

RUI

REGIONAL LOGISTICS INITIATIVE

Logistics System Assessment
to start a
Community Based Distribution in
Nampula Province



John Snow Inc./Family Planning Logistics Management Project
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Maputo, Mozambique 23 September 1998

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1. INTRODUCTION

The Mozambican Ministry of Health (MOH) and the USAID Mission have recognized that a weak logistics system is the most serious constraint to the provision of and improvement in Quality of Care for Maternal Child Health and Family Planning (FP) services. This has led to the elevation of logistics as a critical component in MCH/FP service provision.

Consequently, the mission has requested technical assistance from Family Planning Logistics Management Project (FPLM), through the Regional Logistics Initiative (RLI) to address this problem. Previous missions have included a trip to present the Ministry of Health techniques and technologies which have been applied to public sector logistics systems. The Mozambican USAID mission has also previously requested FPLM assistance in forecasting and estimating contraceptive commodity requirements, in collaboration with the Ministry of Health and other donors and stakeholders.

A two week technical assistance during September 1998 was given by Gideon Nzoka MIS specialist from FPLM Kenya and Beatriz Ayala Logistics Advisor from John Snow Inc, FPLM Washington DC. During the technical assistance the consultants spent a week in Nampula in the north of the country to examine the opportunities and challenges of providing community based distribution in this populated and deprived area of the country.

Community based distribution of contraceptive commodities has been recognized as a key to improving clients' continued and continual access to and use of family planning services. Thus it was decided to embark upon the start-up of such activities in pilot provinces of the country.

The purpose of this particular technical assistance trip was therefore to not only continue with building up of the Mozambican MOH and mission capacities in ensuring continuous availability of commodities at the central level but to look critically at issues affecting the startup of a community based distribution project in Nampula province and, having identified these issues, pull resources from MOH, and all other stakeholders and address them.

2. OBJECTIVES

During the technical assistance, three main objectives were addressed as per the Scope of Work in Appendix I and the main contact list of those people interviewed are in Appendix II.

1. Assist the mission and MOH in improving their capability to make rational projections of contraceptive needs, and share the growing burden of contraceptive procurement with other donors by serving as a catalyst for the mission/MOH/donor meeting (to be held towards the end of the Technical Assistance) on contraceptive forecasting and thereby facilitate multi-donor, coordinated inputs to sustain the pipeline over the next three years.
2. To meet with USAID and MOH officials in Maputo and to visit the Private Voluntary Organizations (PVO II project) areas in Nampula province to review the constraints of the current logistics system and assist with the design of a logistics system for implementation of a pilot Community Based Distribution (CBD) for contraceptives.

3. Demonstrate available forecasting software (Pipeline Monitoring and Procurement Planning (PMPP), ForeCast and Contraceptive Procurement Tables (CPT)) to the mission, MOH and selected donor staff and install and provide training on the software of choice at the mission, MOH and other donor offices.

3. MOH/USAID AND DONOR COMMUNITY SUPPORT

One of the recommendations of previous technical assistance reports (John Wilson, April 1998 and Maureen Comfort, August, 1998) was the formation of a Logistics Improvement Working Group, chaired by the Ministry of Health, and comprising members from the Division of Pharmacy, the major Primary Health Care programmes within the Ministry and those donors already providing public health commodities together with potential new donors. The formation of such a working group would provide a useful forum for the continual presentation and review of commodity requirements projections and identifying and where possible to co-ordinate procurement. Due to the current dire need of donor commitments for the provision of commodities for the year 1999, it was decided that such a meeting was crucial for the Ministry's FP programme.

During the visit, the consultants in collaboration with the USAID mission, assisted the MOH in organizing a meeting of this working group, at which projections of contraceptive commodity requirements were to be brought up, not only for informing all the donors, but also for discussion by all the stakeholders in the provision of commodities for the Ministry of Health's Primary Health Care programmes. The MOH presentation including commodity projections for 1999 is in Appendix III and supportive information is in Appendix IV.

The meeting, chaired by the FP Programme Manager, was attended by the Director of the Division of Family Health and had participants from the MOH, USAID, PSI, World Vision, GTZ, UNFPA, Italian Co-operation and the World Bank.

The FP Programme Manager presented charts showing a summary of the contraceptives commodity offtake at provincial level, from 1993-1997. The projection showed a dramatic increase in the popularity of the injectable method, and a significant increase in the consumption of oral contraceptives, whilst the use of the IUD has been declining since 1995. She also presented a pie chart showing the method mix of contraceptives used in Mozambique during this period, which showed that 55% of contraceptive users were on the Depo-Provera injectable, while pills accounted for 29% of offtake, 21% of users favoured the IUD.

The FP Programme Manager also presented the forecast of contraceptive commodity requirements for the year 1999 and presented the rationale behind each commodity projection. The estimates showed that at the end of 1998, there will be a stock out of all commodities except for Depo-Provera, (with a end of year balance of 73,000 vials) and Copper T units to last the country over five years. The projections included a 12-month buffer stock and showed clearly the US dollar value of the commodities required to meet the commodity shortfall for 1999. A total of about 2 million dollars worth of commodities are required to sustain the FP programme through the year 1999. The Programme Manager explained that the projections had not taken into account any new CBD-related activities or mobile services as provided by World Vision and Safe the Children Fund, and included only modest increases in commodity offtake. After her presentation, a discussion on the issues raised took place.

Issues raised included the fact that it was necessary for the number of commodity donors to be increased (presently USAID and UNFPA) especially to include donors who may not necessarily have enough funds to take the full burden for the provision of any one particular commodity. The idea of the Ministry to facilitate the creation of contraceptive procurement accounts to which donors may subscribe to support the ever increasing demand for commodities may alleviate the lack of commodities. The Ministry undertook to take up this issue with the higher Ministerial levels and with the Pharmacy department of the Ministry.

There is over \$25 million available as World Bank IDA credits which could be used for the procurement of contraceptive commodities. The Ministry may be able to tap into these resources available in the grant component of IDA credits.

The meeting agreed that, in order to ensure that contraceptive commodity procurement was given the right priority, especially in the light of the many other seemingly more pressing health sector requirements; it was necessary that the working group was able to meet regularly to plan and procure according to current pipeline needs.

The need to forecast contraceptive commodity requirements for new initiatives such as community based distribution activities, which would give a clear picture of the actual commodity requirements is also important. The promotion of condom use, not only as a family planning method but also STD prevention and HIV infection was also brought up, as was the importance of introducing dual methods (such as condoms and pills for MCH/FP clients) in the face of the HIV pandemic and given that a large number of the countries bordering Mozambique have a very high HIV prevalence rate.

The FP Programme Manager explained that the decrease in the offtake of the IUD was caused by the lack of other necessary consumables such as gloves, lotion and MCH/FP equipment and suggested that IUD insertions be carried out only at facilities that have the requisite commodities and equipment. It was suggested that perhaps the IUD should be repackaged in the form of a kit that would contain all the necessary consumables for its appropriate and beneficial use. The meeting also noted that there were no Norplant implants in the system, meaning that those that needed this method of Family Planning had to obtain them from the private sector.

The Family Planning Logistics Working Group will meet regularly (next meeting to take place on 27th October, 1998) and issues brought up by the participants to be reported and followed up at the next meeting.

4. SOFTWARE PROVISION FOR MOH AND USAID

Another specific component of the Scope of Work for this technical assistance was to demonstrate available forecasting software (PMPP, ForeCast and CPT) to the mission, MOH and selected donor staff and install and provide training on the software of choice at the mission, MOH and other donor offices. The CPT and PMPP software were developed by JSI/FPLM for use at field offices to produce USAID Mission Contraceptive Procurement Tables (CPTs) and monitor the flow of contraceptive commodities from planning to delivery, respectively. ForeCast for Windows was developed at the FPLM Kenya field office and is used to monitor the flow of commodities right from donor commitments, through ordering, shipping,

clearing and delivery at the MOH warehouse. The software is also used to bring together key Ministry and donor FP programme players and collaborate in ensuring rational estimation of commodity distribution needs while at the same time making all donors aware of what the FP programme constraints in commodity provision were.

Copies of all the software made available at both the Mission and the Ministry of Health. Unfortunately the diskettes for the DOS-based NewCPT software appeared corrupted and it was thus impossible to install this software at the Mission. The Mission was given the latest version of the PMPP software, which had already been installed on their computer and they were provided with the latest PMPP documentation in English and Spanish since no Portuguese version is currently available.

The consultants met with the mission and Ministry of Health personnel to discuss and demonstrate all the available software. Both the USAID mission and the MOH requested the ForeCast for Windows software to be installed on their computer system, since it is user friendly and met their more immediate forecasting needs. During the technical assistance both users also suggested immediate system improvements which were implemented. Further system improvements will take place following the technical assistance and the enhanced version will be sent to both the Mission and the MOH.

During the two week visit, initial training was also conducted at the Ministry (MISAU/FP) on the use of the above software packages. An earlier intention to translate the software into Portuguese while in-country was deferred until the system has been finalized.

5. NAMPULA PROVINCE

The consultants visited the Nampula Province in the north of Mozambique from 13 through 18 September, 1998 (see Appendix V). Throughout their stay, they were supported through Pathfinder's provincial coordinator, Rita Malkki who organized visits to all relevant sites and organizations and were accompanied by the project officer throughout.

Nampula was chosen because it is the second most heavily populated province (according to the 1997 Census, 19.5% of all Mozambicans live in this province). It also has a very low contraceptive prevalence rate (CPR), with an average of 2% of women of childbearing age use a modern method of contraceptive although the country's average is 5.6%. Furthermore, according to the 1997 Demographic Health Survey (DHS) 45% of women and 40.6% of men either wanted no more children or did not want one within the next two years.

According to CARE's unpublished Situation Analysis Report, there are only seven health facilities with maternities which offer family planning services in three target districts in Nampula (Malema, Mecubiri and Ribaue) and health facilities. In 1990, it was estimated there was only one MCH health care provider per 27,200 population in rural areas in Mozambique (UNFPA, 1995).

Since such low CPR is unacceptable, and results in a large unmet family planning demand, a number of PVOs (Pathfinder, CARE, World Vision, Save the Children Fund, PSI, Concern and PACT) and local NGOs (SALAMA and AMODEFA) intend to set up community based distribution systems in the near future. World Vision in Zambia, SEATS in GAZA province have already started community based activities.

6. FINDINGS

The main problems faced in Nampula Province reflect those of other provinces. Although the consultants made a one week visit to the province, extensive visits and consultations were conducted through the auspices of Pathfinder International and seem to reflect the reality of the country.

Four broad issues have been identified as those which need special attention, in order for the MOH to be able to provide a reasonable level of Family Planning Service to the country as a whole and thus, increase the Contraceptive Prevalence Rate (CPR) of the country.

- A. Logistics System

- B. Contraceptive Management
 - Method mix
 - Condoms
 - Orals
 - IUDs
 - Injectables

- C. Human Resources

- D. Policy Issues

A. LOGISTICS SYSTEM

Throughout the system examined, central, provincial, district levels and hospital, health centres and health posts there is some understanding of record keeping and contraceptive requisitions. It was observed good compliance with filling the monthly reports and having them accessible for subsequent use. All places were attended even by the bare minimum of health staff and were all very helpful and informative.

Due to lack of an appropriate logistics system, the flow of contraceptives from Maputo to the delivery points have always been haphazard and unreliable. At Provincial level there is no transport to distribute commodities to the districts, and only those fortunate to have vehicles available, are able to go to the Provincial deposit to collect. Likewise, hospitals and health centres are able to pick up commodities if they have some means of transport. Those which are inaccessible have very little opportunity to obtain commodities in a continuous basis.

The stores in which the commodities were kept were usually adequate in space but not always in the appropriate manner as it was found contraceptives either mixed with other commodities or kept in unventilated and disorganized facilities. Lack of cleanliness was also observed.

Since there is no 'formal' logistics system in place, health workers, particularly the MCH nurses have little logistics training, and thus, each facility visited kept their own records and requested as needed. No maximum or minimum stock levels have been established, nor an emergency order point, however, there is an established level of 12 months of stock at the Central Level, 6 at the Province and 4 at the District which are not complied with due to the scarcity of

contraceptive commodities. Requisitions are usually given monthly and provided transport is available, the collection takes place on the same day. If the amount is not sufficient due to unexpected demand or miscalculations, an emergency stock is usually supplied.

B. CONTRACEPTIVE MANAGEMENT

A number of issues were raised regarding not only the continuous availability of contraceptives, but also the method mix. This section has been divided into each contraceptive currently offered in Mozambique. However, the major issue that affects every type of contraceptive method provided is the lack of coordinated donor support to procure adequate levels of commodities to satisfy the enormous -potential- demand of the country. So far, the Family Planning Programme make do with whatever amounts are given through the assistance of USAID and the UNFPA, however, this has not been sufficient as per recent stock out reports.

▶ **Method Mix**

Currently, the method mix in Mozambique is very limited. Only one oral contraceptive (lofemenal) was consistently found (some small quantities of microlut and neogynon were also found), injectable depo-provera, condoms and IUDs. There were no progestin only orals for lactating mothers or vaginal foaming tablets (VFTs) at the MOH's sites visited. At the time of the visit MEDIMOC Nampula had available VFT for purchase.

▶ **Condoms**

Condoms requested for family planning, are usually taken from the STD/HIV stocks, as there is no provision for condoms for family planning. Culturally, there is a strong reluctance for condom use in Mozambique, and therefore, their use has not been encouraged so far by the Ministry of Health as a viable family planning method.

▶ **Orals**

Currently, lofemenal is the only low dose pill available continuously, however, microgynon and microlut have been available intermittently. Oral contraceptives are 27% of the total contraceptive mix.

▶ **Intra Uterine Devices (IUDs)**

According to the recent report by J Wilson (FPLM 30 March-2 April 1998), and physical stocks at MEDIMOC, the country has at least five years supply given the current trend in demand. During the visit conducted to Nampula Province, there was found a severe lack of medical equipment and material to make IUD insertions possible in a hygienic and professional manner. IUDs are 11% of the total contraceptive mix.

▶ **Injectables**

62% of the total contraceptive method mix share is taken by depo-provera. Throughout

the consultants visits, depo-provera was always available even if in small quantities.

C. HUMAN RESOURCES

According to the information gathered in Nampula through CARE, Save the Children Fund and World Vision, there is a severe lack of trained MCH nurses. After the war, due to lack of medical staff, the MOH trained elementary nurses ('enfermeiros elementales') which required one year of training and basic nurses which trained for a further year to provide some health services at health posts.

According to Mozambique regulations, they are unable to provide a comprehensive family planning service because they are not trained in family planning. Many of the PVOs interviewed are currently training healers and traditional birth attendants to enable them to serve the community better. As a result, only a few health centres in every district provide family planning services.

D. POLICY ISSUES

The MOH family planning programme was one of the first ones to start in Africa, unfortunately, after the war was over, the enormous demand for services have not been accompanied by increased management capacity and resources. The MOH need to establish policies and guidelines to facilitate PVOs and NGOs work through accessible family planning services at community level by enabling non-family planning trained personnel to dispense contraceptives.

As discussed in section B. Condoms are only available for STD HIV/AIDS and not for family planning. In addition, a wider choice in the contraceptive mix should be provided and sufficient contraceptive stocks should be available as there is a huge 'unmet' need.

7. RECOMMENDATIONS

- A.1. Analysis of the whole logistics distribution system country wide, to establish more 'formal' means of distribution and to enable the newly starting CBDs to obtain on a continuous basis supplies as required. Furthermore, to review their logistics management information systems (LMIS) and set parameters for the information flow at all levels.
- A.2. To ensure at the procurement stage, that commodities arriving in Mozambique have an ample shelf life since in a few instances product needed to be discarded and destroyed due to arriving at provincial, district and clinics and health posts with a very short life.
- B.1. Conduct a pipeline analysis in the first quarter of 1999 to forecast and procure commodities as per Mozambique's need. Organize a donor meeting in which they would have the opportunity to bid for some of the need, as so far their collaboration is pretty disjointed. In addition, to include community based activities and mobile clinic envisaged requirements.

- B.2. To make available a more comprehensive method mix to serve the different needs of existing and prospective clients.
- B.3. For the Family Planning Programme to procure (through the donor community) their own condom stock and promote condom use as a viable contraceptive method. Furthermore, with the planned community based distribution projects by PVOs, anticipated requirements need to be included in new projections.
- B.4. Medical supplies and equipment should have the same importance as the availability of contraceptives themselves, since their absence results in the inability of family planning nurses to provide the service that clients require. In the specific case of IUDs, if these commodities are envisaged to be scarced, a review should be made to pull resources together and offer IUD insertions at limited delivery points where supplies and hygiene levels are adequate and available.
- C.1. For PVOs to continue with the training of health related staff to strengthen family planning service provision.
- D.1. The MOH should actively support the efforts of established PVOs (such as Pathfinder) to set community based programmes and ease the pressure from themselves to provide family planning services.
- D.2. Government policy to address the issue of condoms for both family planning and sexually transmitted diseases and AIDS and to give them the importance they deserve through IEC materials and either local or country wide campaigns.
- D.3. Resources should be available to the Family Planning Programme to conduct a campaign with the assistance of established PVOs to raise the profile of family planning and thus, family planning services. Help could also be provided through the Policy Project of The Futures Group.
- D.4. To keep the momentum of the Family Planning Logistics Improvement Working Group by solving the issues raised and follow through those which require a larger donor forum to solve. To continue with regular monthly meetings.

Given the recommendations above, Pathfinder, CARE and other PVOs should continue with their efforts in Nampula province to establish community based distribution systems concurrently with other activities at National level, such as a comprehensive logistics assessment and MOH procurement strategies and planning. Training curriculum should be developed to include basic logistics concepts and practices for health personnel and community based 'activistas'. An estimation of contraceptive requirement should be submitted to the MOH by the beginning of 1999 for the requirement to be included in the yearly forecasting and pipeline planning exercise.

Finally, it is recommended that PVOs submit to the MOH family planning programme, information pertaining their planned CBD activities, to include, geographical area, population, number of clients to be expected to serve and an estimated level of contraceptive consumption envisaged to be used for the period of 1999 and 2000.

APPENDIX SECTION

APPENDIX I SCOPE OF WORK

The purpose of the assistance is twofold:

1. To assist the mission and MOH in improving their capability to make rational projections of contraceptive needs, and share the growing burden of contraceptive procurement with other donors. In this regard the TDY team will:
 - a. Assess the current contraceptive supply status
 - b. Demonstrate available forecasting software (PMPP, Forecast and CPT) to mission, MOH and donor staff
 - c. Install and provide training on the software of choice (maybe more than one) at the mission, MOH and possibly other donor offices
 - d. Provide a catalyst for the mission/MOH/donor meeting (to be held towards the end of the TDY) on contraceptive forecasting and thereby facilitate multi-donor, coordinated inputs to sustain the pipeline over the next three years.
2. To meet with USAID and MOH officials in Maputo and to visit the PVO II project areas in Nampula Province to review the constraints of the current logistics system and assist with the design of a logistics system for implementation of a pilot CBD project for contraceptives.

APPENDIX II LIST OF PRINCIPAL CONTACTS

V. Coelho	Implementation Specialist	USAID/Maputo
R. Osmanski	TAACS Advisor for Health and Population	USAID/Maputo
Dr. M. Callu	Activity Manager	USAID/Maputo
K. Rockman	Team Leader	USAID/Maputo
Dr. A. Libombo	Family Planning Programme Manager	MOH/Maputo
M. T. Nictarino	Family Planning Logistics	MOH/Maputo
Dr. L. Guarenti	Reproduction Health Advisor MOH	Royal Tropical Institute/ UNFPA Mozambique
E. Rwamasheija	Women's Health Advisor	MISAU/UNFPA
A. Schrttenbrunner	Advisor	GTZ
Dr. R. Malkki	Provincial Programme Coordinator	Pathfinder Int/Nampula
M. C. Cabadas	Programme Officer	Pathfinder Int/Nampula
Dr. M. Valdez	Technical Coordinator	Pathfinder Int/Nampula
Dr. A. Anaumana	Provincial Director of Health	MOH/Nampula
L. Do Silva	Provincial MCH Coordinator	MOH/Nampula
H. M. Xavier	Provincial Deposit Manager	Nampula Deposit
A. M. Gaitoa	Provincial Pharmacy Manager	Nampula Deposit
T. Jaime	Elemental Nurse	25 Sept Health C/Nampula
J. Cabral	MCH Nurse	25 Sept Health C/Nampula
M. A. Hilário	MCH Nurse and MCH Co-ordinator	25 Sept Health C/Nampula
J. M. Joao	AIDS/DTS Co-ordinator	25 Sept Health C/Nampula
T. Fumo	Manager	MEDIMOC/Nampula
Dr. F. Ibo	District Health Director	MOH/Ribaue District
A. da C. Monteiro	District MCH Nurse	Ribaue Hospital
E. S. Magaia	Nurse	Ribaue Hospital
J. Pauleque	MCH Nurse	Iapala Health Centre
Dr. Elias	Doctor in Charge	Iapala Health Centre
J. Lane	RH Project Manager	CARE/Nampula
M. Feeney	Health Sector Coordinator	Save the Children/Nacala
F. Ricardito Albino	MCH Coordinator	Save the Children/Nacala
Dr. J. Daniel	Clinic Doctor	Dist Hospital/Nacala a Velha
Arminda	MCH Nurse	Dist Hospital/Nacala a Velha
I. Esquivel	Deputy Director for Health and Nutrition	World Vision/Nampula
M. De Souza	Provincial Manager for Health and Nutrition	World Vision/Nampula
E. Fulane	Pharmacy Technician	MEDIMOC/Maputo
V. Vilanculos	Administrative Director	PSI/Mozambique
D. Ferro	Sales and Logistics Assistant	PSI/Mozambique
A. Manguale	National Health Director	MOH/Maputo
M. I. Newsome	Health Director	World Vision International
A. Sitoi	Liaison Officer	World Vision International
R. Ronda		MEDIMOC
K. Kostermans	Public Health Specialist	World Bank
F. Regúles	Advisor	DF-SDC
A. Bortolan	Health Advisor	Coop. Italiana
R. Marlene		MISAU/DEE
B. Matavel	IEC Department	PSI/Maputo

MINISTRY OF HEALTH
FAMILY HEALTH DIVISION
Contraceptive Commodity Projections - 1999

COMMODITY/METHOD	1999 Projected Distribution	12 month Buffer Stock	Total Requirement
DEPO-PROVERA	566,555	566,555	1,133,110
LO-FEMENAL	430,000	430,000	860,000
MICROGYNON	630,000	630,000	1,260,000
COPPER T	14,000	14,000	28,000
MICROLUT	350,000	350,000	700,000
NEOGYNON		-	-
CONDOMS (for FP)	10,000,000	10,000,000	20,000,000
CONDOMS (for Social Marketing)	26,000,000	26,000,000	52,000,000

COMMODITY/METHOD	Balance On 21st Sept	Distribution till Dec 31st	Balance at End of 1998
DEPO-PROVERA	357,100	283,278	73,822
LO-FEMENAL	91,400	91,400	-
MICROGYNON	132,000	132,000	-
COPPER T	50,375	-	50,375
MICROLUT	60,000	60,000	-
NEOGYNON	66,000	66,000	-
CONDOMS (for FP)	???	????	
CONDOMS (for Social Marketing)	1,360,000	????	?????

COMMODITY/METHOD	1999 Requirement	Commitments from Donors	Shortfall	Unit Cost (USD)	Total Cost(USD)
DEPO-PROVERA	1,059,288	475,000	584,288	0.9	525,859
LO-FEMENAL	860,000		860,000	0.35	301,000
MICROGYNON	1,260,000	350,000	910,000	0.35	318,500
COPPER T	-		-		-
MICROLUT	700,000	200,000	500,000	0.4	200,000
NEOGYNON	-		-		-
CONDOMS (for FP)	20,000,000	3,940,000	16,060,000	0.03	481,800
CONDOMS (for Social Marketing)	????	????	????		
Total					1,827,159

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**MINISTRY OF HEALTH
Family Health Division**

**1999 Contraceptive
Commodity Projections**

COMMODITY/ETHIC	1999 Projected Distribution	12 month buffer stock	Total Requirements
DEPO-PROVERA	985,500	985,500	1,971,000
LO-FEMENAL	420,000	420,000	840,000
MICROGYNON	620,000	620,000	1,240,000
COPPER I	14,000	14,000	28,000
MICROLUT	790,000	790,000	1,580,000
MICROGYNON			
CONDOMS (per FP)	10,000,000	10,000,000	20,000,000
CONDOMS (per Social Marketing)	20,000,000	20,000,000	40,000,000

COMMODITY/ETHIC	Balance On 31st Sept	Distribution 10 Dec 98	Balance at End of 1998
DEPO-PROVERA	357,140	283,270	70,870
LO-FEMENAL	91,000	91,000	
MICROGYNON	122,000	122,000	
COPPER I	20,270	20,270	0,000
MICROLUT	60,000	60,000	
MICROGYNON	60,000	60,000	
CONDOMS (per FP)	777	7777	
CONDOMS (per Social Marketing)	1,300,000	7777	

COMMODITY/ETHIC	1999 Requirements	Commitments from Donors	Shortfall	Unit Cost USD	Total Commit. USD
DEPO-PROVERA	1,971,000	670,000	1,301,000	0.9	1,170,900
LO-FEMENAL	840,000	840,000	0.00	0.26	218,400
MICROGYNON	1,240,000	350,000	890,000	0.26	231,400
COPPER I	28,000	28,000	0.00	0.4	11,200
MICROLUT	1,580,000	200,000	1,380,000	0.4	552,000
MICROGYNON					
CONDOMS (per FP)	20,000,000	1,000,000	19,000,000	0.02	380,000
CONDOMS (per Social Marketing)	7777	7777			
Total					1,827,100

Notes on Commodity Projections:

DEPO PROVERA:

- 17% distribution increment in 1998/99.
- 1996/97 distribution increment was 32%.
- Projection includes 12-month buffer stock.

Notes on Commodity Projections:

LO-FEMENAL

- Stockout from March to August, 1998.
- 300,000 received in August will all be distributed by the end of the year.
- Projection does not include new CBD activities.
- Projection includes 12-month buffer stock.

Notes on Commodity Projections:

MICROGYNON

- Stockout at beginning of year. We have never had enough in the system.
- Projection does not include new CBD activities.
- Projection includes 12-month buffer stock.

Notes on Commodity Projections:

Copper T IUD

- Distribution/Consumption has been declining steadily since 1995.
- More than 5 year supply at beginning of 1998.
- Its use in the FP programme needs to be re-considered.

Notes on Commodity Projections:

MICROLUT

- Important for lactating mothers.
- Stockout at beginning of year. We have **never** had enough in the system.
- Projection **does not** include new CBD activities.
- Projection includes 12-month buffer stock.

Notes on Commodity Projections:

NEOGYNON

- High Dose Pill to be phased out of FP program, same as Triphasic pills

Notes on Commodity Projections:

CONDOMS (for FP)

- not identified as FP method, not promoted as such, needs to be available in poor rural areas
- Client access at facility level questionable
- Difficult to assess actual requirement
- CBD promotion **essential**.

Notes on Commodity Projections:

CONDOMS (for Social Marketing)

- Immensely important for HIV/STD prevention
- distribution has increased dramatically
- need to identify a way of sustaining availability
- CBD promotion **essential**.

APPENDIX V VISIT TO NAMPULA PROVINCE

COMMUNITY BASED DISTRIBUTION (CBD) LOGISTICS SYSTEM ASSESSMENT

The consultants visited the Nampula Province in the north of Mozambique from 13 through 18 September, 1998. Throughout their stay, they were supported mainly through Pathfinder's provincial coordinator, Rita Malkki who organized visits to all relevant sites and organizations.

1. Nampula City, Director Provincial de Saúde (DPS)

Visits were arranged to meet with most of these organizations and every opportunity was taken to visit health centres and health posts. Discussions were held with both the Director Provincial de Saúde, and the Provincial Mother and Child Health Coordinator, at which major family planning service delivery constraints were brought up. One major constraint which was evident throughout the facilities visited and was invariably brought up by the MISAU staff interviewed at facility, district and provincial levels, is the acute shortage of staff who are adequately trained to provide MCH/FP services. As a result, only a handful of facilities in the 21 districts of Nampula province are able to provide family planning services. This particular constraint is further compounded by MISAU's insistence that family planning commodities can only be supplied by trained SMI (MCH) nurses.

Another major concern of the province is the lack of client choice as the only oral contraceptive which is provided is the USAID provided low-dose pill, Lo-Femenal. Microgynon, a pharmacologically similar product has been available on and off. The progestin only pill, Microlut, for lactating mothers is also not available, a factor that can have serious repercussions in any family planning programme.

Despite evidence to the contrary at all the health facilities visited, the MISAU Provincial staff indicated that it was official Ministry policy to ensure that condoms were distributed and available at every health facility level.

◆ Provincial Deposit

The depository is supplied on a quarterly basis by MEDIMOC, a parastatal which on behalf of the Ministry of Health distributes essential drugs kits and contraceptives up to the Provincial level. Although the province does not receive sufficient stocks to meet their needs, the depository manager rationalizes the resources to ensure that all 21 districts, provincial hospital and state run pharmacies are adequately supplied. The essential drugs and medicines are collected by the individual district, hospital or pharmacy on a quarterly basis. Contraceptives are handled separately by the Director Provincial de Saúde (DPS) except for condoms which are exclusively for the use of the HIV/AIDS programme, the DTS SIDA (Programa Nacional de Doliências Transmissão Sexual SIDA) due to scarce supplies.

A physical count was conducted and bin cards were requested to ascertain their stock status and record keeping. All bincards (except the one for condoms, which is kept and maintained by the HIV/AIDS program) were found to be up to date and accurate. 32,000 vials of expired Depo-Provera (1995) were counted. Apparently they were delivered at the store too close to their expiry date. It was mentioned this had been a common problem and therefore they request

regularly the destruction of all expired and damaged commodities.

Contraceptive Stock Levels:

Latest Receipt of contraceptives – from MEDIMOC, Maputo - 1st Sept 1998

Depo-Provera

Issues from 24 th April 1998 to 19 th July 1998:	15,000
Received on 1 st Sept 1998:	10,000
Balance on hand:	12,800 (expiry: 1999 and 2002)
Months on hand:	2.45

Lo Femenal

Issues from 24 th April 1998 to 10 th July 1998:	11,321
Received on 1 st Sept, 1998:	20,400
Balance on hand:	21,330 (Expiry: 2003)
Month on hand:	4.84

Neogynon

Balance on 24 th April 1998:	3,000
Issued on 10 th July, 1998:	3,000
Balance on hand:	Nil
Months on Hand:	0

Copper T

Issues from 24 th April 1998 to 19 th August, 1998:	400
Received on 1 st Sept 1998:	4,000
Balance on hand:	5,600 (Expiry: 2000)
Months on Hand:	54.6

Condoms

Balance on hand:	156,000 (Expiry: 2002)
Bincard not available	

Overall good storage practices were observed and the manager and stock keeper were informed and helpful. The depository consisted of a ground floor and a basement. The ground floor was clean, palletized and racked, displaying labels and expiry dates and up-to-date and accurate bincards. The basement had a water leak and most of the commodities were not palletized or racked. It was here that the bulkier, damaged and expired commodities were stored.

◆ Centro de Saúde 25 do Setembro

At the health centre family planning and maternal and child health care services are provided in addition to pre-natal and post partum care and a maternity with 23 beds. This health centre depicts what might be reality in other centres around the country especially the urban centres.

The very crowded place, full with clients had only one nurse in charge of MCH activities and therefore had to take care of the patients, the records and contraceptive stocks. There was a stock out of Microlut, Neogynon and Microgynon which they tend to obtain at irregular intervals. Lo-Femenal supplied by USAID was the only oral contraceptive available. Since they have a vehicle at their service, assigned to their maternity services, they are able to request and collect monthly requirements of contraceptives from the Provincial Deposit contraceptives whenever they needed to. There is no minimum or maximum stock level set, nor there is an emergency order point. The request takes into account only what has been dispensed that month and the order is for that same quantity for the next month. If the stock is low, they go again to collect more. Being in Nampula city, the requests are supplied that same day and usually they obtain the contraceptives required.

Their store was adequate in size yet unclean and disorganized. Apart from contraceptive stocks (which had no bin cards) there were blankets, rice, soap, oil and sugar all stored together. Condoms are exclusively provided for patients with STDs and AIDS who visit the health post. However, there is no dispensing protocol, no stock management or formal account of condoms dispensed to clients. The medical technician, indicated there were no record keeping of receipts or dispensed to clients. Furthermore, there was no recollection as to the amount of condoms in store as they were kept in various places throughout the centre. The condoms were either provided from the Provincial Deposit or taken from the essential drug kits. Upon inspection of their stocks, they were found to have no expiry date and might have come as a one off donation from South Africa.

Contraceptive Stocks:

Depo-Provera	425	0.8 months on hand
Lo-Femenal Pills	1,200	1.3 months on hand
Copper T 380A	22	2.2 months on hand
Condoms	4,000 (approx)	no consumption figures available

◆ MEDIMOC

MEDIMOC procures and distributes to provincial level on behalf of the Ministry of Health. Their main activity is the export and importation of health supplies both for public and private sectors.

MEDIMOC Nampula has no transport and therefore hires vehicles when supplies arrive by boat at the port of Nacala. They have a provision of contraceptives which they sell in the private pharmacies, namely orals (Microgynon) and vaginal foaming tablets (Rendells). Their stocks were well organized and racked and ranged from common medical compositions to even deodorant sprays. The size and volume of stock at the MEDIMOC warehouse was considerably less than that of the Provincial Deposit.

◆ World Vision

World Vision is the largest PVO in the country since the end of the war. Starting their activities 12 years ago during the emergency period, building temporary hospitals and providing emergency care and child nutrition, they have a substantial impact in the community today by providing services in agriculture, health, water, road infrastructure, microenterprise development and commercialization. The health budget is 15% of the total. Since 1996 there has been a transition in their activities, from emergency to development.

Their main focus in the area of health is the mother and child survival project which will run until the end of 2001, being a five year project, and is community focused. They have two mobile units per district for pre-natal consultations, vaccinations, some family planning and monitoring. The mobile units have an EPI person, a driver, a nurse and a health educator and visit all villages further than 15 kms from the city and visit every village every three months. Some smaller districts made bi-monthly visits.

Largely, the main problem for providing contraceptives from the mobile units which so far are the ones reaching all communities in the Nampula province, is the lack of policy guidelines from part of the Ministry of Health to allow them to dispense oral contraceptives. Currently, the units are able to dispense condoms and injectables, however, under the MOH regulations, only a nurse with Family Planning training is able to dispense orals, as there should be an extensive first consultation provided by a professional. Since the mobile unit visit a village every two or three months, and on the first visit there is only one cycle given, it is impossible under these circumstances to provide oral contraceptive services. Furthermore, MCH nurses are very scarce and there is no more MCH nurse training, therefore, the Family Planning programme and the MOH decision makers should establish policy decisions for the benefit of the community and taking into consideration the resources with which they count.

2. Ribaué District, Nampula Province

Throughout the day visit to Ribaué the consultants were accompanied by the CARE Reproductive Health Project Manager, a Pathfinder Programme Officer and the Ribaué District Health Director. Out of six facilities in the district, only two offered family planning services, the Ribaué district hospital and the catholic mission at Iapala.

◆ Ribaué District Hospital

At this 32 bed District Hospital (with a 10-bed maternity that sometimes has 15 patients) there was only one nurse to cope with the demand of most of the district family planning services. One other nurse from a USAID funded local NGO - SALAMA - was assisting. Ribaué district has a population of 131,000, however, the hospital provides family planning services to few clients since it is not seen as a culturally acceptable.

Their logistics system had no minimum or maximum stock levels, no resupply period, or emergency stock supply. They however, kept good records and adequate stocks depending on their monthly dispensed to user data, it usually took place every month, but it was not unusual to request contraceptives from the provincial level twice every month or every second month. As the hospital had their own vehicle, they were able to request and collect contraceptives as needed.

Contraceptive stocks:

Depo-Provera	200	1.3 months of stock	(expiry:1999)
Condoms	200	1.2 months of stock	(expiry:2002)
Neogynon	45	difficult to tell individual months	(expiry:2001)
Lo-Femeral	98	on hand as they are reported together	(expiry:1999)
Copper T 380A	7	0.9 months on hand	(3 exp 1997, 4 exp 2000)

Depo-Provera and Lo-Femenal were the most popular contraceptive methods available. Copper T IUDs were hardly inserted not because they were not requested, but due to the lack of medical supplies and equipment. Condoms were available but not used for Family Planning. Earlier this year all condoms were distributed at a local secondary school.

◆ Iapala Health Centre

The health centre receives extensive support from the Catholic Mission which ensures a continuous flow of supply by providing transport for the collection of contraceptive commodities and other resources which other health posts cannot count on. According to the nurse they see on average 10 new clients per month.

Depo-Provera and Lo-Femenal are the two main contraceptives they use. Their stocks are kept at the pharmacy *in situ*, and requested monthly from the Ribaue district hospital. Condoms were not available on the day the facility was visited.

Contraceptive Stocks:

Depo -Provera	72	(expiry: 1999)
Neogynon	60	(expiry:2001)
Lo-Femenal	4	(expiry:1999)

No consumption records available, hence it was not possible to calculate months on hand.

3. Nacala District

The consultants went to Nacala district accompanied by the Pathfinder programme officer to interview the Save the Children Fund project in Nacala which intends to start their own CBD programmes. The health centres at Nacala was also visited.

◆ Save the Children Fund

The Save the Children Fund (SCF) started its activities in Nacala-Velha, Nacala Alta and Baixa and Memba districts of Nampula province in 1996. Their activities involve basic Public Health Care service provision programmes. The districts were chosen because of the acute dire need of public health services, being the poorest districts in Mozambique. According to the last DHS, children in Nacala were up to five times more likely to die before the attaining the age of five in this district than anywhere else in the country. The level of FP awareness is also very low, with a contraceptive prevalence rate for modern methods of 3%, despite the fact that 55% of the mothers interviewed thought that child-spacing was a good idea and only 60% of them had even heard of child spacing. The one district hospital, two health centres and six health posts are also very poorly equipped.

SCF activities have included training of Community Health Workers. So far they have trained 136 out of 400 targeted in Nacala and they intend to later train another 600 in Memba district. SCF also has nutrition activities and mobile brigades who participate in vaccination, growth monitoring and health education activities. SCF plans to initiate training for traditional birth attendants and healers.

◆ Centro de Saúde de Nacala-Velha

This poorly resourced facility with a 10-bed maternity is located about a half-hour's drive from the port of Nacala. The facility's SMI (MCH) nurse reported that the facility lacked the transport resources to collect commodities from Nampula and was often stocked out for long periods before receiving supplies. On the day visited the health centre had only 2 IUDs in stock and no pills or Depo-Provera, though according to their last report they had 11 cycles of Lofemenal and 6 IUDs at the end of August, 1998. They had a stock of about 180 condoms, 100 from USAID and about 80 that came from the Essential Drugs kit. The facility's only MCH nurse had just come back from maternity leave and it was apparent that no FP activities had been going on in her absence. They complained that though they had clients that came from as far as 50 kilometres away they often had no stocks due to lack of transport resources and supplies.

APPENDIX IV ANCILLIARY INFORMATION

The figures used for the table in Appendix IV were taken from physical inventories both at MEDIMOC and at PSI's stores and are as follows:

A. Commodity Balances at the Maputo MEDIMOC Warehouse (Sept 21st)

Depo-Provera	252,100
Lo-Femeenal	91,400
Copper T	50,375

Condoms stored at another warehouse and not available for counting

Commodities in-country but not yet at the warehouse (UNFPA):

Microgynon	132,000
Depo-Provera	105,000
Microlut	60,000
Neogynon	66,000

B. Balance at PSI Warehouse: 1,360,000

PSI Condom Shipments expected between now and June, 1999 : approx 17,000,000

This report provides findings and recommendations for an improved logistics system able to cope with the huge 'unmet' demand which clearly exists. Furthermore, in an effort to fill the contraceptive pipeline, donor meetings were organised and executed to coordinate and request commodities from the donor community.