

**Memorandum**

Date September 14, 1987 9220100  
PD-784-781  
150-53226

From Jack Graves, M.P.H., Chief, Program Services Section (PSS), Program Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE), and Howard Springsteen, M.P.A., Family Planning Logistics Management (FPLM) Project, John Snow, Inc.

Subject Foreign Trip Report (AID/RSSA): Kenya, June 13-29, 1987

To James O. Mason, M.D., Dr.P.H.  
Director, CDC  
Through: Assistant Director for Science, CHPE \_\_\_\_\_

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**SUMMARY**

The purposes of this joint visit by CDC and the Family Planning Logistics Management Project (FPLM) of John Snow, Inc. were to:

1. Assist USAID/Nairobi in estimating future needs for contraceptives and the preparation of Contraceptive Procurement Tables.
2. Review the status of contraceptive supplies at all program levels with Central Medical Stores and Ministry of Health (MOH), Division of Family Health (DFH) staff, and verify inventory and issue records.
3. Review the DFH's new implementation plan for their proposed family planning logistics management system, and recommend revisions if necessary.
4. Assist DFH in the design of logistics MIS forms, develop an instructional manual for their use, and prepare a schedule of family planning logistics training workshops for district level personnel.

To accomplish these objectives we interviewed officials of the DFH, USAID, PVO's, and MOH Central Medical Store (CMS). In addition, we visited District Health Offices and clinics in the vicinity of Nairobi and Mombasa. Ms. Marcella Ochwo, a representative of the Eastern and South African Management Institute (ESAMI), also participated in this consultation.

We reviewed a proposal for field training in logistics and decided that the supply system must be documented before the training could occur. We, therefore, started to write a supply manual. A draft of the first two chapters was left with the Director, DFH; the draft was further developed when we returned to the U.S., and copies were sent to all interested parties in Nairobi by express mail on August 10, 1987.

We also collected data on supplies on hand and usage levels and estimated future needs for contraceptives. Contraceptive Procurement Tables (CPTs) were constructed and delivered to USAID/Nairobi and AID/S&T/POP/CPSD/Washington. We found a substantial increase in demand for condoms, which was attributed to the fear of AIDS.

We then proposed a new schedule for family planning logistics activities.

Our recommendations included:

1. The DFH should appoint a responsible official to coordinate logistics activities.
2. A national inventory of contraceptive commodities should be conducted.
3. The draft of the supply manual should be reviewed and corrected/modified/completed as soon as possible.
4. Training materials, based on the manual, should be developed.
5. Training in logistics management should be conducted.
6. The projections for contraceptive needs should be reviewed after the inventory is taken and adjusted, if needed. Shipping schedules should be estimated to assure a continuing flow of contraceptives into the country. These schedules must take lead time and shipping cost into consideration. Time for port clearance must be included in lead time.
7. Efforts should be made to reduce the time for port clearing.
8. Contraceptives should be placed on the essential drug list.

CDC, FPLM, and/or ESAMI staff will be available to assist in any of the above (or other) logistics-related problems. We would like to take this opportunity to thank the many individuals in Kenya who assisted us in this effort and look forward to working with them again.

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## I. PLACES, DATES AND PURPOSES OF TRAVEL

June 13-29 Nairobi; June 19-22 Mombasa (Springsteen only). This consultation was at the request of the Republic of Kenya, Ministry of Health (MOH), Division of Family Health (DFH), USAID/Nairobi, AID/S&T/POP/CPSD, and REDSO/ESA. The purposes of this joint visit by CDC and the Family Planning Logistics Management Project of John Snow, Inc. were to:

1. Assist USAID/Nairobi in estimating future needs for contraceptives and the preparation of Contraceptive Procurement Tables.
2. Review the status of contraceptive supplies at all program levels with Central Medical Stores and Ministry of Health (MOH), Division of Family Health (DFH) staff, and verify inventory and issue records.
3. Review the DFH's new implementation plan for their proposed family planning logistics management system, and recommend revisions if necessary.
4. Assist DFH in the design of logistics MIS forms, develop an instructional manual for their use, and prepare a schedule of family planning logistics training workshops for district level personnel.

Mr. Graves' travel was in accordance with the Resource Support Services Agreement between CDC/CHPE/DRH and AID/S&T/POP. Mr. Springsteen's travel was supported by the Family Planning Logistics Management (FPLM) Project under their contract between AID/S&T/POP and John Snow, Inc. Ms. Ochwo was supported by the logistics training and assistance contract between REDSO/ESA and the Eastern and Southern African Management Institute (ESAMI).

The travel for Mr. Graves and Mr. Springsteen was in conjunction with a trip to Turkey for which a separate report has been prepared.

## II. PRINCIPAL CONTACTS

### A. Ministry of Health (MOH)

1. Division of Family Health (DFH)
  - a. Dr. John Kigundu, Director
  - b. Ms. Lucy Nderitu, Executive Officer
  - c. Mr. Charles Thube, Health Planner/Economist
  - d. Mr. Anthony Kamau, Statistical Assistant
  - e. Mr. Alex Wambua, Stores Assistant
  - f. Mr. Anthony Ophwette, Chief of Training
2. Central Medical Stores (CMS)
  - a. Mr. Machoge, In-charge, MCH/FP supplies

3. Nairobi City Commission
  - a. Sr. Mbugua, Clinic Managaer, Makadava Clinic
  - b. Sr. Kagwe, Clinic Manager, Westland Health Center
  - c. Sr. Hilda Shikwe, In-charge of Family Planning, Westland Clinic
  - d. Mrs. Mugo, Chief Nurse, Kalolini Clinic
  
4. Kiambu District Hospital
  - a. Dr. Macharia, Acting Medical Office
  - b. Sr. Kiiyukia, District Health Nurse
  - c. Sr. Kihindas, In-charge of Family Planning
  
5. Karuri Clinic, Kiambu District
  - a. Mrs. E. Keli, Chief Nurse
  - b. Sr. Karuri, Nurse-in-charge of Family Planning
  - c. Dr. Kabiru, Medical Officer
  
6. Kenyatta Hospital, MCH/FP Clinic
  - a. Sr. Hernia Ogembo, Chief Nurse
  
- B. Family Planning Association of Kenya
  1. Mrs. Kabuki, Supply Officer
  2. Mr. M. Mzeuge, Accountant
  3. Mr. Mvia, Supply Assistant
  4. Chief Nurse, Phoenix Clinic
  
- C. Family Planning Private Sector Program
  1. Mr. Eric R. Krystall, Ph.D., Program Director
  2. Ms. Joan Robertson, Management and Procurement Specialist
  3. Ms. Millicent Odera, Program Officer
  
- D. Eastern and South Africa Management Institute (ESAMI)
  1. Marcella T. Ochwo
  
- E. World Health Organization (WHO), Action Programme on Essential Drugs
  1. Mr. Gerald D. Moore
  2. Dr. Erling Larsson, M.D.
  
- F. USAID/Nairobi
  1. Mr. Gary Merritt, Population Officer
  2. Ms. Mildred Howard, Program Assistant
  3. Ms. Laura Slobey, Population Specialist
  
- G. REDSO/ESA
  1. Mr. Art Danart, Population Officer
  2. Ms. Rosalind Waithaka, Population Assistant

### III. ACTIVITIES AND OBSERVATIONS

#### A. Background

The estimated population of Kenya is 20.3 million with an estimated annual growth rate of 4.0 percent, one of the highest in the world. To address this high growth rate, Kenya has a mixture of public and private sector programs designed to provide family planning services throughout the country. Public sector programs are managed and administered by the MOH under supervision of the DFH and are generally located in MCH centers, health clinics, and hospitals. Private sector programs include the John Snow, Inc. (JSI) Family Planning Private Sector Project (FPPS), Family Planning Association of Kenya (FPAK), Pathfinder, and Family Planning International Assistance (FPIA). They provide services through their own facilities, the employee health clinics of industrial organizations, women's organizations, and Mission hospitals. The major coordinating organization in Kenya is the DFH. Overall, the contraceptive prevalence rate for modern methods was 14 percent, according to the 1984 Contraceptive Prevalence Survey.

Kenya currently obtains contraceptives from USAID, the Swedish and Danish International Development Agencies (SIDA, DANIDA), and the United Nations Fund for Population Affairs (UNFPA). USAID supplies condoms, vaginal foaming tablets, and IUDs. SIDA and DANIDA supply a wide range of oral contraceptives that include: Microgynon, Eugynon, Neogynon, Microlut, Nordette, and Trinordiol. UNFPA supplies the injectables. The donors usually ship contraceptives by sea to Mombasa, where they are cleared and moved to Nairobi for storage and distribution. Air shipments are sent through the international airport in Nairobi. The contraceptives are stored in an annex of the MOH Central Medical Stores (CMS). From there, some of the private organizations and DFH draw stocks to supply all or part of their needs. Nongovernment organizations (NGO) such as FPPS and FPAK, have their own logistics management information systems that provide fairly specific management information.

Logistics assistance to the Kenya Family Planning Program dates from the Dalmat/McConnon assessment in August 1985 (see Dalmat/McConnon trip report, September 20, 1985). During this assessment, a number of problems were identified, and recommendations included the establishment of a formal logistics system for Family Planning/Maternal-Child Health (FP/MCH) commodities.

The system recommended was a slight modification of the Contraceptive Commodity Management System (CCMS) being developed by CDC and FPLM. Six "pilot" districts (later expanded to 10) were chosen for installation of the system, and personnel from the central office and the 6 Districts were trained at the second annual family planning logistics training course conducted by ESAMI and CDC in November 1985 (See Glatzer trip report, Tanzania, December 20, 1985).

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In April 1986, CDC assisted with 3 of a series of 5 logistics workshops for field personnel of the 10 pilot districts. These workshops were based on the ESAMI training materials, which had been modified for the Kenya program (See Hudgins trip report, Kenya, August 12, 1986).

In April/May 1987, CDC/FPLM consultants assisted ESAMI with the third annual family planning logistics training course in Nairobi. During their stay in Nairobi, they contacted DFH officials to review the status of the contraceptive logistics project and the level of contraceptives at the CMS (See Glatzer/Felling trip report, Kenya, June 5, 1987). The ground work for our consultancy was laid at that time.

#### B. Activities

Upon arrival in Nairobi, we met with Ms. Howard at USAID to obtain background material and to plan our work. We were told that the proposal for logistics management improvement was not completed, but should be ready for discussion with Dr. Kigodu the next day. We then visited the Family Planning Private Sector (FPPS) project, which is operated by John Snow, Inc. We learned that the project is meeting with success and is continuing to expand (See McConnon CDC Trip Report dated April 16, 1986). We collected data on contraceptive distribution for this project (See Attachment 1).

When we met with Dr. Kigodu and his staff, we reviewed the proposal for logistics training, which had been prepared by the DFH staff. In our discussions, we learned that no logistics system has been formally approved and put into place by the program. The reasons were that the proposed system did not provide all the information desired and that it was not well understood, since there were no written, step-by-step instructions. We discussed how a system might be developed and documented. Dr. Kigodu asked Mr. Graves to prepare a draft outline of a logistics system for his review. The system should produce the needed data and contain detailed instructions. It was decided that the training should focus on the local logistics system and, therefore, should not be conducted until the system is designed and approved.

We then decided that (1) we should visit as many program locations as time would allow, and also visit the offices of other family planning organizations to see how contraceptives are managed, and to estimate usage and stock on hand to help us prepare the forecast for contraceptive needs, and (2) although we would all work on all phases of the consultancy, a division of labor for our team should be made, with Mr. Graves taking the lead in designing the supply system (See Attachment 2), Mr. Springsteen, concentrating on preparing use and stock estimates for forecasting and preparation of the Contraceptive Procurement Tables (CPT) (See Attachments 3 and 5), and Ms. Ochwo working on the development of the logistics system and training plan and preparation of a chronological outline of events for logistics development and training (See Attachment 4).

Dr. Kigodu assigned Ms. Nderitu to help with our visit schedule, make appointments, and work with us on our visits to the various program locations. Our schedule included visits to the Kenyatta Hospital Clinic, the two district headquarters of the Nairobi City Commission and some of their clinics, the Family Planning Association of Kenya (FPAK) and some of their clinics, the Kiambu District Health Office and clinics, the FPPS, and the CMS. In addition, Mr. Springsteen visited FPIA, FPAK, and DFH clinics in Mombasa.

### C. Observations

During our visits and interviews, we learned that the different locations of the MOH have their own methods for managing contraceptive supplies. None of them were systematic in producing and using data for decision making regarding stock maintenance, frequency of resupply, etc. In some instances, clinics used their own transportation for obtaining supplies, and in others, the supplier delivered to the outlet. The MOH system has four levels (Central, District, clinic, and field), which are fairly well defined. Supply procedures do not, however, always follow the hierarchy. All locations produce some type of supply data, but the data are not uniform and not routinely analyzed and used for management decisions. We also found inconsistency in some of the records and reports.

Also, the supply system issues contraceptives from both open stock and in the form of prepackaged kits, which contain the following mixture of contraceptives.

1. Microgynon	300 cycles
2. Eugynon	100 cycles
3. Microlut 35	100 cycles
4. Copper T	10 pieces
5. Condoms	400 pieces
6. Foaming Tablets	100 pieces
7. Disposable gloves, med.	100 pair
8. Disposable gloves, lge.	100 pair
9. First visit cards	50
10. Continuation cards	25
11. Followup cards	100

Not all clinics were aware that contraceptives were available from open stock, and they continued to order kits, even though they might be holding an oversupply of certain items. There is also a problem of locations ordering excessive quantities because the supplier will sometimes arbitrarily reduce the amounts. In addition, some of the NGOs draw supplies from the MOH and their own systems. "Borrowing" back and forth between NGOs and MOH occurs occasionally. All of the above, and other problems, cause confusion, and the result is stock imbalances, stockouts, oversupply, and stock expiration.

In spite of these problems, we collected data on contraceptive distribution as best we could and made estimates of contraceptive usage (See Attachment 5). Our data indicate that demand for orals and IUDs is decreasing, while the demand for injectables, condoms, and vaginal foaming tablets is increasing.

The increase in condom usage is attributed to fear of AIDS. Although the places visited represent a substantial portion of contraceptive users in the country, we have little confidence in the data collected. The contraceptive use forecast should, therefore, be viewed with caution and corrected when better data and/or information are available.

As mentioned before, we felt that the plan for logistics training was mistimed and that a new schedule, based on the development and acceptance of a well coordinated and complete supply system, should be proposed.

We worked on designing a supply system and completed a first draft of forms and procedures for field and clinic program levels. After returning to Atlanta, Mr. Graves expanded this draft to include the district level. The manual contains procedures for registering clients, issuing, stock maintenance, requisitioning, receiving, stock accounting, stock taking, accounting for losses, maintenance of stock records, reporting and others. It is based on a number of assumptions as to how the program will be managed. It lacks instructions for transportation, data analysis, and using the data for management purposes. Copies of this draft were sent to USAID/Nairobi on August 10, 1987, for distribution to the FHD and other interested parties.

The Contraceptive Procurement Tables (Attachment 3) for USAID-supplied contraceptives were prepared and left with USAID/Nairobi; copies were provided to S&T/POP/CPSD by Mr. Springsteen when he returned to Washington.

The new logistics development and training plan (Attachment 4) was prepared by Ms. Ochwo and presented to DFH and USAID.

#### IV. CONCLUSIONS AND RECOMMENDATIONS

The efforts of the FHD to provide high quality services to family planning clients are being adversely affected by the lack of a simplified, comprehensive supply system. Also, field personnel lack understanding of logistics procedures so that it is difficult for them to make proper decisions and take effective action in the management of contraceptive and related supplies. We, therefore, make the following recommendations:

1. A senior official should be appointed to coordinate the logistics functions of the MOH family planning program. This person should be responsible for recommending activities that will insure the continuing availability of contraceptives in all outlets throughout the country. This person should also be responsible for analyzing supply data for program evaluation and producing forecasts for future contraceptive needs. In addition, this person would be the counterpart for any consultants who might be engaged for evaluating and/or improving the supply system. Dr. Kigodu assured us that such a person would be appointed in the very near future.
2. A national inventory should be taken to determine the quantity and location of the contraceptives in the country. During this inventory, any contraceptives that are found to be unusable due to damage, expiration, or other cause, should be removed from inventory and destroyed. The instructions for stock taking contained in the draft manual could be used in taking this inventory.

3. A final decision should be made regarding the central management of contraceptive supplies. If it is decided to continue to have the CMS operate the central level, the contraceptives should be added to the essential drug list. In any event, port clearance procedures should be examined and modified to insure prompt and efficient clearance of the contraceptives. Also, the numbers, brands, and types of contraceptives available should be reviewed, and the contraceptives to be provided by the program should be firmly established. This should be done in order to reduce the number of different items managed by the system to the minimum required to assure continuing high quality service.
4. The working relationships between the FHD and NGOs should be formalized where contraceptive supplies are concerned. It should be very clear to all what products are to be supplied, and how they are to be obtained. NGO clinics and programs should receive the same consideration for obtaining contraceptives from the system as a clinic or program of the MOH. As such, they should be willing to provide the information to the MOH contraceptive supply system necessary to insure continuing supply.
5. The draft of the supply manual, which has been provided to USAID, FHD, and others should be reviewed as soon as possible. After this review, the consultants should return to Nairobi to assist with completing the system and designing materials for use in field training. The schedule for training should be reviewed at that time and revised as needed.
6. Field training should then be conducted. Assistance with the training of trainers can be provided by the consultants, if needed.
7. Finally, the supply system should be evaluated from time to time. This could be an individual activity or, preferably, a part of any program evaluations to be conducted in the future.

We were very impressed with the enthusiasm and dedication of MOH officials at all program levels. It was obvious that many of them were frustrated with present contraceptive supply procedures. We appreciate the opportunity to work in Kenya, and we hope to continue. We would like to thank all those who worked with us and gave generously of their time to try to solve this very serious problem. We are confident that it can and will be solved.

  
Jack Graves, M.F.H.

  
Howard Springsteen, M.P.A. (H)

ATTACHMENT 1

CONTRACEPTIVE DISTRIBUTION FROM  
FAMILY PLANNING PRIVATE SECTOR PROJECT (FPPS)

14

JSI/FPPR Contraceptive Usage  
 Start Date: July 1, 1984  
 Target: 50,000

Month	Number Of Clinics	New Acceptors	Revisits	cycles of Microgyno	cycles of Eugynon	cycles of Microlut	cycles of Other	IUCD	Depo Noristera	Depo Provera	Condoms	P.Tabs.	Sterili- zation	Natural Method	Other
July 1984	6	29											60	1	
August	6	96	81	27	118										
September	7	95	80	71	95			2		2	449	320			
October	10	138	117	131	176			29	17	7	174	306	4		
November	15	248	700	66	59			12		4	708	135	2		
December	15	211	346	260	137		12	34	12	5	1124	300	6		
sub total		817	1324	555	585	0	12	77	29	18	3055	1121	13	0	0
January 1985	19	205	464	325	326	60		46	17	15	3161	600	9		
February 1985	20	303	462	440	352	44		47	25	18	3905	1242	2		
March 1985	22	392	498	463	184	38		38	18	24	3144	3883	48	1	
April 1985	24	383	599	764	270	11		83	19	86	3783	1660	62	1	
May 1985	24	463	713	848	295	12		115	23	138	3522	1801	61	1	
June 1985	24	543	832	698	166	34		117	13	57	2980	1490	12	2	
July 1985	25	619	883	846	284	50		135	13	218	5017	10840	61		
August 1985	26	722	815	849	344	54		159	17	222	5430	3920	74	1	5
September 1985	27	647	940	918	364	78		118	15	233	8160	7101	101	3	
October 1985	27	786	916	987	365	145		175	7	243	15026	12125	198	1	
November 1985	27	660	976	1081	384	147		174	17	263	11549	4423	6	3	
December 1985	27	613	1049	900	242	111		140	28	295	12796	6891	107		
sub total		6336	9147	9119	3576	0	784	1347	212	1812	78473	55976	741	13	5
January 1986	54	939	1327	1501	522	108		157	51	381	24533	15700	79	1	
February 1986	57	1084	1166	1652	480	155		158	42	532	23948	13164	183	1	
March 1986	57	1164	1058	1438	615	155		162	89	412	49638	32801	88	4	2
April 1986	61	1001	1152	2014	691	228		172	253	479	43798	36025	111	8	
May 1986	61	1128	1074	1698	508	13	221	109	235	342	40013	29995	101	1	
June 1986	61	968	1170	1511	609	175	169	149	386	401	35405	35549	74	7	1
July 1986	64	1191	1517	2635	570	179	102	128	307	675	40702	36225	106	2	1
August 1986	64	1032	1087	2089	685	178	102	148	313	632	38960	31124	152	9	1
September 1986	63	1019	1075	2366	808	251	90	156	303	736	39178	38345	199	8	
October 1986	63	1068	1227	2406	673	287	106	166	232	1035	51158	88022	234	6	
November 1986	63	874	969	1790	574	264	127	175	182	793	39630	63561	193	1	1
December 1986	63	866	1033	1943	638	277	92	154	149	939	48458	49783	149	9	1
sub total		12334	13851	23043	7373	1624	1655	1834	2542	7357	475421	470294	1669	20	7
January 1987	63	939	1200	2134	702	397	96	142	157	781	8602	49700	136	14	1
February 1987	75	1032	1397	2123	697	325	179	144	199	981	82289	42320	130	27	
March 1987	85	1179	1185	2173	688	404	159	143	153	1238	63332	42563	171	6	2
April 1987	85	1462	1054	1794	752	355	123	112	102	268	106819	36054	141	24	1
May 1987	74	1374	1763	1921	508	247	141	68	26	1192	95429	43438	118	19	4
June 1987															
sub total		5986	6599	10145	3347	1728	698	609	637	5480	356471	214075	696	90	8
Total		25473	30921	42862	14881	3352	3149	3867	3420	14667	913420	741466	3119	123	20

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ATTACHMENT 2

TABLE OF CONTENTS AND FORMS PROPOSED  
DRAFT OF  
CONTRACEPTIVE SUPPLY MANUAL

MINISTRY OF HEALTH

DIVISION OF FAMILY HEALTH

THE REPUBLIC OF KENYA

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**(F) REPORT OF FAMILY PLANNING CLIENT VISITS AND CONTRACEPTIVE USE AND SUPPLY STATUS**

For the Period Beginning \_\_\_\_\_ and Ending \_\_\_\_\_

Submitted By: Clinic \_\_\_\_\_ District \_\_\_\_\_

Location	Client Visits		Quantity of Contraceptives	Name of Contraceptive:																		
	New	Revisits																				
Clinics			Dispensed																			
			Lost																			
			On Hand-End of Period																			
Field			Dispensed																			
			Lost																			
			On Hand-End of Period																			
Clinics & Field			Dispensed																			
			Lost																			
			On Hand-End of Period																			
District Store			On Hand-End of Period																			
All Locations			On Hand-End of Period																			
			Months Supply End of Period																			
Date of Request:			Requested																			

ⓕ Temporary Receipt - Location: \_\_\_\_\_

Issued to: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Ser. No.	Item	Quantity:		
		Issued	Returned	Issued to Field
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

U1239-55-29H

20



(H)

### Report of Lost / Damaged / Expired Stock

Location where loss occurred: \_\_\_\_\_

Date: \_\_\_\_\_

Field: \_\_\_\_\_

Clinic: \_\_\_\_\_

Distinct: \_\_\_\_\_

Other: \_\_\_\_\_

Items Involved:

Name of Contraceptive	Quantity	Expired (Exp. Date)	Damaged	Lost	Other

Describe how loss occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

We certify that the above is a true and complete description of the loss of contraceptives from the stock of the locations indicated:

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Person in charge of the locations where the loss occurred: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Officer in charge \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

1292-87-29J

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ATTACHMENT 3

CONTRACEPTIVE PROCUREMENT TABLES

RY 1984 DPT  
 COUNTRY: KENYA  
 PROGRAM: MDH  
 PROJECT: 010-0000  
 PRODUCT: DOND - DONDON  
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK (MOH)  
 TABLE YEAR: 1987  
 START NET DEPOSIT YEAR: 1987

	CALENDAR YEARS					
	1987	1988	1989	1990	1991	1992
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	1460	9720	12150	10765	14700	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1987 TO DATE	500					
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED	4700					
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	4680	9720	12150	10765	14700	
EQUALS						
4. END-OF-YEAR STOCK						
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO SUM OF ESTIMATED USE IN SCHEDULED FMT YEAR)	4700	12150	10765	14700	14700	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)	+9720	12150	+10765	+14700	+14700	

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RY 1989 DPT  
COUNTRY: KENYA  
PROGRAM: MDH  
PROJECT: 000-0000  
PRODUCT: DT08 - COPPER T TUBS - MODEL T0080A  
SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: MOH  
TABLE YEAR: 1987  
START NET DEFICIT YEAR: 1987

	CALENDAR YEARS					
	1987	1988	1989	1990	1991	1992
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	64	144	100	76	78	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1987 TO DATE						
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED	80					
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. IS (RATIO PRODUCT USE/SALES/DISTRIBUTION)	20	21	22	27	24	25
EQUALS						
4. END-OF-YEAR STOCK	144	100	100	76	78	
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 100% OF ESTIMATED USE IN SUBSEQUENT YEAR)	20	21	22	24	22	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIES REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)	124	79	78	52	56	

FY 1984 OPT  
 COUNTRY: KENYA  
 PROGRAM: MOH  
 PROJECT: 000-0000  
 PRODUCT: VPTP - VAG FOAM TAB CONCEPTS  
 SOURCE OF DATA FOR BEGINNING-OF-YEAR STOCK: MOH  
 TABLE YEAR: 1987  
 START NET DEFICIT YEAR: 1987

	CALENDAR YEARS					
	1987	1988	1989	1990	1991	1992
1. BEGINNING-OF-YEAR STOCK (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	560	1716	1887	2075	2282	
PLUS						
2. NEW SUPPLY OF SAME PRODUCT						
(A) AID SUPPLIES RECEIVED 1987 TO DATE						
(B) ADDITIONAL AID QUANTITIES SCHEDULED FOR SHIPMENT BUT NOT YET RECEIVED		998				
(C) OTHER SOURCES OF SUPPLY OF SAME PRODUCT (HOST COUNTRY/OTHER DONORS)						
MINUS						
3. ESTIMATED PRODUCT USE/SALES/DISTRIBUTION	1560	1716	1887	2075	2282	2291
EQUALS						
4. END-OF-YEAR STOCK	0	0	0			
MINUS						
5. DESIRED END-OF-YEAR STOCK LEVEL (EQUAL TO 10% OF ESTIMATED USE IN SUBSEQUENT YEAR)	156	172	189	208	228	
EQUALS						
6. NET SUPPLY SITUATION/AID REQUIREMENT (NEGATIVE NUMBER SIGNIFIES ADDITIONAL SUPPLIER REQUIRED FROM AID; POSITIVE NUMBER SIGNIFIES NO AID REQUIREMENT)	-1716	-1887	-2075	-2282	-2510	

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ATTACHMENT 4

Projected Activities for Logistics System and Training

Arranged In Their Order of Priority

1. Completion of the project proposal write up, which requires the following to be included:
  - 1.1 F.P. data analysis system to be adapted by the D.F.H.
  - 1.2 Future plans for continuation of the project.
  - 1.3 Revision of the budget according to recommendations made.
  
2. Appointment of a co-ordinator in the D.F.H. to co-ordinate the project activities. ESAMI needs to increase technical back-up into the project. This needs immediate attention.
  
3. Write up of the FP Logistics Management Systems Manual, which should be completed by the end of September. D.F.H. might require more technical back up from CDC/FPLM/ESAMI to complete this activity.
  
4. Approval of the manual, forms and registers. This exercise will need to be speeded up, since no training workshops will commence prior the approval and printing of the manual and forms are completed. It is estimated that this exercise should be completed by December 1987 (i.e. approval and printing).

5. Workshop for Central Health Management Team to be attended by the 34 participants who attended the ESAMI Logistics Management workshop in 1985. This will serve as refresher course as well as a planning workshop for other training activities to follow. The workshop to be conducted in February 1988 by D.F.H. project Committee/co-ordinator, CDC/FPLM/ESAMI. The new forms, registers and manual to be used as training materials in the five day workshop.
  
6. District Health Management Teams Workshop.  
Three day workshop which will bring together 40 participants (one PHN, one DMOH, one supplies officer, and one statistician from each of the ten pilot districts). The training to take place in April 1988. Training to be conducted by MOH trainers/CDC/FPLM/ESAMI.
  
7. District Workshop (Operational Level).  
One week workshops of 33 participants. Activity to be conducted by MOH Trainers with technical back up from CDC/JSI/ESAMI by June 1988.
  
8. Cluster Training. (SDPS)  
Training activities should start by September 1988 up to the end of the year, to be conducted by MOH and District trained personnel (activity 7), ESAMI.
  
9. Follow up on the Implementations of Forms, Registers, and Manual.  
To be carried out by March 1989 by DFH/CDC/FPLM/ESAMI. There after the rest of the project can be extended to the rest of the country.

ATTACHMENT 5

DATA ANALYSIS FROM FIELD VISITS

PROJECTED CONTRACEPTIVE PERCENT CHANGE FROM 1986 - 1987  
SIX MAJOR PROGRAMS/PROJECTS/CLINICS VISITED\*

	<u>Total Issues for 1986</u>	<u>Projected Issues for 1987</u>	<u>% Change</u>
1. Orals	349,698	316,912	- 9.0%
2. IUD's	18,966	15,064	- 20.5%
3. Injectables	135,728	207,157	+ 52.6%
4. Condoms	1,066,187	1,574,349	+ 47.6%
5. VTabs	533,447	658,292	+ 23.4%

\* FPIA Projects not included.

USAID Contraceptive Shipments to Kenya 1985- 1987

Product	1985 Quantity	1986 Quantity	1987 Quantity
Condoms	4,320,000 Pieces	4,320,000 Pieces	5,000,000 Pieces
IUDs	0 Units	0 Units	160,000 Units
VTABS	1,248,000 Tablets	1,248,000 Tablets	2,000,000 Tablets

MOH/Central Medical Stores Projected 1987 Monthly Issue Rate

1. Orals	94,500
2. IUD's	1,700
3. Injectables	8,000
4. Condoms	216,000
5. VTabs	12,000

Central Medical Stores  
Inventory as of 6/23/87

Number of months supply available  
based on MOH Projected Issue Rate

1. Orals	235,200	2.5 months
2. IUD's	74,000	43.5 months
3. Injectables	0	0 months
4. Condoms	98,300	0.5 months
5. VTabs	7,300	0.6 months

1. Name of Program/Project/Clinic  
JSI/Family Planning Private Sector Project

Distribution Data Rec'd for -	1985	1986	Jan-May 1987
Type of Contraceptives			
1. Orals	13,479	33,695	13,812
2. IUD's	1,347	1,834	562
3. Injectables	2,024	9,899	5,070
4. Condoms	78,473	475,421	341,911
5. VTabs	55,976	470,294	203,839
6. Sterilization	741	1,669	581

2. Name of Program/Project/Clinic  
Family Planning Association of Kenya (FPAK)

Distribution Data Rec'd for -	1985	1986	Jan-May 1987- Projected
Type of Contraceptives			
1. Orals	103,015	109,281	48,265
2. IUD's	7,927	8,865	4,100
3. Injectables	60,303	118,221	74,380
4. Condoms	189,300	433,100	67,627
5. VTabs	13,361	13,389	7,778
			Jan-March 1987 actual

3. Name of Program/Project/Clinic  
Kenyatta Clinic, Nairobi

Distribution Data Rec'd for -	1986	May 1987
Type of Contraceptives		
1. Orals	11,251	1,485
2. IUD's	7,042	244
3. Injectables	6,100	485
4. Condoms	26,213	74,946
5. VTabs	7,826	4,600
		Jan-May 1987
		May 1987

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4.	Name of Program/Project/Clinic Kiambu District Clinic		
Distribution Data Rec'd for		- Feb-Dec 1986	Jan/March/April/May 1987
Type of Contraceptives			
1.	Orals	Not Available	Not Available
2.	Condoms	15,153	5,620
3.	VTabs	301	869

5.	Name of Program/Project/Clinic Coast Province General Hospital MCH/FP Clinic		
Distribution Data Rec'd for		- 1986	Jan-May 1987
Type of Contraceptives			
1.	Orals	7,860	3,265
2.	Condoms	6,528	67,584
3.	VTabs	Not Available	980

6.	Name of Program/Project/Clinic Nairobi City Commision Division Stores/I &II			
Distribution Data Rec'd for		- 1985	1986	Jan-May 1987 (Estimated)
Type of Contraceptives				
1.	Orals	164,679	137,611	59,280
2.	IUD's	1,074	1,225	395
3.	Injectables	2,296	1,508	4,440
4.	Condoms	142,704	109,772	51,802
5.	VTabs	26,584	41,637	33,400

7.	Name of Program/Project/Clinic Mkomani Clinic (Supported by FPIA directly)		
Distribution Data Rec'd for		- 1986	Jan-May 1987
Type of Contraceptives			
1.	Orals	60,000	Not Available
2.	IUD's	1,200	Not Available
3.	Condoms	270,900	114,650