



USAID | **DELIVER PROJECT**
FROM THE AMERICAN PEOPLE

TASK ORDER I SEMI-ANNUAL REPORT

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TASK ORDER I SEMI-ANNUAL REPORT

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USAID | DELIVER PROJECT, Task Order I

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USAID | DELIVER PROJECT

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CONTENTS

- ACRONYMS..... v
- TASK ORDER I SEMI-ANNUAL REPORT 9
 - Performance Objectives and Expected Outputs..... 9
 - Summary of Major Accomplishments 10
 - Project Start up 10
 - Improving Last Mile Delivery 11
 - Innovation and best Practice 13
 - Strengthening Local Capacity 15
 - Strengthening Commodity Security 16
 - Status Towards Sustainability..... 19
 - Global Advocacy and Collaboration 19
 - Procurement 20
 - Management Information System..... 21
 - Planned Performance Objectives for the Next Period 22
 - Outstanding Issues and Constraints..... 23
 - Administration and Finance..... 23
- APPENDIX
 - Communications Demand..... 25

ACRONYMS

AED	Academy for Educational Development
AIDS	acquired immunodeficiency syndrome
AIM	AIDS/HIV Integrated Model District Program (USAID-funded)
ARV	antiretroviral
BPS	Business Process Study
CAC	Crown Agents Consultancy, Inc.
CCP	Central Contraceptive Procurement (USAID/CLM)
CESAG	<i>Centre Africain d'Etudes Superieures en Gestion</i>
CIB	Coordinated Informed Buying
CMAM (in Portuguese)	Center for Medicines and Medical Supplies unit of the Ministry of Health
CMS	Central Medical Stores
CPR	contraceptive prevalence rate
CPTs	contraceptive procurement table
CS	contraceptive security
CSL	Commodities Security and Logistics Division (USAID)
CY	calendar year
DFID	Department for International Development (UK)
DTTU	Delivery Team Topping UP
EDI	Electronic Data Interchange
EMGs	Ethiopian Millennium Goals
EPI	Expanded Programme on Immunization (including UNICEF and WHO)
ERP	Enterprise resource planning)
FHD	Family Health Department (Ethiopia)
FHI	Family Health International
FMOH	Federal Ministry of Health
FP	family planning
FY	fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOB	Government of Bangladesh
HIV	human immunodeficiency virus
HPN	Health, Population and Nutrition Program (Bangladesh)

HR	human resources
HSDs	health sub-districts
IPPF	International Planned Parenthood Federation
IQC	Indefinite Quantity Contract
IST	International Science and Technology Institute
IUDs	intrauterine device
JSI	John Snow, Inc.
KfW	<i>Kreditanstalt für Wiederaufbau</i> (German funding agency for international development)
LAC	Latin America and the Caribbean
LIAT	Logistics Indicators Assessment Tool
LMIS	logistics management information system
LMU	logistics management unit
LSAT	Logistics System Assessment Tool
LSO	Logistics Support Officer
M&E	monitoring and evaluation
MIS	management information system
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
MOU	Memorandum of Understanding
MSD	medical stores department
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NEWVERN	USAID automated ordering, processing, and financial tracking system
NGOs	nongovernmental organization
PATH	Program for Appropriate Technology in Health
PLMP	Pharmaceutical Logistics Master Plan
PMT	Project Management Team
PSCMS	Partnership for Supply Chain Management System
PSI	Population Services International
PSM	Procurement and Supply Management (plan of the Global Fund)
RFP	Request for Proposal
RH	reproductive health
RHB	Regional Health Bureau
RHSC	Reproductive Health Supplies Coalition

RL	Ready Lessons
SCM	supply chain management
SCMS	Supply Chain Management Systems
SDP	service delivery point
SIGM (in Portuguese)	Integrated Medicines Logistics Management Information System
SOPs	standard operating procedure
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STTA	short-term technical assistance
TDFA	TDFA - Tanzania Food and Drug Authority
TOI	Task Order I
TOC	Technical Oversight Committee
TOTs	train-the-trainers
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
VLDP	Virtual Leadership Development Program
WAHO	West Africa Health Organisation
WHO	World Health Organization
ZNFPC	Zimbabwe National Family Planning Council

TASK ORDER I

SEMI-ANNUAL REPORT

The first USAID | DELIVER PROJECT semi-annual report covers both the Indefinite Quantity Contract (IQC) and Task Order I (TOI). Future semi-annual reports will be prepared separately for each task order, and will include a shorter summary for the IQC. This report covers October 2006 to March 2007 and is limited to TOI activities, with the exception of some activities completed with DELIVER funding.

PERFORMANCE OBJECTIVES AND EXPECTED OUTPUTS

The overall performance objective of the Year I TOI work plan is to launch the USAID | DELIVER PROJECT and transition to new roles in countries, the new management information system (MIS), and procurement, while meeting the project mandate of strengthening country logistics systems and global and regional collaboration for commodity security. Specific TOI performance objectives for Year I defined in the work plan include—

1. Strengthen in-country logistics systems for contraceptives and integrated health commodities, and establish an early warning system for wider product availability.
2. Define the new performance indicators, identify regional training institutions, communicate supply chain innovations, and develop product-specific logistics tools.
3. Provide support to the Reproductive Health Supplies Coalition (RHSC) and other global partners to mobilize additional funds for contraceptives and reproductive health (RH) commodities.
4. Transition to the new procurement role and complete initial procurement actions.
5. Establish and operationalize the new ORION-based MIS system, and design a new knowledge management information system with some initial functionality.

Subsequent discussions with the U.S. Agency for International Development (USAID) identified additional core-funded priorities, including identification and dissemination of supply chain management (SCM) innovations, particularly for last mile delivery, and the identification of increasingly localized and sustained supply chain management (SCM) systems. Expected benchmarks for core-funded work for Year I include—

- DELIVER staff and counterparts informed of new SCM trends and these are reflected in their work.
- In-country teams using new SCM tools.
- SCM performance monitored and improved with increased emphasis on last mile.
- Standard metrics developed for routinely measuring country-level contraceptive security.
- Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) refined and guidelines developed to ensure wider use.
- SCM course held and curriculum modularized.

- Memorandum of Understanding (MOU) signed with regional training institutions and the first SCM short courses presented.
- Monitoring and evaluation (M&E) five-year plan developed.
- Reporting of performance indicators established. Revised M&E tools disseminated.
- Existing website maintained.
- New knowledge management information system (KMIS) designed with input from country and technical teams.
- DELIVER's role supporting the RHSC agreed upon.
- Participation in World Health Organization (WHO) meetings concerned with health commodity logistics to ensure importance of SCM recognized by global partners.
- Additional global funding for contraceptives identified.
- Global partners adopt and used DELIVER's contraceptive security (CS) performance indicators.
- Central Contraceptive Procurement (CCP) tasks executed in a timely and accurate manner.
- Orion MIS operational.
- Procurement actions completed in a timely, transparent manner.
- Procurement performance monitored and corrective actions taken where necessary.

Benchmarks for field-funded activities varied by country but followed common themes, including increased capacity building for seamless supply chains, improved enabling environments, and development of early warning and performance monitoring systems.

SUMMARY OF MAJOR ACCOMPLISHMENTS

The first six months of the USAID | DELIVER PROJECT overlapped with the completion of remaining work under the DELIVER project. It also coincided with considerable uncertainty about budget allocations; introduction of the new USAID operation plan reporting format; and uncertainty about TO2 and TO3, both in terms of size and scope. While, in some cases, these factors contributed to slowing new project launch activities, progress has been made toward Year 1 project benchmarks, as summarized below:

PROJECT START UP

The preparation of core work plans, priorities, and budgets has been completed. USAID budget uncertainty, the need to *right size* the project, and the need to synchronize the fiscal year and core cycles required several iterations. Adjustments to the USAID | DELIVER PROJECT organogram are ongoing as feedback from the Commodities Security and Logistics Division (CSL) has allowed us to adjust the structure originally proposed to meet more closely the management required given the likely future funding levels. As part of this, the field services management structure has been revised, staff roles and responsibilities have been redefined, and the number of staff reduced to give a leaner home office structure while, simultaneously, strengthening day-to-day oversight and management support.

Project offices have been established in 14 countries and Country Directors and senior staff have been recruited. Office and staff sharing arrangements with Supply Chain Management Systems (SCMS) have been put in place to achieve efficiencies in field office costs while strengthening coordination of field activities.

The Procurement and Transition teams were established and are well into their new tasks. They are developing standard operating procedure (SOPs) for procurement and operations as we move to the ORION ERP.

The USAID | DELIVER PROJECT held its official launch March 5–16, 2007, at the Key Bridge Marriott in Arlington, Virginia. More than 150 project staff, partners, and USAID staff, including over 20 staff from field offices, attended the first week of the launch. The launch included a second week of country team meetings and skills building workshops, which were held at the John Snow, Inc. (JSI) offices in Arlington. The launch energized the staff, reinforcing the new themes and new business model based on CSL's vision for the project.

Process improvement analysis has been undertaken for a number of activities, including the STTA resource allocation process, to ensure that it allows a more transparent process for both project and subcontractor staff, including staff in the field. Other processes include the subcontracting work order process, staff personal development, country work plan and strategic evaluation plan preparation, country budgeting, and contraceptive procurement table (CPT) preparation processes.

In conjunction with CSL, the project developed and approved an IQC monitoring and evaluation indicator matrix, including project-wide performance indicators and country-level indicators that will be the basis for IQC performance monitoring and evaluation.

IMPROVING LAST MILE DELIVERY

The USAID | DELIVER PROJECT will be paying particular attention to improving last mile delivery for health commodities. This emphasis existed in some countries under the previous DELIVER contract, i.e. Bangladesh and Zimbabwe, have already included, respectively, supervision and commodity delivery to the service delivery point (SDP). Elsewhere, as in Kenya, Missions funded logistics support only to the district level. The new increased emphasis on last mile will take time to implement as work plans and field resources are adjusted.

BANGLADESH: Given the depleting stock of injectables, a rigorous field-monitoring plan was developed and implemented to ensure availability of stock at the SDP level. On average, each month the field-based Logistics Support Officers (LSOs) visited 10 regional warehouses, 25 upazila stores, and 35 clinics; they held meetings with family planning officers and storekeepers and supply officers in upazila and districts. The visit coverage plans were developed based on the needs identified by reviewing monthly logistics management information system (LMIS) reports and the follow-up visits required because of a crises caused by shortages of injectables.

The LSOs monitor the system to ensure that the last mile delivery works. During this period, the field monitoring visits specifically addressed the supply imbalance situation as the supply of injectables was being depleting due to procurement delays. A careful review of stock at different levels led to products being moved from the district warehouses to the field SDP level.

The inherent problem in the system is that the government stores tend to issue supplies only to their own clinics and SDPs whenever there is a low stock. With LSOs monitoring and following up, it was possible to have the upazila stores also issue injectables to nongovernmental organizations (NGOs) project. The shipments of injectables started coming into the country beginning at the end of January 2007. The monitoring team's plan also included assistance on quick distribution, from the clearing of the shipment to issuing from the stores, to ensure that the supplies reached the SDP level. A total of 28 upazila (sub-district) warehouses were equipped following standard storage guidelines.

Extensive meetings were held with Ministry of Health and Family Welfare (MOHFW) officials and donors to review the pipeline and expedite the procurement process. Assistance was given to the MOHFW in completing the interim plans to avoid longer stockout periods for injectables. Further

assistance to the MOHFW resulted in planning the contraceptive needs and including them in the Government of Bangladesh (GOB) operation plans for allocating resources.

EL SALVADOR, NICARAGUA, PARAGUAY: These countries collect and analyze consumption and stocks on hand data from all SDPs at least on a quarterly basis. Monitoring and supervision visits take place periodically to ensure availability of products at the lowest level of the supply chain. See quarterly reports for specific data.

ETHIOPIA: Anticipating the receipt of approximately \$11.5 million in contraceptives and in response to reported stockouts at health facilities in several regions, the Family Planning Technical Working Group asked its key partners—USAID | DELIVER PROJECT, Pathfinder International, and DKT—to complete a comprehensive stock status assessment. Organized in just a few weeks, these partners performed contraceptive physical counts in all 11 Regional Health Bureau (RHB) warehouses, all zonal warehouses in the five major regions and Addis Ababa, and 65–70 percent of the woreda (district) stores. While this assessment confirmed that products are not moving quickly enough through the pipeline, the data will be extremely useful during the planning process for the distribution/allocation of the PBS contraceptives. In addition, to address the short-term challenge of moving the *currently warehoused* and the newly arriving products out to the health facilities, these partners have agreed to support the Ministry with the planning and completion of a one-time delivery.

Using stock status assessment data, the USAID | DELIVER PROJECT Ethiopia, in collaboration with the Federal Ministry of Health (FMOH)/Family Health Department (FHD), is developing estimates for the cost of transport and storage capacity at regional and, most important, at zone and woreda/district levels. The project is also providing assistance to the RHBs in that area to help them assess their needs. This work will help in advocating at the federal, donor, and regional levels for resource mobilization for transport and storage. The storage capacity estimate will assist with both contraceptive distribution and the implementation of the Pharmaceutical Logistics Master Plan (PLMP). The International Science and Technology Institute (IST) has a budget for warehouse improvement at the zone and woreda levels; information on storage collected by DELIVER will help IST determine budget allocations.

UGANDA: With SCMS and the Ministry of Health (MOH), co-sponsored, organized, and analyzed data from a district-level survey to assess and update the status of medicine management in the districts, which included finance, ordering, logistics, storage, and human resources. A number of issues related to last mile delivery were identified, including—

- There are issues around the communication of budgets (available funds) from districts to health sub-districts (HSDs) and facilities. The information is not made available in time, and this has implications for what can be ordered and at what point in time.
- Facility staff need better support supervision as well as short courses to enable them to cope with new tasks and responsibilities.
- HSDs and facilities often are not informed about the unavailability of products until the order is returned without all of the products ordered.
- Facilities do not always receive their order forms in time to meet the ordering cycle.
- National Medical Stores (NMS) does not always send its delivery schedule to the facilities; also, it sometimes diverts from its disseminated delivery schedule.
- Better follow-up is needed on identified discrepancies between receipt and original orders.

The project conducted joint supervisory visits for family planning/reproductive health (FP/RH) with Save the Children. The focus of the visits was their community-based distribution program. With the Reproductive Health Division and United Nations Population Fund (UNFPA), the project developed a supervision tool for future supervisory visits. With the Uganda Expanded Programme on Immunization

(EPI), they conducted support supervision visits to districts and facilities to follow-up the pilot gas cylinder tracking system, which is ultimately intended to strengthen the cold chain for vaccines.

INNOVATION AND BEST PRACTICE

We summarize below some highlights from core- and field-funded work to introduce innovations to supply chain management and to document best practices.

CORE FUNDED: Several webinars have been organized. Topics include appropriate applications of RFID, new warehouse management systems, and efficient design of transport networks; and presented on 'state of the art' supply chain management practices in the commercial sector. The webinars help keep advisors knowledgeable about these rapidly evolving technical functions.

New project M&E reporting was established in conjunction with USAID/CSL, technical teams, and field offices, including the development of an approved M&E indicator matrix, with a focus on TOI. A TOI quarterly report was developed and piloted for field offices to help them monitor progress toward achieving project indicators. A guide was also developed to standardize the analysis of facilities surveys (Logistics Indicators Assessment Tool [LIAT]). Work has also started on adapting M&E data collection instruments for other products (e.g., malaria in Mozambique), and in collaboration with the SCMS Project. LIAT and Logistics System Assessment Tool (LSAT) tools have been adapted to HIV/AIDS products.

Technical advice on a computerized MIS was provided to USAID and field teams in Zimbabwe, South Africa, and Nepal. Work has started on assessing the applicability of new *off the shelf* inventory management software, such as Fishbowl, some of which have most, if not all, features that country programs need. Finalized and launched "Computerizing Logistics Management Information Systems for HIV Tests, Laboratory Supplies and ARV Drugs: Lessons Learned from Kenya and Uganda." Substantial progress has been made, in conjunction with SCMS, on revising DELIVER's PipeLine software for monitoring procurement plans and product pipeline; version 4 will be released soon.

BANGLADESH: Preparations were made for field testing the web-based LMIS, which will gradually replace paper reporting from the sub-district and regional warehouse levels. The GOB has procured new computers for sub-district and regional stores. The initial introduction of bar coding at the Central Warehouse will begin with the testing phase planned beginning in April 2007. Field monitoring guidelines for LSOs and government counterparts are being developed to ensure best practices. The project assisted the MOHFW in developing policies for the disposal of syringes at the local level. MOHFW now procures only auto-disable syringes that are destroyed and disposed of at the SDP level.

ETHIOPIA: Although still in its infancy, the implementation of the new Pharmaceutical Logistics Master Plan (PLMP) for the public sector aims to introduce many best practices and innovations. In February, the project posted a new Lead Technical Advisor to the PLMP Implementation and Support Team. By July, the team will include 10 professional staff. A few of the *design* best practices within the Master Plan include reducing the pipeline from five to two levels (three for health posts); moving from occasional collection to scheduled delivery; using a distribution system designed on logistics principles rather than administrative boundaries; centralizing procurement to ensure bulk procurement advantages; concentrating logistics capacity to reduce the impact of human resources (HR) turnover; focusing on essential health commodities; and integrating the LMIS.

LATIN AMERICA AND THE CARIBBEAN: Research was conducted for a report on family planning services within the Social Security Institutes in Latin America and the Caribbean (LAC) titled, *Estudios de Caso: La planificación familiar en la Seguridad Social en Latinoamérica: avances en el acceso, cobertura, y financiamiento de los servicios de planificación familiar e insumos anticonceptivos*. The project's LAC contraceptive security (CS) Initiative has refined an indicator-based tool to assess the contraceptive security sustainability in the region. Over the next three months, staff will work with contraceptive

security committees and Ministry of Health counterparts to begin collecting data to construct the indicators. The plan is to utilize the tool or guideline to regularly collect data so that counterparts will understand the importance of collecting and using this data for policymaking, as well as to have the tools and knowledge to collect these data. As the tool is implemented in LAC, the hope is that it will become useful for other regions that are addressing issues of contraceptive security.

MALAWI: The project team elected to use a modified version of Supply Chain Manager for its National Stock Status Database; development and implementation activities will begin in the next period. Warehouse Management System software will be customized for use in warehouses. Working with the management consulting firm contracted by the Central Medical Stores (CMS) (GLOCOMS)—the USAID | DELIVER PROJECT plans to contribute technical and financial assistance to this process.

MOZAMBIQUE: The final version of the Integrated Medicines Logistics Management Information System software (SIGM in Portuguese) was released during the last quarter of DELIVER and is being used by the Center for Medicines and Medical Supplies unit of the Ministry of Health (CMAM in Portuguese). SIGM is a complex software system designed to provide CMAM with improved access to quality logistics management information for Mozambique's public health sector. When rolled out at all sites, SIGM integrates the central-level logistics functions of forecasting, procurement, storage, and distribution with warehouses' stock management information and hospitals' distribution data. The software modules and data captured ensure that a variety of reports can be generated about planning, requisitions, procurement, distribution, and warehousing. SIGM has already been used by CMAM and the central warehouses to streamline the monthly distribution of antiretrovirals (ARVs) and to conduct second- and third-quarter requisition cycles. The software can be used for any healthcare product.

The project was able to implement the SIGN software at the central level and the Maputo provincial warehouse, including CMAM and Medimoc headquarters, two central warehouses in Maputo, and one warehouse in Beira. With support from the Supply Chain Management Systems (SCMS) project, SIGM will be implemented in 10 additional provincial warehouses and three central and general hospitals.

TANZANIA: Work was completed on the development and monitoring of the ILS Web-enabled information database at the MSD. A partnership was established with the ACQUIRE Project to conduct a SPARHCS assessment in Tanzania. The methodology included key informant interviews and, for the first time, focus group discussions to better understand the clients' perspective. With ACQUIRE's support, the assessment also included considerations about long acting and permanent methods. Findings from the assessment were presented at a two-day workshop with local public sector and NGO stakeholders - MOH, MSD, TDFDA, social marketing groups, Ministry of Finance, donors, and others - all the groups are committed to moving contraceptive security forward within their respective organizations.

ZAMBIA: The project facilitated a product selection meeting for HIV tests that resulted in the approval of a new HIV test algorithm for Zambia. The new algorithm includes all non-cold chain products and supports finger prick testing. The Permanent Secretary approved the design of the new logistics systems, including the establishment of a Logistics Management Unit (LMU) at the Medical Stores Limited (MSL).

ZIMBABWE: LMIS TOP-UP software was completed, and is currently undergoing final field testing. The new software will, among other system improvements, track stock loss and adjustment information. Specifically, it captures condoms and contraceptives logistics data from the field. This data recorded on a form called a Delivery and Receipt Voucher, includes the stock on hand, consumption, and losses and adjustments. Warehouse data is also recorded in the software, and includes the 3 data items mentioned above. Reports are generated from the data including by facility, the losses/adjustments, average monthly consumption, stock on hand, stock delivered/removed, ending balance, and the stock level. Reports include a stockout report, a delivery coverage report, an AMC report (graphical), a national stock status report, and a warehouse issues and facilities stock dispensed reconciliation report.

The software has increased accuracy of reporting of the delivery coverage rates by product and provides an accounting system for the national stock status at any given time. Also, computer generated data has improved data accuracy and helped reduce encoding errors. The software also provides a reliable system and a secure database, where users have to logon to access the software. Previously data was recorded in excel.

STRENGTHENING LOCAL CAPACITY

The emphasis on strengthening local capacity works at several levels. In addition to the training of local counterparts, additional emphasis will be on working with local institutions and organizations, including the private and NGO sector, and ensuring that sustained solutions for SCM strengthening are developed.

CORE FUNDED: The Organizational Strengthening team initiated curriculum development for the first two modules of curriculum to be used by regional institutions. Potential regional partner institutions were identified to provide training and technical assistance in supply chain management and commodity security. A Request for Proposal (RFP) has been developed that will be sent to these institutions. In addition, participants were identified and selected and a curriculum prepared for the Supply Chain Management for Commodity Security course to be held in South Africa in April 2007. Work began on surveying DELIVER SCM course alumni and developing a concept paper for Association of Public Health Logisticians to reinforce the sustainability of previous training activities.

Under the auspices of USAID/West Africa, DELIVER held a conference in Ghana, which was attended by representatives from Burkina Faso, Cameroon, Togo, Sierra Leone, Niger, Gambia, Ghana, West Africa Health Organisation (WAHO), CESAG, and the Regional Institute for Public Health, to monitor implementation of CS Strategic Plans and share lessons learned and best practices. DELIVER also conducted a workshop in Bobo-Dioulasso, Burkina Faso, to design the Coordinated Informed Buying (CIB) system, in conjunction with the client countries.

BANGLADESH: Negotiations are underway to establish an internship in supply chain management from Dhaka University for Population Sciences Department graduate course students. A new local Deputy Country Director has been recruited.

EL SALVADOR: A plan to transfer central level responsibilities to regional level staff have started with the training of regional staff in the use of the PipeLine software. Regions will use the methodology to forecast and plan their contraceptive needs. Total needs will be consolidated at central level.

ETHIOPIA: Within the ECLS program, the USAID | DELIVER PROJECT began a new implementation phase, starting with train-the-trainers (TOTs) for an additional 48 local trainers. All the staff members are from the lower levels (zones and woredas) within their regions.

GHANA: The project transitioned smoothly from DELIVER to the USAID | DELIVER PROJECT with only a few changes in the human resources in the office. Ghanaians were recruited to fill three positions, including the Country Director, Finance and Administrative Assistant, and Program Officer. The Program Officer is receiving on-going online training in supply chain management and contraceptive security. Skills and knowledge in forecasting and procurement planning were transferred to the central-level staff of the MOH/GHS and other stakeholders in the distribution of family planning commodities. Provided assistance to the NACP in training 45 commodity managers; 22 managers were given further TOT to initiate and sustain regional-level training. Engaged and transferred skills in forecasting and procurement planning to nine people that represent stakeholders in the distribution of FP commodities during the preparation of the CPTs. Also, reinforced skills in data collection and research methodology as part of the ARV baseline study for the GHS staff who participated in the data collection and for the local JSI team. This activity has strengthened their research and report writing skills.

LAC: In conjunction with Management Sciences for Health (MSH) and the USAID | Health Policy Initiative, project staff have assisted in facilitating a Virtual Leadership Development Program (VLDP) on contraceptive security in LAC. Staff have served as technical advisors, providing written feedback to 12 country teams tasked with developing individual action plans on how to confront different challenges within the scope of contraceptive security in four countries in the region (Dominican Republic, El Salvador, Honduras, and Paraguay). The team's work was done with the CS committees in each of these countries.

MALAWI: DHMT orientation meetings for five zones were held to facilitate effective monitoring and supervision of logistics activities and personnel.

NICARAGUA: The process of integrating essential drugs and contraceptives has been completed in 5 Regions, which included the training of staff in the use of the manual system, thus transferring the skills and responsibilities from the central to the regional levels.

NIGERIA: The project recruited one monitoring and supervision advisor and two monitoring and supervision officers with specific responsibilities to work in the field, similar to the LSO approach in Bangladesh. One of the officers will be based in Bauchi State and the other in Kano State; they will provide on-going supportive supervision to the service delivery sites. Training and copies of the software was provided to 15 DCDPA staff members on PipeLine software.

ZAMBIA: Provided support to the MOH in developing their Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 4 Phase II submission. Conducted a TOT workshop for the HIV test logistics system; 21 of the 22 trainers remain and are preparing to conduct training. ARV trainers conducted 14 competency-based workshops for nearly 300 participants from accredited district and SDP sites. HIV test trainers conducted 14 competency-based workshops for 325 participants from 162 sites in two pilot provinces (Copperbelt and Eastern).

ZIMBABWE: In December 2006, in cooperation with the local Ministry of Health, more than 20 Zimbabwean logisticians, pharmacists, and other health personnel participated in a three-week version of the Supply Chain Logistics course, which was held in Mutare, Zimbabwe.

STRENGTHENING COMMODITY SECURITY

BURKINA FASO: The project assisted with forecasting contraceptive needs for products that UNFPA has agreed to purchase and provide.

EL SALVADOR, NICARAGUA, PARAGUAY: Monthly CS Committee meetings take place, to discuss key issues. Paraguay conducted an analysis of the critical steps followed by MOH to approve the timely disbursement of funds for contraceptive procurement. Nicaragua advocated and got for the first time ever, a portion of the general budget to procure contraceptives in 2007. El Salvador included a budget line item for contraceptives for the first time ever.

ETHIOPIA: Ethiopia's Family Planning Technical Working Group continues to meet monthly to work on family planning program challenges. The annual contraceptive forecast for Ethiopia was initiated in March, with a draft completed for October 2007. Two scenarios have been presented: one *conservative*, based on historical contraceptive prevalence rate (CPR) growth, is considered ambitious but reasonable in terms of achievement and resources to mobilize. The second, based on an extremely ambitious target set by FMOH for the Ethiopian Millennium Goals (EMGs), requires the CPR to more than double in 18 months. The project is helping the FMOH/FHD determine the cost of the logistics for these EMGs targets and determine the forecasted needs. The project also provided a lead technical advisor for IST implementation in Ethiopia, coordinating a wide range of partners to support the implementation of the Master Plan. This is coordinated with FMOH/FHD, through the FP/TWG, as well as HPN Donor Group.

GHANA: The project has provided regular support to the Interagency Coordinating Committee on Contraceptive Security, which included determining country needs for condoms and developing a procurement plan to guide provision of donated condoms by USAID to forestall a shortage for the next 18 months, starting from January 2007. Consumption data was collated and CPTs were prepared in February 2007 (2007–2009). A financial sustainability plan was developed for contraceptive procurement and is currently in its final stages for adoption. Assistance was also given to the Stores, Supplies and Drug Management Division of the GHS to prepare a procurement and supply management plan for essential medicines (October 2006).

The Financial Sustainability Plan for Contraceptive Procurement is in its final stage of development. A meeting to adopt the plan will be held in April 2007. It spells out the strategy for donors to gradually phase out of contraceptive commodity funding and procurement while the Government of Ghana increases its self-financing and procurement of commodities to the maximum required levels by 2011.

For HIV/AIDS commodities, in October 2006, field visits were made to established ART sites that will reinforce learning and practices in logistics management. A review of quantification and procurement plans for ARV and test kits was completed in October 2006. Test kit consumption information was collated and procurement plans were prepared to guide immediate procurement to prevent a shortage in February 2007.

LIBERIA: In January and February 2007, in collaboration with the MOH, the USAID | DELIVER PROJECT prepared CPTs in Liberia. Family planning services are recovering from the war and the number of clients is increasing both for the MOH and the NGOs programs. Depo-Provera is used more than any other method. To avoid stockouts, its consumption needs to be monitored carefully. The MOH has high expectations that donors will provide contraceptives in the desired quantities, but it has not yet communicated its expectations about contraceptive procurement to the donors. Assistance was provided to the MOH in Liberia to assess the contraceptive security situation and develop a draft strategic plan for the country. The draft plan will be reviewed by the RH technical committee and then submitted to the Minister of Health for adoption.

MALAWI: Following continued delays in the Malawian MOH's procurement procedures, and faced with a projected shortage of condoms and other commodities, UNFPA pledged 4 million condoms and USAID pledged 25,000,000 for the next quarter. USAID will also provide enough Depo-Provera to bridge the supply gap triggered by the delayed procurement process.

MOZAMBIQUE: In 2007, the government of Mozambique started funding contraceptives up to \$500,000 with a 2 percent increase in funding each year. USAID and UNFPA are also providing contraceptives and there are no current funding gaps for contraceptives or condoms.

NIGERIA: FMOH, UNFPA, and DELIVER provided support to the central warehouse and the states, including distribution and transportation of commodities to the states and NGOs supported by UNFPA and FMOH. Work also included female condom programming to create demand and promoted use. DCDPA and DELIVER visited the central contraceptive warehouse in March 2007 to do a physical inventory of all contraceptive supplies and issues to states. Once DCDPA gives this information to UNFPA, they will update Country Commodity Manager.

PARAGUAY: Financial sustainability discussions have identified necessary local resources to fund contraceptives and logistics systems improvement from government budget sources.

RWANDA: Some funding commitments resulted from the 2007–2009 quantification and planning workshop, with USAID committing to supply Lo-Femenal, Ovrette, Depo-Provera, and Jadelle through 2007, as well as condoms for 2007–2008 through its social marketing programs; UNFPA had pledged to supply Microgynon, condoms, Depo-Provera, and Jadelle based on estimates from August 2006. *Kreditanstalt für Wiederaufbau* (KfW) promised to furnish Duofem and Depo-Provera for the next two

years. The Government of Rwanda also pledged \$200,000 of its own funds toward purchasing contraceptives. The Government of Rwanda is presently creating a budget line for contraceptives in 2008.

TANZANIA: Advocacy work included coordination efforts with EngenderHealth for forecasting: introduction to EngenderHealth's *Reality Check* quantification model. The CPT and SPARHCS exercises included all stakeholders involved in contraceptive distribution. Besides the MOH, these stakeholders included Marie Stopes, the International Planned Parenthood Federation (IPPF) affiliate, EngenderHealth, Population Services International (PSI), and AED/T-MARC. The project team participated in regular meetings of the National Contraceptive Security Working Group to discuss issues and propose solutions.

UGANDA: With the Uganda EPI program, co-authored a proposal to assess storage capacity for vaccines, dry supplies, and equipment at all levels. Funding is still being sought. The project is currently working closely with the Condom Coordination Unit to prepare a five-year condom forecast and procurement plan.

The Reproductive Health Commodity Security committee met at least twice during this reporting period to review contraceptive forecasts for 2007–2009 and to discuss donor commitments and coordination for the procurement of contraceptives. The project contributed country-specific data to discussions within the Reproductive Health Supplies Coalition on countries that are at risk, with respect to FP/RH commodities.

ZAMBIA: Continued to assist the MOH with forecasts, quantification, and procurement plans for ARVs and HIV tests. Continued to monitor and coordinate product shipments from the various cooperating agencies.

ZIMBABWE: Department for International Development (DFID) is still contracting a new procurement and DTTU management agent, and, to ensure that the March 2007 deliveries were not delayed, the DTTU team (USAID | DELIVER PROJECT, ZNFPC, DFID, and UNFPA) changed the visits to earlier in February. The DTTU system is highly effective and has maintained stock out rates below 5 percent for all commodities in full supply. Before DTTU stock out rates were over 40% for some commodities of the commodities. Other results include:

- The project has achieved 99% coverage of SDPs. In the past not all SDPs were covered due, in part, to shortage of commodities.
- The success of the project, especially the reliability of the MIS data has increased donor commitment to supporting the system over the next several years.
- The training budget is small because only 2 delivery team made up of only 4 are required to carry out deliveries in the whole province.
- The process is not burdensome to SDP staff as they do not need to place orders for condoms and contraceptives.
- From 1998 to 2005-06, fertility rates have decreased from 5.4 to 3.8 births per woman. (ZDHS 2005-06). The increased availability of contraceptives through the DTTU System was contributory to this success.
- Contraceptive prevalence rates are rising, with 58 percent of currently married women reporting use of a modern method. Government sponsored facilities remain the chief providers of contraceptive methods, and 68 percent of users are obtaining methods from the public sector. (The DTTU system distributes contraceptives in the public sector.)

- 18 percent of Zimbabwean adults aged 15-49 years are infected with HIV, with women showing higher infections rates (21 percent) compared to men (15 percent). (ZHDS 2005-06)

STATUS TOWARDS SUSTAINABILITY

An important theme of the USAID | DELIVER PROJECT is to ensure that countries have a practical vision for moving toward the sustainability of their supply chains. Ultimately, countries will need to be able to rely on in-country assets to manage their own supply chains, whether these are public, private, or NGO managed or contracted services. This does not preclude the future use of external resources, but these resources must be affordable or competitive given the available resources. Sustainability has been considered within the context of financial resource mobilization and in terms of human resources and policy considerations.

One indicator that can reflect this is the percentage of expatriate to total senior field staff in country offices. By the end of March, local and regional third-country nationals made up 17 out of 23 senior project field staff, including staff shared with SCMS.

BANGLADESH: As part of the country strategic plan, and reflecting the DELIVER PROJECT evaluation report, development of a sustainability plan has been incorporated into planned field activities. The sustainability plan will describe steps, a proposed timetable, and key assumptions to allow the hand-over of responsibility for each of the technical activities currently undertaken by the project field office team. The objective is to define the conditions and counterpart responsibilities, as well as the barriers to transition, so that appropriate remedies can be identified and progress monitored. Agreement of the GOB will be sought during the forthcoming strategic work plan launch.

EL SALVADOR, NICARAGUA, PARAGUAY: These countries have phase-out/graduation plans in place, which allows them to reorient their priorities and advocacy interventions to secure funding. Work plans take into account the system strengthening at lower levels, resulting in allocation of funds for contraceptive procurement, and ownership of staff for the management of the logistics system. EL SALVADOR has developed a long-term sustainability plan to fund and manage national contraceptive supplies supported by project staff. In PARAGUAY, discussions have started with the USAID mission and local DELIVER staff to transition to a local country director during the next funding cycle.

GLOBAL ADVOCACY AND COLLABORATION

CORE FUNDED: Over the last six-month period, the USAID | DELIVER PROJECT completed new Contraceptive Fact Sheets and branded project templates. From October 1, 2006 to March 31, 2007, the project disseminated 7,096 publications and publications to 38 countries. The top three publications disseminated by mail were (1) *Guidelines for the Storage of Essential Medicines and Other Health Commodities*; (2) contraceptive fact sheets; and (3) *The Logistics Handbook*.

There was active collaboration between procurement, M&E, and field teams, as well as with CSL and the RHSC countries-at-risk group, to redesign the monthly CPT and CS stock status report to better serve as an early warning system for national authorities and global stakeholders. Work on the CS Ready Lessons (RL) series provided insights and information on many aspects of CS to missions and other stakeholders. The policy team helped prepare new RLs, specifically writing the *CS in Integrated Environments RL*, co-writing the *Total Market Approaches RL*, and providing input into the *Resource Mobilization RL*. Another key advocacy document completed was *Standardized Lab Services: 'A forgotten relative' of the supply chain family*, was published in Global AIDSLink newsletter in March/April 2007.

LAC: A total of 17 LAC reports were finalized in this period; a detailed list is in the appendix.

WEST AFRICA: In January 2007, the USAID | DELIVER PROJECT, in collaboration with AWARE-RH, organized a regional workshop in Accra to assess the achievements of six countries in implementing their CS/RHCS strategic plans: Cameroon, Burkina, The Gambia, Togo, Sierra Leone, and Niger.

Ghana's representatives shared their experiences with the other countries. Findings included that countries are at various levels of implementing their strategic plans, but they have shared lessons learned in developing and implementing their strategic plans. These included lessons related to financial resource mobilization and the activities of the contraceptive security committees. Participants also noted that the contraceptive security strategic plans can be broadened to other RH commodities. Key priority activities were defined and given to donors to seek funding.

In October 2006, DELIVER facilitated a resource mobilization meeting organized by the West African Health Organization (WAHO) in Accra and attended by donors (USAID, UNFPA, and KfW) and NGOs (PSI, Marie Stopes, etc.). One main objective of the meeting was to obtain an indication of donor support and buy-in to the sub-regional RHCS strategy. The meeting was successful and allowed KfW to confirm its financial package offer to WAHO. USAID confirmed its ongoing support and UNFPA pledged its support.

In November 2006, DELIVER assisted WAHO in designing a CIB system of reproductive health products for ECOWAS. The technical assistance included a regional workshop with representatives from most of ECOWAS. Since then, WAHO's CIB manager has been actively implementing the workshop recommendations. He has finalized the design of the system and is developing the executable prototype.

PROCUREMENT

The Procurement Team worked with USAID to define roles and responsibilities for procurement between CCP and the USAID | DELIVER PROJECT. This included organizing regular Objective 3 Project Management Team (PMT) meetings. A thorough review was completed of CPT and quantification procedures, which resulted in the restructuring of the process and job descriptions that include a Program Officer and team of technical reviewers.

Through a detailed procedural analysis, improvements were made in the overall voucher process between JSI, manufacturers (Alatech), and USAID. The Procurement Team recommended a set schedule and process for the pick-up of goods between Agility and Alatech to better meet USAID's voucher approval timeline. The team worked with USAID to reduce the aging condom stocks in both the domestic and offshore warehouse by offering *free condoms* to Missions to supplement their existing programs.

The team worked with Family Health International (FHI) and USAID to address the de-lamination of Myanmar's Aphaw condoms, manufactured by Alatech. USAID was advised that the packaging of certain condoms produced by Alatech were peeling or de-laminating. The team quarantined the lots in the Agility warehouse, and assisted USAID, FHI, and Agility in an inspection. It was discovered that due to the color ink used, the top layer of the foil packaging for certain brands was peeling. Those condoms were left on quarantine pending disposition.

The team also participated in a Technical Oversight Committee (TOC) meeting and presented a condom cost analysis. The TOC was established by USAID/CSL a number of years ago to offer technical guidance and support to FHI and their quality program. The project performed an analysis of the cost value of condoms produced and warehoused in Asia compared to those produced and warehoused in the United States. Even though warehousing in Asia was more costly, the higher production cost of the U.S.-made condoms meant they were less competitive.

The team collaborated with PSI to ensure supply to their condom social marketing programs by facilitating an in-transit diversion of Prudence condoms that would have overstocked PSI Burundi to two understocked PSI programs in Benin and Central African Republic. In addition, the team collaborated with both PSI and USAID to coordinate the supply of condoms with specially developed logos to PSI programs. The team responded to special requests for information about USAID female condom

shipments to PSI programs. Fiscal year (FY)2006 reports were provided to Analysis, Information Management and Communication (AIM) and support given in data analysis and review.

The team worked with USAID to respond to a NEWVERN website notification and mitigate a potential stockout of Depo-Provera in Bangladesh by sending the product by air. Work with JSI/Ukraine helped expedite condom registration in the country.

Support to CCP on contract management included distributing informational packets as part of the Jadelle contract start up, determining new packaging requirements, providing registration status tracking, and transitioning production/supply planning. Consulted with USAID on the Agility contract modification and entered new freight rates into NEWVERN database. Performed preliminary research on countries who receive Microgynon related to Wyeth's reduced production capacity. Participated in weekly meetings with Wyeth on the status of backordered production of oral contraceptives and provided inputs on prioritizing shipments and production.

Received and responded to seven special requests from USAID, AIM, and PSI. Several special requests included Trends in Contraceptive and Condom Shipment Values for calendar year (CY)1997 to 2006. Produced quantitative data for a New York Times article and Condom Overstock Issues Paper for the Front Office. Developed the FY2007 Snapshot Report and provided quarterly accruals reports.

The USAID | DELIVER PROJECT completed pending procurement actions for Zambia and Tanzania and processed outstanding receiving reports and invoices for payment. The team also processed procurement of HIV test kits for Pakistan and accomplished emergency procurement of HIV test kits for Zambia through the Partnership for Supply Chain Management System (PSCMS).

In collaboration with USAID, and PROJECT subcontractors Crown Agents Consultancy, Inc. (CAC), PATH, and FHI, developed and presented a project procurement vision and strategy. This included a long-term strategy, addressing such elements as market and risk assessments, communication, quality assurance, partner relationships, and state of the art procurement practices. It also included short-term strategies, such as reviewing product specifications and contract terms and conditions, and coordinating the transition with Agility.

With USAID, developed indicators for assessing the success of DELIVER procurement. Drafted the RFP for oral contraceptives including terms and conditions and product specifications with input from USAID and project subcontractors and SCMS. Staff attended the Contraceptive Technology Conference to ensure the procurement team was aware of the latest updates in contraceptive technology.

MANAGEMENT INFORMATION SYSTEM

As part of the transition from NEWVERN to ORION, compiled a list of essential NEWVERN reports for inclusion in ORION. Developed Business Process Study (BPS) for ORION configuration, set up hardware for deployment of ORION, and deployed a development version. Recruited the transition manager and established regular transition team meetings; and invited USAID participation. Worked with Agility and USAID to develop a modified bar code label. Also conducted research of EDI and demand planning tools for the MIS.

Completed an MIS project risk management review, including an MIS development project risk discovery session to identify likely software development implementation and roll out risks and their impact and likelihood; analyzed appropriate contingencies and mitigations.

Established an MIS Steering Committee with representation from all Task Orders to ensure that USAID is informed of and can provide input to MIS progress. The Steering Committee is also a forum to raise issues that need resolution and track the agreements reached by the group.

Release One or R1.0 of the ORION System is in final testing. This has included signing off on the business process documents and final tests of R1.0 software configuration. ORION R2.0 hardware and

software infrastructure is being set up to include installation of state-of-the-art *Blade* servers, and the redundant storage area network fabric was set up for production. Progress is being made on recreating commonly-used NEWVERN reports in Oracle Discoverer (for Web publishing) to allow R2.0 NEWVERN report migration. Analysis of the data warehouse data model is progressing in parallel with initial cleanup of historic NEWVERN data as part of the R2.0 NEWVERN data migration.

Other ORION R2.0 features being developed include the demand planning tool evaluation and selection; the initial wide-ranging search for the best fitting tool is winding down and options are being narrowed. Special focus has been placed on defining the architecture of the online ordering tool so that it will support the process outlined in the MIS Steering Committee meetings. Graphic design mock-ups for the new USAID | DELIVER PROJECT website have been created and are currently being reviewed by project communications staff. Wireframe models of the website's home page and information architecture have been developed and are also being reviewed by project staff. Procurement user segments have been identified and information gathering from the existing NEWVERN site is in progress. Wireframe models of the procurement dashboards have been developed.

PLANNED PERFORMANCE OBJECTIVES FOR THE NEXT PERIOD

The performance objectives are defined here for the core teams only as these can be summarized in the present report format. Performance objectives for field teams will be included in the country quarterly reports.

SCM: Working with academic partners, the team expects to complete a draft of the first module, Customer Service Levels and Customer Service Policy, of the modular framework guide for strategic supply chain design/redesign. A draft will also be completed of the paper on international competitive bidding based on lessons learned from experience in Bangladesh. Work will be initiated on the mapping of the pathways of different products that successfully reach the last mile and the determination of lessons learned applicable to health supply chains.

ORGANIZATIONAL STRENGTHENING: The project expects to complete the supply chain management for the CS course in South Africa, the pre-service logistics curriculum, and the development of the first few modules of the SCM course. Work will start on the content for the distance learning course; regional partners will complete two joint training modules.

HIV/AIDS/LAB TEAM: Using HIV funds the project expects to complete the *Building a Standard Laboratory Equipment List* paper under Laboratory Logistics workplan and complete the review of forecasting/quantification methodology for laboratory supplies. Recommendations will also be made for use of software to quantify/forecast laboratory supply requirements (includes results of a review of Quantimed software package and existing spreadsheets). Will review feedback reports (as part of the LMIS) and develop formal recommendations for types of reports for different audiences, taking into consideration computerization and decentralization initiatives.

POLICY: The team will work on analyzing the first complete set of CS indicators and refining indicators and determining trends and comparisons, and preparing an internal briefing paper. An additional outcome for this activity will be material developed for the RHSC that highlighting particular country CS issues. The resource mapping tool and methodology will be field tested with one country or regional activity executed and report prepared. An advocacy strategy for inclusion of contraceptives in Global Fund PSM Plans will be drafted and talking points developed and disseminated for an internal audience; will identify a short list of countries to be targeted as candidates. The draft methodology/tool for financial strategies will be developed and field tested in one country. A global resource flows paper will be drafted and disseminated that compiles current situation in CSL priority countries (where data are available) and trends. Analysis will be undertaken of inclusion of the private sector in CS assessments.

Depending on results, a briefing paper with recommendations may be written and disseminated. Other conditional outcomes include revision of private sector SPARHCS tool and the possibility of developing a private sector module. The SPARHCS process guide will be written and disseminated, and a draft operational barriers tool developed and field tested in one country.

MIS:

We expect to continue working with the Steering Committee to resolve any upcoming issues.

End of May 2007: R1.0 in production, supporting JSI's ORION ramp-up. R2.0 most design requirements have been frozen allowing work to be completed.

End of August 2007: R3.0 will have most design requirements frozen.

End of September 2007: R2.0 Orion in production, replacing NEWVERN. R2.0 Website launched with procurement and demand planning features.

End of December 2007: R3.0 website updated with CS and country dashboards, online ordering, early warning system, and *Ask the Expert* features. R3.0 procurement document management system in production.

PROCUREMENT: The Procurement Team intends to award new contracts for oral contraceptives, female condoms, Duofem, and IUDs during the next period, as requested by USAID. The contracting process will be done using the already-developed SOPs. These contracts will be entered into NEWVERN, and production memos issued according to the terms of the contracts. In addition, the team will continue to support CCP with on-going operations for the contracts that USAID holds, respond to requests as needed, and collaborate with other partners and DELIVER field staff on procurement and shipment-related issues.

OUTSTANDING ISSUES AND CONSTRAINTS

Continued budget uncertainty has made the finalization of the 21-month project work plan to June 2008 complicated. With the new Task Orders for Avian Influenza and Malaria awarded in March, IQC and TO management and coordination arrangements have become somewhat more complex and are being organized. This is particularly important as there will be an increasing need to coordinate organizational resources across TOs.

ADMINISTRATION AND FINANCE

The first six months of the USAID | DELIVER PROJECT coincided with the end of the DELIVER contract. DELIVER funds were used to complete remaining core and field-based activities. As a result, USAID | DELIVER PROJECT funds were not fully utilized until completion (March 2007) of the DELIVER contract. The month of April is the first month that all activities utilized new project funding. The following table illustrates, by month, the utilization of USAID | DELIVER PROJECT funds, showing a marked increase for the month of April.

APPENDIX

COMMUNICATIONS DEMAND

Website Statistics from October 1, 2006–March 31, 2007

Number of internal (password protected area) and external visits to the project website

Time Period	Internal Visitors	External Visitors	Total No. of Visitors
October 1–March 31 (2007)	48,655	135,677	184,332

Number of Publications Downloaded from the Project Website

Time Period	From Internal View	From External View	Total No. of Pubs Downloaded
October 1–March 31 (2007)	4,217	27,158	31,375

Top 10 Publications Downloaded from Project Website from October 1–March 31

Ranking	From Internal View	From External View
1	Logistics Fact Sheets: ARV Drugs (complete set)	Description of Indicators
2	<i>PipeLine 3.0 User's Manual</i>	<i>Contraceptive Forecasting Handbook for Family Planning and HIV/AIDS Prevention Programs (Spanish)</i>
3	<i>Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs</i>	<i>Guidelines for Warehousing Health Commodities</i>
4	Logistics Fact Sheets: HIV Test Kits (complete set)	<i>Concepts of Logistics System Design</i>
5	<i>Guidelines for the Storage of Essential Medicines and Other Health Commodities</i>	<i>Guidelines for the Storage of Essential Medicines and Other Health Commodities (French)</i>
6	<i>Logistics System Assessment Tool (LSAT)</i>	<i>The Logistics Management Information System Assessment Guidelines</i>
7	<i>Contraceptive Security Index 2006: A Tool for Priority Setting and Planning</i>	<i>Process Mapping for Improved Health Logistics System Performance</i>
8	<i>ProQ User's Manual</i>	<i>Guidelines for the Storage of Essential Medicines and Other Health Commodities</i>
9	<i>Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART)</i>	<i>Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs</i>
10	<i>Guide for Quantifying HIV Tests</i>	<i>Pocket Guide to Managing Contraceptive Supplies (Spanish)</i>

Top 10 Project Web Pages from October 1–March 31, 2007

Ranking	From Internal View	From External View
1	Home Page	Home Page
2	Publications	Topic: Logistics Essentials
3	Staff Resources	Topic: Commodity Security
4	Project Information	Topic: HIV and Lab
5	Country Pages	Publications
6	Software Tools	Topic: Monitoring, Evaluation, & Research
7	Tools	Country Pages
8	Logistics Essentials	Links
9	Topics	Software
10	Procurement & RFPs	About

Reports Completed:

- The report on a two-year study about contraceptive prices available in 14 countries in the LAC region, *Options for Contraceptive Procurement: Lessons Learned from Latin America and the Caribbean*. (English and Spanish)
- The technical study titled, *Decentralizing and Integrating Contraceptive Logistics Systems in Latin America and the Caribbean: With Lessons Learned from Asia and Africa*. (English and Spanish).
- The policy-oriented paper titled, *Decentralizing and Integrating Contraceptive Logistics Systems in Latin America and the Caribbean: Considerations for Informed Decision Making Throughout the Health Reform Process*. (English and Spanish)
- Three GLP-funded studies of USAID graduated countries (Chile, Costa Rica, and Brazil).
- Individual contraceptive procurement options papers were finalized in Spanish for Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.
- A study on legal harmonization efforts in Central America titled, *Regulatory Harmonization in Central America: How Harmonization can Impact Regional Contraceptive Procurement*, was drafted.
- A report in Spanish on family planning services within the Social Security Institutes in LAC titled, *Estudios de Caso: La planificación familiar en la Seguridad Social en Latinoamérica: avances en el acceso, cobertura, y financiamiento de los servicios de planificación familiar e insumos anticonceptivos*, was drafted.

The first draft of a survey tool to assess the feasibility of a website that countries in LAC could use for the coordinated informed buying of contraceptives and other health commodities was finished.

For more information, please visit deliver.jsi.com.

USAID | DELIVER PROJECT

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