



Memorandum

Date May 9, 1981

From Jack L. Graves, Chief, Management Analysis Section, Program Evaluation Branch (PEB), Family Planning Evaluation Division (FPED)

Subject Foreign Trip Report (AID/RSSA): Thailand, March 24-31, 1981

To William H. Foege, M.D.,
Director, Centers for Disease Control (CDC)
Through: Horace G. Ogden
Director, Center for Health Promotion and Education (CHPE) *[Signature]*

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
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SUMMARY

The purpose of this trip to Thailand was to assist the family planning program with logistics problems. Also it was to follow up my previous consultation in December 1980. The program is making progress on implementing the recommendations made on the first trip. A national inventory of family planning supplies has been conducted, and analysis of the results should be available in April. Plans are going forward to add three regional warehouses to the system by October; this should relieve the congestion that now exists in the central warehouse. Program managers and other government officials are actively seeking solutions to the problem of procuring an increasing quantity of contraceptives as the program expands. The most serious problem remaining is to establish improved procedures for managing the large quantities of items used by the program. Senior officials indicated that they are aware of these problems and would take steps to correct them in a timely fashion.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Bangkok, March 24-31, 1981

This trip was made at the request of USAID/Thailand, AID/FPED/Washington, and the Family Health Division, Ministry of Health, Government of Thailand. It was in conjunction with a trip to Dacca, Bangladesh and was in accordance with the Resource Support Services Agreement between AID/FPED and CDC/CHPE/FPED. The consultation provided in Bangladesh will be the subject of a separate report.

The purpose of the trip was to follow up on my previous trip made November 12 to December 12, 1980 (see Foreign Trip Report: Thailand,

January 9, 1981). More specifically, it was to review progress on recommendations previously made and to assist with the completion of the contraceptive procurement tables for the FY 1982 Annual Budget Submission.

II. PRINCIPAL CONTACTS

A. USAID/Thailand

1. Henry D. Merrill, Public Health Advisor
2. David A. Oot, Population Advisor
3. Surindr Satchakul, Assistant Project Officer
4. Karoon Rugvanichje, Assistant Project Officer
5. Charunee Bejrakashem, Administrative Assistant
6. Kanda Saraskulwat, Administrative Assistant

B. Ministry of Health (MOH), Family Health Division (FHD)

1. Dr. Prasert, Director
2. Dr. Suvanee, in charge of the voluntary surgical contraception program
3. Dr. Nonglak, in charge of port clearance
4. Kuhn Nipa, in charge of the supply system

C. Community-Based Family Planning Services

1. Mechai Viravaidya, Director

D. Columbia University

1. Tony Bennett, Population Advisor

III. Activities

Upon arrival in Bangkok I met with David Oot to discuss the purposes of my mission. He informed me that the contraceptive procurement tables had been completed and mailed March 23, 1981. In addition, I was informed that: (1) Dr. Prasert has replaced Dr. Somsak as Director of the FHD. (2) My previous report had been distributed to key persons in the FHD and was favorably received; a meeting had been held to discuss the report, and it was agreed that a comprehensive plan for supply management was needed. (3) The FHD plans to establish three additional warehouses in regional maternal and child health centers; these warehouses will be in addition to existing warehouses in Bangkok and Hangchat, Lampang Province, and are planned to be established by October 1, 1981. (4) The program is now adhering to first-in, first-out (FIFO) at central and regional levels and will install this principal at field locations in the future. (5) A national inventory of contraceptive supplies was conducted on January 1, 1981, and 60 of 72 provinces have submitted reports as of March 25, 1981; the program now has much better data on the quantities of these commodities on

hand. (6) Dr. Prasert and his staff are now considering different methods for procurement of contraceptives in the future, including donors, lenders, and purchase by the MOH. (7) An AID audit of the supply and service statistics components of the family planning program has just been completed, and their findings included the existence of stock imbalances, storage problems, and inaccuracies in the number of continuing users being reported. These were similar to those reported in my previous report.

On Friday, I met with Kuhn Nipa and Dr. Songlak. We spent the day discussing basic logistics principals and how to establish an effective supply system for the program. We also discussed the results of the national inventory and plans for the next inventory to be conducted June 30, 1981. I was told that Tony Bennett was analyzing the inventory figures.

On Saturday I met with Tony Bennett. He said that additional inventory reports had been received, and he expected more to come later. He plans to complete the analysis on or about April 1. None of the data have been field checked for validity. Some of the reports received from provinces were not complete; they ranged from 68 percent to 100 percent of the outlets in the provinces reporting. He discovered on his field trip (just completed) that some of the provincial, district, and local offices had not corrected their records according to the actual count. He felt that the form for conducting semi-annual inventories suggested in my report was adequate and only needed some clarifications in the instructions.

IV. RECOMMENDATIONS

On Monday David Oot, Karoon Rugvanichje and I met with Dr. Prasert and his staff to discuss the results of my visit. The following recommendations were presented for their consideration:

(1) The results of the January inventory should be checked for accuracy and to determine why some locations did not comply. Instructions for the mid-year inventory should be modified to assure that they are clear and that they contain instructions for correcting stock control records. The inventory should be conducted on or about June 30, and taking semi-annual inventories should be established as a routine activity in the program.

(2) The program should proceed with the establishment of the regional warehouses mentioned above.

(3) A list should be made of all items now being managed by the program and those proposed for future management. This list should be reviewed critically by a committee composed of physicians, other technical personnel, and the managers of the logistics system in an effort to reduce the number of items to the minimum necessary for the program. If the final list of items to be managed is in excess of 50, a system

of stock numbers should be devised. This list, with stock numbers, package quantities, and other pertinent information should be circulated to all field locations for their use in making requisitions. Items that could be more easily obtained by local purchase or through the General Pharmaceutical Organization should not be included in the FHD supply system.

(4) The quantities of each item to be managed by the system should be estimated. Estimates should then be made of the maximum quantities to be stored in the central and regional warehouses; space requirements should then be calculated.

(5) A supply system containing instructions for requesting, storing, transporting, issuing, recording, and other basic elements should be designed and documented. The documentation should be in the form of a supply manual, which should be written in different sections for the different program levels; this will allow each location to receive only that portion of the manual that concerns them, thus reducing confusion. These sections should be for (1) outlet (2) district, (3) province, (4) region, and (5) central levels.

(6) When the system is designed, it should be installed at the central program level and a few provinces (not more than one region) on a pilot basis. The system should then be modified as needed and installed all over the country. This will require printing forms and instructions, designing training courses for the different program levels, defining job descriptions and providing staff as needed, and training all those who will have supply management responsibilities.

(7) Since the design and implementation of a supply system for so large a program is a very difficult and complex task, a senior official should be appointed to coordinate these efforts. The person should have strong management capabilities and a working knowledge of logistics.

V. CONCLUDING COMMENTS

The above recommendations are clarifications of, or in addition to, those made in my previous report. The program has already started to implement some of the previous recommendations, and the others should be acted upon at the appropriate time. The officials contacted were well aware of the problems that now exist and indicated a willingness to address them in an orderly manner for their ultimate solutions. It was a pleasure to work in Thailand, and I look forward to returning if there is further need for my services.


Jack L. Graves, M.P.H.