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Developing a Contraceptive Procurement Table in Pakistan



MARCH 2010

This publication was produced for review by the U.S. Agency for International Development. It was prepared by the USAID | DELIVER PROJECT, Task Order I.

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The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

USAID | DELIVER PROJECT, Task Order 1

The USAID | DELIVER PROJECT, Task Order 1, is funded by the U.S. Agency for International Development under contract no. GPO-I-01-06-00007-00, beginning September 29, 2006. Task Order 1 is implemented by John Snow, Inc., in collaboration with PATH; Crown Agents Consultancy, Inc.; Abt Associates; Fuel Logistics Group (Pty) Ltd.; UPS Supply Chain Solutions; The Manoff Group; and 3i Infotech. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operations, and enhancing forecasting and procurement planning. The project also encourages policymakers and donors to support logistics as a critical factor in the overall success of their health care mandates.

Recommended Citation

USAID | DELIVER PROJECT, Task Order 1. 2010. *Developing a Contraceptive Procurement Table in Pakistan*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.

Abstract

This report describes efforts by the USAID | DELIVER PROJECT to assist the government of Pakistan in preparing a national contraceptive forecast by calculating the 2010–2012 commodity needs for contraceptives.

Cover photo: Opening of the Contraceptive Procurement Table dissemination seminar in Pakistan in December 2009.

USAID | DELIVER PROJECT

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Background

In 2008, Pakistan started the process to prepare an updated national health policy. The previous *2001 Health Policy* had been developed during a period of unelected government in Pakistan. During the first half of 2010, consultations about successive drafts of the *National Health Policy 2009* have continued. The policy draft is being shared with provincial chief ministers and provincial governments; final cabinet and national assembly approval of the policy is expected soon.

After the *National Health Policy 2009* is finalized and ratified, the next step will be to prepare national, provincial, and district *strategic frameworks* that fully explain the responsibilities and proposed actions for each of the three tiers of government; the government can then implement the policy and set priorities for all activities and resources.

The USAID | DELIVER PROJECT (the project) has three goals for the policy: (1) improve the performance of the health system, (2) address the weaknesses in the supply management systems, and (3) improve the availability of contraceptives in the public sector in Pakistan. The project will work with the Ministry of Population Welfare (MOPW) and the Ministry of Health (MOH) to achieve contraceptive security through interventions in key focus areas:

- warehouse operations
- procuring contraceptives
- strengthening the logistics management information system (LMIS)
- capacity development and training
- additional supporting activities.

Supply Chain Management

The draft *National Health Policy 2009* comprises a range of policy objectives and actions linked to ensuring access to contraceptives and other health products. The policy action states, “Efficient logistics management system to be developed to store and transport medicines (and other essential supplies) at the national, provincial, district, and facility level.”

A number of persistent supply chain management (SCM) weaknesses prompted this policy action. Especially at the central level and below, many of the stores are poorly designed and lack the basic essential equipment and facilities. In addition to these *physical* constraints, store and inventory management manuals, cards, and other



Group exercise during consultative meeting in December 2009.

basic materials are frequently missing. Standard operating procedures are either not practiced or are not recognized as an integral part of an effective storage system. Most stores are not computerized or are computerized for only specific products.

On November 19, 2008, after a request from the Secretary of the MOPW, a team, comprising the Secretary and Director General (monitoring) from MOPW, representatives from the USAID mission and the USAID | DELIVER PROJECT visited the Central Warehouse and Supply (CW&S) in Karachi. The team toured the warehouse facility and observed warehouse operations. They reviewed and discussed potential improvements in CW&S. The MOPW asked USAID for financial and technical support to carry out these improvements.

Following the team's visit, additional meetings were held with CW&S staff in Karachi and later, with the MOPW officials in Islamabad. Although the team focused on immediate improvements to the CW&S, the discussion also included the requirements needed to support overall contraceptive security—which would ensure the availability of, and access to, quality contraceptives for all Pakistanis. Based on these meetings and discussions and on observations, the team identified key improvement areas for USAID's support.

Key Areas of Improvement

The suggested improvement areas include—

- Improve the central warehouse operations.
- Improve the procurement of contraceptives.
- Strengthen the LMIS.
- Provide more local capacity building and training.
- Provide additional contraceptive security activities, including a contraceptive security assessment, donor and nongovernmental organization (NGO) coordination, and forecasting.

Contraceptive Security Activities

Currently, the MOH and MOPW lack the capacity to forecast accurately. This has a direct effect on contraceptive security and can be attributable to stockouts experienced at various levels. As a result, many Pakistani women who want fewer children and/or want to increase birth spacing are unable to do so because contraceptives are not available when and where they need them. To strengthen the overall supply chain for essential medicines, the workplan for the USAID | DELIVER PROJECT in Pakistan focuses on strengthening local systems, including contraceptive forecasting, procurement and procurement planning, and warehouse and information management for the contraceptive supply chain.

The contraceptive procurement tables (CPTs) are used to reliably estimate contraceptive needs, to develop appropriate procurement plans, and to monitor contraceptive shipment orders for family



Signage for consultative meeting in Islamabad in December 2009.

planning programs. The CPTs are used to identify trends and determinants of the variance between the projected and actual contraceptive use (i.e., the forecast accuracy).

To determine the commodity requirement and to provide technical assistance for developing CPTs, the project asked Paul Dowling, the project's Field Technical Director, to provide short-term technical assistance. Mr. Dowling and the Pakistan field office assisted the government of Pakistan in preparing a national forecast by calculating the 2010–2012 commodity needs for contraceptives; he was also going to help prepare a procurement plan for the same period, including the needs of public sector and private sector NGOs who rely on the MOPW for most of their commodities. Mr. Dowling and the field office team met with key stakeholders and held consultative meetings with the public sector (MOPW, MOH, Population Welfare and Development [PWD] and the Department of Health) and the private sector (United Nations Population Fund [UNFPA], Greenstar, Family Planning Association of Pakistan [FPAP], and Marie Stopes Society) on December 10 and 11, 2009, at the project's office in Islamabad. The purpose of these meetings was to gather relevant data from the stakeholders to accurately inform the CPTs. Based on these consultations, the team developed the CPTs and presented the data at a dissemination seminar held on December 17, 2009, at the Serena Hotel, Islamabad.

Consultations with the Public and Private Sector

The consultative meetings with the public and private sectors were held on December 10 and 11, 2009, respectively, at the project's office in Islamabad.

Both meetings started with recitation of the Holy Quran. In his opening remarks, Dr. Muhammad Tariq, Country Director, USAID | DELIVER PROJECT, explained the agenda for the meetings and introduced Mr. Dowling. Mr. Dowling noted that the objective of these consultations is to obtain input from key public and private sector stakeholders so they can develop a consensus before developing the CPTs.



Group exercise during workshop in December 2009 in Islamabad.

In this context, he explained the terms of forecasting, obtaining quantification, and planning for supplies. He also described the process to be used for developing CPTs, which will, subsequently, fuel advocacy to fill the funding gap.

According to Mr. Dowling, the CPTs should be developed through a transparent, coordinated, consultative, and consensus-driven process that involves all major programs and sectors, using standard and accepted methodology. The process must be completed annually; and there should be regular, ongoing monitoring of funds and stock position. He then explained the scope of his work by stating that the forecast will include all public and private sector programs and all contraceptive methods. The forecast can be based on demographic, as well as logistic data, depending on the availability and accuracy.

Elaborating on the process of quantifications and supply planning, Mr. Dowling explained that the quantification process considers the quantities needed and the associated costs; these are based on the situation of existing stocks and the expiries, products on order, and desired stock levels. However, supply planning looks at the existing funding levels, procurement plans, and procurements in the pipeline. Before starting the group work, he discussed the current situation of family planning in Pakistan at the national and provincial levels, including both the use of contraceptives by married

women of reproductive age in Pakistan and the sources of supply of contraceptives in the public and private sector, according to the Pakistan Demographic Health Survey (PDHS)-2007 data.

For group work on “Mapping Current Supply Chains by Programs,” Mr. Dowling formed two groups (MOPW and Ministry of Health/Lady Health Worker [MOH/LHW]) on December 10, 2009, and three groups (Greenstar, FPAP, and Marie Stopes Society) on December 11, 2009. The groups were required to do the following:

- Prepare a map for the supply chain.
- Indicate levels, commodity flows and information flows, and the frequency of products and information flow.
- Indicate how supplies are distributed.
- Indicate maximum and minimum or desired stock levels, as well as normal stock levels.
- Note or discuss situation reavailability (stockouts) for each method, at each level (quantities or qualitative).

After the group work, the groups each presented the results for general discussion. The groups also discussed their funding levels, funding cycles, and next steps required to ensure contraceptive security in the country.

After the group discussions, Mr. Dowling explained PipeLine, which is a simple logistic tool that works with Microsoft Access technology. PipeLine monitors consumption rates, and inventory levels and assists with shipment planning to ensure commodity availability, It can show what actions to take for procurement planning and when to take them, as well as identify impending pipeline problems before they occur. The tool can calculate procurement quantities that are needed to keep the supply pipeline in balance and it can also supply the estimated value of shipments. The target audience for this tool includes logistics and program managers, manufacturers, purchasers, donors of commodities, host country policymakers, and recipients of USAID contraceptive and other commodities. Program staff members and consultants in more than 30 countries use the tool. Its future use in Pakistan is important because—

- The tool is particularly useful when there are multiple providers of supplies and when there are multiple vertical supply chains.
- The tool can have a separate database for each vertical program; it also provides visibility for each partner and for easy monitoring and tracking.

Dr. Tariq thanked the participants and closed the meeting.



Paul Dowling, Field Technical Director, USAID | DELIVER PROJECT, during workshop in Pakistan.

Report of Dissemination Seminar

Based on his consultation with the public and private sector stakeholders and the individual meetings with the senior-level officers and procurement personnel of MOPW, MOH, and others stakeholders, Mr. Dowling consolidated his findings and presented the CPTs to the public and private sector partners in a dissemination seminar held on December 17, 2009, at the Serena Hotel, Islamabad.

The seminar started with recitation of Holy Quran. In her opening remarks, Miriam Lutz, Health Development Officer, USAID, Islamabad, welcomed the participants and stressed the importance of streamlining supply chain management to ensure the success of family planning programs in Pakistan.

While introducing the USAID | DELIVER PROJECT to the participants, Dr. Tariq explained that its goal is to increase availability of essential health supplies in the public and private sector. Globally, the project—with the help of its partners and field offices in more than 20 countries—is assisting in strengthening contraceptive commodity security, improving outbreak response in existing and emerging pandemic threats, and increasing malaria prevention. In Pakistan, the project is currently assisting in the refurbishing and oversight of operations at the central warehouse, in contraceptives procurement, in LMIS strengthening, and in capacity-building training.

The chief guest, Major (retired) Haroon Rashid, Additional Secretary, MOPW, stressed the commitment of the government of Pakistan to the International Conference on Population and Development (ICPD) plan of action. He assured attendees that Pakistan will continue to progress in the right direction toward achieving ICPD goals, if it has a strategic alliance and the necessary support from development partners and the international community. After stating that if there are no commodities, there is no program; he assured participants that the MOPW's primary objective is to guarantee quality services and commodities at affordable prices.



Major Haroon Rashid, Additional Secretary, MOPW, speaking at seminar in Islamabad.



Miriam Lutz, Health Development Officer, USAID/Islamabad at December 2009 seminar.

As countries plan for the future and develop strategies, the contraceptive forecasting and quantification becomes a basic requirement for any family planning and reproductive health program. Mentioning the present resource constraint, he informed the forum that the MOPW, during the past 10 years, has relied exclusively on the government's financial resources; they are now facing resource constraints

resulting from the war on terror. The government of Pakistan is, therefore, looking to its international partners to provide commodity support, either in commodities, or in financial assistance, to meet contraceptive requirements.

Major (retired) Rashid expressed appreciation for the technical and financial assistance that the project provided in streamlining the supply chain management system for delivering contraceptive commodities, providing capacity building for MOPW staff members in the international procurement of contraceptives, improving the LMIS, and refurbishing the central warehouse. He thanked the project for assisting them in developing CPTs, which will show in detail the future national contraceptive requirements. In concluding his address, he also expressed the hope that commodity support would immediately follow this exercise. He also praised Mr. Dowling's efforts; Dr. Tariq; and the experts from the MOPW, SCM, and UNFPA in developing the national CPTs.



Dr. Muhammad Tariq, Pakistan Country Director, USAID | DELIVER PROJECT, making opening remarks at dissemination seminar on December 17, 2009.

After Major Rashid's address, Mr. Dowling presented the findings of his consultation on CPTs. He explained the purpose of the quantification exercise and the definitions of key terms. He briefed the participants about the process of his consultation in Pakistan. He then informed participants that the process of his forecasting covers all contraceptives that members of the public and private sector require, even though they use different forecasting methods. The MOPW used logistic data (consumption) with a projected increase; the MOH/LHW used targets; and Greenstar used historic sales consumption, including trend targets. Mr. Dowling told participants that the national demographic forecast was determined using Reality Check software to confirm the overall forecast,

whereas PipeLine software was used for the quantification and supply plan. PDHS-2007 was used as the starting point by taking 1.5 percentage point increase per annum from 2007 to 2012. The traditional methods were used as a constant, with an equal increase in all other modern methods. Finally, the contraceptive prevalence rate (CPR) was converted into a commodity requirement.

Using the following logistic forecast assumptions, Mr. Dowling presented the national forecast, as well as a forecast for the MOPW, MOH/LHW, and Greenstar:

- For the MOPW, he used baseline 2009 consumption with 10 percent per annum increase (i.e., no change in method mix).
- For LHW, he used targets for 2010 with 10 percent per annum increase (no change in method mix).
- For Greenstar, he used past sales, projected forward with targets.
- There were no major new initiatives of new methods for expanded training (e.g., implants for MOPW, emergency contraceptive pills [ECP] for LHWs, etc.).
- He used average commodity costs because few shipments could be assigned.
- For MOH/LHW, he assumed local procurement for combined oral contraceptives (COC) and depo-medroxy progesterone acetate (DMPA) (Depo-Provera).
- He did not include packaging costs for Greenstar.

Then, using the criteria of maximum and minimum (months of stock, etc.) for those organization and their current levels, he presented the total funding requirement, as well as the position of the current funding commitment.

Table 1. Total Funding Required (based on logistics forecast)

	2010 (\$)	2011 (\$)	2012 (\$)	Totals (\$)
MOPW	11.0 m*	11.0 m*	6.8 m*	28.8 m*
MH/LHW	9.2 m*	5.7 m*	6.3 m*	21.3 m*
Greenstar	7.3 m*	7.9 m*	8.7 m*	23.9 m*
Total	27.5 m*	24.6 m*	21.8 m*	74.0 m*

Note: m* = millions

Funding Commitments

The funding commitments from donors for contraceptives are—

- UNFPA: \$2.6 million annually (public and private)
- USAID
- GOP
- MOH
- MOPW: 209/10 c. \$2 m (but not yet disbursed)
- Potential funding gap of \$23–\$25 million for 2010.

After explaining the present commitment and highlighting the funding gaps for procuring contraceptives, Mr. Dowling opened the meeting for discussion. Although most participants agreed on most issues, a discussion followed on the projected requirement for intrauterine devices (IUDs). The demographic forecast is for about 0.2 million–0.3 million IUDs per year; whereas, the logistic forecast is for 1.2 million–1.7 million IUDs. All agreed that it is unrealistic to assume that more than 1 million IUDs are being inserted each year in Pakistan.

Many participants stated that the lower service delivery levels of the MOPW, to boost their performance, are reported to be larger than the actual consumption of IUDs. IUDs contribute significantly to couple-year of protection (CYP), which is an indicator for judging their performance. Also, the commodity is cheap and it is easy to cover the cost even if the IUDs are not used. However, Mr. Dowling observed that, without an investigation, we cannot be sure that this speculation is true. If it is true, then the solution is not to restrict the supply; instead the MOPW should ensure that the supply chain system is closely monitored.



Paul Dowling presenting the CPTs in Pakistan.

Mr. Dowling presented recommendations for streamlining the contraceptive pipeline:

- Provide advocacy for funding and procurement to avoid both short-term stockouts and to secure sufficient funds to match the supply plan.
- Monitor consumption and sales data; adjust the supply plan, accordingly, to ensure that products are correctly stocked. The use of PipeLine software is recommended. Training of local counterparts in how to use this software is also recommended.
- Revitalize the reproductive health commodity security task force; schedule regular meetings to discuss any issues.
- Ask the MOPW review the IUD consumption issue.
- Use a separate forecast for the proposed MOH expansion program.
- Develop a stronger supply chain coordination in view of the MOH expansion and the implications of the Departments of Health (DOH) in procurement.

Table 2. Public Sector Attendees

Facilitators	Dr. Paul Dowling, Field Technical Director, USAID DELIVER PROJECT, Arlington, Virginia
	Muhammad Tariq, Country Director, USAID DELIVER PROJECT, Islamabad
Participants	Dr. Ayesha Khan, Monitoring and Evaluation (M&E) Specialist, Ministry of Health (MOH), Islamabad
	Dr. Adnan Khan, Advisor, M&E and Research, MOH, Islamabad
	Dr. Fida Ali, Director, Maternal and Child Health (MCH), MOH, Islamabad
	Dr. Humayun Hanif, MOH, Punjab
	Dr. Fazal Mahmood, Director General, MOH, North West Frontier Province (NWFP), Peshawar
	Dr. Ghulam Subhani, Deputy Director of Reproductive Health (DDRH), MOH, Islamabad
	Dr. Zahir Shah, MOH, NWFP
	Malik Aamanat Rasul, Director General, Procurement and Supply Operations, Ministry of Population Welfare (MOPW), Islamabad
	Abdul Rauf, Director General, Population Welfare and Development (PWD), Lahore
	Shereen Sukhan, District Population Welfare Officer, Rawalpindi
	Imdad Talpur, Additional Secretary, Population Welfare Department (PWD), Sindh
	Bashir Ahmad Mangi, Director General, PWD, Sindh
	Khursheed Ahmad Sheikh, Logistics Officer, PWD, NWFP
	Hamid Khalil, Director, MOPW, Islamabad
	Muhammad Asghar, Deputy Director, MOPW, Islamabad
	Shakir Ullah, Program Manager, Family Planning Association of Pakistan (FPAP), Azad Jammu and Kashmir (Azad Jammu Kashmir), Muzaffarabad
	Dr. (Mrs.) Farhat Shaheen, Assistant Director, Health AJK, Muzaffarabad
	Dr. Hamid M. Afridi, Deputy National Coordinator, Lady Health Worker (LHW) Program Islamabad
Tahir Akbar Awan, Logistics Officer, LHW Program	

	Dr. Muzafar Jakhaarani, Deputy Program Manager, Maternal, Newborn, and Child Health (MNCH), Islamabad
	Dr. Amir Maqbool, Procurement Officer, NACP, Islamabad
	Rehman Shah, Procurement Officer, NACP, Islamabad
	Mehmood ul Hasan, Procurement Assistant, NACP, Islamabad
	Dr. Muhammad Isa, Program Specialist, USAID, Islamabad
	Iqbal Ahmad, Consultant, USAID DELIVER PROJECT, Islamabad

Table 3. Private Sector Attendees

Facilitators	Dr. Paul Dowling, Field Technical Director, USAID DELIVER PROJECT, Arlington, Virginia
	Muhammad Tariq, Country Director, USAID DELIVER PROJECT, Islamabad
Participants	Malik Aamanat Rasul, Director General, Procurement and Supply Operations, Ministry of Population Welfare (MOPW), Islamabad
	Abdul Rauf, Director General, MOPW, Lahore
	Hamid Khalil, Director, MOPW, Islamabad
	Muhammad Asghar, Deputy Director, MOPW, Islamabad
	Siddiq Kiyani, Director Operations, Marie Stopes Society, Karachi
	Sayyed Asim Ghaseel, Procurement Officer, Marie Stopes Society, Karachi
	Col. S. M. Ijaz, Director Administration, FPAP, Lahore
	Dr. Maheen Malik, Deputy General Manager, Greenstar, Islamabad
	Nadeem Hussain, Chief Financial Officer, Greenstar, Karachi
	Malik Ahmad, Logistic Advisor, United Nations Population Fund (UNFPA), Islamabad
	Dr. Muhammad Isa, Program Specialist, USAID, Islamabad
Iqbal Ahmad, Consultant, USAID DELIVER PROJECT, Islamabad	

Table 4. Seminar Attendees

Facilitators	Dr. Paul Dowling, Field Technical Director, USAID DELIVER PROJECT, Arlington, Virginia
	Muhammad Tariq, Country Director, USAID DELIVER PROJECT, Islamabad
Chief Guest	Major Haroon Rashid, Additional Secretary, MOPW, Islamabad
Participants	Dr. Adnan Khan, Advisor, M&E and Research, MOH, Islamabad
	Dr. Fida Ali, Director, Maternal and Child Health (MCH), MOH, Islamabad
	Dr. Amir Maqbool, Procurement Officer, NACP, Islamabad
	Rehman Shah, Procurement Officer, NACP, Islamabad
	Mahmood ul Hasan, Procurement Assistant, NACP, Islamabad
	Dr. Hamid M. Afridi, Deputy National Coordinator, LHW Program, Islamabad
	Dr. Kamran Riaz Dar, Assistant Director, Health, AJK, Muzafarabad

Dr. Talib Lahri, Peoples Primary Healthcare Initiative–Health Policy Task Force, MOH, Islamabad
Khursheed Ahmad Sheikh, Logistics Officer, PWD, NWFP
Khalid Mahmood Lodhi, Director, Public Procurement Regulatory Authority (PPRA), Islamabad
Malik Aamanat Rasul, Director General, Procurement and Supply Operations, MOPW, Islamabad
Abdul Rauf, Director General, Population Welfare and Development (PWD), Lahore
Shereen Sukhan, District Population Welfare Officer, Rawalpindi
Imdad Talpur, Additional Secretary, PWD, Sindh.
Basher Ahmad Mangi, Director General, PWD, Sindh
Hamid Khalil, Director, MOPW, Islamabad
Muhammad Asghar, Deputy Director, MOPW, Islamabad
Waqar Ahmad Sheikh, Deputy Director, MOPW, Islamabad
Muhammad Saleem, Deputy Director, MOPW, Islamabad
Saima Rashid, Assistant Director, MOPW, Islamabad
Mahbub Ahmad, Former Federal Secretary (Consultant), MOPW, Islamabad
Iftikhar Durrani, Chief Executive Officer, National Trust for Population Welfare (NATPOW), Islamabad
Dr. Nasser Mohayuddin, Director Programs, NATPOW, Islamabad
Dr. Tariq Majid, Consultant, Marie Stopes Society, Karachi
Dr. Muhammad Maheen, Deputy General Manager, Greenstar, Islamabad
Nadeem Hussain, Chief Financial Officer, Greenstar, Karachi
Dr. Muhammad Ahmad Isa, Program Specialist, USAID, Islamabad
Miriam Lutz, Health Development Officer, USAID, Islamabad
Iqbal Ahmad, Consultant, USAID DELIVER PROJECT
Dr. Arshad Mahmood, Director, M&E ,Family Advancements for Life and Health (FALAH), Islamabad
Shahida Azfar, Chief of Party, FALAH, Islamabad
Asshfaq Rahman, Reproductive Health Advisor, FALAH, Islamabad
Dr. Syed Hasan Shoaib, Program Advisor, FALAH, Islamabad
Dr. Nabeela Ali, Chief of Party, Pakistan Initiative for Mothers and Newborns (PAIMAN), Islamabad
Dr. Nadeem Hassan, National Manager RH, PAIMAN, Islamabad
Khan Zada Mahsood, Logistics Officer, FPAP, Lahore
Dr. Hassan Abbas Zaheer, National Program Manager, NACP, Islamabad

Reference

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