility for preparing estimates to logistics professionals, A.I.D. can have greater confidence that the legacy of "burning rubber" will not be repeated. With a logistics enterprise as far flung as this, however, and a concentration in countries with limited administrative capacity and a scarcity of trained staff, some degree of wastage due to product expiration will inevitably occur. Although vigorous efforts to minimize this should be continued, it is important that some amount of stock expiry be accepted, particularly because A.I.D.'s policy mandates that the highest priority be given to avoiding stockouts.

■ **A Structured Approach to Data Collection**

Despite the importance of CPTs, no structured approach currently exists with respect to selection of data used to estimate current, and to forecast future, contraceptive use. Regional logistics advisors use different approaches, drawing from an assortment of available pieces of data and information. FPLM staff have responded by initiating the development of a "lunchbox" containing a standard set of data and automated tools available for use by all forecasters in compiling CPTs. This approach does not limit forecasters to a rigid checklist, but is a step toward formalizing CPT preparation. The lunchbox will include at a minimum the most recent CPTs, the most recent TARGET projections, Country Profiles, PPD printouts, and information from the various CPTESTS. In addition, NEWVERN's current listings of shipping histories and consignee information will be provided to each traveller.

⁴CDC has developed CONTESTS, which provide the same kind of checking system as the CPTESTS, using different assumptions.

Recommendations

For Consideration by FPLM

3. FPLM should work with family planning officials in the preparation of CPTs whenever possible and should continue to make the identification of training needs in this area an on-going program activity.
4. Priority should be given to the completion of the "lunchbox" of data and automated tools to facilitate the preparation and standardization of CPTs.

For Consideration by A.I.D., FPLM and CDC

5. The "Forecasting/Logistic Tools Working Group," consisting of CDC and FPLM staff, should invite an A.I.D. demographer to examine the CPTTESTS and CONTESTS (developed by CDC) to determine if parts of each can be amalgamated into a new whole, the aim being to create a more standardized software tool for use by joint FPLM/CDC advisory teams.

2.1.3 Development of the Country Profile Database

The FPLM project contract called for the compilation of biannual, country-specific logistics reports. In response to this directive, FPLM staff have designed the Country Profile Database, to hold demographic and survey data needed for logistics, host country organization data, shipping data, information on past and planned TA, and follow-up information for persons trained by FPLM/CDC. In addition, FPLM's work on the PPD as specified in an amendment to the project contract (see Section 2.1.6.), has made available detailed profiles of all A.I.D.- and IPPF-supported population activities, which can be included in the Country Profile Database. (See Appendix C for a complete description of this Database.)

The Country Profile Database is routinely updated and is supplemented by hard copy country files maintained at FPLM for all countries on which CDC and FPLM have information. The country files include all past trip reports, copies of recent cables relating to logistics, any surveys or other specific country documentation which has been gathered during field visits, and copies of A.I.D. commodity procurement documents for the country.

Although FPLM and CDC staff do not have the responsibility for expediting commodities through customs and importation channels, they do sometimes collect information on what can prove to be significant local restrictions on the importation of contraceptive commodities. Such information could prove a valuable addition to the Country Profile Database, and be useful to USAID and host country organization staff responsible for clearing commodities at ports of entry.

Recommendation

For consideration by FPLM

6. Logistics advisors should report any work done in the area of importation regulations, or other factors affecting commodity availability, to USAID and host country counterparts since survey returns indicated many respondents were unaware of work in this area. The same information also should be placed in the Country Profile Database.

2.1.4 Management of Contraceptive Supplies

The project contract calls for FPLM to manage contraceptive receiving, warehousing, and shipping functions for A.I.D.-supported social marketing projects, the FP Enterprise Project, CEDPA, and any additional projects that are requested by S&T/POP, the Regional Bureaus, and USAID Missions.

To meet this requirement, FPLM established a warehouse in Baltimore, Maryland, through Walford Meadows, Inc., under subcontract to AAPC. Walford Meadows manages both storage and freight forwarding functions under subcontract to AAPC. FPLM's full-time traffic manager, an AAPC employee, oversees the warehousing function, schedules and monitors FPLM warehouse shipments, and tracks direct contract and A.I.D.-initiated FPIA warehouse shipments.

The NEWVERN database has given FPLM the capacity both to record and track shipments arranged by GSA and FPIA in addition to FPLM's own warehousing and shipping operations. This potential has not been reached because of the difficulty in obtaining complete and detailed information on commodities inventory and shipments from FPIA. The arrangement of two contractors handling warehousing seems cumbersome.

The shipment scheduling system used for FPLM warehouse shipments is both methodical and simple and has the flexibility to identify and take advantage of fluctuations in freight rates offered by competing carriers. Although cost savings are necessarily restricted by government regulations concerning U.S. flag carriers, built-in flexibility allows interpretations which can lead to substantial savings on shipping costs.

NEWVERN also has the capacity to expedite warehouse memos authorizing shipment of commodities. Once cables from Missions are received, CPSD submits Contraceptive Order Forms to FPLM, NEWVERN verifies that the commodities ordered are in stock, and then produces this warehouse memo, authorizing the shipment or production of required contraceptives. Additionally, NEWVERN ensures that all pertinent information about the proposed shipment is complete and correct.

Currently, the potential exists for a lag-time to occur between CPSD's order and the generation by FPLM of a warehouse memo for CPSD approval. Delays are attributable to incomplete inventory information, non-specific shipping schedules, inaccurate recipient information and the like. This delay will be reduced as more warehouse information and historical shipping data are incorporated into NEWVERN.

Recommendation

For Consideration by A.I.D.

7. When practicable, the warehousing function, now managed by FPIA, should be competed and the systems developed by FPLM and AAPC should be applied to its operation.

2.1.5 Donor Contraceptive Information System (DCIS)

To enable A.I.D. to program effectively, it is important that the Office of Population be kept informed of the quantities and types of contraceptive commodities provided to LDC family planning programs by other donor agencies. FPLM was assigned the task of developing a donor agency reporting system that will monitor this distribution, providing information on

contraceptive types, quantities ordered and shipped, shipping schedules, delivery times, and costs, all making for better coordination of efforts. A DCIS would facilitate requirements projections, help streamline purchasing, and reduce the prospects for over- or under-supply. Also, since donors' bureaucratic constraints vary (e.g., Japan is hesitant to supply oral contraceptives and A.I.D. cannot provide Depo-Provera), such coordination could help ensure that each donor's effort complements the others', thereby offering the widest range of options to host country programs.

Further development of the DCIS to include other donors' commodity information is of necessity delayed until information on commodities is received from other donors; FPLM needs to enlist the cooperation of other donors at both the field and headquarters levels, which would require devotion of project resources. It is hoped that, with modification, NEWVERN itself will be capable of performing all envisioned DCIS functions, thus eliminating the need for an additional computer program.

Recommendation

For Consideration by FPLM

8. FPLM should move with reasonable energy on development of the DCIS as time permits, but not as a high priority item.

2.1.6 Population Project Database (PPD)

The task of continuing work on the PPD (originally begun by a previous A.I.D. contractor) was added to the FPLM project contract as project activities got underway. FPLM has made major revisions to the database, resulting in information being much more accessible to both A.I.D. staff and others with an interest in population activities.

Additionally, the PPD is intended to support the development of the DCIS. As A.I.D.- and IPPF-supported population projects are included in this database, information about projects that utilize contraceptives supplied by either organization is available. This information can be used to augment that from other sources in the attempt to project program needs, especially as this database gives information about activities planned for the present to two years ahead.

The PPD also has applications in other areas of the FPLM project. Historical information about training in logistics management, contraceptive commodity activities by country, region or sector in which an activity takes place, are just a few examples of areas that have obvious applications in the field of logistics management. Other information on expenditures, major audiences served, site, special activities, and project goals are discrete fields used to enter data into the PPD. Multiple fields can be used to extract information about any or all of these projects, and a variety of formats can be generated on demand for anyone requesting output from the database.

These formats are the basis for the production of Special Reports which are prepared at the request of individuals concerned with a particular aspect of population projects. For example, all population activities undertaken in Pakistan with an IEC component can be listed by this system. Requests for Special Reports have steadily increased--there were 14 requests in November of last year, and in December, 22.

The PPD generates Annual Worldwide Reports and Cooperating Agencies Cost Reports which are distributed both to requesting groups and other CAs working in population and related areas. These reports summarize the degree to which different funding mechanisms are used

to support in-country population activities, and the expenditures via these mechanisms of each CA by country and activity, respectively.

To reduce the burden of data input, FPLM has plans to develop a semi-automated input system for the PPD. While not applicable in all cases, some CAs will be able to put data on a floppy disk that can be checked for consistency before it is read into the system. These changes will free up the system operators somewhat so that more of their time can be utilized for information dissemination.

Additional changes are anticipated in the PPD itself during the remainder of the current FPLM project. As this system is designed to be utilized by more than just the FPLM project, plans are underway to transfer some of the expertise for records extraction and report generation to CPSD.

3. Developing Country Assistance

3.1 Contract responsibilities

For developing country family planning organizations, including ministries of health (MOH), the contractor is charged with the following:

1. Estimating annual contraceptive requirements,
2. Undertaking assessments of major family planning logistics systems,
3. Conducting host country and regional training workshops,
4. Improving host country manual and computerized management information systems (MIS), and
5. Conducting physical inventories of contraceptives.

For USAID Missions, the contractor is to provide:

1. Annual estimates of contraceptive requirements, and
2. Technical assistance (TA) for family planning logistics management in support of central, bilateral, or CA programs.

3.2 Overview

FPLM staff view the various activities listed above as normal field efforts associated with the overall goal of improving the ability of host country institutions to estimate their contraceptive requirements. In support of logistics activities, countries may receive assistance via training or direct TA on an as-needed basis in the areas of MIS, physical inventories, and the like. The choice of other activities for any country is usually decided upon, at least in a preliminary fashion, during the CPT or initial country assessment visit. CPT trips take place during one quarter (formerly in spring, and now in the fall, to allow more time for central analysis and production contract planning). During the trips, FPLM and CDC staff undertake an informal needs assessment and decide in concert with USAID Mission and host country personnel which other in-country activities are most needed: assessment of the logistics system, training, improvement of the host-country MIS, or inventories of contraceptive supplies.

In Peru, for example, it was found that the estimating process was being skewed as a result of the large numbers of expired contraceptives in the system. This situation led USAID/Lima to require that a physical inventory be taken. Subsequently, several visits were devoted to developing a general plan for contraceptive logistics system improvement that would include all public and private sector family planning organizations. Finally, FPLM participated in training activities in Peru, including the planning for a workshop to support the new logistics system (see Appendix D).

Both host country personnel and USAID officials were highly positive about all FPLM in-country efforts. Responses to questionnaires from managers of major family planning programs rated assistance in design and simplification of family planning statistics and reporting and in physical inventories generally "very useful" (the top rating) (see Table 4).

Table 4

**Usefulness of TA Activities, Undertaken
by FPLM as Rated by Major FP Organizations**

	Very	Mod	Marg	Not	NR/ NA
Design and simplification of FP statistics/reporting	11	1	0	0	7
Conduct of physical inventories of contraceptives in warehouses	13	3	1	0	6

They were slightly less enthusiastic about the quality of TA provided for organizational structural analysis and for workshops. Most rated this good, rather than excellent (see Table 5). Only one specific problem was stated: final reports tended to arrive very late. This is mitigated, however, by the FPLM practice of preparing draft reports or summaries prior to departure.

Table 5

**Quality of TA Provided by JSI/FPLM as
Stated by Major National FP Organizations**

	Ex	Good	Avg	Poor	Unacc
Management/organizational structural analysis	4	11	0	0	1*
Quality/appropriateness of workshops to logistics needs	3	12	2	0	0
Overall rating of TA	6	11	0	1	0

* Stated that FPLM's findings were generalized and not geared towards the situation found in his particular program.

USAID Missions responding to questionnaires were also very enthusiastic about the FPLM project. Of the 15 Missions who responded to surveys, 13 stated that they had received assistance in the preparation of CPTs, 10 in scheduling shipments and three in the drafting of logistics components for project documents. Excellent ratings were accorded the quality of assistance by 82 percent of respondents; 86 percent on the issue of responsiveness to USAID needs; and 91 percent on the quality of TA to local organizations.

3.3 **Performance**

Overall, FPLM has provided TA of one kind or another in 41 countries and additional TA is planned. What follows is a discussion of FPLM's performance with respect to the

major categories of assistance provided to the field, except for assistance for CPTs (see Chapter 2).

3.3.1 Assessment of the Major Family Planning Logistics Systems

The contract had called for assessments of major family planning logistics systems that requested assistance, leaving smaller host country organizations until a later stage. These assessments have become a *de facto* part of every CPT exercise, with the CPT team generally identifying the major constraints and discussing with host country personnel and USAID the type of assistance that should be requested for follow-up visits. The process does not involve a standard checklist that more formal needs assessments may include. Specific country assessment visits (separate from the CPT exercise) are also made as needed.

3.3.2 Implementation of Host Country and Regional Workshops for Family Planning Logistics

Context and Strategy

The contract had called for three in-country and three regional workshops annually, an effort that it estimated would allow for training 160 people from 20 countries each year.

JSI's training strategy has been influenced by its view that training is a form of TA, with training usually directed to groups whereas other forms of TA may be geared to individuals. Training tends to subsume other contract activities, particularly assistance in taking inventories and in MIS, as these skills can be imparted either through training or through TA, depending on how many people need to be reached. This perspective has led JSI to favor in-country workshops over regional ones for the transfer of technical information. Its position is that single-purpose in-country training is better suited to addressing problems identified during CPT and in-country logistics assessment visits than more general regional workshops would be.

In practice, JSI has adhered rigorously to this strategy. As part of each in-country assessment, staff determine whether training should be included in the country strategy. If so, areas of program weakness and categories of personnel who should be included are identified. In addition to existing curricula, training materials are prepared to include a number of exercises designed to address specific problems. Participant fieldwork is also included, in order to acquaint participants with actual problems and to give them an opportunity to apply what they have learned.

Performance

■ In-Country Training Activities

With respect to training activities, FPLM has considerably exceeded quantitative contract requirements. By December, 1988, it had participated in or sponsored 19 training workshops with a total attendance of 865 participants. This achievement was made possible because FPLM has coordinated its efforts with other training contractors, including such groups as ESAMI, Development Associates, PROFAMILIA, and RONCO. In accordance with project strategy, all but three of the workshops were designed for a single country.

The in-country training efforts have ranged from a single-person internship (Peru) to a series of district-level sessions for 250 MOH staff in Kenya. Activities have been directed

both to program managers and to those who have actual supply management responsibility. The three regional workshops include one in Kenya and two in Colombia, the latter two held in conjunction with PROFAMILIA. Regional efforts differ from the in-country sessions because they include a greater emphasis on increasing awareness of the importance of logistics skills and a somewhat more generalized approach to the teaching of technical skills.

Responses to the evaluation questionnaire rated workshops "good" (12 host country participants), with three giving a rating of "excellent" and two "average." USAID Missions were more enthusiastic, with eight "excellent" ratings and one "good." Many participants said that they would like to see more training at various levels. Content was considered appropriate for programmatic needs, and one respondent mentioned that educational materials had been developed which were useful for his particular FP program (see Appendix E).

■ **Curriculum and Materials Development**

FPLM has also made considerable progress in improving existing curricula. It laid the groundwork by evaluating existing materials in the logistics field, collecting information during field visits on past training efforts (both those of CDC and of other groups), and collaborating with other CAs that had had prior experience in logistics management. Based on these efforts, FPLM and CDC have developed eight modules of a revised and expanded generic logistics curricula, covering a wide range of subjects from forecasting and the logistics cycle to pipeline analysis, warehousing and stock management. Materials have also been developed on contraceptive quality assurance. Another five modules are planned, and still others could be developed if needed.

These modules are continually tested and revised during workshops. Part of the process involves regular meetings of a working group of FPLM and CDC logistics technicians to review progress in materials development and to refine materials according to needs found by trainers in the field.

Although modules are not yet available for general distribution, FPLM has completed a Training of Trainers (TOT) curriculum and is using it for training both FPLM and CDC staff. When the modules are judged complete, they will be reproduced and distributed for general use. A guidelines manual for trainers and other users of these materials (based on one developed by the CDC) will then be revised and formalized.

Materials are available in Spanish and some, specifically adapted for training in Mali, are available in French. Work on Arabic materials will begin soon at the new Moroccan training center.

■ **Regional Training Centers**

The FPLM contract calls for the development of three regional training centers: one in Africa, in cooperation with ESAMI; a second in Latin America, in cooperation with PROFAMILIA; and the third in Asia, at a site to be determined.

The only fully operational center thus far is the Regional Technical Assistance/Training Center in Bogota. It is staffed by two family planning logistics advisors who divide their time between TA and training. The TA that they offer is identical to that provided by JSI headquarters staff, i.e., TA in all aspects of program logistics management. Approval for a second center in Morocco was received from CPSD early in calendar year 1989. This will serve family planning centers in Arabic- and French-speaking countries of North Africa, the Middle East, and sub-Saharan Africa. It will be funded by REDSO and the ANE and Africa Bureaus. Personnel recruitment has begun, and a site for the center in Rabat has been found. Like the regional center

in Colombia, this center will provide both TA and training. Both centers will have close contact with the FPLM Arlington office, and will be carefully monitored, although they will also enjoy a fair degree of autonomy.

In English-speaking Africa, FPLM and CDC have coordinated their training efforts with those of ESAMI, and a number of joint training courses as well as technical assistance visits have been held. ESAMI's separate grant for these activities ended in December, 1988. Since that time, FPLM has continued to use ESAMI staff on a short-term consulting basis for these efforts. No longer-term mechanism, however, has yet been identified to fulfill these needs.

With respect to an Asian center, FPLM appears to be on the right track in not having given this a high priority and in relying instead on stationing individuals in countries of greatest need--specifically in Bangladesh (see Section 1.2.2). For most Asian countries, the need is less than in either Africa, the Near East or Latin America. Logistics systems are, on the whole, better developed and there should be sufficient local and/or donor funds to support such a center, if needed. In addition, practical considerations make such an undertaking very difficult: Cultural and language differences, together with the huge geographic spread, call into question the value of a single technical assistance training center for Asia.

Conclusion

The training component has been ambitious, but practically oriented and directed. Training staff have recognized that constant revision of materials is necessary to assure continued appropriateness. The measure of success and the indication of learning taking place is if the participant can do specified tasks upon completion of the workshop, and replicate them in the workplace.

Recommendations

For Consideration by A.I.D. and FPLM

9. The rationale for locating a regional logistics center in Asia should be reviewed. There seems little or no justification for such a center, given the lack of a common language or suitable location and the maturity of most Asian programs. Countries with the greatest need (i.e., Bangladesh) deserve their own national institution.
10. The feasibility of establishing a regional center to serve English-speaking African countries should be examined. Because family planning programs are expanding rapidly in this area, the need to install sound logistics management would appear essential.

For Consideration by FPLM

11. It is likely that there will also be a need for more French and Arabic language skills. As the training center in Morocco develops, some of these headquarters needs will be clarified.

3.3.3 Improvement of Host Country Family Planning Logistics Management Information Systems

Logistics MIS is viewed by FPLM as a major focus of project field activities in almost all countries. The rationale is that, without a properly functioning system, data will not be available about stock on hand and quantities consumed, and therefore, the logistics system itself cannot function. In short, the logistics MIS is viewed as the "engine" that drives any logistics system.

This component has involved two approaches: short-term assistance in improving or developing systems in specific countries and a longer-term effort to develop a generic automated software system--the Contraceptive Commodity Management Information System (CCMIS)--which can be customized and applied worldwide.

With respect to individual country efforts, the provision of TA to improve the logistics MIS is a major focus of FPLM field activities in almost all countries. Specific TA and training in logistics MIS was provided in 1988 in Ghana, Kenya, Indonesia, Thailand, Malawi, Morocco, Nigeria, Zimbabwe, Peru, Tunisia and Brazil. These assignments have ranged from design and implementation of wholly new systems to assistance in planning specific enhancements of existing manual or automated systems (see the Peru and Kenya case studies, Appendix D, for illustrative details).

With respect to the CCMIS, CDC has completed the initial programming and the software is running in Guatemala and will be introduced in Kenya in April, 1989. The CCMIS tracks stock and distribution data at all levels and reports not only on the current status of all storage facilities and outlets, but also on supply imbalances, stock-outs, months of supply on hand, couple years of protection provided by quantities consumed, and basic service statistics (new and continuing users, either in total or by commodity). The program allows for quick conversion to any language that uses Roman characters.

FPLM and CDC have also begun design of a generic Warehouse Management System that will track receipts and issues from storage, monitor manufacturing or expiry dates for "FIFO"-- first in, first out--store operation, keep stock locator data, etc. Like CCMIS, the Warehouse Management System will allow easy translation from English to French and Spanish. Design of this system will continue in 1989 and if no commercial software is found that can be purchased, FPLM and CDC will begin programming in late 1989. Completion of this system, however, is not likely until CY 1990.

Work on the automated systems is not as far along as FPLM would like because of the heavy burden that the central system analysis has placed on systems analysis and computer staff. At the next annual retreat with CPSD and CDC, logistics field advisors will be trained by CDC to introduce the CCMIS, which should give this activity an important push forward.

Recommendation

For Consideration by CDC and FPLM

12. An implementation plan should be developed with CDC to accelerate the introduction of the CCMIS in leading LDCs. Consideration should be given to assigning one full-time equivalent (FTE), either from within FPLM or via contract, with computer systems expertise to implement the CCMIS and the Warehouse Management System abroad.

3.3.4 Assistance to Host Countries in Physical Inventory of Contraceptive Supplies

This component was designed primarily to develop data on actual physical inventories of all contraceptive stock in-country for use in the CPT exercise. Contractually, inventories are required in only three countries annually. It was anticipated that the work would be subcontracted with local firms and that training and participation of host country personnel would be encouraged.

This activity has gained momentum. A total of 20 inventories have been carried out, eight in 1987 (seven in Africa and one in Latin America) and 12 in 1988 (six in Africa, four in Latin America, and two in Asia). Responses from the questionnaire implemented as part of this evaluation indicated that, of those who had not received assistance of this sort (10 out of 23), two felt that such TA would be very useful. There has been less reliance on subcontractors than anticipated; none of the monies budgeted for such subcontracting has been drawn upon. Instead, most inventories have been performed by FPLM and CDC staff in conjunction with host country personnel and often in conjunction with other in-country activities such as training. Efforts to institutionalize this skill have been notable in Kenya, where TA was provided only for the design of the inventory and the work was carried out entirely by host country staff.

To permit more of this work to be undertaken by host country staff, FPLM plans during 1989 to develop generic written criteria and guidelines for implementation of physical inventories. Over the long run, the CCMIS will provide information about stock levels, although regular physical verification checks will still always be needed.

Recommendation for FPLM

13. Emphasis on physical inventories should be continued after the CCMIS is instituted, as this serves as a built-in check on the adequacy of logistics management and project performance.

4. Other Issues

This chapter covers issues that are not exclusively within the contract scope of work or that have not been dealt with earlier. They include a discussion of the AIDS pandemic and the Agency's provision of condoms to prevent HIV transmission, additional discussion of quality assurance matters, and a brief overview of special studies.

4.1 AIDS Condoms and Logistics Management

The Office of Population annually purchases condoms through its central procurement mechanism that are requested by USAID Missions, host countries, and/or World Health Organization (WHO) country offices for national AIDS control programs. A.I.D. is the largest and virtually only provider of condoms thus far for LDC AIDS programs and annually budgets some \$3.0 million from the health account for this purpose. This represents 16 percent of all condoms purchased by A.I.D. By June of 1989, it is projected that 80 million condoms will have been shipped to nearly 60 developing countries for AIDS prevention programs.

At present, there is no separate monitoring or logistics apparatus to oversee the demand projections or distribution mechanisms for condoms being provided for AIDS prevention, but FPLM is overseeing the supply on an *ad hoc* basis, e.g, in Tanzania. In several years, perhaps, WHO's Global Program on AIDS (GPA) may have in place a means to provide this control. Alternatively, WHO/GPA may contract with A.I.D.'s own logistics contractor or a different contractor for this service. Until such a system is developed, however, it behooves the Agency to provide qualified TA in projecting requirements and to help in distribution at the country level for this annually increasing volume of condoms. FPLM and CDC appear to be the logical candidates to take on this activity for now. The need is apparent and the accountability issue is ever present.

4.2 Contraceptive Quality Assurance

The Office of Population and FPLM are to be commended for moving with increased energy on contraceptive commodity quality assurance. Given the circumstances under which A.I.D.-provided contraceptives are stored and distributed--that is, in hot or wet or extremely dry climates, often in unsatisfactory and inhospitable storage facilities, and usually by organizations with scarce numbers of trained staff--maintaining product quality is a daunting task.

With the positioning of condom testing equipment in the field--one unit in Guatemala with the capacity to test condoms in the Central American region and more units scheduled for Africa--major steps forward are being taken. JSI's subcontractor, PATH, has funds from WHO/GPA to establish 10 more units in Africa, in addition to six which are already operating worldwide. This new network of testing facilities will prove useful in ascertaining and helping assure condom quality in the field for both family planning and AIDS prevention programs.

There is also a need for increased testing in the United States at production and warehouse locations before condoms are shipped. Recent FDA data⁵ reveal that 11 percent of U.S.-manufactured condom batches, and 25 percent of imported batches, fail the water test. Additional independent testing prior to shipment overseas would, therefore, seem indicated.

⁵Contraceptive Technology Update, February, 1989

The Office of Population envisions a separate centrally funded project to oversee contraceptive quality assurance, a decision that merits implementation. Useful and important work can be done in the interim and the FPLM project provides the means to do this.

4.3 Special Studies

A discrete task, specified in the contract to be undertaken by FPLM staff, is the provision of TA and funding for the performance of special studies. To be undertaken on an as-needed basis, these studies are intended to gather information about those factors that affect contraceptive supplies and distribution systems. This information could then be used to expedite or smooth out distribution problems.

Several studies have been completed or undertaken to date. The bulk have concentrated on the analysis of data that are already available in one form or another, e.g. prevalence and other survey data, but have not been previously applied to the problems of family planning logistics (see Appendix F). Additionally, considerable effort has been put into the development of tests for use in the CPT preparation process. Other studies have examined the allocation of TA resources to countries requesting assistance and have attempted to distribute these evenly, using rational criteria.

In Indonesia and Thailand, FPLM is presently investigating the feasibility of applying statistical forecasting methods to the contraceptive requirements estimation process. In this approach, which JSI has applied successfully with private clients in the United States and Europe, stock level and consumption data are gathered on a periodic basis from a sample of storage facilities and outlets. A non-random stratified sample, which includes all of the largest consumers and decreasing percentages of the smaller ones, is chosen for analysis. Statistical techniques are applied to whatever historical data are available for the total population of storage facilities and outlets to select the smallest sample size which gives sufficiently accurate results.

The efficiency of the sample depends on how consumption is distributed among the total population: If a small number of outlets account for most of the consumption, then a relatively small sample will suffice; if all outlets are more or less the same size, a much larger sample will be required. Preliminary data from Indonesia indicated that a total population of 4,381 sites in Bali and Java can be adequately characterized by a sample of 336. Should similar results be found in Thailand, it may be reasonable to develop generic software to implement such forecasting systems in these and other large countries.

Though FPLM has made an admirable effort in these special studies, the potential exists for undertaking studies in other areas. For example, during discussions about condom distribution, it became clear that there is no institutional or individual memory for the reasons behind the introduction of colored condoms as an A.I.D. commodity. Providing colored condoms greatly increases the number of products available, and thus makes logistics management more difficult. A special study would seem warranted to examine the marketing acceptability of colored condoms; if there is no perceived difference at the user level, it might be possible to reduce the complexity of the system.

Recommendations

For Joint Consideration by A.I.D. and FPLM

14. It should be agreed to include tracking and other logistics applications with the provision and distribution of A.I.D.-financed condoms being used for HIV/AIDS

prevention. Both CDC and FPLM should be involved. Whether the Office of Health's AIDS Division should formally buy into the FPLM project is an issue best left to negotiation between the Offices of Population and Health.

15. Condom testing in the field should be expanded. A.I.D. and WHO should explore opportunities for cooperation in the area of testing. In particular, FPLM could arrange for A.I.D.-provided condoms for family planning and HIV/AIDS prevention to be regularly tested.

For Consideration by FPLM

16. Greater attention should be paid to field level special studies for practical improvements in the logistics management process.

5. Project Management

5.1 Staff

The FPLM project is staffed by 17 professional and support personnel in Washington, four overseas full-time staff, and two part-time staff members at JSI's Boston headquarters. This total of 23 represents double the staff strength in FY 1987, when there were 11 staff members, all at headquarters. The increase has come in response to increased demands for assistance, both from CPSD and abroad. (See Appendix G for a complete staff roster.)

Headquarters staff includes a project director, deputy director, two systems analysts, five family planning logistics advisors, a training advisor, a traffic manager, a database manager, two research associates, and three administrative staff including a project administrator and two staff associates. Considerable staff resources are devoted to the various computer programming tasks to support CPSD's overall job of filling overseas contraceptives orders: The senior systems analyst is responsible for NEWVERN and other computing tasks, assisted by the database manager and other staff who run the NEWVERN programs. The traffic manager is responsible for management of the FPLM warehouse, and for tracking all shipments, with assistance from a staff associate. In-country activities are led by the five family planning logistics advisors, who have primary responsibility for carrying out the CPT preparation and other overseas TA tasks. Their work is supported technically by the systems analyst, who provides computer back-up for field-based tasks; the training advisor; two research associates who handle such special projects as CPTTESTS and country logistics profiles; and a staff associate. Field-related activities and CPSD support activities are jointly overseen by the project director and the deputy director.

There are currently four overseas staff members. Two are assigned to Colombia and are family planning logistics advisors with responsibility for both TA and training. The other two are stationed in Bangladesh, one a family planning logistics advisor and the other a logistics training advisor. Three full-time staff are scheduled to be positioned soon in Rabat, Morocco.

The two persons in Boston are responsible for the Population Project Database (PPD) component of the project.

On the whole, this is a highly experienced staff, with the preponderance having worked in developing countries, generally in logistics systems work. About half of the staff are fluent in a second language. The FPLM project is generally perceived by CPSD staff as providing a high level of technical and related administrative service.

5.2 Management Structure

5.2.1 Technical Responsibilities

Project administration is characterized by a flat, as opposed to hierarchical, organizational structure. There are no formal departments or divisions, although it is clearly understood which staff are responsible for discrete activities or functional areas (see above). Technical development tasks are subdivided into five discrete areas, with joint FPLM/CDC working groups coordinating efforts in each area. The working groups include the following: management information systems, in particular the CCMIS; forecasting and logistics tools; training; country profiles; and central commodities management groups. Each working group is informally under the direction of a "point person." Normal management and day-to-day decisions are made or approved by the project director or deputy director.

5.2.2 Geographic responsibility

Responsibility for country programs is handled by country monitors (technical staff, primarily the family planning logistics advisors, the training advisor and some others), with each individual responsible for several countries (see Appendix H). There is a primary and secondary monitor for every country. The primary monitor is responsible for ensuring that all plans for a given country are carried out, including checking all paperwork to make sure shipments are on schedule, etc. Prior to any in-country trip, he meets with the team members who are traveling, a representative from CPSD, and the project director or deputy, to draw up a scope of work for the trip. The secondary monitor serves as a backstop when the primary monitor is unavailable. At headquarters, the family planning logistics advisors tend to specialize in different regions, generally in line with their language capabilities: one in Latin America; two in Francophone Africa with subspecialties in the Near East and Haiti; and two in English-speaking Africa and Asia.

5.2.3 Planning and Monitoring

Annual Workplans are developed through a cooperative effort involving the entire staff. At the beginning of each calendar year, all staff meet for a two-week planning exercise, which involves reviewing the previous year's performance and the proposal of plans for the upcoming year. As a result of this procedure, most decisions are arrived at jointly, and all staff are well informed of the activities of all their colleagues. The resulting plans include a detailed recital of each activity planned, who is responsible, when it will be undertaken, and overall constitute a model of management by objective. Plans are updated on a quarterly basis through one-day meetings in which progress is reported and funding and travel are adjusted as needed. The FPLM project provides its Annual Workplans and Quarterly Reports to CPSD in a timely manner.

FPLM is increasing its ability to track its activities. In addition to its annual and quarterly reviews, in 1988 it developed an automated database for tracking FPLM and CDC's TA activities which will maintain summaries of all activities undertaken or planned. JSI regularly updates a printout of all its activities in country and a travel roster is maintained on a database. Recently, FPLM produced a computer-generated grid showing all training activities by country. FPLM staff are currently discussing how best to monitor other major areas of assistance besides training.

5.2.4 Oversight by JSI Corporate Headquarters

JSI, whose corporate headquarters are in Boston, Massachusetts, has three A.I.D.-funded projects in international family planning and health assistance headquartered in Arlington, Virginia. Corporate leadership at the top is regularly visible and JSI's president, based in Boston, routinely travels to Arlington to oversee projects based there.

The FPLM project is the smallest and youngest of the three projects based in Arlington. Centralized JSI accounting services support all three of these projects. During FY 1988, six members of the FPLM project staff spent a small proportion of their time on other JSI projects, either on logistics components of other JSI family planning projects or in collaboration with other CAs in logistics development and management.

Assessment and Issues. The FPLM project, like other JSI projects, is managed according to the dictum: "The more technical and complex the task, the more informal the organization." This informal and participatory management style is well suited for accomplishing the

multiple objectives and tasks of the FPLM project. It encourages individual creativity and enables team members to act independently both at home and in the field.

Staff are busy, but with the possible exception of the family planning logistics advisors who travel frequently, are not generally overextended. To date, the project has been able to meet all the requests for TA, although there are occasional scheduling delays, which may sometimes be due to the inability to coordinate scheduling with CDC or other staff or consultants. FPLM staff ability to provide TA has been judged excellent by both USAID staff and host country personnel.

Of concern is the extremely heavy travel schedule of some staff members. Cumulatively, FPLM staff spent 780 days in overseas travel, with some family planning logistics advisors having spent up to 120 days traveling. This represents an unrealistically rigorous travel/work schedule, which could eventually erode the enthusiasm and energy of these individuals. Population Officers commented that advisors, in order to complete assignments, frequently worked up to 16 hours a day.

A second issue relates to whether staffing will remain adequate as the workload continues to grow. It is anticipated that sometime in the fourth year of the project, there will not be enough staff to address all requests for TA. Especially as initial assessments are completed, and specific improvement plans are developed, it is likely that staff will need greater assistance in the training and MIS areas.

5.3 JSI and Subcontractor Relations

The FPLM project has four subcontractors: AAPC, Inc., the International Science and Technology Institute, Inc. (ISTI), the Program for Appropriate Technology in Health/Program for the Introduction and Adaptation of Contraceptive Technology (PATH/PIACT), and the Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA).

AAPC provides one full-time staff member to the project (the traffic manager), ISTI provides three (two family planning logistics advisors and one research associate), and PATH, one (a family planning advisor). The two staff members based in Colombia are now employees of JSI, having been hired from PROFAMILIA. The staff from subcontracted organizations share office space with JSI and their affiliation is perceived to be primarily with the project, rather than with their employer. The teamwork observed was impressive, and relations have every appearance of being harmonious.

In more detail, the AAPC staff member is responsible for all tracking, shipping, and warehousing activities including overseeing FPLM warehouse operation; overseeing input of receiving, handling, storage, and receiving/shipping data into NEWVERN; preparation of inventory reports; and coordinating all FPLM warehouse shipping, including assuring that costs are competitive, that proper documentation is forwarded, and that commodities are received.

The ISTI staff members, with skills in data analysis, computer and management information systems, and French and Spanish language ability, have taken the lead in some of the discretionary special studies specified in the contract. Additionally, the ISTI staff have primary responsibility for the implementation of the Bogota and Morocco centers and the country-specific logistics profiles.

The PATH/PIACT staff member is one of the two family planning logistics advisors who deals with Anglophone Africa, with additional involvement in Pakistan. PATH also provides

expertise in contraceptive commodity quality assurance issues to FPLM. Staff from PATH's Seattle headquarters have helped FPLM to determine the quality of contraceptive products in the field and at A.I.D.'s warehousing facilities. In 1988, PATH established a low-cost, practical testing laboratory in Guatemala for assessment of condom quality. While PATH outfitted this facility, PATH staff working through FPLM took care of logistical and training needs associated with its creation.

The PROFAMILIA contract, signed in September, 1987, and funded through a buy-in from the Bureau for Latin America and the Caribbean (LAC), provides for the creation of the Regional Technical Assistance/Training Center in Bogota. Cost savings already are becoming apparent due to the significant reduction in time spent traveling between countries plus reduced per diem and overhead costs.

5.4 Internal Management of Resources

As of September, 1988, 78.5 percent of the allowable funds of \$11,998,709 had been obligated. This rate of commitment is higher than originally anticipated. Expenditures, however, initially proceeded at a slower rate than planned: at the end of FY88, 29 percent of project funds had been spent, whereas it was anticipated that expenditures would have reached the 38 percent mark at that point (see Appendix I). This underspending was mainly due to the delay in implementation of AAPC's full range of warehousing activities, and with these fully underway, spending should soon be at the rate originally anticipated.

At the same time, buy-in activity is effectively lowering the contract ceiling, as total project activity cannot exceed the nearly \$12 million budget. As each buy-in means the addition of a new line-item budget category, and each is for a fixed dollar amount, other line-items (with the exception of other buy-ins) are lowered across the board to make room.

To date, four buy-ins have been approved and implemented: two for two consecutive years of intensive field level activity in Bangladesh, and two to establish the regional training and TA center in Colombia. Both utilize annual, incremental funding. Fifth and sixth buy-ins--one for the regional training center in Morocco and the other for TA in Kenya--are awaiting final approval. These localized activities, representing about \$3-4 million dollars worth of activity for the remainder of the project, will accelerate the rate at which FPLM approaches its contractual ceiling. Even ruling out further buy-ins, it is evident that FPLM, under its current terms, will not be able to continue activities for the full five-year term. A follow-on project will need to be bid sooner than originally anticipated. FPLM is currently estimating when funds are expected to be exhausted. Interest in buying into the project has been expressed by several other Missions, but these have had to be delayed until a subsequent project is underway.

JSI has done a good job in husbanding project resources. New intermediate positions are filled by staff who are promoted from within. Overhead costs are controlled by the sharing of office space (there are two staff members to all offices) and of PCs and laptops. Additionally, some JSI staff are shared by all projects operating in Arlington.

5.5 Relations with CPSD

FPLM and CPSD staff communicate on a regular basis, typically several times a day. This communication is on a very informal basis. No regular formalized quarterly meetings are held and discussion tends to focus on short-term problems rather than longer-term strategy issues. All parties agreed that working relations were good, and that they have improved over the life of the project.

5.5.1 Issues

Several personnel changes have occurred during the project which have affected the CPSD-FPLM relationship. The departure of CPSD's commodities manager in the midst of the central systems analysis led to the creation of NEWVERN. The incumbent Division chief also changed last year and other persons with project responsibilities have come and gone, thus affecting continuity and causing FPLM staff to devote additional time to orientation of new staff members to project activities. Though not always major, these external influences have had a modest negative impact on project productivity.

Staffing shortages within CPSD (the Division has two fewer persons on staff this year than last) have meant placing greater reliance on FPLM than was initially anticipated. JSI has begun to handle a number of responsibilities, albeit capably, that might be more appropriately handled by the CPSD staff. For example, there are few formal records (memoranda, etc.) originating within CPSD of the decision-making process and delegation of various actions and responsibilities by CPSD to the FPLM project. To compensate, FPLM project managers regularly prepare "Meeting Notes," recapping significant decisions that result from FPLM/CPSD discussions. These are sent to CPSD and other involved parties for corroboration and comment. This reflects both staffing constraints within CPSD and the willingness of FPLM to do what is needed. It could be argued that these notes should, from a managerial perspective, originate in the Office of Population and be verified by FPLM. The end result, however, is the same: The notes constitute an entirely adequate and formalized record and institutional memory of project decision making. In addition, the Division has let project staff take on many of the formal monitoring functions that are normally exercised by the Cognizant Technical Officer (CTO).

With FPLM assuming many basic, normally central functions, CPSD has tended to adopt a reactive role to much of the project activity. In the process, boundaries between the two organizations have become blurred, and, in the words of one staff member, JSI is now perceived as "an omni-capable extension of CPSD."

An issue that deserves attention relates to the handling of communications by CPSD--mail, cables, PIO/Cs, and other information necessary for logistics management. From the beginning of the contract, inter-office routing procedures have been unclear and the relay of information to FPLM unnecessarily slow. Because of this problem, FPLM staff have had difficulty in carrying out some of their most basic tasks. To improve the situation, the project has developed, for use by CPSD staff, a manual that details the procedures necessary to expedite the flow of information to the contractor. As of January, 1989, CPSD had accepted the draft manual in principle and implementation details now are being worked out.

5.6 Relations with CDC

In continuation of a long-standing arrangement with A.I.D., CDC has an agreement with A.I.D. to provide assistance in LDCs in forecasting contraceptive needs and logistics management, and together JSI and CDC have a total of 14 to 16 logistics advisors. Particularly at the start of the project, JSI staff benefited greatly from the agreement that all field TA trips would be made jointly by JSI and CDC staff members. CDC's accumulated experience in this work was extremely helpful to the JSI staff. The team approach continues to have considerable merit as CDC and JSI staff skills tend to be complementary: by drawing on both organizations, each team can have a better mix of language, computer, demographic, training and logistics skills. Although joint travel continues to have merit, it has been recognized that not all assignments require two people, and that, as the project matures, situations will arise wherein one person can do the job alone.

Recommendations

To Be Considered by A.I.D.

17. Efforts should be made to remedy the staff deficiencies in CPSD. Unless this Division is up to full strength, even more responsibility will fall upon FPLM.
18. When the new follow-on project is competed, a sufficiently high ceiling should be established to accommodate more buy-ins and the continuing increase in demand for services.

To Be Considered by FPLM

19. Attention should be directed to the heavy travel schedules of family planning logistics advisors. It should be determined to what extent this is a problem and alternative solutions should be discussed (adding staff, consultants, deputizing other JSI staff to make these trips, etc.).

To Be Considered Jointly by FPLM and A.I.D.

20. Biweekly staff reviews, which worked well in the earlier life of the project, should be reinstated. Additionally, regular, formalized quarterly meetings between FPLM and CPSD (including the division director and the project CTO) should be instituted. Other actors should be invited (representatives from CDC, CAs, subcontractors) as appropriate. The major thrust should be reviewing targets and objectives set by CPSD and FPLM and the progress being made to achieve these goals. When major changes in direction appear warranted, contract amendments should be executed.
21. Efforts should be made to ensure prompt delivery to FPLM of all communications needed for execution of the project's many responsibilities. CPSD should utilize the manual developed by FPLM to expedite the flow of information or should consider using the prototype of a successful operation that is used by the Office of Health's AIDS Division and AIDSTECH, which includes both a system for tracking and distributing cables and mail, and procedures for logging-in and responding to outstanding requests for TA.

6. Overall Conclusions and Principal Recommendations

Overall, this is a highly successful project with an impressive record of performance. Its value, furthermore, is equally acknowledged by central, Mission, and host country family planning program managers to be highly positive. With TA being one of the more difficult undertakings A.I.D. provides in an increasingly xenophobic world, to record such unanimity of high regard is exceptional.

No major mid-course corrections or changes in either emphasis or direction are suggested. Similarly, the follow-on project should emerge from the same basic mold, but with consideration given to the observations below.

Two important tasks remain unfinished. The DCIS, intended to track and to be used as a coordinating tool by all major donors of contraceptives, has yet to be established. Preliminary work has started, however, and movement on this can be expected late in CY 1989. The other is the CCMIS. CCMIS presently is operating in Guatemala, and will be installed in Kenya in April, 1989, with multiple additional installations planned for subsequent years.

The Follow-on Project

The follow-on project should address the constraints that threaten funding levels: in particular, if it is decided that additional buy-ins would enhance the project, the ceiling will need to be much higher.

The current project will find that its resources are strained by the time the ceiling is reached, and though staffing has been added, it is not clear that this project growth was anticipated. Building in a reasonable rate of growth for the future would seem a sound planning practice: the enthusiasm with which this project has been received indicates that demand for logistics TA will continue to accelerate. The building-in of an annual rate of project growth, of perhaps 10 to 15 percent, would seem reasonable.

New staff will be needed in all TA areas: training, logistics advising, and MIS. Additionally, at least one FTE will be necessary to assist with the introduction of the CCMIS.

Some consideration should be given to assisting in reducing the complexity of the environment in which FPLM is working. For example, it seems redundant to have GSA perform the role of shipping agent when this function could be managed efficiently with the system that is now in place at FPLM: they need to track the same sort of information as GSA to make decisions about commodities routing and shipment. Practicality would dictate that the involvement of GSA is an unnecessary, intermediate step.

A.I.D. and FPLM should reach a consensus on how to determine country assistance priorities: though TA has not, to date, been denied anyone, this could be anticipated in the future. Some sort of quarterly or annual "acceptance standard ratio" should be developed, with the majority of attention being given to the countries with the greatest "volume" of need, but time to undertake activities in smaller, "less needy" countries being set aside. For example, 70 percent of effort could be devoted to the top 15 countries, and the remainder going towards all others. Participants would continue to be served on a first-come, first-served basis.

FPLM's access to service statistics and program plans and their presence in the field put them in a unique position to view program method mix. Though it would not be desirable to confuse logistics with a service delivery project, there is room, given time and resources, for

logistics staff to make comments about program direction. Field advisors did comment that, when inquiries were made of them regarding the improvement of the available mix, they made appropriate referrals in-country. However, it is our opinion that a more proactive role on the part of logistics staff could be played: if it is noted that certain programs are heavily dependent on particular methods, or inappropriate methods, advisors could direct managers to those resources where help in altering this mix could be obtained. A greater emphasis on appropriate commodities would be desirable in the second project of this nature.

There is currently no project funded by A.I.D. that aims to improve the family planning MIS. Though FPLM is charged with the development of an MIS for logistics purposes, a large gap remains in identifying personnel, training and other information relating to the provision of the commodities that are being tracked. While not suggesting that FPLM address every gap in family planning services, this type of MIS strengthening would seem a logical addition to logistics management in the future.

Principal Recommendations

For Consideration by A.I.D.

- 1.⁶ Seek a basic change in OYB and allotment procedures so that the convoluted financial tracking system imposed upon S&T/POP by A.I.D.'s Financial Management is overhauled. Explore establishment of an imprest fund or a revolving account. Convene a small technical committee with representatives from Procurement, Financial Management, CPSD, and FPLM to come up with solutions.
7. The warehousing function now managed by FPIA should be competed and the systems developed by FPLM and AAPC should be applied to its operation.
17. Efforts should be made to remedy the staffing deficiencies in CPSD. Unless this division is up to full strength, even more responsibility will fall upon FPLM.
18. When the new follow-on project is competed, a sufficiently high ceiling should be established to accommodate more buy-ins and the continuing increase in demand for services.

To Be Considered By FPLM

2. Greater priority should be given to both completing the NEWVERN user manual and to providing training for key CPSD staff. Target dates to accomplish these two essential tasks should be established without delay. A third member of FPLM staff should be trained in the complete operation and maintenance of the NEWVERN system. This is considered essential to avoiding bottlenecks that could occur within any part of NEWVERN should the primary operator be absent.
8. Move with reasonable energy on development of the Donor Contraceptive Information System as time permits, but not as highest priority.
19. Attention should be directed to the heavy travel schedules of family planning logistics advisors. It should be determined to what extent this is a problem and

⁶Numbering corresponds to numbers of footnotes as they appeared in earlier chapters.

alternative solutions should be discussed (adding staff, consultants, deputizing other JSI staff to make these trips, etc.).

For Joint Consideration By A.I.D. and FPLM

9. The rationale for locating a regional logistics center in Asia should be reviewed. There seems little or no justification for such a center, given the lack of common language or suitable location and the maturity of most Asian programs. Countries with the greatest need (i.e., Bangladesh) deserve their own national institution.
10. The feasibility of establishing a regional center to serve English-speaking African countries should be examined. Because family planning programs are rapidly expanding in this area, the need to install sound logistics management would appear essential.
15. Condom testing in the field should be expanded. A.I.D. and WHO should explore opportunities for cooperation in the area of testing. In particular, FPLM could arrange for A.I.D.-provided condoms for family planning and HIV/AIDS prevention to be regularly tested.
21. Efforts should be made to ensure prompt delivery to FPLM of all communication required for performance of its tasks. CPSD should utilize the manual developed by FPLM to expedite the flow of information or should consider using the prototype of a successful operation that is used by the Office of Health's AIDS Division and AIDSTECH which include both a system for tracking and distributing cables and mail and procedures for logging- in and responding to outstanding requests for TA.

For consideration by CDC and FPLM

12. Develop an implementation plan with CDC to speed the introduction of the CCMIS in LDCs.

Appendices

Appendix A
THE ASSIGNMENT

Appendix A

The Assignment

The midterm evaluation was undertaken to assess project progress to date and to provide suggestions for amendments to the project paper prior to rebidding the contract.

The Evaluation Team

The evaluation team consisted of three members, one of whom is a logistics expert. The combined experience of the team includes more than 30 years experience with LDC family planning programs. No team member had prior involvement with the Family Planning Logistics Management Project. The team members were:

Lenni Kangas, Team Leader

Chris Hesling, Logistics and Procurement Specialist

Suzanne Thomas, Research Analyst

Plan of Work

This report is based on information gathered from the following four sets of activities:

A. Interviews with:

1. A.I.D. Office of Population Staff
2. John Snow, Inc. FPLM Project staff, both from Boston headquarters and at the FPLM Project Office in Arlington, Va.
3. Staff from JSI's subcontracted organizations who are committed full-time to the FPLM Project.
4. Centers for Disease Control, Family Planning Logistics Staff in Atlanta, Ga.
5. A.I.D. Population Officers from the Latin American and Caribbean Region (during their February, 1989 retreat in Annapolis, Md.).

(See Attachment 1 for additional details.)

B. Questionnaires sent to:

1. 16 USAID Population Officers (with 15 responses)
2. 47 LDC Family Planning organizations (with 23 responses)

- C. Case studies of the following country logistics activities:
1. Kenya
 2. Peru
- D. Analysis of documents including the contract and its amendments, annual work plans, quarterly reports, country logistics profiles, "red alerts," contraceptive procurement tables, field trip reports and meeting notes.

Modification to the Scope of Work

Minor modifications to the scope of work were made after consultation with CPSD staff to conform more closely to the activities specified in the contract and its amendments.

Also, USAID/Dhaka concluded that, because the JSI resident field staff had been on-site for only four months, an evaluation of their work would be premature. Consequently, the assessment of activities in Bangladesh by Dr. Richard Moore was not undertaken.

Constraints on the Evaluation

The team notes that there were a few, albeit minor, constraints on their work. First, the questionnaire used to obtain data from assisted agencies in LDCs was never translated into French, presenting possible difficulties for respondents in Francophone countries. Additionally, the information gathered from these questionnaires could not be supplemented by field interviews. Lastly, the response rate from host-country family planning organizations, although geographically representative, was low (<50%).

Attachment One

Persons contacted in the course of the evaluation

A.I.D. Office of Population

Sarah Clark
John Crowley
Duff Gillespie
Carl Hemmer
John Paul James
Elizabeth Maguire

A.I.D. Population Officers, LAC Region

John Burdick, USAID/Peru
Rebecca Cohn, USAID/Jamaica
William Goldman, USAID/Ecuador
Bob Halladay, USAID/Honduras
Paul Hartenberger, USAID/Bolivia
Jayne Lyons, USAID/Guatemala
Bonnie del Prado, USAID/Mexico

Centers for Disease Control, Atlanta

Jay Friedman
Jeanne Gilliland
Jack Graves
Tony Hudgens
Tim Johnson
Steve Kinchen
Dick Monteith
Leo Morris
Raul Romaguera

A.I.D. Inspector General Auditors

Carlos Cabrera
Dan Gowan
Bill Sklarski

FPLM Project Staff

Appendix B

**FAMILY PLANNING LOGISTICS MANAGEMENT PROJECT
PERSON DAYS PER COUNTRY VISITED**

Appendix B

Family Planning Logistics Management Project Person Days per Country Visited

<u>Country</u>	<u>FY 1987</u>	<u>FY 1988</u>
AFRICA		
Burkina Fasa	16	
Ghana	14	32
Ivory Coast	3	
Kenya	36	52
Lesotho		9
Malawi		47
Mali		45
Niger	21	
Nigeria	31	41
Senegal	17	
Sierra Leone	7	
Togo	13	
Uganda	12	
Zaire	14	
Zimbabwe	8	52
Total Africa	192	278
ASIA/NEAR EAST		
Bangladesh	26	80
Egypt	34	
India		33
Indonesia	7	77
Morocco	58	61
Nepal	8	
Pakistan	11	4
Thailand	14	14
Tunisia		26
Turkey	13	
Total ANE	171	295

<u>Country</u>	<u>FY 1987</u>	<u>FY 1988</u>
LATIN AMERICA/CARIBBEAN		
Bolivia		15
Brazil		42
Colombia	14	27
Costa Rica		4
Ecuador		7
Guatemala	16	19
Haiti	12	
Honduras	13	28
Jamaica	6	
Mexico		28
Peru	60	37
Total LAC:	121	207
Percent Time by Region:		
Africa:	40%	36%
ANE:	35%	38%
LAC:	25%	26%

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Appendix C

SUMMARY STATUS OF COUNTRY LOGISTICS PROFILES

Appendix C

Summary Status of Country Logistics Profiles

The Country Logistics Profiles Database is programmed in Progress.
As of today it contains information on the following topics:

1. **Demographic Data** for a total of 97 countries: This file contains information on basic demographic indicators such as birth rate, death rate, total population, population to the year 2000, population double time, rate of natural increase, gross national product, population density, and contraceptive method mix among other indicators. Data for this section of the program is being revised and updated on the ongoing basis.
2. **Family Planning Projections**: For approximately 45 countries, containing projections of contraceptive needs, and projections for the number of women of reproductive age using contraception, by method, for the years 1985 to 2000.
3. **Shipping Information**: This section contains basic shipping information for a specific country. To date data has been collected for approximately 25 countries, including information on countries' seaports, airports, consignee, carriers, registry flag, sailing frequency, time of transit, routing, and freight rates among others.
4. **Agency Information**: This section of the database contains information on country agencies, such as agency name, address, telephone numbers, fax numbers, telex, names of directors and logistics managers, AID contraceptives handled and received by the specific agency, and description of their computer hardware and software capabilities. Today this information has been collected for approximately 25 countries.
5. **Logistics Summary**: This section of the program contains a brief description of the logistics situation in a country, the country's general policies towards family planning, number of clinics and distribution posts, state of warehouse and transportation capabilities of institutions. This information has been collected for approximately 45 countries.

For several of these areas programming has been completed, for others programming is underway.

Reports can be generated containing all or only specified information for specific areas of the database, for all countries, or for a specified country.

The four basic sources of demographic information are:

1. The Bureau of the Census
2. United Nations Department of International Economics and Social Affairs
3. The Population Reference Bureau
4. The World Bank Development Reports

Sources for the Family Planning Projections include:

1. The Bureau of the Census for Women of Reproductive Age
2. Contraceptive Prevalence Surveys for other input data.

Sources for Shipping and Logistics Summaries:

1. CDC and FPLM trip reports

Information on Agencies is being collected by field personnel.

Appendix D
CASE STUDIES

Appendix D

Case Studies

ASSISTANCE TO KENYA

In Kenya, FPLM, CDC, and ESAMI are providing technical services to the Division of Family Health (DFH), Ministry of Health. These services include both longer-term efforts to develop the DFH's in-country contraceptive distribution and commodity management systems, and specific assistance in preparing short-term requirements forecasts.

The longer term developmental effort focuses on design and implementation of an improved family planning logistics Management Information System, along with modifications to the contraceptive distribution system at and below the district level. The new MIS design was finalized in February and March, 1988, at a workshop in Nairobi sponsored jointly by the DFH, FPLM, CDC, and ESAMI. FPLM provided funding for this workshop. FPLM, CDC, and ESAMI provided technical assistance in curriculum design and workshop implementation to a core team of DFH staff who are responsible for this development effort. The workshop was attended by central and district level staff of DFH, along with participants from the various NGO's which also provide family planning services in Kenya, representatives of USAID, and other donor agencies.

Participants at the workshop reviewed the existing DFH logistics management and MIS systems, and designed a new reporting system which retained those forms which were deemed useful from the old system. Two new forms were developed: a single register book for use at the local level which records service activities and contraceptives distributed, and a standard quarterly reporting format to be used at all levels of the system. The new register replaces multiple recording formats at the local level, thus making the new system easier to use than the old. The quarterly report is simple to complete, and contains all data required for logistics management and most of the data required for management of other aspects of the service delivery system.

In addition, participants recommended a change in the commodity distribution system between the district and service delivery levels. They suggested that a regular replenishment, or "bread truck" system be implemented, in which supervisory staff from the district would visit each service site quarterly to provide supplies, help local staff complete required reporting forms, remove any expired or damaged products, and complete other supervisory functions as required. District-level staff who attended the workshop felt that this new distribution system could be implemented within the limitations of available staff and transportation resources.

Finally, the participants developed an implementation plan for pilot testing of the new MIS, as well as plans for a nationwide physical inventory to be completed as a prerequisite for commodity requests to USAID and other donors. All of this was documented in the "Kenya Ministry of Health, Division of Family Health, MCH/FP Logistics Management Systems Development Plan of Action."

The national physical inventory was subsequently completed by DFH with assistance from ESAMI. FPLM and ESAMI staff provided specific technical assistance in preparation of CPT's for all required contraceptive products, both during the February/March 1988 visit, and again in

October/November, 1988. These CPT's were verified using CPTEST1, and found to be reasonable, and orders were placed for USAID-supplied products directly with CPSD by USAID/Kenya.

FPLM facilitated communications among the DFH, USAID/Kenya, and AID/Washington regarding the requested shipments. During a follow-up visit in August/September, 1988, FPLM staff were able to locate a shipment of some 3,000,000 52mm colored Sultans which had not been cleared from customs in Mombasa because shipping documents had not been provided to DFH and USAID/Kenya. These commodities had been transshipped enroute, and information on arrival date, vessel, and so forth was incorrect. FPLM/Washington staff were able to locate the container number for this shipment, which allowed the DFH in Kenya to locate it, thus preventing an additional delay and further demurrage charges.

In August/September, 1988, FPLM, CDC, and ESAMI staff assisted the DFH staff to finalize the design of the new MIS and distribution systems. ESAMI, with technical support from FPLM in October/November, held some fourteen district level training courses in pilot districts during the October-December, 1988 time period. Pilot implementation of the new system began immediately, and data from the new system are now being collected and processed manually.

The next step is automation of the new MIS, which is scheduled to begin in April, 1989. The generic CCMIS, which was designed jointly by FPLM and CDC, and programmed by CDC staff, will be used for this purpose; this automated system is now being tested in Guatemala by CDC. FPLM, CDC and ESAMI will help DFH staff prepare a plan for country-wide implementation once the pilot project is completed.

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ASSISTANCE TO PERU

FPLM has provided technical services to all Peruvian family planning agencies and to USAID/Peru since December, 1986. In addition to the normal field efforts in forecasting, information systems, training, and physical inventories; this assistance has included assistance to USAID/Peru in developing its general population strategy, in planning and implementation of the First Latin American Family Planning Congress, and in mediation of inter-institutional disputes over the roles of particular host country organizations in contraceptive distribution.

Between 1984 and 1986, amounts of contraceptives requested and shipped to Peru were substantially in excess of the quantities which the public and private family planning programs were able to deliver. In consequence, commodities at both MOH and Social Security warehouses expired before they could be consumed. FPLM's initial involvement was assistance to USAID/Peru and the host country agencies in preparation of more realistic estimates of needs; these recommendations were followed, and additional excessive shipments were avoided.

One year later, USAID required an inventory of contraceptives in the MOH as a precondition to consideration of the annual resupply request. With FPLM assistance, the inventory was conducted, and stocks of 1.9 million condoms, one million cycles of orals, and 100,000 IUD's were found. Approximately one-third of these amounts had expired.

A new inventory was conducted with FPLM assistance in November/December, 1988. During this visit, FPLM advisors assisted the MOH in reconstructing the accounting of contraceptives distributed from the central warehouse to regional warehouses for the period 1985-1988. Data from this exercise were used to show that charges of arbitrary, careless distribution were incorrect.

The Peruvian Institute of Responsible Parenthood (INPPARES), the IPPF affiliate, had developed an MIS to monitor contraceptive distribution. Hardware limitations prevented them from expanding and improving this system. FPLM provided INPPARES with a new microcomputer, along with technical assistance in MIS development. INPPARES is now providing similar assistance to the MOH.

Several visits were required to assist the various organizations in developing a general plan for contraceptive logistics system improvement. Implementation of the plan has been delayed by frequent changes of top managers at the MOH and the Social Security Institute, by a change in USAID's population strategy, and by abolition of the umbrella project for support of the private sector. FPLM provided advice to USAID in development of a new strategy, and much of this advice is reflected in the current approach, which aims to avoid fragmentation of the private sector; to centralize contraceptive warehousing, distribution, and monitoring in the host country organization with the most experience and motivation; to de-emphasize urban CBD programs and to emphasize surgical contraception; to set more ambitious service targets; and to concentrate in a small number of high productivity clinics based in larger hospitals to simplify administration and logistics.

FPLM has also participated in training activities in Peru, including a two week logistics seminar organized by SPF and sponsored by Development Associates with assistance from FPLM and CDC; a one day seminar on Contraceptive Commodities Monitoring Systems; and the week long Latin American Family Planning Congress. An in-country logistics seminar has been requested by the

MOH for 24 state family planning coordinators as a part of the comprehensive plan for improvement of the MOH logistics system.

At this writing, a new FPLM visit has been requested by INPPARES to review the overall development plan and to renegotiate the participation and roles of all Peruvian organizations in further development of the in-country distribution system.

Appendix E
SUMMARY OF QUESTIONNAIRES

Appendix E

Summary of responses to questionnaires sent to major family planning programs

- 1) Has your organization received any assistance from the JSI logistics management staff during the last two years?

Yes	No	Don't know
21	2	0

- 2) Did the JSI logistics management project provide assistance in the estimation of you organization's contraceptive requirements?

Yes	No	Don't know
20	3	0

- 3) If you answered yes to 2, do you feel that these estimates accurately reflect your organization's needs?

Yes	No	N/A	No response
19	1	2	1

- 4) Has this project provided assistance in the analysis of the management/organizational structure of the FP logistics system of your organization?

Yes	No	Don't know
15	8	0

- 5) How would you rate the quality of the assistance provided by this project in the analysis of the structure of the FP logistics system of your organization?

Excel	Good	Avg	Poor	Unacceptable	N/A
4	11	0	0	1*	7

**Conclusions and suggestions were generalized and did not differentiate the characteristics and conditions of the administration and services offered by the Institute from those offered by other national institutions.*

- 6) Has your organization participated in regional or in-country workshops on FP logistics systems design and management sponsored by this project?

Yes	No	Don't know
17	6	0

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7) If you answered yes to six, how would you assess the quality and appropriateness of such workshops to the logistics needs of your organization?

Excel	Good	Avg	Poor	Unacceptable	N/A
3	12	2	0	0	6

8) Has this project been effective in designing simplified FP service statistics and logistic reporting systems?

Yes	No	Don't know	No asst.	No response
12	3	6	1	1

9) If you answered yes to eight, how would you rate the usefulness of this activity?

Very	Moderately	Marginally	Not	Don't know	N/A	No response
11	1	0	0	2	3	2

10) Did the JSI logistics staff provide assistance in conducting physical inventories of contraceptives in various warehouses?

Yes	No	Don't know
17	6	0

11) If you answered yes to ten, how would you rate the usefulness of this activity?

Very	Moderately	Marginally	Not	Don't know	N/A	No response
13	3	1	0	1	3	2

12) Has this project provided assistance in identifying legal, political or administrative constraints which affect the reliable flow of contraceptives?

Yes	No	Don't know
6*	16	1

**Assistance in the quality of the information and evaluation systems/ General information/ Administrative/ Administrative constraints/ Contraceptive procurement policy*

13) Has this project provided assistance in determining if the quality of your organization's current contraceptive inventory is in accordance with accepted industry standards?

Yes	No	If no, why not:
13	10*	

**No JSI assistance/ Because we suppose that you consider them adequate/ Am not sure/ Would be very useful/ This assistance is in the planning stages/ There is already system established for other products, among which contraceptive materials and products are included/ No opportunity yet, but this would be of great use*

- 14) What is your overall assessment of the quality, consistency and timeliness of the TA provided by this project?

Excel	Good	Avg	Poor	Unacceptable	N/A	No response
6	11	0	1	0	1	4

- 15) What other types of TA have been provided to your organization by this project?

Project planning and current project administration/ Planned study examining the establishment of a commodities importation firm. Also a study to examine levels of supply and demand/Financial assistance. Educational materials on FP, etc./Installation of CCMIS; plan for training of trainers in max/min inventory control and refresher logistics training; forecasting by sampling methods/Ordering and procurement of contraceptives from the manufacturers to the consumers; development of timetables or receiving commodities in phases rather than bulk/Development of FP logistics guidelines manuals; determination of storage adequacy and conditions; training workshops for supplies management personnel/They helped me learn about other similar FP projects in-country. Unfortunately, I was unable to travel in order to gain first hand knowledge/We have not received direct technical assistance, but have only had an evaluation and then participated in a regional workshop.

- SK -

Summary of questionnaires sent to USAID Missions

A. Questionnaire on support to USAID Missions

1) During the past two years has the staff at the John Snow, Inc. (JSI) Logistics Management Project provided any assistance to the mission?

Yes	No
15	0

2) If yes, in what areas have they provided assistance to the mission?

Shipment		Asst. in drafting	
CPT prep	schedule prep	logistics components	Other,
12	12	of PPs, PIDs, etc	please specify
		4	9*

**Streamlined reporting system/"Target" model and projection assistance/logistic management review and training/historical logistics analysis/MOH systems development/MOH assessment/regional training center development/FP service statistics review/determined status of social marketing project*

3) For each area where assistance to the Mission was provided, how would you rate the quality of the service?

a) Preparing CPTs	Excellent	9
	Good	1
	Average	1
	Poor	0
	Unacceptable	1
	No assistance	3
b) Preparing timetables for shipping contraceptives	Excellent	7
	Good	1
	Average	1
	Poor	0
	Unacceptable	1
	No assistance	5
c) Drafting logistics components of PPs, PIDs, etc.	Excellent	4
	Good	0
	Average	0
	Poor	0
	Unacceptable	0
	No assistance	11

- d) Other assistance activities, please specify areas
- | | |
|--------------|---|
| Excellent | 7 |
| Good | 2 |
| Average | 0 |
| Poor | 0 |
| Unacceptable | 4 |
| No rating | 2 |
- 4) How would you rate the responsiveness of JSI's logistics staff to the needs of the Mission?
- | | |
|----------------|----|
| Excellent | 12 |
| Good | 0 |
| Average | 1 |
| Poor | 0 |
| Unacceptable | 1 |
| Not applicable | 1 |
- 5) In your view, has the JSI logistics management staff spent sufficient time in-country providing assistance needed by the Mission?
- | | |
|-----|--|
| Yes | No (<i>Comment: though staff accomplished everything, worked too hard</i>) |
| 11 | 4 |
- 6) In addition to preparing CPT's, timetables for contraceptive shipments, and assistance to FP organizations, are there other activities that you want to see undertaken by this project?
- | | | |
|-----|----|-------------|
| Yes | No | No response |
| 7 | 6 | 2 |
- 7) Have S&T/POP/CPSD and JSI logistics staff kept the Mission adequately informed about project activities and issues arising from assistance work in country (e.g. advising Mission staff of pending stockouts/ overstocking of products; briefing Mission on outcomes of work; etc.)?
- | | | |
|-----|----|-----|
| Yes | No | N/A |
| 12 | 1 | 2 |

B. Questionnaire on assistance to MOHs and local FP organizations.

- 1) What type of TA or training activities in FP logistics management have been undertaken in your country by the JSI logistics staff?
- | | | | |
|------|--|--------------------------------|-------|
| None | Assist. in the design &/or eval. of FP logistics systems | In-Country logistics workshops | Other |
| 1 | 13 | 8 | 3 |

2)	How would you rate the quality of the TA provided to the local FP organization(s) and/or MOH by the JSI logistics staff?	Excellent Good Average Poor Unacceptable No asst. No response	10 0 1 0 0 3 1
3)	How would you rate the logistics management training provided to the MOH and/or the local FP organizations by the JSI logistics staff?	Excellent Good Average Poor Unacceptable No asst. No response	8 1 0 0 0 5 1
4)	How would you rate the responsiveness of the TA and training activities of the JSI logistics staff to the logistics needs of the MOH and/or local FP organization(s)?	Excellent Good Average Poor Unacceptable No asst. No response	9 2 1 0 0 2 1
5)	Do you feel that JSI logistics staff is spending enough time in-country providing TA and training?	Yes No N/A	10 2 3
6)	Do you feel that the current focus of the TA and training activities of the project meet priority logistics needs of the participating logistics needs of the participating FP organizations?	Yes No No response	12 2 1
7)	Have you used any other sources of TA for FP logistics management over the past two years? <i>* 6 CDC, 2 ESAMI, 2 FPLA, 1 Pathfinder</i>	Yes, who No	8* 7
8)	How well has HSI logistics staff coordinated with other CA's and existing technical support projects within your country?	Very well Average Very little Don't know N/A	9 2 1 2 1
9)	To your knowledge, has the project provided assistance in obtaining information on imports, manufacturing, and sales of contraceptives in the commercial sector?	Yes No Don't know No response	6 6 2 1

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- 10) Please provide additional comments and/or observations that you feel would strengthen the current project, or that should be included in any subsequent follow-on project.

It is likely that USAID will include support for FPLM or follow in new bilateral FP project./Consultant has worked closely with primary actors-has turned them around [for the better] as far as planning, reporting, etc. Made it scientific./Developing country-wide procurement needs -including private sector./TA provided under resent project should continue to consolidate in-country capacity in commodities logistic management./Project has relieved CPSD of very important task that they weren't doing very well. In the past, no matter how well pop officers planned, they couldn't follow through./Assistance to the MOH has been at the discussion level - good rapport established. JSI has done fine for what they've been asked to do. When USAID gets a new project, JSI will be asked to do more./USAID very pleased with JSI's competence, thoroughness and professionalism./FPLM staff have done an excellent job in providing timely and high quality FP logistic management assistance to USAID and host country counterparts. Fortunately, consultants have in most cases left draft consultancy reports and or summaries prior to their departure, since receipt of final reports has been plagued by long delays and serves as the only area of mission disappointment with contractor performance./Mission is concerned about problems with existing commodities management systems and procurement procedures. for several months, we have been out of stock on some commodities. We believe that long distance needs assessment is not a particularly effective method of control. We have initiated discussions with FHS contractors and have also requested the assistance of REDSO/WCA commodities specialists to rectify problems/Mission has received complaints about JSI from three national organizations. They are not pleased with the quality of TA.

Appendix F

**SPECIAL STUDIES UNDERTAKEN BY THE
FAMILY PLANNING LOGISTICS MANAGEMENT PROJECT:
DATA ANALYSIS**

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Appendix F

Special Studies Undertaken by the Family Planning Logistics Management Project: Data Analysis

Forecasting of Contraceptive Needs

Country projections with the Target Setting Model (Periodically updated)

Mini-target: A Lotus model to make family planning projections with limited data.

Manpower: A Lotus model which inputs the results of Mini-target and produces an estimation of medical time needed to provide contraceptive services to a country, according to the health infrastructure.

Attrition Model: A lotus model which calculates continuous users utilizing data on new users, continuation rates and use effectiveness rates.

CPT Validation

CPTTEST 1: Test to validate a set of CPTs for a country by comparing the contraceptive prevalence by the use of the amount of requested contraceptives with the Maximum Market for Modern Reversible Methods.

CPTTEST 2: Test to assess the coherence of contraceptive forecasting for one year with forecasting for preceding years (under development).

CPTTEST 3: Test to validate requested quantities of a specific method in a set of CPTs with the corresponding quantities calculated with the Target Model for the same year, country and agency (under development).

CPTTEST 4: Test to assess the usefulness of CPTs by comparing the quantities recommended for shipment and quantities actually shipped, using shipment history (under development).

Prevalence Growth Patterns and Trends

World Prevalence Rate Database with 290 rates for 75 countries.

World Method Specific Prevalence Rates Database and proportions in the method mix.

Application of techniques to establish weight and height growth patterns for children to the process of growth of contraceptive prevalence.

Analysis of Country Trends by comparison with the patterns. Identification of major deviations from the norm for purposes of program monitoring.

Analysis of Method Trends for 40 priority countries for purposes of future contraceptive method mix forecasting.

Survey Logistics Data

Inventory of Contraceptive Prevalence Surveys

Collection of Contraceptive Prevalence Surveys

Review and compilation of most relevant data for logistics purposes, photocopy and binding

Database of the most relevant data in Lotus

Field Work Priorities

Where do U.S. funded contraceptives go? Analysis of the 20 countries that receive the greatest amounts of contraceptive, in terms of CYPs and in terms of money.

Country priorities: A set of 11 criteria, scales and scores to assess the order of priority of U.S. assisted countries for family planning logistics.

Resource inventory for technical assistance: Quantitative evaluation of FPLM and CDC capacity to provide technical assistance in terms of person-visits and person-days.

Resource Allocation: Lotus model to allocate FPLM and CDC resources for logistics TA according to country priorities.

Country Profiles

Structure of Demographic-Family Planning Database

Data Collection and input

Fertility reduction during the last 25 years: Study of fertility reduction in 100 countries. Trends and differentials, prospective to the year 2000.

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Appendix G
STAFF ROSTER

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Appendix G

Staff Roster

<u>Name</u>	<u>Title</u>	<u>% Effort in FY88</u>
Richard Owens	Project Director	92
Peter Hagan	Deputy Director	100
Bill Felling	Sr. Systems Analyst	83
Edward Wilson	Systems Analyst	99
Mario Jaramillo (ISTI)	FP Logistics Advisor	100
Michel Descouens (ISTI)	FP Logistics Advisor	100
Brice Atkinson (PATH)	FP Logistics Advisor	100
Howard Springsteen	FP Logistics Advisor	100
Peter Halpert	FP Logistics Advisor	100
Jesse Brandt	FP Logistics Advisor Bangladesh	100
Nora Quesada	FP Logistics Advisor Colombia	100
Camilo Salomon	FP Logistics Advisor/ Colombia	100
Angel Feliciano	Traffic Manager	100
Barbara Felling	Training Advisor	98
Shyam Lama Bangladesh	Training Advisor	100
Bikram Rana	Program Administrator	100
Susan Klein	PPD Database Manager	69
Tony Silbert	PPD Database Assistant	87
Maurcen Comfort	NEWVERN Database Manager	100

Elise Levin	Research Associate	100
Luigi Jaramillo (ISTI)	Research Associate	100
Thu Bui	Staff Associate	100
Sherri Merrill	Staff Associate	100

Appendix H

**FAMILY PLANNING LOGISTICS MANAGEMENT PROJECT
COUNTRY MONITORS**

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Appendix H

Family Planning Logistics Management Project Country Monitors

<u>Africa</u>	<u>Primary Monitor</u>	<u>Secondary Monitor</u>
Burkina Faso	Peter	Michel
Burundi	Michel	Edward
Ghana	Barbara	Peter
Kenya	Howard	Rich
Lesotho	Brice	Pete
Madagascar	Michel	Edward
Malawi	Brice	Angel
Mali	Elise	Michel
Niger	Michel	Peter
Nigeria	Brice	Rich
Rwanda	Michel	Edward
Senegal	Peter	Michel
Sierra Leone	Brice	Elise
Sudan	Brice	Pete
Tanzania	Howard	Barbara
Tunisia	Michel	Edward
Toto	Michel	Peter
Uganda	Brice	Elise
Zaire	Michel	Peter
Zambia	Barbara	Pete
Zimbabwe	Peter	Brice

Asia/Near East

Bangladesh	Maureen	Howard
Egypt	Howard	Edward
India	Barbara	Pete
Indonesia	Peter	Rich
Morocco	Michel	Edward
Nepal	Howard	Barbara
Pakistan	Brice	Howard
Philippines	Peter	Mario
Thailand	Rich	Howard
Turkey	Howard	Peter

Latin America/Caribbean

Bolivia	Luigi	Mario
Brazil	Luigi	Mario
Chile	Mario	Luigi
Colombia	Barbara	Mario
Costa Rica	Luigi	Mario
Dominican Republic	Mario	Luigi
Ecuador	Luigi	Mario
El Salvador	Pete	Angel
Guatemala	Mario	Brice
Haiti	Peter	Michel
Honduras	Mario	Luigi
Jamaica	Brice	Howard
Mexico	Mario	Angel
OECS	Rich	Elise
Peru	Mario	Michel

Appendix I

**RATE OF EXPENDITURES FOR
FY87 AND FY88**

Appendix I

Rate of Expenditures for FY87 and FY88

	<u>Planned</u>	<u>Actual</u>	<u>Budgeted Total</u>	<u>Expended Actual/Planned</u>	
Salaries	621,850	744,600	1,649,578	45	(37)
Overhead	435,295	521,219	1,154,702	45	(38)
Consultants	52,000	30,892	130,000	24	(40)
Travel & Transportation	573,037	377,259	1,544,580	24	(37)
Logistics Workshops	147,600	39,794	397,845	10	(37)
Computers/Office Equipment	113,260	234,644	216,080	109	(52)
Other Direct	169,254	315,427	455,552	69	(37)
Subcontractors					
AAPC	1,363,014	191,168	3,670,741	5.2	(37)
ISTI	483,945	384,508	1,276,500	30	(38)
PIACT	254,963	305,484	687,234	44	(37)
PROFAMILIA	0	119,128	0		N/A
LDC: Inventory	61,500	0	165,900	0	(37)
Fixed Fee	<u>246,000</u>	<u>177,535</u>	<u>650,000</u>	27	(38)
Grand Total	4,521,718	3,441,657	11,998,709	29	(38)

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Appendix J
LIST OF DOCUMENTS

Appendix J

List of Documents

In the course of this evaluation, the team reviewed the following:

1. JSI/CDC trip reports
2. The FPLM Project Paper
3. The FPLM contract and its amendments
4. JSI meeting notes and other files
5. FPLM annual workplans
6. JSI and CDC progress reports



Population Technical Assistance Project

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