



Republic of Kenya

MINISTRY OF HEALTH

**INTEGRATED REPRODUCTIVE
HEALTH COMMODITY
MANAGEMENT TRAINING FOR
SERVICE DELIVERY POINT
PERSONNEL**

PARTICIPANTS MANUAL



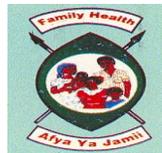
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MAY 2013



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The Division of Reproductive Health (DRH)/Ministry of Health would like to thank all those who tirelessly worked to develop the *Integrated Reproductive Health Commodity Management Manual for service delivery point personnel*.

The Manual will complement the effort undertaken towards mainstreaming Reproductive Health Commodity Management.

Our most sincere appreciation goes to the Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS), Regional office, Nairobi Kenya [and later Health Commodities and Services Management program (HCSM)], through whom funds from USAID were provided to facilitate and offer technical assistance towards the development of this Trainers Manual and its subsequent printing.

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FOREWORD

Reproductive health commodities are essential to the provision of quality reproductive health services. Effective Commodity Management which includes rational selection, efficient procurement, effective logistics management systems and promoting rational use is important to ensure improved access to essential Reproductive Health medicines and medical supplies. It is crucial in enabling the availability of the right commodities at the right places at the right times, and for all the clients. However, only limited efforts have been carried out to support effective commodity management.

The purpose of the Integrated Reproductive Health Commodity Management training for service delivery point personnel is to address this gap by facilitating training of health care workers with the aim of improving and strengthening management of Reproductive Health commodities which will eventually lead to mainstreaming management of Reproductive Health Commodities. The use of this Participants' Manual in training health workers will go a long way in advancing quality management of Reproductive Health commodities and improving awareness of the various aspects of commodity management.

Appreciation and recognition goes to all those who dedicated their effort and time in the realization of this Participants' Manual. The use of the Manual will be an important step in the provision of quality Reproductive Health services.

Dr. Bashir Issak

Head - Division of Reproductive Health

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
ASRH	Adolescent Sexual and Reproductive Health
BEOC	Basic Emergency Obstetric Care
CBDs	Community Based Distributors
CDRR	Consumption Data Report & Request Form
CEOC	Comprehensive Emergency Obstetric Care
CHEW	Community Health Extension Worker
CHW	Community Health Worker
CORP	Community-Owned Resource Person
CPR	Contraceptive Prevalence Rate
CMU	Contraceptive Management Unit
COC	Combined Oral Contraceptive
CCS	Contraceptive Commodities Security
DAR	Daily Activity Register
DHMB	District Health Management Board
DHMT	District Health Management Team
DHRIO	District Health Records and Information Officer
DHS	Demographic and Health Survey
DMOH	District Medical Officer of Health
DMS	Director of Medical Services
DPHN	District Public Health Nurse
DRH	Division of Reproductive Health
DRHCO	District Reproductive Health Coordinator
DMPA	Depot Medroxyprogesterone Acetate
EC	Emergency Contraceptive
EML	Essential Medicines List
EOC	Essential Obstetric Care
FANC	Focused Antenatal Care
FBO	Faith-Based Organizations
FGM	Female Genital Mutilation
FHI	Family Health International
FHOK	Family Health Options of Kenya
FP	Family Planning
FPLM	Family Planning Logistics Management
GOK	Government of Kenya
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IPT	Intermittent Prophylactic Treatment
ITN	Insecticide Treated Net
IUCD	Intra Uterine Contraceptive Device
JSI	John Snow Incorporated

KDHS	Kenyan Demographic and Health Survey
KEMSA	Kenya Medical Supply Authority
KEPH	Kenya Essential Package for Health
KEPI	Kenyan Expanded Programme of Immunization
LMIS	Logistics Management Information Systems
LMU	Logistics Management Unit
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MTRH	Moi Teaching and Referral Hospital
MVA	Manual Vacuum Aspiration
NASCOP	National AIDS and STD Control Programme
NCPD	National Council for Population and Development
NDP	National Drug Policy
NGO	Non-government organization
NHIR	National Health Information Repository
NHSSP	National Health Sector Strategic Plan
NRHS	National Reproductive Health Strategy
NRHSP	National Reproductive Health Strategic Plan 1997-2010
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	Persons living with HIV/AIDS
PRHCO	Provincial Reproductive Health Coordinator
PHMT	Provincial Health Management Team
PMO	Provincial Medical Officer
PMTCT	Prevention of mother-to-child transmission (of HIV)
PU	Procurement Unit
PRC	Post Rape Care
RH	Reproductive health
RHCS	Reproductive Health Commodity Security
RHIS	Reproductive Health Information System
RTI	Reproductive Tract Infections
RUM	Rational use of medicines
SCM	Supply Chain Management
SDP	Service Delivery Point
SOPs	Standard operating procedure
SPS	Strengthening Pharmaceutical Systems
STG	Standard treatment guideline
TA	Technical Assistant
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TOR	Terms of reference
TOT	Training of trainers
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VSC	Voluntary Surgical Contraception
WHO	World Health Organization

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HOW TO USE THIS MANUAL

This manual is designed to be used alongside the curriculum for *the Integrated Reproductive Health Commodities Management Course*. The participants need to peruse the modules of the course before undertaking the course. The modules are an articulation of the broad objectives of the course and are outlined below:

Module 1: Introduction to Reproductive Health

Module 2: Introduction to Reproductive Health Commodity Management

Module 3: Inventory Management

Module 4: Logistics Management Information Systems for RH Commodities

Module 5: Monitoring and Evaluation

Module 6: Roles and Responsibilities of Healthcare Workers in Reproductive Health Commodity Management

Module 7: The Monitoring, Training and Planning (MTP) Approach: Quality Improvement in Support of RH Commodity Management

INTEGRATED REPRODUCTIVE HEALTH COMMODITIES MANAGEMENT COURSE

OVERALL GOAL

The overall goal of the Integrated Reproductive Health Commodity Management training for service delivery point personnel is to strengthen reproductive health commodities management practices.

BROAD OBJECTIVES

By the end of the course, the participants will be able to articulate and demonstrate appropriate knowledge, skills and attitudes in the area of Commodity Management for Reproductive Health in terms of:

1. Reproductive Health and what it entails
2. Applying Reproductive Health Commodity Management principles
3. The theory and practice of Good Inventory Management practices
4. Logistics Management Information Systems for RH Commodities
5. Monitoring and Evaluation of commodity management activities
6. Roles and Responsibilities of Healthcare Workers in Reproductive Health Commodity Management
7. Action planning using the MTP approach

1. INTRODUCTION AND GENERAL BACKGROUND

Efficient and effective health care delivery can only be achieved by ensuring adequate and timely supply of quality medical commodities. NHSSP II (2005-2010) states that *“The objective of commodity supply support system under NHSSP II is to ensure that demand driven pharmaceuticals, non- pharmaceuticals and equipment are sufficiently available, that they are used efficiently and effectively, and that they are properly accounted for through a revision of policies and strategies”*. To achieve this objective, health care workers at all levels of care need to be trained on the skills, knowledge and attitudes necessary for effective management of commodities.

Many training initiatives focus primarily on clinical management of reproductive health; such as clinical reproductive health, reproductive health infections and conditions as well as community reproductive health. Few focus on effective management of reproductive health commodities. Therefore, it is necessary to develop specific strategies to strengthen the capacity of health workers to handle and manage reproductive health commodities.

This manual is designed to facilitate the training of health care workers at service delivery points in reproductive health care commodity management using an integrated approach.

2. PURPOSE OF THE COURSE

The purpose of this course is to equip the participants with the knowledge, skills and attitudes which are vital to the effective management of reproductive health commodities.

3. OVERALL GOAL

The overall goal of the Integrated Reproductive Health Commodity Management training for service delivery point personnel is to strengthen reproductive health commodities management practices.

4. BROAD OBJECTIVES

By the end of this course the participants will be able to articulate and apply their knowledge and skills in the area of reproductive health commodities in terms of:

1. Reproductive Health and what it entails
2. Applying Reproductive Health Commodity Management principles
3. The theory and practice of Good Inventory Management practices
4. Logistics Management Information Systems for RH Commodities
5. Monitoring and Evaluation of commodity management activities

6. Roles and Responsibilities of Healthcare Workers in Reproductive Health Commodity Management
7. Action planning using the MTP approach

5. COURSE DURATION

This course is designed for duration of two and a half days. However, the modular format is versatile and lends itself easily to optional coverage such as several modules at a time depending on the availability and the schedules of groups of health care workers.

(A generic timetable is included in the annex.)

6. TARGET AUDIENCE

The course is designed for health care workers who are involved in handling Reproductive Health Commodities at all levels of health care.

7. SELECTION CRITERIA

Participants for this course will be selected on the basis of involvement in reproductive health work or evidence of the need to serve in RH commodity management.

8. CERTIFICATION

The participants of the training will be awarded a certificate of attendance upon completion of all the modules as outlined in the curriculum.

9. ORGANIZATION OF TRAINING

This training is organized into 7 modules as shown below:

Module 1: Introduction to Reproductive Health

Module 2: Introduction to Reproductive Health Commodity Management

Module 3: Inventory Management.

Unit 3.1: Inventory Management: Overview

Unit 3.2: Determining quantities to order and the process of requesting RH commodities

Unit 3.3: Receiving and Storage of RH commodities

Unit 3.4: Issuing and dispensing of RH commodities

Module 4: Logistics Management Information Systems for RH Commodities

Module 5: Monitoring and Evaluation

Module 6: Roles and Responsibilities of Healthcare Workers in Reproductive Health Commodity Management

Module 7: The Monitoring, Training and Planning (MTP) approach: Quality Improvement in Support of RH commodity management

10. TRAINING AND FACILITATION

This course will be taught using methods appropriate for adult learners. The methods will include, overview lectures, brainstorming, small group discussions, small group activities, class exercises, case studies, case scenarios, demonstrations, field practical and role plays.

11. PERFORMANCE ASSESSMENT

Pretest and post tests are recommended for the course. Trainers will use continuous assessment tests, by the way of question and answer sessions. Class exercises, and assignments will also be given and participants will be expected to make decisions based on the information given to them.

12. IMPLEMENTATION OF TRAINING

The trainers and facilitators will be drawn from among health care workers who have had training and experience in reproductive health care commodities. Other health experts and professionals may also be invited to facilitate in the course as may be determined from time to time by the organizers of the course.

14. EVALUATION OF TRAINING

There will be an overall course evaluation at the end of the training

MODULE 1

INTRODUCTION TO REPRODUCTIVE HEALTH

Slide 1

MODULE 1:

Introduction to Reproductive Health



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Slide 2

COMPONENTS OF REPRODUCTIVE HEALTH

Objectives

By the end of this module the learners will be able to:

- Define reproductive health and reproductive health care.
- Outline components of reproductive health.



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Slide 3

Definitions

- **Reproductive Health** is a state of complete physical, mental, emotional, and social well being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.



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Slide 4

Definitions – Cont'd

- **Reproductive Health Care** is the appropriate constellation of methods, technologies and services that will ensure reproductive health and well-being by preventing and solving problems related to human reproduction and sexuality.



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Slide 5

Components of Reproductive Health

1. **Family Planning unmet needs**
2. **Safe motherhood (Maternal and Newborn Health)**
3. **Management of STIs/RTIs and HIV/AIDS**
4. **Promotion of Adolescent and Youth Sexual and Reproductive Health**
5. **Management of Infertility**



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Slide 6

Components of Reproductive Health

6. **Gender Issues, Sexual and Reproductive Rights**
7. **Reproductive Health Research**
8. **Monitoring and Evaluation**
9. **Community Reproductive Health**
10. **Reproductive Tract Cancers**
11. **Reproductive Needs of the Elderly (Andropause/Menopause)**



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MODULE 2

INTRODUCTION TO REPRODUCTIVE HEALTH COMMODITY MANAGEMENT

Slide 1

MODULE 2

**INTRODUCTION TO
REPRODUCTIVE HEALTH
COMMODITY MANAGEMENT**



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Slide 2

Module Objectives

At the end of this module the health care worker will be able to:

- Define Reproductive Health commodities.
- Discuss the concepts of commodity management
- Describe the Reproductive Health commodity pipeline.



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Slide 3

**Reproductive Health (RH)
Commodities**

Definition

- RH commodities refer to those medicines, medical supplies and equipment that are used in the promotion of reproductive health, prevention, diagnosis and management of RH conditions.



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Slide 4

Categories of RH Commodities

- Family Planning
- STI/RTI and HIV/AIDS
- Reproductive Tract (RT) Cancers
- Essential Obstetric Care (EOC)
- Post Rape Care (PRC) Kit



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Slide 5

Categories and Examples of RH Commodities

Family Planning

- Hormonal contraceptives e.g. oral contraceptives (Levonorgestrel) injectables (Depot Medroxyprogesterone Acetate- DMPA)
- Surgical contraceptives : Utilize medical supplies and equipment e.g. scalpel blades, antiseptic lotions, anesthetic agents etc.
- Intra Uterine Contraceptive Devices e.g. Copper T-380
- Barrier Contraceptives e.g. female and male, condoms, diaphragm caps
- Fertility Awareness Based Methods e.g. Standard Days Methods (SDM)



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Slide 6

CATEGORIES AND EXAMPLES OF RH COMMODITIES

STI/RTI and HIV/AIDS

- Diagnostic commodities: HIV, RTI test kits,
- Preventive commodities: ARVs, condoms

RT cancers

- Simple screening commodities e.g. acetic acid, lugol's iodine

Essential Obstetric Care (EOC)

- ANC medications (haematinics, Vitamin A, Deworming drugs, Anti-malarials, Anti- TB)
- Manual Vacuum Aspiration (MVA) Kit



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Slide 7

CATEGORIES AND EXAMPLES OF RH COMMODITIES

PRC kit

- ARVs for Post Exposure Prophylaxis
- Pregnancy, RTI, HIV test kits
- Emergency contraceptives
- STI prophylaxis medicines
- Pediatric and adult size speculums
- High Vaginal Swabs (HVS)
- Brown bags for forensic specimens with tamper proof seals



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Slide 8

Commodity management

Definition :

- Commodity management is the practice of ensuring effective selection, procurement, distribution, storage and use of medicines, medical supplies and equipment.



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Slide 9

The Commodity Management Cycle



Source: Management Sciences for Health (MSH), 2007



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Slide 10

What is Selection?

Selection involves identification of needed commodities

Public Sector

- Selection is done Nationally to determine which items should be available at each level of care

Private Sector

- Sometimes are left out of National process and selection is left to each facility or organization



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Slide 11

Procurement

- Procurement is the process of acquiring appropriate quantities of the needed items
- Procurement can be through purchase or donations
- This can also be done at various levels:
 - national level
 - regional level (In Kenya regional procurement does not occur)
 - facility level



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Slide 12

Key Components of Procurement

- Need to know how much to buy (quantification)
- Who to buy from (supplier selection)
- How to buy (pooled procurement)
- How to ensure quality of the products you buy (quality assurance)



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Slide 13

Distribution and Use

Distribution

- Distribution is a complex process that involves transferring/ transporting commodities from one point to another

Use

- This refers to practices that include prescribing, dispensing, patient adherence and follow up. The terms use and utilization may be used interchangeably.



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Slide 14

What does Distribution involve?

- Port Clearing
- Receipt and Inspection
- Inventory Control
- Storage

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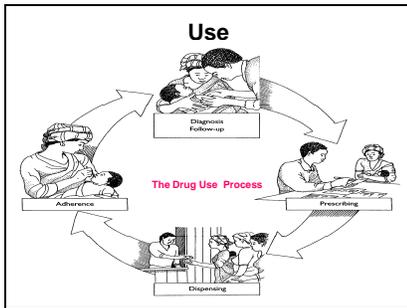
- Requisition for supplies
- Delivery
- Receipt and Inspection
- Inventory control
- Storage
- Utilization of commodities
- Reporting

} FACILITY LEVEL

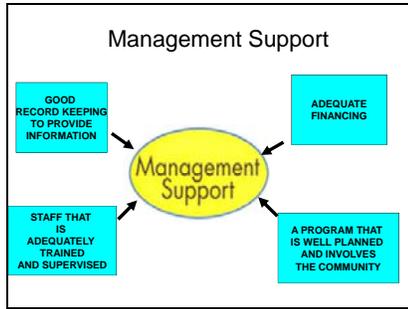


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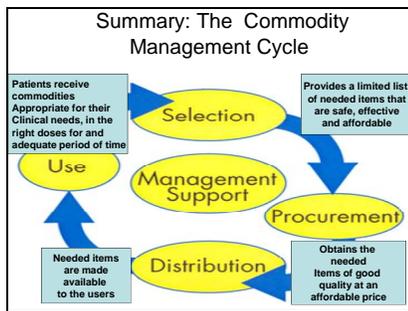
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Slide 16



Slide 17



Slide 18

Commodity Pipeline

Definition

The entire chain of storage facilities and transportation links through which supplies move from the manufacturers to the customer.



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Components of a Commodity Pipeline

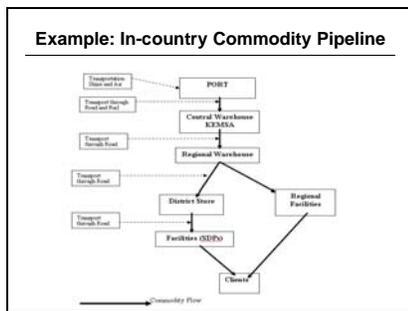
- Commodities
- Transport links
- Storage facilities
- Service delivery points



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MODULE 3

INVENTORY MANAGEMENT

Slide 1

MODULE 3:

**INVENTORY
MANAGEMENT**



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Slide 2

Module Objectives

By the end of this session, the participants should be able to:

- Describe inventory management of RH commodities, components and related terms.
- Determine the quantities to order and the correct procedures, forms and records for *requesting* RH commodities.



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Slide 3

Module Objectives

- Describe the correct procedures, forms and records for *receiving* RH commodities.
- Describe the correct procedures, forms and records for *storing* RH commodities.
- Describe the correct procedures, forms and records for *issuing* and *dispensing* RH commodities



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Slide 4

**Unit 3.1:
Inventory Management:
Overview**



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Slide 5

Unit-specific Objectives

By the end of this unit the participants will be able to:

- Define the term Inventory management.
- State the components of Inventory management.
- Define the terms used in Inventory management.



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Slide 6

Definition

Inventory management

The process of ordering, receiving, storing, issuing, and dispensing of health commodities.



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Slide 7

Components of Inventory management

The components include:

- Determining order quantities
- Receiving commodities
- Storage
- Issuing commodities
- Record-keeping



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Slide 8

Terms used in Inventory management (1)

1) Stock on Hand
The quantity of usable stock available at all levels of the system.

2) Buffer/Safety stock
Amount of commodity kept as reserve to avoid stock-outs due to delayed deliveries or increased demand

3) Lead time
Time interval between when a new stock is ordered and when it is released and available for use



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Slide 9

Terms used in Inventory management (2)

4) Maximum Stock
The amount of commodity by name above which a store/warehouse should not exceed under normal circumstances

5) Minimum stock
The amount of commodity by name below which a store/warehouse should not fall under normal circumstances

6) Pipeline
A pipeline is the entire supply chain of facilities through which commodities move to get down to the patient / client



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Terms used in Inventory management (3)

7) "Pull" system
This is an ordering system where the *person at the health facility who receives the supplies* determines the quantities to be ordered for the facility.

8) "Push" system
This is an ordering system where the *person who issues the supplies to the health facility* determines the quantities to be issued for the facility



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Slide 1

MODULE 3:
INVENTORY MANAGEMENT

Unit 3.2:
**Determining Quantities to order
and the process of Requesting
RH commodities**



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Slide 2

Objectives

By the end of this unit the participants will be able to:

- Define the terms used in determining order quantities.
- State the importance of physical inventory
- Describe the steps in conducting a physical inventory



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Slide 3

Objectives – Cont'd

- Discuss the process of determining quantities to order
- Describe the process of requesting RH commodities



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Slide 4

Terms used in Determining Order quantities (1)

1) Quantification
The process of calculating the quantities of a specific commodity required to serve clients in a health program for a given amount of resource available

2) Average Monthly Consumption Rate (AMCR)
AMCR is the average number of each commodity dispensed/issued to clients (patients) in a given month. It helps to determine the amount of each commodity that must be kept on hand in order not to run out.



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Slide 5

Exercise

Facility A dispensed the following DMPA vials to clients

- January 210
- February 280
- March 200

What is the average monthly consumption rate for this facility?



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Slide 6

Terms used in Determining Order quantities (2)

3) Months of Stock (MoS)
This is the actual amount of each commodity on hand expressed in months

Exercise

- In store D, there was a balance of 180,000 pieces of male condoms at the end of first quarter; the AMCR for the store is 60,000 pieces.
- How many months of supply on hand does this store have?



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Slide 7

Terms used in Determining Order quantities (3)

5) Working stock
Quantity of commodities between the Maximum and Minimum Stock levels

6) Ending / Closing balance
The quantity of commodities on hand at a given period which is determined by a physical count



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Slide 8

Terms used in Determining Order quantities (3)

7) Losses
Quantity removed from stock for any reason other than consumption by the client / patient (e.g. expiry, theft, damage)

8) Adjustments
An adjustment is a change in stock balance for any reason other than quantities issued to the Use /Dispensing / Issuing point (e.g. Pharmacy) for dispensing to clients / patients or quantities received from the supplier.



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Slide 9

Importance of conducting a Physical inventory

- To identify discrepancies between actual supplies and what is recorded in the bin card/stock card
- To detect any commodities that have expired, are near expiry date or are damaged
- To know how much of each commodity you have.



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Steps in conducting a Physical inventory (1)

1. Count every item in stock by commodity type
2. Count every time by hand
3. Record the findings of the physical inventory in Bin cards/stock cards and in stock ledgers.
4. Record the date of the physical inventory in the bin cards and stock ledgers.
5. Mark expiry date on each carton or box prominently, if not already marked.



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Steps in conducting a Physical inventory (2)

6. Re-organize commodities which have expiry dates according to FEFO, e.g. drugs, condoms; and those without expiry dates according to FIFO e.g. equipment, gloves, etc if not already done.
7. Separate expired or damaged or un-usable items from usable items and make appropriate entry in the stock cards.
8. In case of discrepancy (shortages / excesses) make the necessary adjustments



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Determining quantities to order

Methods in determining quantities
(Quantification Methods)

Two types:

- Consumption-based
- Morbidity-based



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Consumption-based method

- It estimates the commodity needs based on records of past Consumption
- Works well where all records are available, up-to-date and the information is reliable
- Adjustments are made for stock-outs, wastage, losses and growth in number of clients / patients



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Slide 14

Determining quantities to order

Steps

1. Calculate the recorded Consumption over the consumption period
2. Adjust for any avoidable Losses or Adjustments
3. Adjust for stock-outs if necessary
4. Calculate the Average Monthly Consumption rate (AMCR)
5. Calculate the Maximum stock quantity
6. Calculate the quantity to order



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Slide 15

Exercise

In XYZ Dispensary, the AMCR for Combined Oral pills is 1200 cycles, the dispensary is supposed to keep maximum stock of 3 months. The ending balance at the end of 2nd quarter 2008 was 500 cycles.

What does this dispensary need to order?



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Slide 16

The process of Requesting for RH commodities (1)

Use the following steps in completing the Contraceptives Consumption Data Report and Request Form:

- 1) Do a physical inventory
- 2) Enter stock received during reporting period
- 3) Enter the beginning balance
- 4) Add the consumption during the reporting period from the DAR.



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The process of Requesting for FP commodities (2)

- 5) Calculate maximum quantity for each contraceptive by multiplying the Dispensed quantity by 2.
- 6) Subtract ending balance from the maximum to get the quantity needed and enter it under the Quantity Requested column.
- 7) Fill in all other information boxes and sign the form



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Slide 1

MODULE 3:
INVENTORY MANAGEMENT

Unit 3.3:
Receiving and Storage of RH commodities



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Slide 2

Objective

By the end of this unit the participants will be able to:

- Describe the Procedures for receiving RH commodities
- Define the terms Store and Storage.
- State the reasons for storage.
- Discuss Storage layout principles.
- Describe Appropriate Storage guidelines and conditions.



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Slide 3

Role play

Scenario:
A certain distributor (e.g. KEMSA) has delivered RH commodities to an SDP

Role play on the process that the health facility staff will go through in receiving the commodities.



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Slide 4

Responses to Role play

Procedure for Receiving commodities:

- The supplied commodities should tally with the order/Requisition.
- The supplied commodities are verified against the receipt documents
- Receiving officer checks on expiry date and batch numbers.



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Slide 5

Responses to Role play

Procedure for Receiving commodities:

- Count issued quantity to confirm the quantity in the issue voucher. (Not all ordered commodities might be supplied)
- Place products in different places or shelves in the store.
- Update inventory records, i.e. bin card/stock registers
- Sign the Issue voucher and file them, etc.



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Slide 6

Definitions

- **Store:**
It is a structure or room where commodities are kept for safety and are available to users as and when required.
- **Storage:**
Refers to the process of keeping commodities in a suitable environment that ensures the integrity, potency and efficacy of the commodities are maintained.



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Slide 7

Reasons for storage

- Safety and security of commodities from theft and damage until they are issued
- Easy accessibility and monitoring
- To ensure uninterrupted supplies

Good storage means protecting the quality of supplies by protecting the integrity of the packages and making them easily accessible when needed.



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Slide 8

Storage layout principles (1)

The layout principles include storing:

- Fast moving commodities in an easily accessible place.
- Each type of commodity in the same area.
- Emergency medicine and costly items in a separate lockable place.



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Slide 9

Storage layout principles (2)

- The unusable (damaged, expired) commodities in a segregated place.
- Inflammable and chemicals in separate and marked places – (well-ventilated site)
- Keeping all commodities off the floor.

Storage layout means: maximum and best use of the available storage space.



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Slide 10

Appropriate Storage guidelines and conditions

These are the laid down standards on how to store commodities.

It means that commodities are kept in such a manner to protect their quality and integrity while, at the same time, making them available for use.



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Slide 11

Storage Guidelines and Conditions (1)

1. Clean and disinfect storeroom regularly, and take precautions to discourage harmful pests from entering the storage area.
2. Store RH commodities out of direct sunlight in a dry, well-ventilated storeroom.
3. Protect storeroom from water penetration.
4. Keep fire safety equipment available, accessible and functional; and train employees to use it.
5. Store latex products away from electric motors and fluorescent lights.



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Slide 12

Storage Guidelines and Conditions (2)

6. Maintain cold storage, including a cold chain where required.
7. Limit storage area access to authorized personnel and lock up controlled substances.
8. Stack cartons at least 10cm (4 in.) off the floor, 30 cm (1 ft) away from the walls and other stacks, and no more than 2.5m (8ft.) high.
9. Arrange cartons with arrows pointing up (↑), and with identification labels, expiry dates and manufacturing dates clearly visible.



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Slide 13

Storage Guidelines and Conditions (3)

10. Store the RH commodities to facilitate “First-to-Expire, First-Out” (FEFO) procedures and stock management
11. Store RH commodities away from insecticides, chemicals, flammable products, hazardous materials, old files, office supplies and equipment; always take appropriate safety precautions.



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Slide 14

Storage Guidelines and Conditions (4)

12. Separate damaged and expired RH commodities from usable commodities, remove them from inventory immediately and dispose of them using established procedures.
13. Keep narcotics and other controlled substances in a locked place.
14. Store flammable products separately with appropriate safety precautions.



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Slide 15

Tools used in Receiving and Storage of RH commodities

- Requisition and Issue vouchers
- Delivery Notes
- Bin card
- Stock card
- Stock ledger



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Slide 1

MODULE 3:
INVENTORY MANAGEMENT

Unit 3.4:
Issuing and Dispensing of RH commodities



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Slide 2

Objectives

By the end of this unit the participants will be able to:

- Define the terms Issuing and Dispensing.
- Describe the procedure of Issuing commodities.
- Explain the process of determining quantities to issue.
- Describe the process of Dispensing.
- Discuss good dispensing practices and the factors that promote them.



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Slide 3

Definitions

- **Issuing:**
Refers to the movement of commodities, e.g. Inter-facility (between facilities in the same organization or from different organizations); Intra-facility (within a facility, e.g. from the Main drug store to the dispensing pharmacy).
- **Dispensing:**
Refers to the process of preparing and distributing medicines to a patient upon receipt of a valid prescription. It is an interactive process that requires good communication skills .



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Slide 4

Procedure for Issuing commodities

- 1) At the facility, fill in the following in the S11 clearly.
 - Indicate point to which the issue is being made
 - Include description of commodities, unit of issue and quantities to be issued
 - Sign, date and stamp the form
- 2) Forward the appropriate copies to the relevant officers once the transaction is complete.



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Slide 5

Process of determining quantities to issue. (1)

The following applies to a "pull" system:

- 1) Do not determine issue quantity. Those who submit the orders decide it.
- 2) If there is adequate stock in hand, then supply the exact quantity requested.



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Slide 6

Process of determining quantities to issue. (2)

During the issuing process one must review the issue/receipt voucher in terms of:

- Correctness of referenced information.
- Correctness of determining issue quantity.
- Correctness in filling the issue/receipt voucher.
- Completeness of the issue/receipt voucher.



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Slide 7

Dispensing process

- 1) Receive prescription
- 2) Interpret prescription
- 3) Retrieve medication from storage
- 4) Prepare and process the commodities
- 5) Monitor patient
- 6) Keep records



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Slide 8

Good Dispensing Practices

These ensure that

- An effective form of the correct medicine is delivered to the right patient, in the prescribed dosage and quantity, with clear instructions and in a package that maintains the potency of the medicine.
- Dispensing should be done in a safe, clean and organized working environment.
- Assist in minimizing the possibility of dispensing errors.



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Slide 9

Factors influencing dispensing practices

1. Legal and national requirements
2. Availability of staff
3. Staff Skills and training
4. Dispensing environment
5. Availability of reference materials
6. Infrastructure



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Slide 10

Tools used for Issuing and Dispensing of RH commodities

- S11 (Counter Requisition and Issue voucher)
- S12 (Issue and Receipt voucher)
- S5 (Bin card)
- DAR
- Client First visit/Revisit card
- FP Follow-up card



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Slide 11

Good Dispensing practices: Case study

- A patient has been given a prescription for Pessaries to insert 1 nocte for 6 days. At the Pharmacy the instructions given are:
"Utaweka huko chini kila siku kwa siku sita" (You will put down there everyday for six days)
The patient goes home and keeps the drugs under her mattress/bed then after 6 days comes back to the hospital having not inserted any Pessaries.

Discuss this case based on what you have learned on good dispensing practices.



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Slide 12

Exercise

Using the tools and the sample data provided, the participants will work individually to:

- determine the quantity of each commodity to order
- complete the tools for requesting the commodities
- to complete the tools for receiving the commodities



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Exercise

- to complete the tools for storing the commodities
- to complete the tools for issuing the commodities
- to complete the tools for dispensing the commodities



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MODULE 4

LOGISTICS MANAGEMENT INFORMATION SYSTEMS FOR RH COMMODITIES

Slide 1

**MODULE 4:
LOGISTICS MANAGEMENT
INFORMATION SYSTEMS FOR RH
COMMODITIES**



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Slide 2

MODULE OBJECTIVES:

By the end of this unit the participants will be able to:

- Discuss the importance of logistics management information systems (LMIS) for RH commodities
- Describe how data is collected and summarized into reports and identify the key data elements and records required.



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Slide 3

Definitions (1)

- **A Logistics system** ensures movement of required quantity of commodities from one place to another in least possible time and at least possible cost.
- The effectiveness of this logistics system is dependant on the existence of an efficient Management Information System (MIS)



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Slide 4

Definitions (2)

- Logistics Management Information System (**LMIS**) is an organized system for collecting, processing, and reporting on the use of commodities to inform decision-making.
- The LMIS improves quality of commodity management decisions since it provides a means of tracking commodities as they enter and leave the supply system



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Slide 5

Group exercise

Groups have five minutes to role play on the logistics cycle and identify the position of LMIS in the cycle

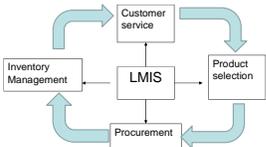


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Slide 6

The logistics Cycle



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Slide 7

Importance of LMIS (1)

It indicates

- When to place an order for re-supply
- Losses in the system requiring action
- Higher or lower than expected consumption, necessitating adjustments to procurement and supply
- Position of supplies in the pipeline, therefore what may need re-distribution



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Slide 8

Importance of LMIS (2)

- Provides information early on about expiring or short expiry stock
- Helps prevent over- and under-stocking, stock-outs.
- Provides information for Planning, estimating demand, allocating resources, Monitoring & Evaluating commodity management operations



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Slide 9

Reports

Definition

- Reports are forms on which all essential data items for a specific Service Delivery Point (SDP) and specific time period are moved up the pipeline to reach decision-makers.



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Importance of Reports:

- Make the collected data available to program managers in a useful form
- Summarize data covering activity over a period of time
- Aggregate data covering a number of sites



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Slide 11

The Six Rights of LMIS

This is what logisticians refer to as the SIX RIGHTS.

- To serve the customer (client) by delivering:
- The right goods.
- In the right quantities.
- In the right condition.
- To the right place.
- At the right time.
- At the right cost.



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Slide 12

Group Exercise

- *Groups have 10 minutes to discuss the role of LMIS in ensuring the six rights and present in plenary.*



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Slide 13

Role of LMIS in ensuring the Six Rights (1)

LMIS helps answer the following questions to logistics managers for decision making.

- In order to determine the right goods that a client requires we need to answer the question: **WHICH** goods are required?
- In order to determine the right quantities of the right goods required we need to answer the question: **WHAT QUANTITIES** of goods are required.



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Slide 14

Role of LMIS in ensuring the Six Rights (2)

- In order to determine the right condition in which the right quantities of the right goods are required we need to answer the question: **WHAT KIND** of goods are required?
- In order to determine the right place for goods to be delivered we need to answer the question: **WHERE** are the goods required



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Slide 15

Role of LMIS in ensuring the Six Rights (3)

- In order to determine the right time for goods to be delivered to right place, we need to answer the question: **WHEN** are the goods required?
- In order to determine how much it will cost to deliver the goods to the right place at the right time, we need to answer the question: **HOW** are the goods going to get there?
- .



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Role of LMIS in ensuring the Six Rights (4)

- The Logistics Management Information System supports logistics managers in answering these questions in order to make the RIGHT decisions to best serve the customer
- The one thing that answers all the questions is information.



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Slide 17

Characteristics of a functional LMIS

- Keep the data items that need to be collected to a minimum.
- Ensure that the forms are not complicated. Include precise and concise instructions for completion.
- Forms must not take a long time to complete. Staff completing form should not take time off other activities.



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Slide 18

Importance of Feedback Reports (1)

- Feedback helps program managers communicate with SDPs to maintain commodity security.
- Inform lower level sites that their report has been received
- Inform lower level sites about their performance - motivation



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Slide 19

Importance of Feedback Reports (2)

- Inform managers at higher levels how the reporting system is functioning
- May help solve problems by including errors seen on facility reports and how to correct them
- May inform facilities about how other facilities are reporting



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Slide 20

Key Logistics Data Items Required

- **STOCK ON HAND:** Quantities of usable stock available at all levels of the system. Do not count any items that are unusable. These should be considered losses to the system.
- **RATE OF CONSUMPTION:** The average quantity of a particular item dispensed to users during a particular time period.
- **LOSSES AND ADJUSTMENT:** Losses are the quantities of stock removed from the pipeline for any reason other than consumption by client (e.g. expiration, theft, damage, etc) Adjustments include quantity issued to or received from other facilities



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Slide 21

Summary reports for RH commodities

- Contraceptives Consumption Data Report & Request (CDRR) for SDPs
- Contraceptives Consumption Data Report & Request (CDRR) for Districts
- ARV Consumption Data Report & Request (CDRR)
- Patient Summary report (ARV)
- Reproductive Health, HIV/AIDS and TB Summary Tool



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Slide 22

Group activity

- Groups have 10 minutes to discuss and draw the current Reporting Pipeline for RH Commodities and report in plenary



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MODULE 5

MONITORING AND EVALUATION

Slide 1

MODULE 5

**MONITORING AND
EVALUATION**



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Slide 2

MODULE OBJECTIVES

By the end of this module the health care worker will be able to:

- Describe monitoring and evaluation
- Outline the Logistics indicators for monitoring and evaluation
- Discuss logistics monitoring



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Slide 3

MONITORING

Entails:

- Process of continuous assessment in the implementation of a project, program or research.
- Continuous measurement of discrepancies between objectives, expected outcomes and what has been accomplished.
- Process of finding out whether the changes you intended to achieve are being achieved.



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Slide 4

What does Monitoring ask?

- Are activities being carried out as planned?
- Are activities going to meet targets?
- Is corrective action needed in the interim?
- Should priorities be revised?



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Slide 5

What Does Monitoring Ensure?

- Clients get the health commodities needed when they need them.
- Planned logistics activities are carried out according to schedule.
- Records are correctly maintained and reports submitted in a timely manner.



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Slide 6

What Does Monitoring Entail?

- Review of records and reports
- Setting standards and measuring performance against set standards (benchmarks)
- Client feedback
- Physical assessment guided by a formulated checklist



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Slide 7

EVALUATION

Entails:

- Assessment of a project, program or research progress toward meeting established objectives and goals, while providing feedback on the performance of the program and direction for future plans
- Measurement of how much things have changed because of the implemented interventions .
- Analysis of logistics input and activities to determine their contribution to results.



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Slide 8

What does Evaluation ask?

- Are activities producing desired results?
- Are the activities effective, efficient and sustainable?
- Are the monitoring results representative of the actual situation?
- What changes should be made?



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Slide 9

Purpose of Evaluation

The purpose of evaluation is to :

- Make informed logistics decisions regarding operations and service delivery.
- Ensure the most effective and efficient use of resources.
- Find out the extent to which a program or project is having or has had on desired impact.
- Determine the extent to which a program or project is on track and to make any needed correction accordingly.



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Slide 10

Challenges for M&E for Commodity Management

- Staff attitude to M & E (Lack of staff cooperation)
- Timeliness: Late reporting
- Incomplete reports
- Incorrect reports
- Non-reporting sites: how to make good re-supply decisions



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Slide 11

Summary

Monitoring	Evaluation
Routine assessment of activities	Analysis of activities
Is continuous	Is Periodic
Reports progress	Records lessons learnt
Keeps track of daily activities	Keeps track of outputs
Works towards targets	Measures progress and questions the adequacy of targets
Accepts policies, rules and procedures	Questions the pertinence of policies, rules and procedures
Stresses the conversion of inputs into outputs	Emphasizes the achievement of purpose

Slide 12

LOGISTICS INDICATORS

An Indicator is a **variable** that **measures** one **aspect** of a program/project;

- Variable (*its value varies*)
- Measures (*objective calculation of value*)
- Aspect (*zeroes in on a key dimension*)



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Slide 13

Formulation of logistics indicators

Indicators can be:

- Qualitative: tend to be 'yes' or 'no' questions e.g. Is there a standard treatment manual?
- Quantitative: in form of counts, rates, ratios, proportions or percentages e.g. 30 RH workers trained in Reproductive Health Commodity Management .



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Slide 14

Categories of Logistics Indicators:

- LMIS data quality
- Storage conditions
- Order fill rate
- Stock out frequency
- Adequate stock status



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Slide 15

Examples of Logistics Indicators

LMIS data quality

- % of facilities submitting LMIS data

Storage conditions

- % of facilities meeting each of the 14 key storage conditions

Stock outs

- % of commodities fully stocked



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Slide 16

Selection of logistics indicators

Factors to consider :

- Practicability
- Ease of use
- Usefulness
- Reliability
- Validity
- Objectivity



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Slide 17

Application of Indicators (1)

Monitoring systems to improve performance.
e.g.

- Stock performance
- User behavior
- Patient/ client utilization of commodities



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Slide 18

Application of Indicators (2)

Commodity management Aspects that Programs should monitor :

- Stock status: does physical inventory fall within Max-Min levels, over- or under-stock
- Losses (due to expiry, damage, obsolescence, quality tests)
- Adjustments: are they necessary and managed well?



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Slide 19

Application of Indicators (3)

- Short-expiry stock that can be re-distributed or exchanged or returned
- Lead time: the time between when new stock is ordered and when it is received and available for use
- Correct maintenance of records
- Flow of reported data between reporting periods



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Slide 20

Application of Indicators (4)

- Timeliness, accuracy, completeness of reporting
- Comparison of client / patient load to commodity consumption e.g. do the service data match consumption of commodities
- Appropriate (Rational) use of commodities



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Slide 21

Group activity

Using the report samples available, review the reports and discuss whether the reports show

- Accurate data collection
- Complete and correct reporting
- Reporting on time

- What is the effect of these gaps and mistakes on the program?
- Suggest recommendations



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MODULE 6

ROLES AND RESPONSIBILITIES OF HEALTHCARE WORKERS IN REPRODUCTIVE HEALTH COMMODITY MANAGEMENT

Slide 1

MODULE 6:

**Roles and Responsibilities of
Healthcare workers in
Reproductive Health
Commodity management**



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Slide 2

Module Objectives

By the end of this Module, the participants should be able to:

- Describe the roles of health care workers in RH commodity management
- Discuss the responsibilities of health care workers in RH commodity management



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Slide 3

Definitions

Role
Function assumed or part played by a person in a particular situation.

Responsibility
The state of being accountable and/or to blame for something.



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Slide 4

Roles (1)

1) Inventory control management

- Determining the quantities of commodity required
- Ordering quantities for re-supply
- Receiving commodities
- Storing
- Issuing commodities
- Completing and maintaining records



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Slide 5

Roles (2)

2) Logistics data management

- Data collection on the various RH commodities
- Data analysis, Interpretation and Presentation
- Decision making.



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Slide 6

Roles (3)

3) Human resources management

- Staffing
- Planning
- Organizing
- Leading
- Co-ordinating staff.



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Slide 7

Roles (4)

4) Monitoring and Evaluation

- Reviewing on a continuous basis the degree to which program activities are completed and targets are being met.
- Analyzing progress toward meeting established objectives and goals.



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Slide 8

Responsibilities

1) Stores management

- Setting up a medical commodities store
- Receiving and arranging commodities
- Keeping track of commodities in the storeroom
- Maintaining the quality of commodities
- Disposal of unusable commodities



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Slide 9

Responsibilities (2)

2) Ordering commodities

- Determining the quantities needed through a process known as Quantification
- Placing the order



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Slide 10

Responsibilities (3)

3) Issuing commodities

- Issuing of commodities to clients or patients for use (e.g. Dispensing)
- Movement of commodities within a facility
- Movement of commodities between facilities



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Slide 11

Responsibilities (4)

4) Reporting

- Ensures that reports are completed correctly and submitted at the right time.

5) Monitoring

6) Preparing and implementing work-plan

7) Customer service



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MODULE 7:

**THE MONITORING,
TRAINING AND PLANNING
(MTP) APPROACH:**

**QUALITY IMPROVEMENT
IN SUPPORT OF RH
COMMODITY
MANAGEMENT**

Slide 1

MODULE 7:

The Monitoring Training and Planning (MTP) approach:

Quality Improvement in Support of RH Commodity Management



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Slide 2

Objectives

- What is MTP?
- Why is MTP important/relevant for mentorship
- Development of action plans

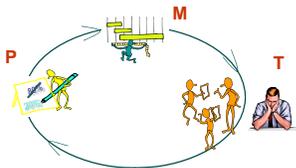


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Slide 3

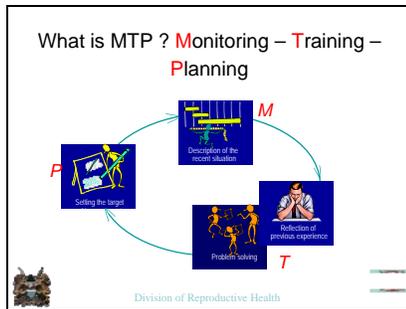
What is MTP?

Monitoring – Training – Planning

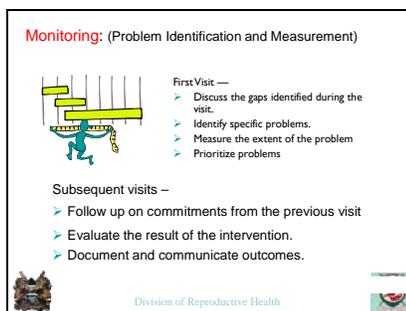


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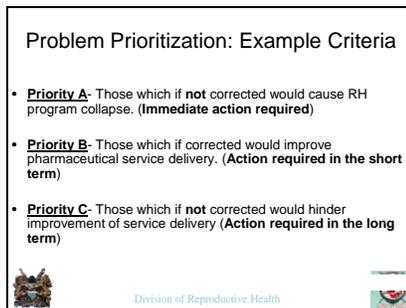
Slide 4



Slide 5



Slide 6



Slide 7

Training: Problem Solving

- **Discuss the problem—**
 1. Why is it happening?
What are the underlying factors? -Root Cause Analysis
 2. Decide how to solve the problem. Find a solution- Intervention



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Slide 8

Root cause analysis

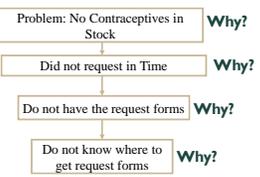
- It is important to differentiate between the cause of a problem and the symptoms of a problem
- Treating the symptoms only leads to short term solutions
- Asking the question Why? Several times helps to identify the "real" reason or cause of a problem
- A single problem can have more than one root cause



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Slide 9

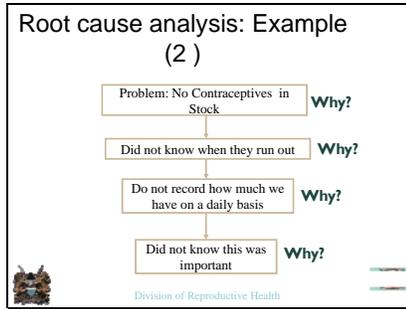
Root cause analysis (Example 1)



```
graph TD; A[Problem: No Contraceptives in Stock] -- Why? --> B[Did not request in Time]; B -- Why? --> C[Do not have the request forms]; C -- Why? --> D[Do not know where to get request forms];
```

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Slide 10



Slide 11

Finding Solutions

- The solution should address the root cause-hence the importance of doing root cause analyses
- Find local solutions;- think of
 - "What can I do to solve the problem"
 - Discourage staff from going to outside authorities, stake holders, government for assistance
- Be creative
- If there are no local solution then the mentor becomes the liaison to outside authorities.
 - Prepare information on the extent of the problem and the difficulties in solving the problem locally
 - Take the problem to regional/national authorities
 - Assist the staff to write a letter/proposal/follow up

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Slide 12

Planning: Setting Target for Improvement

- Set a target for improvement.
- Set measures to achieve the target.
- Assign someone the responsibility for execution of the plan.
- Set the date for the next supervisory visit.

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Action Plans (1)

- Once the solution is agreed on then a plan to implement the solution is needed
- **An Action Plan answers**
 - What will be done
 - Who will do what
 - When will they do it
 - Where will they do it
 - How will they do it
- Action Plans should also include Targets and means of monitoring progress towards targets



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ANNEX

EXERCISES ON FP COMMODITY LOGISTICS REPORTING TOOLS:

1. Filling in the Daily Activity Register (DAR) for Contraceptives

Materials needed:

For this exercise you will need:

- blank copies of the DAR for Contraceptives (MoH 512)
- a copy of the job aid for the completion of the DAR
- Paper for rough-work, calculator and a pen.

Assignment:

You are Nurse Jane Njema working at the MCH/FP clinic in Tahidi SDH. Your clinic provides a full range of FP services and also HIV counselling and testing. You keep some stocks of FP commodities at the clinic but the bulk of the stocks is kept in the hospital store under Kweli Mawe, the store man, while the Medical Superintendent in charge of your facility is Felix Anza.

At the end of the month May 20X0, you and the store man found the following stock balances at the MCH/FP clinic:

Stock count at the beginning of June 20X0:

Item	Levonorgestrel/ Ethinylestradiol tabs 0.15/0.03mg (1 x 21's)	Levonorgestrel 0.03mg tabs (1 x 35's)	Depot Medroxy- Progesterone acetate 150mg injection	Etonorgestrel implant 68mg	Levonorgestrel tabs 750mcg (2 tabs)	IUCDs	Male condoms	Female condoms
	Cycles	Cycles	Vial	Set	Dose	Set	Pieces	Pieces
Stock Balance (as at 31 st May 20X0)								
At the MCH/FP clinic	0	50	30	50	50	20	200	30

Based on your requests during the month, the hospital store supplied you with the following on S11s:

- COCs - 100 cycles (1 x 21's) on 1st June
- POPs - 20 cycles (1 x 35's) on 1st June
- Male condoms – 500 pieces on 1st June
- Copper T - 10 sets on 28th June

The clients you served during the month of June are as follows:

2nd June:

Anita, a revisit client aged 38, was given 3 cycles of Microgynon

5th June:

Wanja, a new client aged 21, was given 1 dose of Postinor II after being counselled on HIV/AIDS and referred for testing.

Kanja, a new male client, 19 years old with multiple partners, requested information on STDs and male condoms. You counselled him on STDs and HIV/AIDS, and tested him. He was found to be HIV-positive and you gave him 30 condoms.

8th June:

Mona, aged 28 and a revisit client, was given 20 pieces of female condoms.

10th June:

Nora, a revisit client aged 33 who has been using the pill for 2 years, requested for an IUCD. She was not on her menses. Pregnancy was ruled out through use of FP checklists and the IUCD was inserted.

12th June:

Rita, aged 21, is a college student. She was returning to college for her 3rd year and requested for more pills. She was given 4 cycles of Microgynon.

15th June:

Jenny aged 28, a revisit, was given an injection of Depo provera.

Lina, a new client aged 22, requested for information on natural family planning.

18th June:

Anna, a client on IUCD aged 34, came to the clinic for IUCD check-up which was done after being counselled on HIV/AIDS and tested negative.

19th June:

Luka, a male truck driver aged 33 and a revisit, was given 100 pieces of male condoms after being counselled and tested. Since he tested positive, you referred him to the CCC for follow-up.

21st June:

Joy, a new client aged 36, was referred for Implanon insertion by a CHEW.

22nd June:

Shiku, a 35-year old new client, who is married with 6 children, requested for an IUCD which you inserted after pregnancy was ruled out.

25th June:

Lucy, a 27-year old revisit client who is breast-feeding a 5-week old baby, requested for oral contraceptives and you gave her 3 cycles of Microlut.

Jane, a 24 year old revisit client previously on Lo-Femenal, was changed to Depo Provera on request.

26th June:

Tecla, a 40 year old revisit client and para 10, requested for tubal ligation which was done.

28th June:

Scola, a 26 year old breastfeeding mother and a revisit client, was given 3 cycles of Microlut.

Julie, aged 40 and a revisit client, had Implanon inserted.

29th June:

Jacob, aged 45, who has been using male condoms, requested for vasectomy.

30th June:

Liza, 27 years old and a revisit, who is going out of the country, was given 6 cycles of Microgynon. Dawn, a new client, aged 19 and a college girl, was given 1 cycle of Microgynon.

On 29th June, you noticed that 10 of the ECP doses in the clinic were expiring on 30th June so you returned them to the hospital store.

Instructions:

You are required to complete page 1 of the DAR for Contraceptives for the transactions made in June.

The job aid for the completion of the DAR is provided in the Annex

2. Filling in the SDP Consumption Data Report and Request Form (CDRR)

Materials needed:

For this exercise you will need:

- blank form of the SDP CDRR
- a copy of the job aid for the completion of the SDP CDRR
- blank form of the KEMSA Standard Order Form (SOF) for Hospitals
- Paper for rough-work, calculator and a pen.

Assignment:

You are Nurse Jane Njema working at the MCH/FP clinic in Tahidi SDH, which is located in Central district of Northern province. The hospital store is managed by Kweli Mawe, the store man, while the Medical Superintendent in-charge of your facility is Felix Anza. On 1st July 20X0, you and the store man, Kweli Mawe, sat down together to compile the monthly report for the month of June 20X0.

You and the store man counted the following closing stock balances at the hospital store and the FP clinic:

Stock count at the end of the month of June 20X0:

Item	Levonorgestrel / Ethinlyestradiol tabs 0.15/0.03mg (1 x 21's)	Levonorgestrel 0.03mg tabs (1 x 35's)	Depot Medroxy-Progesterone acetate 150mg injection	Etonorgestrel implant 68mg	Levonorgestrel tabs 750mcg (2 tabs)	IUCDs	Male condoms	Female condoms
	Cycles	Cycles	Vial	Set	Dose	Set	Pieces	Pieces
Stock Balance (as at 30 th June 20X0)								
At the hospital store	400	10	0	0	10	20	160	0
At the MCH/FP clinic	67	5	28	48	29	8	410	10

Instructions:

Using the data provided above, you are required to complete the monthly report for the SDP Tahidi SDH for the month ending June 20X0. Using the forms provided, you will also place orders to the Central District store and/or KEMSA for additional FP commodities. Place the order to KEMSA using the blank page of the Standard Order Form (SOF) for Hospitals provided below. Assume that both male and female condoms can be ordered from the district store while all other commodities are ordered from KEMSA Nairobi.

The job aids for the completion of the SDP CDRR and the KEMSA SORF are provided in the Annex.

**MINISTRY OF HEALTH
SDP CONTRACEPTIVES CONSUMPTION
DATA REPORT AND REQUEST FORM**

ORIGINAL

Province: _____ County: _____ District: _____

Full SDP Name: _____ MFL No.: _____

Facility Type: Dispensary H/C SDH DH PGH Referral Hosp.

Agency: GOK FBO NGO Private

Reporting Month: Beginning _____ 20____ Ending _____ 20____

Contraceptive	Beginning Balance	Received This Month	Dispensed	Losses	Adjustments		Ending Balance	Quantity Requested
					Positive	Negative		
Combined Oral contraceptive Pills								
Progestin only pills								
Injectables								
Implants (1-Rod)								
Implants (2-Rod)								
Emergency Contraceptive pills								
IUCDs								
Male Condoms								
Female Condoms								
Cycle Beads								
Others								
SERVICE STATISTICS (Indicate only the number of Clients issued with Contraceptives)					New Clients		Natural FP Counseling	
	New Clients	Revisits	Change of method from _____ to _____		Revisits		Natural FP Referrals	
Combined oral contraceptive Pills								
Progestin only pills								
Injectables								
Implants (1-Rod)								
Implants (2-Rod)								
IUCDs								
Male Condoms								
Female Condoms								
Cycle Beads								
Others								
					HIV COUNSELING AND TESTING			
					Counseled and Tested	Referred for Counseling and Testing	Known HIV Status	
							1	2
							Sterilization	
							Males	
							Females	
							Referrals	
					Cases for Emergency Pills			

Comments: (Logistics & Clinical) _____

Submitted by: _____

Designation: _____ Name _____ Telephone: _____

Date: _____ Signature _____

Monthly Report & Request for Contraceptives - Service Delivery Points Revised December 2012
Send the original and duplicate copies to the District Medical Officer of Health (DMOH) for the attention of the relevant officers. Leave the triplicate copy in the CDRR booklet at your facility.

Essential Medicines Standard Order and Report Form (District & Provincial Hospitals), Version 1 July 2012/13

Name of Hospital :		HIS Facility Code:		Total Outpatient Services:			Total Occupied Bed Days :					
Date of Order :		Reporting Period Beginning Date:						End Date:				
KEMSA code no	Item description Name / form / strength	Order Unit Size	Order Unit Cost (Kshs)	Beginning /Opening Balance	Total Receipts	Total Issues from the Dispensing Area(s)	Adjustments (issue to other facilities etc)	Losses (expiries, breakages, unaccounted)	Ending /Closing Stock	No. of days out of Stock during the	Quantity To Order	Item Cost
f) Reproductive Health Supplies (currently supplied free of charge i.e not debited on the Drawing Rights)												
NM21CND002	Condom, female	1,000	0.01									
NM21CND001	Condom, male	4,800	0.01									
PM10DMP001	Depot Medroxyprogesterone acetate 150mg inj	Kit (100vials)	0.01									
PM10ETN001	Etonogestrel implant 68mg (1rod + trocar)	10 sets	0.01									
PM10LEV007	Levonorgestrel implant 75mg with trocar	set	0.01									
PM10UDC001	IUD Copper T	25's	0.01									
PM10LEV004	Levonorgestrel/ethinylestradiol tab 0.15mg/0.03mg (COC)	3x21	0.01									
PM10LEV003	Levonorgestrel tab 30mcg (POP)	3x35	0.01									
PM10LEV002	Levonorgestrel tab 750mcg (EC), Pair	10	0.01									
Total Order Value												
Drawing Rights Available Balance												
Hospital Telephone Number :						Hospital Email Address:						
Prepared by (name/Pharmacist etc)			Mob. Tel No.		Email address :				Signature :			
Authorised by (name/MedSup)			Mob. Tel No.		Email address:				Signature :			

GENERIC TIMETABLE

INTEGRATED REPRODUCTIVE HEALTH COMMODITY MANAGEMENT TRAINING FOR HEALTH SERVICE PROVIDERS

Date: _____ **Venue:** _____

DAY 1		
Time	Activity	Facilitator
8:00am – 8:30am	Registration	
8.30am – 9.00am	Climate setting <ul style="list-style-type: none">• Introduction• Norms & Expectations• Nominations• Logistics	
9:00am – 9:15am	Opening Remarks	
9:15am – 9:25am	Administration of RH CM Pre -Test	
9:25am – 9:40am	Module 1 – Introduction to Reproductive Health	
9:40am – 10:00am	Module 2 – Introduction to Reproductive Health Commodity Management	
Tea Break: 10:00am – 10:30am		
10:30am – 11:00am	Module 3 Unit 1 – Inventory Management overview	
11:00am – 12:00pm	Unit 2 – Determining quantities to order and the process of requesting for RH commodities	
12.00pm – 12.30pm	Unit 3 – Receipt and storage of RH commodities	
12.30pm – 1.00pm	Unit 4 – Issuing and Dispensing of RH commodities	
Lunch: 1:00pm – 2:00pm		
2:00pm – 5:00pm	Practical Exercises	
Tea Break: 5:00pm		

DAY 2		
Time	Activity	Facilitator
8:30am – 9:00am	Recap – Day 1	
9:00am – 10:30am	Discussions – Practical Exercises	
Tea Break: 10:30am – 11:00am		
11.00am – 12.00pm	Module 4 – Logistics Management Information Systems for RH commodities	
12:00pm – 1:00pm	Module 5 – Monitoring and Evaluation	
Lunch: 1:00pm – 2:00pm		
2:00pm – 2:30 pm	Module 6 – Roles and Responsibilities of healthcare workers in RH commodity management	
2:30pm – 4:00pm	Module 7 – The MTP approach: Quality improvement in support of RH commodity management & Preparation Action plans	
Tea Break		

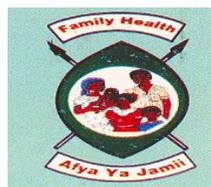
DAY 3		
Time	Activity	Facilitator
8:30am – 8:45am	Recap – Day 2	
8:45am – 9:00am	Post Test	
9:00am – 10:00am	KEMSA presentation on mandate and timelines for data provision	
Tea Break: 10:00am – 10:30am		
10:30am – 11:00am	Discussion - pre and post test	
11:00am – 12:00pm	Plenary Discussion on RH Commodity Challenges	
12:00pm – 12:30pm	Overall Course Evaluation	
12:30pm – 1:00pm	Closing Remarks	
Lunch and Departure		



Republic Of Kenya

MINISTRY OF HEALTH

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MSH/Health Commodities and Services Management