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Memorandum

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Subject Foreign Trip Report (AID/RSSA): Lesotho--Logistics and Management Information System, November 25-December 15, 1984

To Donald R. Hopkins, M.D.
Acting Director, CDC
Through: Assistant Director for Science, CHPE *[Signature]*

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SUMMARY

At the request of USAID/Maseru we reviewed the service statistics and logistics management systems currently in use. Also, the Ministry of Health (MOH) asked us to recommend an approach to computerization based on our findings and a plan submitted to the National Drug Stockpile Organization (NDSO) by a local commercial firm.

Our review included working sessions with the NDSO, the Lesotho Planned Parenthood Association (LPPA), the Private Health Association of Lesotho (PHAL), and several units within the MOH. We made recommendations for a revised Requisition and Issue Voucher (RIV), a revised Monthly Report format and, at the specific request of the MOH, a Contraceptive Usage Report. All included instructions for their use. In addition, recommendations were made for both logistics and service statistics management and computerization at the NDSO. For those readers interested in the details of the logistics and management information system, they are included in Appendix A to this report. In addition, Contraceptive Procurement Tables were prepared for USAID/Maseru.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Maseru, Mafeteng, and Morija, Lesotho, November 25-December 15, 1984, to provide technical assistance to the Kingdom of Lesotho Ministry of Health in

two areas: logistics management and service statistics. We also prepared a preliminary set of contraceptive procurement tables for the USAID Mission. In addition, we were able to assist USAID in the effort to get them their copies of the publication Family Planning Methods and Practice: Africa. This consultancy was carried out in cooperation with Linus K. Ndungu of the Eastern and Southern African Management Institute (ESAMI). The trip was at the request of USAID/Maseru, AID/ST/POP/CPSD, and the AID/Regional Economic Development Services Office/Eastern and Southern Africa (REDSO/ESA) in Nairobi, Kenya. It was in compliance with the Resource Support Services Agreement (RSSA) between AID/ST/POP and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. USAID

1. Mr. Tom Friedkin, Deputy Director
2. Mr. Dean Bernius, Program Officer
3. Mr. John Nelson, Project Director, CCCD
4. Mrs. Arcilia Sepitla, Program Assistant

B. Ministry of Health

1. Mrs. R.M. Malibo, Coordinator, MCH/FP Unit
2. Dr. R.S. Nyanyi, UNFPA Project Coordinator
3. Ms. M.K. Matsau, Planning Officer, Health Planning and Statistics Unit (HPSU)
4. Mrs. C. Thakhisi, Principal Nursing Officer, Public Health
5. Mr. Dan Thakhisi, Statistician, HPSU
6. Mrs. P. Tlhapuleka, Statistical Officer, HPSU
7. Ms. L.A. Mahlatsi, Planning Officer, HPSU
8. Mrs. M. Tsiki, Pharmacist

C. National Drug Stockpile Organization

1. Mrs. Maude Boikanyo, Manager

D. Lesotho Planned Parenthood Association

1. Ms. Gladys Azu, IPPF Regional Coordinator
2. Mrs. Ramallo, Executive Director
3. Ms. Eunice Maknalemele, Stores Officer

E. Private Health Association of Lesotho

1. Mr. T. Makara, Executive Director
2. Dr. Moore, Medical Superintendent, Scott Hospital
3. Mr. Hall, Hospital Administrator, Scott Hospital

F. Quadrant

1. Mr. Steve Duckworth

III. BACKGROUND

An excellent overview of Lesotho and population activities within the country is given in the "Report on Population and Family Planning Overview: Kingdom of Lesotho, February 1984 (Memorandum, Barbara Kennedy and Carolyn Barnes, REDSO/ESA, May 9, 1984). Therefore, this background will only address aspects germane to this consultancy.

Family planning services have been provided in Lesotho for over 10 years. The Ministry of Health (MOH) provides about one-half the services, and the balance is provided by two nongovernmental organizations: the Lesotho Planned Parenthood Association (LPPA) and the Private Health Association of Lesotho (PHAL). Of the two nongovernmental groups, LPPA provides the greatest share of family planning services. LPPA has 65 paid staff and operates 10 clinics and 17 outstations served by mobile units. Most of the locations are MOH facilities, with the LPPA supplying staff and commodities.

PHAL is a confederation of relatively independent-operating church mission facilities. Since the majority of these facilities are supported by the Roman Catholic Church, contraception services at these facilities are largely restricted to natural family planning methods, of which the number of practitioners reported is small. However, the non-Catholic members of PHAL have been active in providing all types of family planning services.

The estimated total number of reported users for all methods of contraception is approximately 20,000, or about 7 percent of at-risk couples. Both MOH and LPPA have experienced shortages of certain contraceptives over the past few years, which may have limited the ability to provide desired services. However, recent cooperation between the MOH and LPPA in sharing available contraceptives has helped alleviate some of these problems.

A copy of our preliminary report, which we left with USAID prior to departure, is included as Appendix A. This report covers specifics of the logistics and service statistics information system we are recommending, including reporting forms and instructions for their use. Preliminary contraceptive procurement tables presented to USAID are shown in Appendix B.

IV. THE CONTRACEPTIVE LOGISTICS SYSTEM

A. General

Intensive working sessions were held with the Ministry of Health (MOH), the National Drug Stockpile Organization (NDSO), and the Lesotho Planned Parenthood Association (LPPA). We reviewed procedures with the Private Health Association of Lesotho (PHAL) hospital staff at Scott Hospital, but PHAL representatives did not respond when invited by the MOH MCH/FP unit to participate in other discussions. We reviewed procedures in use at the NDSO for the requisitioning, issuing and inventorying of contraceptive commodities. We also looked at the warehouse, with particular emphasis on the ways in which contraceptives were stored and how long they had been on the shelves. During this activity, we discovered that some commodities, which had been received from the UNFPA, were being held apart from normal stock. This was being done so that the UNFPA-supplied commodities would not be distributed until the UNFPA Project Coordinator, Dr. R.S. Nyanyi, arrived in the country. In fact, he had arrived just a couple of weeks prior to this consultation. These commodities will now be placed in inventory with the other stock.

At the request of NDSO, we reviewed their inventory and requisitioning systems, and we developed a modified version of the Requisition and Issue Voucher (RIV). We held working sessions with the MOH MCH/FP unit Coordinator, Mrs. R.M. Malibo, and with Dr. R.S. Nyanyi and the staff of the MOH Health

Planning and Statistics Unit. These meetings were extremely productive, since there was ample exchange of information and ideas and free exchange of suggestions with pros and cons fully discussed. These exchanges resulted in the draft formats and instructions which are listed below being submitted to them prior to our departure:

1. Test Requisition and Issue Voucher (RIV)
2. Revised Monthly Report for Service Statistics
3. A Contraceptive Usage Report
4. Clinic Register formats for MCH and Family Planning Clinics
5. A Client Record card modified for possible use in MOH clinics.

B. Findings and Recommendations

1. National Drug Stockpile Organization (NDSO)

- a. Oral contraceptives are inventoried by chemical content rather than brand name, a practice carried over from the MOH relationship with the manufacturing side of the organization.

We recommend keeping inventory record cards on the basis of brand name so that everyone concerned with contraceptive supply, at all levels of the system, will have a common reference.

- b. Inventory of contraceptives is kept in box quantities.

We strongly recommend maintaining inventory records by the smallest unit. For example, orals by the cycle, condoms by the piece, injectables by the dose, etc.

- c. Contraceptives were stored in at least two locations in the warehouse.

All contraceptives should be located in one area, making it easier to restock shelves, fill orders from the field, and perform sight inventories.

- d. The version of the RIV, now in use for all drug supply, is actually not used as an "issue" voucher.

We urge the acceptance for test purposes of the RIV format, which was designed during this consultancy along with NDSO/MOH personnel and that this form be used for requisitioning, issuing, and as a packing/shipping document. The format is included with instructions for its use as a part of Appendix A.

- e. Discussions with Mrs. Maude Boikanyo, Manager of the NDSO, made it clear to us that there was a need for computerization of information systems at the NDSO.

We recommend consideration of the computerization proposal submitted by Quadrant, a Maseru firm, and that implementation begin with the inventory recordkeeping system. This statement is based on our review of two written proposals, which had been

submitted to NDSO about 1 year ago, and a discussion which we held with Quadrant concerning the possibility of computerization. Our feeling is that, while NDSO should begin implementation, they should do so cautiously and with the assistance of both MOH staff from the Statistical Unit and the commercial vendor. Although the NDSO may want to have all aspects of their operation on computer eventually, the first move should be in contraceptive inventory control and distribution.

2. MOH/FP UNIT

- a. Although we did not feel it was essential to have a contraceptive usage report apart from the service statistics report and RIV, one is included in Appendix A at the request of the UNFPA Project Coordinator. This report was presented to the MCH/FP staff as a part of the wrapup meeting held prior to our departure.
- b. Discussions with Mrs. Malibo, Dr. Nyanyi, and other MOH staff revealed the need for additional control over the logistics system from the central level, and a desire to utilize the reporting system to the extent possible for MCH/FP project monitoring. Although their idea is commendable, one has to be careful about not attempting to provide all supervision through the paperwork rather than field visits.

We strongly recommend that the reports be used as an aid in supervision of the family planning program. In addition, the program staff should emphasize the already good working relationships among units of the Ministry, NDSO, and LPPA. One example we discussed with Mrs. Malibo and Dr. Nyanyi was to more actively utilize Mrs. M. Tsiki, Pharmacist, who is the liaison person between the MCH/FP unit and the NDSO. Her responsibilities should include the provision of more active interchange between the units.

- c. Staff who attended the Logistics Workshop held by the Eastern and Southern African Management Institute (ESAMI) in November 1984 have already set in motion a plan for further training in logistics management. This training will be carried out in Lesotho with the assistance of ESAMI and CDC staff.

The MCH/FP unit should insure that the momentum begun by the ESAMI training in Arusha, Tanzania, and this consultancy not be diminished. We recommend close monitoring of project progress by the USAID Program Officer and offer the assistance of CDC reproductive health management experts, should they feel the need for such.

V. THE SERVICE STATISTICS SYSTEM

All MOH clinics submit a monthly report on maternal, infant health, and family planning activities to the Division of Statistics which prepares an analysis of the data, mainly summaries of activity by district. Information on the

form includes data on infant nutrition, immunization, numbers of births, and number of family planning clients. The MOH had already become dissatisfied with the utility of the data which was produced by the system, and was already experimenting with a new form, similar in design, which collected additional family planning data, more detailed nutritional status data, and data on breast-feeding practices. During this consultation, the service statistics system was reviewed in its entirety, and recommendations were made, after detailed discussion with concerned personnel, for changes in virtually every level of the system. In making recommendations, an attempt was made to assure that the new forms and formats closely related to documents already in use, and that data were not collected unless a practical use would be made of the data.

One problem was that there was no uniform client record in use at the clinics. LPPA has developed a simple client recordcard for use in their own clinics, and many MOH clinic staff were already familiar with it. Modifications were made to the current LPPA card, and it was suggested that this card be reviewed with LPPA and printed in quantity for use in all clinics.

Currently, clinics are using tally sheets as clients enter the clinic to aggregate data for reporting purposes. However, if a mistake is made, there is no backup data for the clinic staff to check their tallies. For data collection purposes, as well as to provide historical information for clinic management and supervision, clinic registers were recommended. Each clinic would maintain separate register books for Maternal/Child Health and Child Spacing clients. The registers would be lined books, and clinic staff would create columns as suggested in Appendix A. As each client visits the clinic, staff will enter appropriate information (one line per client). Information could be tallied and totaled at appropriate intervals. It should be emphasized that the clinic registers are not intended to be an official form for submission, and as such will vary from clinic to clinic and over time, as clinic staff adapt them to be most useful in their particular setting.

The Monthly Report form was carefully reviewed with a working group at the MOH and revised as shown in Appendix A. The current format (several blocks of different types of information on one page) was retained because clinic personnel are familiar with the format, and MOH staff felt it important to limit the report to one page. Extensive discussions were carried out in preparing the recommended revision. Each data element had to be defended and its usefulness justified before it was retained. Significant changes made in the report form included:

1. The breast-feeding data in the revision being tested was deleted. The working group felt that the reported data was difficult to interpret, limiting its usefulness. Furthermore, it was concluded that this type of data was more effectively collected in periodic surveys (as a segment of immunization surveys or Contraceptive Prevalence Surveys).
2. Weight status data reporting was simplified from the form being tested. It was felt that the information currently being reported was difficult to interpret, and it would be better to collect simpler data, and do additional analysis through data processing.

3. Contraceptive distribution data will be collected so that Couple-Years-Protection (CYP) can be calculated.

At this time some clinics are reporting only to the MOH, some are reporting to the LPPA, and others are reporting to both agencies. With this mix of reporting, it is difficult to assess productivity of the entire public family planning system. It was therefore recommended that all clinics report to the MOH, even if they also report to LPPA. The Statistics Department stated that a digit could be added to the institution codes so that they could produce reports showing LPPA and MOH activity separately.

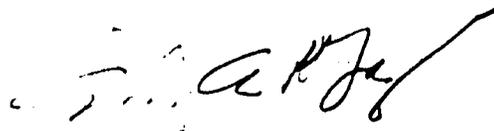
At this time the reports generated by the Department of Statistics are by District. The MOH has recently divided the country into Health Service Areas (HSA's) which cut across district lines. Each HSA has a hospital at its center, which is to some extent responsible for the health care in the entire HSA. The reports should therefore be produced by HSA rather than district.

The reports generated from the data consist largely of summary totals. The reports should be reviewed to develop new analyses which would be useful to program managers. An example of this in the MCH/Nutrition field is the reporting of processing of malnutrition data. Rather than showing totals of underweight and normal weight children seen in the clinics, a ratio of the two--or the percentage that are underweight--could provide an indicator which could be followed over time to determine trends.

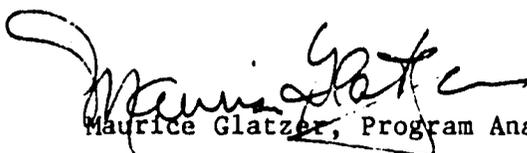
The Statistics Department is having difficulty in increasing the percentage of institutions reporting. At this time, approximately 80 percent are reporting by the time the quarterly report is prepared. It was recommended that a monthly report of nonreporters be generated for quick feedback to the field.

VI. CONTRACEPTIVE PROCUREMENT TABLES

We prepared a preliminary set of Contraceptive Procurement Tables for Mr. Dean Bernius' consideration during the upcoming Annual Budget Submission. These tables are included as Appendix B. The tables are based on the best available contraceptive distribution information and an assumption of a 10 percent per year growth rate from 1985 to 1989. We should emphasize that these tables are not presented here for the use of AID/W but were only given to USAID/Maseru as an aid to their planning.



Anthony A. Hudgins, M.A.S.



Maurice Glatzer, Program Analyst

TABLE 1

CONTRACEPTIVE INVENTORY, NDSO, DECEMBER 10, 1984

<u>ITEM</u>	<u>SOURCE</u>	<u>QUANTITY</u>	<u>COMMENTS</u>
ORALS			
Noriday	USAID	59,220	Oldest 6/80
Femenal	USAID	6,000	Rcvd 6/84
Eugynon	UNFPA	6,600	
Lo-Femenal	-?-	1,100	
Microlut	-?-	1,000	Progestin only
CONDOMS			
	USAID	27,800	
IUDs			
Copper-T	USAID	4,000	
Copper-T	UNFPA	4,160	
Lippes A	UNFPA	4,900	
Lippes B	UNFPA	1,100	
Lippes C	UNFPA	900	
Lippes D	UNFPA	4,900	
Lippes C	USAID	4,000	In Maseru
Lippes D	USAID	3,600	In Maseru
Koromex Jelly			
	USAID	1,000	

APPENDIX A

DRAFT RECOMMENDATIONS, FORMS, AND INSTRUCTIONS
SUBMITTED TO USAID LESOTHO.

- A. Recommendations for Service Statistics Management
- B. Recommendations for Logistics System Management
- C. Recommendations for Computerization of NDSO
- D. Instructions for Processing Requisition and Issue Voucher (RIV)
- E. Instructions for Monthly MCH/FP Report Form
- F. Instructions for MCH/FP Contraceptive Usage Report

A. RECOMMENDATIONS FOR SERVICE STATISTICS MANAGEMENT

1. All institutional providers of MCH or family planning services, including LPPA and PHAL, should report service statistics through the MOH reporting system. This will help to reduce confusion in calculating total services provided throughout the country and provide a more accurate basis for planners to review and determine MCH/FP program requirements. According to the Statistics Unit of the MOH, adjustment can be made to existing data processing to allow reporting by individual organization or in total.
2. The MOH, LPPA, and PHAL should review, revise, and test the recommended format for a new Service Statistics Report to be used in the MCH/FP programs. This format has been designed after discussions with the pertinent units. We have taken into account the information being asked for on the old report form, the format in test at this time, and any additional information requirements stated during discussions. Major changes from the current formats are:
 - a. Breast-feeding data are no longer required, because of the difficulty of interpretation.
 - b. Weight status of infants will continue to be reported in the simpler format of the current form but using the definitions established in the test format (above or below 60 percent of normal).
 - c. Additional birth-related mortality data is requested.
 - d. Quantities of contraceptives dispensed will be reported. Using this information, couple-years-of-protection (CYP) can be calculated.
3. Data processing capabilities should be better utilized for further analysis of reported data. For example: Total numbers of normal weight and underweight infants are difficult to interpret in determining trends. However, a ratio of underweight infants to total infants would result in a single indicator which could be followed from month-to-month to determine a trend.
4. Reports generated by the Statistics Unit for purposes of feedback should be broken down by HSA rather than by district.
5. In order to improve returns of monthly reports from the service providers the Statistics Unit should generate a monthly list of nonreporting service delivery points. This list should be used for program monitoring at the HSA and the Office of the Director of the MCH/FP program.
6. The MOH MCH/FP staff should review and test the MCH and FP Clinic Register format recommended. These formats are designed to be used as pages in a standard, lined register book, not as a printed form. These registers should be used in all service delivery points and are designed to provide information for the monthly service statistics report. In addition, they will be useful for general clinic management.
7. The revision of the LPPA client record format should be completed. These forms should be printed and distributed for use in MOH clinics.

B. RECOMMENDATIONS FOR LOGISTICS SYSTEM MANAGEMENT

1. Establish committee to recommend appropriate use of various methods and brands of contraceptives by child spacing programs within Lesotho.
2. Include all available contraceptives in the Lesotho National Formulary. Notify all service delivery points regarding the types of contraceptives that are available and are recommended for use.
3. Establish a 3-month order interval for MCH/FP supplies. Under this system, each service delivery point would order sufficient quantities to bring its stock up to a 6-month maximum supply. Continued usage at past levels would leave a 3-month minimum safety stock. Storage space for additional supplies should not be a problem as a minimum amount of additional space is required for MCH/FP supplies. However, the MCH/FP Unit should consider procurement of standard storage cabinets.
4. All issues of MCH/FP supplies should be made as "kits". The kits will be packed and sealed at the National Drug Stockpile Organization (NDSO) and sent to HSA facilities, where they will be trans-shipped directly to service delivery points without being opened.
5. The Ministry of Health MCH/FP staff and the NDSO should review, revise, and test the recommended format for a new Requisition and Issue Voucher (RIV) for MCH/FP supplies.
 - a. The recommended format includes a column for the quantity "on hand" of each item. This information will be used for monitoring service delivery points to assure that these points are maintaining adequate safety stocks and are ordering appropriate quantities.
 - b. The recommended RIV should be used for both requisitioning and issuing supplies, and will therefore replace the currently used "Stores Requisition/Issue Voucher" and the "Packing Slip" which is now used for issuing by the NDSO.
 - c. The RIV will be prepared with a total of five copies:
 - i. One copy will be retained by the originator.
 - ii. One copy will be retained by the authorizing official at the HSA level.
 - iii. Two copies will be retained/used by the NDSO.
 - iv. The original copy will be used as the shipping document (packing slip) and will be sent with the shipment to the service delivery point for comparison with the original requisition. It will then be signed and sent back to NDSO as verification of receipt of shipment.

6. Visits to the NDSO yielded several minor recommendations concerning stock management:
 - a. All contraceptive stocks should be maintained in the same location within the warehouse.
 - b. Identical contraceptives received from multiple donors/ agencies should be recorded on the same inventory card.
 - c. Contraceptives should be accounted for by the minimum unit. Oral contraceptives will be counted by cycle, condoms by the piece, injectibles by dose, etc. This may reduce confusion over how many of an item are actually in stock and eliminate problems created by a change in box quantities.
 - d. Contraceptive inventory should be kept by brand name.
 - e. Inventory Control Cards should be reviewed for re-ordering at least quarterly. This may not apply to contraceptives as they are presently received through donors or other agencies whose schedules cannot be controlled by NDSO.
7. Training modules should be developed as a part of the ESAMI/USAID family planning supplies management project.

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C. RECOMMENDATIONS ON COMPUTERIZATION OF NDSO

1. The NDSO should move forward in computerizing its operations. The first application implemented should be for inventory control and maintenance of its client files.
2. The hardware purchased should allow for multiple terminals so that data entry can proceed simultaneously with management functions and report generation. For example, with this capability, a clerk could be entering new orders while another staff member is updating inventory records to reflect newly arrived commodities.
3. Any inventory management software purchased should be capable of generating "Lotus 1-2-3" and "d-Base II" data sets so that special reports could be generated at will.
4. NDSO should use computer expertise already available within the MOH to help with selection of the contractor, hardware, and software needed for computerization.
5. Any contract for computerization should include training of staff.

D. INSTRUCTIONS FOR PROCESSING REQUISITION AND ISSUE VOUCHER (RIV)

1. General Instructions

The RIV is divided into two sections. The left side is the requisitioning section, which will be completed and signed by the requisitioning and authorizing officers. The right side is the issuing section and will be completed and signed by the issuing officer at NDSO and the receiving officer at the clinic.

The blank line on the top right hand corner will be used for showing the RIV accounting numbers.

The stores requisition number will be inserted at the space provided on the top right hand corner (below the preprinted RIV number).

The requisitioning officer will complete the accounting section in the box showing the head, subhead, and item from which funds will be debited.

2. Paper Flow

The requisitioning officer will complete an original and three copies which will be distributed as follows:

- a. one copy will be retained by the requisitioning officer.
- b. One copy will be retained by the authorizing officer (HSA level).
- c. Two copies will be forwarded to NDSO. The original will be used as a packing slip, and the other will be retained by the NDSO as a file copy.

3. Requisition Section

The RIV has seven columns in the requisitioning section. These columns may be completed by the requisitioning officer or the authorizing officer.

Column 1 (Code Number): The item's catalogue or reference number.

Column 2 (Description): The description of the item as it appears in the catalogue.

Column 3 (Unit of Issue): The unit of issue as it appears in the catalogue.

Column 4 (Balance on Hand): The balance on hand of this item at the time of making the requisition. This report will be in terms of individual units.

Column 5 (Quantity Required): The amount being ordered in individual units. This number should be an even multiple of the Unit of Issue.

Columns 6 & 7 (Unit Price and Total Cost): The cost of one unit, as shown in the catalogue, and total cost will be calculated by multiplying the number of units by the cost per unit.

4. Issuing Section

This section contains three columns to be completed as follows:

Column 8 (Quantity Issued): Complete this column at the time issues are made.

Column 9 (Cost): Write the total cost of the items issued.

Column 10 (Remarks): This column will be used by issuing officers for noting back-orders or any other remarks relating to the item or order.

E. INSTRUCTIONS FOR MONTHLY MCH/FP REPORT FORM

A. General Instructions

1. "Type of Services" at the top of the form should describe the types of services provided in the clinic. For example, some clinics provide only child health services or child spacing services, while others provide all MCH/FP services.
2. Reporting of the number of immunizations and health education session given during the month is self-explanatory.
3. This report should be prepared by the clinic nurse at the end of each month and submitted by the 5th day of the following month to the Statistical Unit of the Ministry of Health in Maseru. A copy should be submitted to the chief public health nurse at the Health Service Area headquarters.

B. Child Health Attendances

1. All attendances for children under 5 years of age will be reported in this section.
2. "Under 1" will include all infants who have not reached their first birthday; "1 to 2" will include all children who have reached their first birthday but not their second; "Over 2 to 5" will include all children who have reached their second birthday but not their fifth.
3. "First Attendances" are the first time that the child has visited any clinic in the system (MOH, PHAL, LPPA). Even though the child may be visiting your clinic for the first time, if he has received services before in another clinic, the attendance will be counted as a "re-attendance".
4. Weight status is determined by weighing the child and finding his position on the growth chart.

C. Child Spacing Attendances

1. A new acceptor is a client who is receiving child spacing services from any system clinic (MOH, PHAL, or LPPA) for the first time.
2. A patient who is visiting a clinic after their first visit will be counted as a re-attendance, even if they change methods and adopt a new method.
3. Attendances will be listed by the method with which the patient leaves the clinic.

4. "Stopped" clients are reported when the clinic knows that the client has stopped using any method, regardless of the reason.
5. "Units Dispensed" represents the contraceptive supplies that have been dispensed to acceptors during the month. These will be reported in units--pills in cycles (or cards); IUCD in individual pieces inserted; condoms in individual pieces, injections by dose, and others by container, such as tube or cannister.

D. Maternal Attendances

1. "First attendances" are the first antenatal or postnatal visit by a mother to any system clinic for each pregnancy. If a mother has received previous antenatal services at a clinic, her first visit after delivery is recorded as a "first postnatal" visit.

E. Serology

1. All VDRL and Pap specimens taken in the clinic, whether from maternal, child spacing, or other patients are recorded.
2. When reports are positive, they are recorded according to diagnosis.

F. Deliveries Attended

1. Outcomes of all deliveries attended by clinic staff should be reported.
2. Deaths of infants within 24 hours should be reported according to where the birth occurred (in the facility or at home) rather than according to where the death occurred.

KINGDOM OF LESOTHO
MONTHLY MCH/FP REPORT FORM

NAME OF INSTITUTION _____

TYPE OF SERVICES _____

MONTH _____ 19__

CHILD HEALTH ATTENDANCES				
Weight Status	Age (yrs)	First	Re-Att	Total
Above 60% of desired weight	Under 1			
	1 to 2			
	Over 2 to 5			
Under 60% of desired weight	Under 1			
	1 to 2			
	Over 2 to 5			
Total, all children				

MATERNAL ATTENDANCES		
	First	Re-Att
Antenatal		
Postnatal		

SEROLOGY			
Specimens Taken		Results	
VDRL			Gonorrhoea
			Syphilis
			Other Pat
Pap			Positive

CHILD SPACING ATTENDANCES							
Acceptors	Pill	IUCD	Condoms	Injection	Other	Billings	Total
New							
Re-attendances							
Stopped							
Units Dispensed							

DELIVERIES ATTENDED					
		In Facility	At Home	less than 2500 gm	2500 gm or more
Live Births	Male				
	Female				
Still Births	Fresh				
	Macerated				
Deaths within 24 hrs					
Maternal Deaths					

IMMUNIZATIONS									
Age (yrs)	BCG	Polio			DTP			DT	Measles
		1	2	3	1	2	3		
Under 1									
1 to 2									
Over 2 to 5									
Total									

HEALTH EDUCATION SESSIONS	
Control of Child Dis.	
Nutrition	
Antenatal	
Child Spacing	
Other	
Total	

NAME _____
SIGNATURE _____
DATE _____

NAME (LAST) (FIRST)

CLIENT No.

DATE

FP CLIENT RECORD CARD

Client's full Name

Membership No.

Husband's full Name

Residential Address

CIRCLE the answer applicable and fill in the information required

Marital Status: Single Married/Divorced/Widowed/Separated For how long Husband's Occupation

Former Education of Client None/Primary/Secondary/College/University Client's Occupation Age

Age at Marriage Parity Number of Living Children None/ No. of Abortions

Menstrual Period (L.M.P.) Breast Feeding Yes/No Previous Contraceptives Used Yes/No Clinic

PREVIOUS HEALTH WORKER CONTACT YES/NO HEALTH WORKER NAME Method used Date last visit

Medical History

Inflammation of Veins Yes/No Diabetes Yes/No Liver Disease Yes/No Epilepsy Yes/No Venereal Disease Yes/No Disease Yes/No Tuberculosis Yes/No

Menstrual History

Cycle LENGTH DATE LMP Days of Bleeding Regular/Irregular

General Examination

Breast Normal Abnormal (Specify) Blood Pressure Weight

Pelvic Examination

Uterus Anteverted/Mid-Position/Retroverted/Mobile/Fixed Adnexa Normal Abnormal (Specify)

Cervix Normal Abnormal (Specify) Vaginal Discharge Yes/No

Investigation Pap Smear High Vaginal Swab

Method Adopted

Pill (Type) No. of Cycle Injection (Type) No. of Months

U.I.D. TYPE SIZE Condom

Other (CIRCLE) FOAM/JELLY STERILIZATION BILLINGS

General Remarks

F. INSTRUCTIONS FOR MCH/FP CONTRACEPTIVE USAGE REPORT

1. This report is to be used obtain brand-specific information on distribution of contraceptives. It also gives balance on-hand information to allow monitoring of months of supply on-hand at each clinic location.
2. The report is designed to be used for any length period. If the information is requested monthly, the MOH may request that it be submitted with the "Monthly MCH/FP Report Form"; if it is used quarterly, it may be best that it be submitted with the Requisition for MCH/FP supplies that is sent to NDSO.
3. Specific instructions for completion of the form are as follow:
 - a. The reporting period is given at the top, with the begining date and ending date.
 - b. The first column lists various brands of contraceptives used in Lesotho.
 - c. Column 2, "Beginning Balance," should give the inventory on-hand at the beginning of the period.
 - d. Column 3, "Received," gives the quantity of each contraceptive received during the period.
 - e. Column 4, "Dispensed," gives the quantity of each contraceptive given to clients during the period.
 - f. Column 5, "Adjustments," is used to report any wastage, damaged or expired items.
 - g. Column 6, "End Balance on hand," reports the balance at the end of the reporting period. Note that the columns are self balancing: $\text{column 2} + 3 - 4 - 5 = \text{column 6}$.



INSTITUTION _____

TYPE _____

DATE _____

PERIOD BEGIN _____

ENDING _____

MCH/FP CONTRACEPTIVE USAGE REPORT

(1) CONTRACEPTIVE	BEGINNING BALANCE (2)	RECEIVED (3)	DISPENSED (4)	ADJUSTMENTS (5)	END BALANCE ON HAND (6)
<u>ORALS (cycle)</u>					
NORIDAY 1450					
FEMENAL/OVRAL					
Lo FEMENAL					
OURETTE					
EUGYNON					
MICROGYNON					
OTHER					
<u>IUCD (EA)</u>					
LIPPE'S Loop - A					
-B					
C					
D					
COPPER T					
<u>DEPO PROVERA</u> (dose)					
<u>CONDOM (PIECE)</u>					
<u>FOAM/JELLY (EA)</u>					
EMKO					
KOROMEX					

APPENDIX B

CONTRACEPTIVE PROCUREMENT TABLES

(Unofficial Preliminary Data Submitted for Information Only)

(In 000's)

FY 1987 ABS

Country: LESOTHO

DATE: _____

Project No. _____

Program: MOH - CLINICAL

Product: UVRETTE

Source of Data for Beginning-of-Year Stock: _____

	CALENDAR YEARS				
	1985	1986	1987	1988	1989
1. Beginning-of-Year Stock (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	<u>—</u>	<u>13,794</u>	<u>15,174</u>	<u>16,692</u>	<u>18,360</u>
PLUS					
2. New Supply of Same Product					
(a) AID supplies received in 198 ⁵ to date	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
(b) additional AID quantities scheduled for shipment but not yet received	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
(c) other sources of supply of same product (host country/other donors)	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
MINUS					
3. Estimated Product Use	<u>8,360</u>	<u>9,196</u>	<u>10,116</u>	<u>11,128</u>	<u>12,240</u>
MINUS					
4. Desired End-of-Year Stock Level (equal to <u>150%</u> of estimated use in subsequent year)	<u>13,794</u>	<u>15,174</u>	<u>16,692</u>	<u>18,360</u>	<u>20,196</u>
EQUALS					
5. NET SUPPLY SITUATION/AID REQUIREMENT (negative number signifies additional supplies of product required from AID; positive number signifies no AID requirement and need to calculate line item #6. (1+2-3-4-5))	<u>-22,154</u>	<u>-10,576</u>	<u>-11,634</u>	<u>-12,796</u>	<u>-14,076</u>
6. Estimated End-of-Year Stock Level SEE INSTRUCTIONS FOR THIS LINE ITEM. (4+5-6)	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

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(In 000's)

Form 107-285

Country: LESOTHO

DATE: _____

Project No. _____

Program: MOH - CLINICAL

Product: NDRIDAY / LOFEMENOL

Source of Data for Beginning-of-Year Stock: NDSO

CALENDAR YEARS

	1985	1986	1987	1988	1989
1. Beginning-of-Year Stock (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	<u>60,320</u>	<u>68,970</u>	<u>75,867</u>	<u>83,454</u>	<u>91,800</u>
PLUS					
2. New Supply of Same Product					
(a) AID supplies received in 198 ⁵ to date	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
(b) additional AID quantities scheduled for shipment but not yet received	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
(c) other sources of supply of same product (host country/other donors)	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
MINUS					
3. Estimated Product Use	<u>41,800</u>	<u>45,980</u>	<u>50,578</u>	<u>55,636</u>	<u>61,200</u>
MINUS					
4. Desired End-of-Year Stock Level (equal to <u>150%</u> of estimated use in subsequent year)	<u>68,970</u>	<u>75,867</u>	<u>83,454</u>	<u>91,800</u>	<u>100,980</u>
EQUALS					
5. NET SUPPLY SITUATION/AID REQUIREMENT (negative number signifies additional supplies of product required from AID; positive number signifies no AID requirement and need to calculate line item #6. (1+2-3-4+5))	<u>-50,450</u>	<u>-52,877</u>	<u>-58,165</u>	<u>-63,982</u>	<u>-70,380</u>
6. Estimated End-of-Year Stock Level SEE INSTRUCTIONS FOR THIS LINE ITEM. (4+5+6)	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

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LOGISTICS ANALYSIS TABLE
(In 000's)

1. PROJECT

Country: LESOTHO

DATE _____

Project No. _____

Program: MOH-CLINICAL

Product: CONDOM-COLOURED

Source of Data for Beginning-of-Year Stock: MOH/NDSD

	CALENDAR YEARS				
	1985	1986	1987	1988	1989
1. Beginning-of-Year Stock (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	<u>27,800</u>	<u>30,000</u>	<u>33,000</u>	<u>36,300</u>	<u>39,600</u>
PLUS					
2. New Supply of Same Product					
(a) AID supplies received in 198 ⁵ to date	<u>—</u>				
(b) additional AID quantities scheduled for shipment but not yet received	<u>—</u>	<u>—</u>	<u>—</u>		
(c) other sources of supply of same product (host country/other donors)	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
MINUS					
3. Estimated Product Use	<u>18,000</u>	<u>20,000</u>	<u>22,000</u>	<u>24,200</u>	<u>26,400</u>
MINUS					
4. Desired End-of-Year Stock Level (equal to 150% of estimated use in subsequent year)	<u>30,000</u>	<u>33,000</u>	<u>36,300</u>	<u>39,600</u>	<u>43,560</u>
EQUALS					
5. NET SUPPLY SITUATION/AID REQUIREMENT (negative number signifies additional supplies of product required from AID; positive number signifies no AID requirement and need to calculate Line Item #6. (112-3-4-5))	<u>-20,200</u>	<u>-23,000</u>	<u>-25,300</u>	<u>-27,500</u>	<u>-30,360</u>
6. Estimated End-of-Year Stock Level SEE INSTRUCTIONS FOR THIS LINE ITEM. (415-6)	-----	-----	-----	-----	-----

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REGULATED AND CONTROLLED TRADE
(In 000's)

FY 1987 ABS

Country: LESOTHO

Project No. _____

Program: MDH-CLINICAL

Product: COPPER T

Source of Data for Beginning-of-Year Stock: NDSO

DATE _____

	CALENDAR YEARS				
	1985	1986	1987	1988	1989
1. Beginning-of-Year Stock (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	<u>8160</u>	<u>19800</u>	<u>21780</u>	<u>23,958</u>	<u>26,355</u>
PLUS					
2. New Supply of Same Product					
(a) AID supplies received in 198 8 ⁵ to date	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
(b) additional AID quantities scheduled for shipment but not yet received	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
(c) other sources of supply of same product (host country/other donors)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
MINUS					
3. Estimated Product Use	<u>12,000</u>	<u>13,200</u>	<u>14,520</u>	<u>15,972</u>	<u>17,570</u>
MINUS					
4. Desired End-of-Year Stock Level (equal to <u>150%</u> of estimated use in subsequent year)	<u>19,800</u>	<u>21,780</u>	<u>23,958</u>	<u>26,355</u>	<u>28,990</u>
EQUALS					
5. NET SUPPLY SITUATION/AID REQUIREMENT (negative number signifies additional supplies of product required from AID; positive number signifies no AID requirement and need to calculate line item #6. (1F2-3-4-5))	<u>-23,640</u>	<u>-15,180</u>	<u>-16,498</u>	<u>-18,369</u>	<u>-20,205</u>
6. Estimated End-of-Year Stock Level SEE INSTRUCTIONS FOR THIS LINE ITEM. (4-5-6)	-----	-----	-----	-----	-----