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ZAMBIA: NATIONAL LONG TERM FORECASTING AND QUANTIFICATION FOR FAMILY PLANNING COMMODITIES

2009 - 2015

MARCH 2009

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USAID | DELIVER PROJECT

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Abstract

In December 2008, the Ministry of Health (MOH) and the Society for Family Health (SFH), with technical assistance from the USAID | DELIVER PROJECT, conducted a national long term quantification of contraceptive needs from 2009 – 2015.

The quantification's overall objective was to calculate the contraceptive requirements for each year of the forecast period and to use those requirements to mobilize resources for the country to support contraceptive commodity security. This report presents the findings of the quantification as well as the methodology used and assumptions made to arrive at these findings.

USAID | DELIVER PROJECT

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CONTENTS

- ACRONYMS..... v
- INTRODUCTION 1
 - Methodology 1
- ASSUMPTIONS..... 5
 - Forecast Assumptions 5
 - Supply Chain and Procurement Planning Assumptions 7
- FINDINGS 9
 - Estimate of Contraceptive Requirements..... 9
 - Estimated Forecast Cost..... 9
 - Funding Sources Available 10
 - Estimated Funding Gap 10
- RECOMMENDATIONS..... 11
- ANNEX A: PARTICIPANT LIST FROM THE ONE-DAY STAKEHOLDERS MEETING..... 13
- ANNEX B: CONTRACEPTIVE PROCUREMENT TABLES 15
- ANNEX C: CPT MEMO 19
- ANNEX D: PARTICIPANTS LIST FOR FUNDING AGENCIES AND IMPLEMENTING PARTNERS. 23

ACRONYMS

CPR	contraceptive prevalence rate
CPT	contraceptive procurement table
CYP	couple-years of protection
DHS	Demographic and Health Survey
GFATM	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
HSSP	Health Services and Systems Programme
IUD	intrauterine device
JSI	John Snow, Inc.
LAM	lactational amenorrhea method
MOH	Ministry of Health
MSL	Medical Stores Limited
PPAZ	Planned Parenthood Association of Zambia
SFH	Society for Family Health
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WRA	women of reproductive age

INTRODUCTION

To support the Zambian Ministry of Health (MOH) and the Social Marketing Program of Society for Family Health (SFH) in their mission to provide a reliable supply of contraceptives to the Zambian community, the USAID | DELIVER PROJECT, working with other cooperating partners, prepared a long term forecast and supply plan for contraceptive commodities in December 2008. The forecast covered a period from 2009 - 2015 to coincide with the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) round 9 implementation period. The task was to determine consumption estimates, develop a procurement plan, and present the forecast and procurement plan to key stakeholders for funding commitment.

Specific objectives for this exercise were:

- Discuss and reach consensus on the methodology and assumptions to estimate national contraceptive requirements for the 2009 - 2015 procurement period.
- Develop a procurement plan and cost estimate to ensure continuous availability of contraceptives to users.
- Secure preliminary agreement from cooperating partners including the MOH for contraceptive commodity funding.
- Compare requirements with available funding from key stakeholders and assess supply gaps.
- Establish other potential funding sources to meet the funding gap, such as GFATM round 9.

The long term forecast covered a period of seven years (2009 - 2015). This period was considered during the forecast in order to prepare contraceptive needs to be included GFATM round 9 proposals.

METHODOLOGY

The team developed one national seven-year quantification. To do this, the quantification was split into three sub-sets based on source mix, taking into consideration the public sector, social marketing and the commercial sector.

The seven-year quantification relied on the best available data, and complementing the data gaps with key assumptions agreed upon by all stakeholders. The quantification team undertook a number of activities, listed below, to develop these key assumptions and formulate the final forecast and procurement plan.

The quantification team—

1. Collected information on actual quantity of products issued or sold, losses/transfers and stock on hand for 2008.
2. Reviewed the most recent Demographic and Health Survey (DHS) for key demographic data.
3. Estimated annual contraceptive requirements to support MOH and SFH programs for 2009 – 2015 based on the demographic data available. This was done for all contraceptives included in

the contraceptive method mix for Zambia except for Postinor the emergency contraceptive. Limited data exist on the utilization of Postinor in Zambia.

4. Convened a two day pre-quantification meeting held between MOH, SFH and USAID | DELIVER PROJECT to build assumptions focusing on the following parameters:
 - Population
 - Population growth rate
 - Contraceptive prevalence rate (CPR)
 - Women of reproductive age (WRA)
 - Method mix
 - Source mix
 - Brand mix
 - Couple-years of protection (CYP) factor
5. Reconciled issues/ sales data from MSL and SFH, respectively.
6. Entered the new forecast estimates into the PipeLine software and planned new shipments and/or revising existing shipments.
7. Estimated the cost of procurement and delivery for each supplier of commodities.
8. Established the funding gap given the funding commitment from the MoH and partners.
9. Convened a one-day meeting of stakeholders to present the result of the forecast and obtain stakeholders feedback on the projections made. See Annex A for a list of participants. Following revision of the supply plan, a further meeting for identified funding agencies (see Annex D for participants list) was held to obtain commodity funding commitment. The meeting was participated by USAID, UNFPA, MOH and USAID | DELIVER PROJECT.

Although the population data collected was old (census 2000) the demographic forecast was the methodology of choice for the following reasons.

- Dispensed-to-users data were not available. Issues data were available between the district and health centre and between district and the central warehouse, but this data were found not to reflect an accurate picture due to the frequent stockouts at all levels of the system and some discrepancies in the data.
- Service statistics were not considered as the standard dispensing protocols for family planning commodities are often not observed by the service providers in the health facilities.

To complete the public sector forecast, issues data from Medical Stores Ltd. (MSL), the central warehouse, were compared to the demographic forecast data based on the Zambia 2007 and 2001/2002 DHS. The current logistics system for family planning commodities is known to be weak. Therefore, the issues data do have limitations and may not be an accurate indicator of consumption. The inadequate system, however, will continue to be used until the new essential drugs (ED) system, currently being piloted, is implemented. The forecast was reviewed based on this comparison.

For the social marketing forecast, the team agreed to use SFH target figures of contraceptive sales instead of demographic projections because the demographic projections appeared to be too low in some cases.

ASSUMPTIONS

The following detailed assumptions were made through the course of the activities mentioned previously.

FORECAST ASSUMPTIONS

- The total population figure used was 10,300,000 based on 2002 DHS and 2000 population census, and extrapolate the population for the years of the forecast using an annual population growth of 2.9%, as shown in Table 1.

Table 1: Estimated Population

2009	2010	2011	2012	2013	2014	2015
13,322,190	13,708,533	14,106,081	14,515,157	14,936,096	15,369,243	15,814,951

- The team agreed to consider 23% for the percentage of women of reproductive age over the total population. This was advised by MOH and was different from 22% used in 2007.
- The contraceptive prevalence rate used was 32.7%, as indicated in the 2007 DHS at an increase of 1% point each year.
- The method mix and source mix for modern methods of contraception use in the demographic forecast calculation (drawn from the 2001/2002 and 2007 DHS surveys) was accepted and agreed upon. 2001/2002 DHS was also used here because the 2007 DHS was not finalized yet. Source mix information was missing in the 2007 DHS preliminary report as a result the team relied on issues data in both the public sector and social marketing and 2001/2002 DHS data. Sales targets were also used to determine source mix for Injectables, IUDs and implants under social marketing as they will be socially marketed for the first time and no historical information was available for this purpose. Obtaining data on the contribution by the commercial sector was a challenge. This is shown in table 2 and table 3.

Table 2: Method Mix of Modern Contraceptive Methods

Male Condoms	4.7%
Female Condoms	0.1%
Oral Combined Pill	11%
Injectable	8.5%
IUCD	0.1%
Implant	0.4%
LAM	6.2%

Table 3: Source Mix of Modern Contraceptive Methods

	Public Sector	Social Marketing	Commercial Sector*
Male Condoms	66.5%	26.5%	7%
Female Condoms	45.7%	54.3%	0%
Oral Combined Pill	57.5%	37.5%	5%
Progesterone only Pill	98%	0%	2%
Injectable	83.1%**	2%	14%***
IUDs	83%	2%	5%
Implant	90%	12%	0%

* Commercial sector includes private clinics, hospitals, pharmacies, drugs stores etc, MSI, and PPAZ

**DHS 2001/2002

*** It was assumed that a higher percentage of clinics were offering injectable contraceptives compared to other methods.

- For oral combined pill and male and female condoms, issues data was used for the public and social marketing as information was not available in the 2007 DHS preliminary results. For the Commercial sector, the team relied on the experience SFH has with the commercial sector.
- The commercial sector contribution of between 0% and 14% depending on the product was included in the forecast. This was done with full recognition of the challenges currently faced to estimate the commercial sector contribution contraceptive distribution.
- The split of injectable use of 77% for Depo-Provera and 18% for Noristerat was accepted based on the issue trend of both products. Commercial sector assumed a 5% share (2.5% for each method).
- The pill use split is 90% for oral combined and 10% for progesterone only pill based on the issue rate at a period when both commodities were available. Commercial sector was not considered here as the oral pill provided through the commercial sector is mainly the branded product supplied through SFH.
- Lactational amenorrhea method (LAM) was not forecasted. However, the percent of LAM method mix (6.2%, DHS 2007) seemed too high in comparison to the percent recorded (1.7%) in the 2001/2002 DHS Survey. It was proposed that the 6.2% be split into commodities that breastfeeding mothers would switch to. After a debate, 50% of the LAM usage was removed from the forecast while the other 50% (3.1%) was distributed among products that breastfeeding mothers would opt for.
- It was suggested that My Choice IUDs, My Choice Microgynon and My Choice injectable be included in the forecast, as SFH plans to supply the products in 2009.
- The projected consumption for condoms was increased in the light of the ongoing condom programming that is supposed to raise more prevention awareness and more use of both male and female condoms. There were, however, concerns raised over the amount of condoms supplied through drugs kits that are accumulating at health centre level.

- The MOH has put in place a scale-up plan for Jadelle implants and female condoms. This scale up plan was taken into consideration. The MOH is being supported by Health Services and Systems Programme (HSSP), Planned Parenthood Association of Zambia (PPAZ) and the United Nations Population Fund (UNFPA).
- SFH has plans to start providing the branded long term method implant (My Choice implant) and IUDs in 2009 and are working with the MOH on sensitizing the community and providing the service.
- The MOH with support from PPAZ provided training in the insertion of intrauterine device (IUD) and Jadelle. Anecdotal reports have shown that most women prefer Jadelle to IUDs. The stock of IUDs available at MSL was limited at the time of the forecast, however, a shipment had been planned to arrive early 2009.
- Microlut is perceived to be a slow moving commodity with erratic issues from MSL. Due to this, participants agreed that only a small amount of the product should be projected to avoid wastage that has been experience in the past. The commodity was stocked out for a long period of time in 2008 but was received in November 2008. The quantity received was estimated to last over a year but only lasted 3 months. This was attributed to stocking up after a long period without stock.
- It was generally felt that the uptake of Depo-Provera was constantly increasing. The issue trend from MSL showed a similar pattern. The natural suggestion by participants was to order more of Depo-Provera than Noristerat.
- Suggestions were made to keep Noristerat in the method mix even in small quantities.
- A CYP factor of 150 for male condoms, 4 for Depo-Provera, 6 for Noristerat, 15 for the pill and 0.29 for Jadelle and IUDs was used to convert the number of user into commodities.
- There have been very few issues of Postinor from MSL since the time it was received because it is used only for emergency contraception. There is limited training provided to the service providers on its use. The current issues recorded at MSL reflect a distribution list provided by the MOH based on training conducted in some provinces. No forecast was completed for Postinor because of the lack of issues data and demographic data on which to calculate future needs.

SUPPLY CHAIN AND PROCUREMENT PLANNING ASSUMPTIONS

- Participants proposed that the maximum and minimum stock levels at the central level be reduced from 12 and 6 to 9 and 3 months, respectively. The proposal was made in order to reduce on the annual cost of commodities required. Participants were warned of the long lead times in some cases and that reducing the maximum stock level would risk stockouts of contraceptives. It was agreed however that this be tried out for sometime and reviewed after a 3 to 6 month period.

FINDINGS

ESTIMATE OF CONTRACEPTIVE REQUIREMENTS

Using Excel spreadsheets, the data from the assumptions was compiled and organized. As mentioned previously, this data was then inputted into the PipeLine software and reviewed against issues and sales data. The individual contraceptive requirements per year are listed in table 3.

Table 4: Estimated Contraceptive Requirements

	2009	2010	2011	2012	2013	2014	2015
Noristerat	325,668	346,975	366,955	387,802	409,550	432,233	455,886
Depo-Provera	934,922	989,522	1,046,502	1,105,955	1,167,975	1,232,663	1,300,121
Progesterone only Pill	473,944	500,564	529,389	559,463	590,838	623,561	657,685
Oral Combine Pill	2,669,996	2,825,913	2,988,639	3,158,426	3,335,547	3,520,285	3,712,933
Male condoms	15,233,907	16,125,684	17,054,255	18,023,121	19,033,838	20,088,020	21,187,337
Female condoms	448,952	462,421	476,293	490,582	505,300	520,459	536,073
Implant	41,752	43,839	46,031	48,333	50,750	53,287	55,951
IUDs	3,780	3,900	4,167	4,376	4,595	4,824	5,066

Detailed contraceptive procurement tables (CPTs) are included in Annex B and Annex C has the CPT memo.

ESTIMATED FORECAST COST

The cost of each contraceptive was determined. Table 4 represents the estimated funds for contraceptives needed from 2009 to 2015. This cost was estimated based on determining procurement plans using PipeLine software and reviewing commodities that are already in the country or are already planned.

Table 5: Funding Required per Year (US\$)

2009	2010	2011	2012	2013	2014	2015
3,200,871	4,678,106	4,963,660	5,229,276	5,500,310	5,789,494	6,040,988

FUNDING SOURCES AVAILABLE

The main funding agencies for contraceptive commodities in Zambia are UNFPA, USAID and the MOH. 'To be determined' /undetermined' is used in cases where no funding agency has committed to procure a particular shipment.

- The UNFPA made approximately \$1.4 million commitment to support the MOH with the procurement of contraceptive commodities. They mentioned that funding would be confirmed once their annual plan was approved by headquarters.
- USAID made commitment to procure contraceptives worth approximately \$1.2 million. The meeting was advised that the actual figure would be communicated once approved.
- MOH made commitment to purchase oral contraceptives Oralcon-F (1.5 million cycles). MOH also indicated that they participated in GFATM round 8 which had been approved. Amount available for the procurement of the contraceptives was not known at the time.

Table 5 shows the funding commitments by cooperating partner by year.

Table 6: Funding Commitment Estimates per Year (US\$)

	2009	2010	2011	2012	2013	2014	2015
UNFPA	\$1,400,000	\$0	\$0	\$0	\$0	\$0	\$0
USAID	\$1,200,000	\$0	\$0	\$0	\$0	\$0	\$0
MOH	\$ 504,000	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$3,104,000	\$0	\$0	\$0	\$0	\$0	\$0

ESTIMATED FUNDING GAP

Table 6 below shows the contraceptive cost and estimated funding gap per year.

Table 7: Funding Commitment Estimates per Year (US\$)

	2009	2010	2011	2012	2013	2014	2015
Funding Required	\$3,200,871	\$4,678,106	\$4,963,660	\$5,229,276	\$5,500,310	\$5,789,494	\$6,040,988
UNFPA	\$1,400,000	\$0	\$0	\$0	\$0	\$0	\$0
USAID	\$1,200,000	\$0	\$0	\$0	\$0	\$0	\$0
MOH	\$ 504,000	\$0	\$0	\$0	\$0	\$0	\$0
GAP	\$96,871	\$4,678,106	4,963,660	5,229,276	5,500,310	5,789,494	6,040,988

Note: FUNDING FROM DONORS FOR THE REST OF THE YEARS APART FROM 2009 WAS NOT KNOWN.

RECOMMENDATIONS

- The team recommended that Spectrum System for Policy Modeling, FamPlan, a computer software for projecting family planning requirements, be used as a comparison methodology to logistics based methodology. USAID | DEIVER PROJECT was tasked to explore its use.
- Develop contraceptive procurement plan based on funding commitment by funding agencies and follow up made to ensure that procurement commence.
- Establish funding allocation to procure contraceptives under GFATM round 8 and develop a procurement plan accordingly.
- Monitor contraceptive stock and procurement statuses given the revised PipeLine database maximum and minimum stock levels. If needed, adjust the max-min levels and procurement plans accordingly.
- The contraceptive commodity forecast should be reviewed after six months.

ANNEX A: PARTICIPANT LIST FROM THE ONE-DAY STAKEHOLDERS MEETING

2ND DECEMBER 2008

	NAME	ORGANISATION	DISTRICT
1	Dr. Malama	CHAMP	Lusaka
2	Loyce Lishimpi	WHO	Lusaka
3	Vera	Marie Stopes Int.	Lusaka
4	Lydia Yumbe	CCF	Lusaka
5	Dr. S. Malumo	UNFPA	Lusaka
6	John Ngosa	MOH	Lusaka
7	Chikuta Mbewe	MOH	Lusaka
8	Mary Mwangala	P.P.A.Z	Lusaka
9	Mrs Sinyangwe	MCH Coordinator	Mansa, Luapula
10	Ireen Chinyama	MCH Coordinator	Kalomo, Southern
11	Mrs Mary Banda	MCH Coordinator	Lusaka, Lusaka
12	TBA	MCH Coordinator	Kabwe, Central
13	Mr George Kadimba	Pharmacy In Charge	Lusaka DHMT
14	Clara Mangani	MSL	Lusaka
15	Ethel Mangani Lyuba	UTH	Lusaka
16	Dr. G .Sinyangwe	USAID	Lusaka
17	Benny Njobvu	P.C.I	Lusaka
18	Ruth Bweupe	MOH	Lusaka
19	Josselyn Neukom	SFH	Lusaka
20	Mulenga Lupili Muhamba	ZHECT	Lusaka
21	Mrs Mervis Yeta	MCH Coordinator	Kitwe, Copperbelt
22	Mr. Davy Nanduba	Deputy Director, Pharmaceutical Services	
23	Dona Vivio	HSSP	Lusaka
24	Walter Proper	USAD DELIVER PROJECT	Lusaka
25	Bibian Simbeya	USAD DELIVER PROJECT	Lusaka

26	Mika Bwembya	USAD DELIVER PROJECT	Lusaka
27	David Papworth	USAD DELIVER PROJECT	Lusaka
28	Simon Tembo	USAD DELIVER PROJECT	Lusaka

ANNEX B: CONTRACEPTIVE PROCUREMENT TABLES

Country: Zambia

Prepared by: Mika Bwembya, and Bibian Simbeya

Programs: MOH-Zambia, PSI-Zambia (SFH)

Date Prepared: Prepared December 2008, Revised February/March 2009

Contraceptives: All contraceptives supplied by USAID

1. CHANGE the following previously ordered shipments:

Recipient	Product	Previous Quantity	Proposed Quantity	Previous Receipt Date	Proposed Receipt Date	Shipment ID
PSI-Zambia (Society for Family Health)	Classic Male condoms	10,002,000	10,002,000	30 Jul 2009	ASAP	RO 1014

2. ORDER the following proposed new shipments for CY 2009:

Recipient	Product	Quantity	Receipt Date	Comments
MOH-Zambia	Depo-Provera	677,600	30 June 2009	
	Jadelle	15,400	31 Jul 2009	
	IUDs	3,000	30 Sep. 2009	
	Microlut	200,160	30 Dec 2009	
PSI-Zambia (Society for Family Health)	Care Female condoms	180,000	30 Oct 2009	
	Classic Male condoms	7,000,000	30 Oct 2009	

Recipient	Product	Quantity	Receipt Date	Comments
	Duofem	1,779,600	30 May 2009	
		1,970,488	30 Nov 2009	

3. ENTER the expected amounts to be ordered in CY 2010:

Recipient	Product	Quantity	Receipt Date	Comments
MOH-Zambia	52mm No Logo Male Condoms	9,004,200	30 Apr 2010	
		9,000,000	30 Oct 2010	
	Female Condoms	240,000	30 Apr 2010	
		211,000	30 Nov 2010	Need to establish if UNFPA can procure these
	Jadelle	18,700	30 Jan 2010	Need to establish if these shipments can be split between USAID and UNFPA.
		21,950	30 Jul 2010	
		19,350	30 Dec 2010	
	Depo-Provera	400,000	28 Feb 2010	
		494,800	30 Aug 2010	
		300,000	30 Dec 2010	
	Copper-T IUD	3,000	30 May 2010	
		3,000	30 Dec 2010	
Noristerat	160,600	28 Feb 2010	Need to establish if thee shipments can be split between USAID and	
	173,800	30 Aug 2010		
	125,700	20 Dec 2010		

				UNFPA
	Microlut	215,280	30 May 2010	Need to establish if these shipments can be split between USAID and UNFPA
		257,760	30 Nov 2010	
PSI-Zambia (Society for Family Health)	Care Female condoms	100,000	30 Jun 2010	
		150,000	30 Nov 2010	
	Classic Male condoms	8,500,000	30 Apr 2010	
		8,300,000	30 Oct 2010	
	Duofem	1,810,000	30 Apr 2010	
	2,100,000	30 Oct 2010		

ANNEX C: CPT MEMO

Zambia 2009 Contraceptives Forecast Memo

TO: Dr. George Sinyangwe, USAID/Zambia

CC: Randy Kolstad, Director, HPN, USAID/Zambia
Richard Osmanski, USAID/ Zambia
Eric Takang, USAID | DELIVER PROJECT- D.C.
Walter Proper, USAID | DELIVER PROJECT- Zambia.
David Papworth, USAID | DELIVER PROJECT - Zambia
Wendy Nicodemus, USAID | DELIVER PROJECT - Zambia
Paul Dowling USAID | DELIVER PROJECT- D.C.
Susan Duberstein, USAID | DELIVER PROJECT- D.C.
Trisha Long, USAID | DELIVER PROJECT- D.C.

FROM: Mika Bwembya, Senior Public Health Logistics Advisor
USAID | DELIVER PROJECT- Zambia

DATE: **March 2009**

In December 2008, the Ministry of Health with support from the USAID | DELIVER PROJECT and in collaboration with other stakeholders conducted a long term forecast covering a period from 2009 -2015. Implementing partners in the Zambian Ministry of Health (MOH), the Society for Family Health (the social marketing program), and the United Nations Fund for Population Assistance (UNFPA) participated and provided data to facilitate development of supply plans (proposed shipment schedule for 2009-2010).

A pre-quantification meeting (assumption building exercise) with representation from MOH, SFH and USAID | DELIVER PROJECT was held on 18 - 19th November 2008. This was followed by a stakeholders meeting to provide an opportunity for all stakeholders to review the forecast and its assumptions. Participants in the meeting were also introduced to PipeLine software (v.4). SFH forecast was not concluded at this point as available data needed further analysis; it was recommended that a separate meeting be held with SFH to do this. Based on this review, the public sector forecast was revised and the PipeLine database updated accordingly. A further meeting for

funding agencies (MOH, UNFPA and USAID) was held to establish their commitment towards the procurement of contraceptives.

Principal Findings and Issues identified

The following bullets are some of the main findings from the forecasting and procurement planning process:

- Commitment by the three main funding agencies covered shipments planned for 2009 except for one shipment of Microlut which is required in December 2009 as indicated on the proposed supply plan above (Annex B).
- **There are planned shipments expected in the first 6 months of 2010 which need consideration by the funding agencies as they are not covered by funds allocated for 2009 but are required to fill the 2009 pipeline.**
- MOH made an application for the procurement of contraceptive commodities with GFATM Round 8. Approved funding has not been communicated yet. Once this is known, it will have an effect on the procurement plan.
- MOH made an indication of further funding from MOH and DFID that would be made known once confirmed. Once these funds are confirmed, consideration will be made to fill the 2009 pipeline as indicated above.
- Condom promotion activities for both male and female condoms are ongoing, supported by the Ministry of Health and UNFPA. These activities include training of providers at health facilities to introduce clients to female condoms and streamlining condom distribution through NGOs. Providers at the December 2008 stakeholders meeting expected demand for both male and female condoms to increase in the next year as a result. A concern however was raised over the reported overstocks experience at health Centre level due to condoms distributed in the health center drug kits.
- Nation-wide training in Jadelle insertion and IUDs has been conducted in 2008 and will continue in 2009 to promote the use of long-term family planning methods. The Health Services Support Programme (HSSP) and SFH have supported Ministry of Health in this effort.

Issues identified in the process include the following:

- SFH forecast was not concluded during the stakeholders meeting. A further meeting was held and an agreement reached to use targets set by SFH. The supply plan above (Annex B) includes SFH shipments required for 2009 and 2010.
- No modifications were made to the contraceptive shipments for the Ministry of Health for USAID-donated commodities. However, a change in

male condom (classic) shipment for SFH is recommended to avoid an eminent stock out. The original receipt date for the shipment was July 2009; it is recommended that the receipt date of this shipment be moved forward to May 2009 or earlier. New shipments were also planned to avoid stock imbalances (see supply order above).

- To complete the public sector forecast, issues data from the central warehouse (Medical Stores Ltd. – MSL) were compared to demographic forecast data based on the Zambia 2007 and 2001/2002 Demographic and Health Survey (DHS). The forecast was reviewed based on this comparison.
- It was recommended that Spectrum System for Policy Modeling, FamPlan a computer program for projecting family planning requirements be used for the purpose of estimating contraceptive commodity needs. USAID | DELIVER PROJECT was tasked to explore its use.
- The forecast will be reviewed in six months to revisit the assumptions.

Kindly acknowledge receipt of this memo and an update on any orders resulting from this procurement plan.

Thank you.

Mika Bwembya
Senior Public Health Logistics Advisor,
USAID | DELIVER PROJECT

ANNEX D: PARTICIPANTS LIST FOR FUNDING AGENCIES AND IMPLEMENTING PARTNERS.

	NAME	ORGANISATION
1	Dr Randy Kolstad	USAID
2	Dr Reuben Mbewe	MoH
3	Mr. Walter Proper	JSI
4	Dr Sarai Malumo	UNFPA
5	Dr George Sinyangwe	USAID
6	Mr. David Papworth	JSI
7	Mr. Davie Nanduba	MOH
8	Mrs Mika Bwembya	JSI
9	Mrs Bibian Simbeya	JSI

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