

ROMANIA

FOREIGN TRIP REPORT

September 24 - October 15, 1993

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November 16, 1993

**Reproductive Health International Program Assistance
Division of Reproductive Health
National Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control and Prevention**

**Public Health Service
U.S. Department of Health and Human Services**

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LIST OF ABBREVIATIONS

CDC	Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities (an NGO)
CPSD	Commodities and Program Support Division (of R&D/POP/AID/Washington)
DRH	Division of Reproductive Health (CDC)
EEC	European Economic Community
FPSEU	Family Planning and Sex Education Unit (of the Romanian MOH)
GPs	General Practitioners
IPPF	International Planned Parenthood Federation
LMIS	Logistics Management Information System
MOH	Ministry of Health
NGO	Non-governmental Organization
SECS	Society for Education in Contraception and Sexuality
UNFPA	United Nations Population Fund

I. SUMMARY

A. Background/Scope of Work

This visit was made to conduct a training for the Romanian Non-governmental Organization (NGO) Society for Education in Contraception and Sexuality (SECS). Centers for Disease Control and Prevention (CDC) consultants Tim Miner and Suzanne Hurley visited Romania from September 24 to October 15, 1993 to prepare for and conduct the training.

The purpose of the three-day training was to provide an overview to 9 SECS central level and clinic administrators in contraceptive logistics management. See Attachment A: Training Agenda and Attachment B: Training Goal and Objectives.

Nine participants attended the training, which was held at the Parc Hotel in Bucharest, Romania. Two central level administrators handled all local administrative arrangements. A translator translated the training sessions and the pre-training handouts and overheads.

B. Major Recommendations

SECS

1. A follow-up evaluation of the effectiveness of the SECS training and of the status of the implementation of the Action Plans should take place no sooner than six months from now and not before SECS has received a new shipment of contraceptives. See Attachment F: Contraceptives Supplied by the International Planned Parenthood Federation (IPPF) to SECS Romania for the Programme Year 1993.
2. That SECS, IPPF and CDC should coordinate future technical assistance to SECS.
3. That SECS should provide the Ministry of Health/Family Planning Sex Education Unit (MOH FPSEU) with a one or two day "orientation" on contraceptive logistics management based on material presented during the SECS training. It was agreed by both MOH FPSEU and SECS at separate meetings held on October 14 that this "orientation" could take place as early as the week of November 15.

MOH FPSEU

1. The MOH FPSEU should immediately begin collecting and recording information on dispensed to user/client and distribution and inventory data in a systematic way.
2. The CDC consultants should continue to provide management information systems technical assistance to the MOH FPSEU in a future visit.
3. The MOH FPSEU should hold a development workshop for its staff to formalize the design of a comprehensive contraceptive logistics system for managing its contraceptives.
4. Two members of the MOH FPSEU should attend a U.S.-based training in contraceptive logistics system management at John Snow Inc. (JSI) in September 1994. These two participants should have a least one year of experience working in the MOH FPSEU.
5. A logistics overview should be included in a World Bank recommended one-week long clinic management workshop for the 11 Reference Center coordinators. See Attachment G: List of the MOH 11 Family Planning Reference Centers.

C. Future Activities

SECS asked the consultants to return in six months to do an evaluation of the just-conducted training. We expect to return in May or June, but only after the next shipment of contraceptives has been made to all the clinics, to conduct this evaluation. They also want us to review their forecasts for contraceptive needs and to recommend improvements to their logistics system in general. We will coordinate all activities with IPPF, London.

The MOH FPSEU has expressed interest in having training for themselves at the central level and for the staff who will be responsible for contraceptive logistics in the 11 Reference Centers. A preparatory technical assistance visit is tentatively planned for April to work with the MOH to identify and define the contraceptive logistics system it would like to use in the future. This is in preparation for a development workshop. A national training strategy will be developed after the development workshop has been

completed and decisions have been made regarding the design and function of the MOH FPSEU logistics system.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

Place: Bucharest, Romania

Dates: September 24 - October 15, 1993

Purpose: To prepare and conduct a 3-day family planning logistics management training course for nine administrators from the Romanian NGO, Society for Education in Contraception and Sexuality. In addition, the consultants met with the MOH to discuss possible future logistics management training needs.

This travel was in accordance with Participating Agency Service Agreement (PASA) between the United States Agency for International Development/Office of Population/Commodities and Program Support Division (USAID/POP/CPSD) and CDC/National Center for Chronic Disease Control and Health Promotion/Division of Reproductive Health (CDC/NCCDPHP/DRH).

III. PRINCIPAL CONTACTS

A. USAID, OFFICE OF HUMAN RESOURCES DEVELOPMENT

Mary Ann Micka, MD, Chief of Human Resources Development.
Rodica Furnica, Program Development Assistant

B. MINISTRY OF HEALTH

■ CENTRAL OFFICE

Alin Stanescu, M.D., Director, General Directorate for Health Programs and Reform
Corneliu Donciu, M.D., Director of the MOH FPSEU
Doina Bologa, M.D., MOH FPSEU
Marius Cazacu, M.D., MOH FPSEU
Mariana Tone, Nurse, MOH FPSEU
Christian Collard, MD, EEC MOH Consultant

■ INSTITUTE FOR MATERNAL AND CHILD CARE

Adrian Georgescu, M.D., Medical Director

C. SECS

Borbala Koo, MD, Executive Director
Ciprian Berlacu, Administrator, Central Office
Adrian Ciocan, Administrator, Central Office
Ioana Dragne, Economist, Central Office
Marcela Stoica, Tirgu-Mures
Daniela Negrea, Turnu-Severin
Lucia Alb, Cluj
Gabriela Mitrus, Tulcea
Mihaela Fetecau, Sibiu
Stefhania Dioconescu, Focsoni
Mihai Corciova, Translator

D. CEDPA

Daniela Draghici, CEDPA Consultant

E. POST-BASIC SCHOOL OF NURSING

Gabriela Bocec, R.N.

F. WORLD BANK

Robert Castadot, M.D., Project Director

Sabrina Huffman, Human Resources Sector Operations,
Central and Southern Europe

G. UNFPA

Sietske Steneker, Programme Officer, Division for Arab
States and Europe

IV. BACKGROUND AND ACTIVITIES

This trip was a follow-up to a February 1993 trip in which a logistics system assessment and a training needs assessment were carried out by Tim Miner, Suzanne Hurley and Neal Ewen.

The SECS requested Technical Assistance in the area of training in contraceptive logistics systems management. The two CDC consultants prepared the curriculum and related training materials for a 3-day course.

A. SECS Training:

1. Preparation

Extensive meetings were held with SECS and Center for Development and Population Activities (CEDPA) in Atlanta and in Bucharest to learn about the current logistics system and to identify specific training needs. A considerable effort went into matching the expectations of the participants with the goal and objectives of the course.

Aspects of the existing SECS logistics system were incorporated into the training curriculum. For example, existing forms were used as models to which possible modifications might be made.

A pre-training assessment questionnaire surveyed participants about their interests, experience, knowledge, and current logistics procedures. See Attachment D: Pre- and Post-Test Questionnaire.

2. Subjects Covered

The subjects presented were designed to give the participants an introduction to the basics of contraceptive logistics management with a focus on the information most needed by SECS.

In addition, participants engaged in a simulated logistics system and began work on developing individual clinic Action Plans for activities to be carried out during the next six months. Further work on the Action Plans was scheduled for a late October 1993 SECS Staff meeting when the entire group would meet again. In addition, an IPPF consultant is expected to attend this staff meeting and will assist with further work on the Action Plans.

3. Participant Selection Criteria

The appropriate candidates were nominated and selected. As a result, everyone (trainers and trainees) benefited from the fact that the participants were indeed responsible for managing contraceptives. See Attachment C: List of Participants for SECS Contraceptive Logistics Training.

The number of participants was limited in order to facilitate learning. The participants had various levels of related experience. In addition, feedback from the participants, suggested that this mix was good because it allowed the central level and the clinic level to gain a better understanding of each other.

This training was an opportunity for the coordination and establishment of new relations between the program professionals and among different levels of the FP program. They became acquainted with one another and shared experiences. This made for a more cohesive organization.

4. Training Approach

The training approach, which was new to the participants, was to encourage as much interaction by the participants with the trainers and other participants as possible by drawing on the participants' experience.

The training also was intended to provide the participants (especially at the central level) with information about ways to improve their logistics system. SECS is a relatively new organization with an expanding number of clinics. Thus, by necessity one of the approaches required presenting recommendations for ways to improve the management of contraceptives at SECS. A preferred approach is to train participants in a system that has been already well defined and implemented.

5. Administration and Translation

Training administration (classroom, meals, hotel, and other preparations) was handled by SECS and was very good. An excellent, experienced translator was engaged. The trainers met and worked with the translator extensively in the week preceding the workshop, which enabled the translator to become familiar with the material before the workshop.

Comprehensive training and reference materials were given to each participant to enable them to refresh their memories and/or to inform other colleagues. Most materials were translated into Romanian.

6. Participant Feedback and Evaluation Results

The participants were given a pre-test and post-test consisting of 10 questions. The results were scored for percent of answers correct with partial credit given for partly correct answers: 1 - 100%; 3 - 95%; 1 - 85%; 3 - 75%; 1 - 65%. Before the training, no one scored more than 40% percent of the questions correctly.

The results of the post-course evaluation showed that eight of the nine participants the goal of the course was fully met. Eight indicated that the content of the course was about right, while one responded that it was too basic. See Attachment E: Post-Training Evaluation Results, for the detailed responses and a copy of the questionnaire.

Seven felt that three days of training was about right, though one person said that the information level did not allow enough time to get into some details and specific examples that they may encounter.

7. Lessons Learned

It would have been preferable for SECS to have had a MAX/MIN component as a part of their logistics system in place before training all clinic administrators. Since they did not yet use a MAX/MIN system, the participants learned instead what a MAX/MIN system is and how it works. The participants did not have any "hands on" experience with a MAX/MIN system. SECS must now decide whether or not to employ a MAX/MIN system as part of its logistics system and what the MAX/MIN levels should be.

Additional preparation time would have been useful to incorporate more program-specific data in several forecasting exercises as part of the forecasting session. Time did not allow for the collection, review and application of this data in this case.

8. Meeting with IPPF

One of the CDC consultants stopped at IPPF in London to discuss the status of their technical assistance to SECS (SECS is an IPPF affiliate) and to understand their past and future procedures for providing contraceptive to SECS. To summarize briefly, SECS requested IPPF to provide assistance with logistics matters in addition to the formal logistics management training provided by CDC. The SECS NGO apparently felt that logistics assistance was so greatly needed that they asked for assistance from both organizations with the hopes that at least one would provide a positive response.

The IPPF consultant, Kieran MacGregor, went to Romania directly following our training to discuss the IPPF-specific process of ordering contraceptives at the central level in addition to other logistics issues. His visit coincided with a SECS staff meeting in which all the clinic staff (including the recently trained clinic administrators) would meet again for two days. He said that he would try to continue discussion of the Action Plans drafted during the recent logistics management training.

IPPF funding for SECS is partially dependant on funding from the European Economic Community (EEC). This EEC funding for next year is uncertain. Mr. MacGregor will discuss IPPF's future logistics activities with SECS with Roseanne Murphy the CEDPA official in charge of CEDPA-funded activities in Romania.

Asia Brandrup-Lukanow, the IPPF Program Director for Romania, was out of the office at the time of the visit so IPPF was unable to provide certain information regarding contraceptives to be supplied to SECS in 1994.

B. MOH FPSEU:

1. Background

At present, the MOH provides some limited family planning services in maternity centers, gynecological clinics, eleven Reference Centers and approximately 129 of a total of 230 clinics, but the services are not available in all facilities and are not yet part of a well-defined and fully operational national family planning program. Services are scheduled to become more widely available as the MOH defines and implements more of its national family planning program. This effort is funded, in part, by a loan from the World Bank as a sub-component of the Health Rehabilitation Project.

Because the national family planning program has only recently been implemented, plans have not yet been completely formulated, and a number of steps remain to be taken to more fully implement the program.

A contraceptive logistics data collection system needs to be developed, and staff need to be trained in contraceptive supply management and in data analysis and use (decision making).

The MOH FPSEU is almost fully staffed with the exception of a Sociologist and a secretary and consists of two OB/GYNs, one general practitioner and one nurse. Most of the current staff joined the MOH FPSEU in August of 1993. The exception is the Director who had been appointed two weeks earlier. The staffing pattern does not include people such as administrators, supply managers, computer specialists, and statisticians for data analysis.

For the first 250,000 cycles of oral contraceptives received under the program (Rigevidon, from Hungary), distribution was handled by UNIFARM, a parastatal unit within the MOH. The MOH has continued to rely on this organization for distribution. There are currently 500,000 condoms and 50,000 IUDs recently arrived in the country and being distributed to the reference centers, pharmacies, and clinics. In addition, one million cycles of Rigevidon are expected to arrive in country in October 1993 and

be available for distribution by the end of the year.

2. Activities

The consultants held a meeting with the MOH FPSEU, USAID, the CEDPA Romania representative and representatives of the 11 MOH FPSEU Reference Centers. The purpose of the meeting was to explain what the just completed contraceptive logistics system management training at SECS had included and how it had been received by the participants. The MOH was told that they could, if they wished to, receive technical assistance for a similar type of training.

Additional meetings were held separately with the MOH FPSEU who were quite interested in such a training. See the Findings and Recommendations Section V for the consultants' recommendations made to the MOH FPSEU. A comprehensive contraceptive logistics system management training strategy for the MOH FPSEU Program needs to be developed following completion of the development workshop when the family planning logistics system has been more clearly defined. This training strategy is an essential step in the design of training activities for different levels and categories of staff.

V. FINDINGS AND RECOMMENDATIONS

A. SECS Training:

- 1. A follow-up evaluation of the effectiveness of the training and of the implementation of procedures should take place no sooner than 6 months from now.** This is to allow time for at least one delivery of contraceptives to take place from the central level to all clinics. After one delivery clinics will have had at least one opportunity to put into practice the procedures learned during the training.

This evaluation visit might take place in April 1994 given the availability of funding and technical assistance.

2. **SECS, IPPF and CDC should coordinate future technical assistance.** Because SECS is an IPPF affiliate, IPPF is providing technical assistance in logistics to SECS.

3. **SECS should provide the MOH FPSEU with a one or two day "orientation" on contraceptive logistics management based on material presented during the SECS training.**

This orientation is scheduled to take place the week of November 15. The purpose of this orientation is to encourage collaboration between the two organizations and to begin to familiarize the MOH FPSEU with contraceptive logistics management concepts. This should be an important step forward in terms of collaboration between the NGO and the MOH as mandated in the World Bank project paper.

B. MOH FPSEU:

1. Contraceptives have been arriving in the country and being distributed to storage facilities and dispensed to users/clients without a formal recording and reporting mechanism in place.

The MOH FPSEU should immediately begin collecting and recording contraceptive usage and distribution data in a systematic way. The CDC consultants should provide management information systems technical assistance to the MOH FPSEU during the next visit.

In addition, the MOH FPSEU should decide who within the 11 reference centers will be responsible for contraceptive management (eg. GPs or Nurses).

Attachment H: Short-Term Immediate Steps for Logistics Management, identifies the types of data that should be collected. It includes a list and examples of forms used to monitor and record the inventory, movement and dispensed to user information on contraceptives now in the MOH FP program system. This system of forms needs to be implemented now, if only on a temporary basis until technical assistance can be provided in developing a comprehensive management information system.

2. **The CDC consultants should continue to provide management information systems technical assistance to the MOH FPSEU in a future visit.**

3. The MOH FPSEU should hold a development workshop to facilitate the design of a contraceptive logistics system for managing its contraceptives.

Such a workshop is recommended because a number of decisions need to be made regarding the type of contraceptive logistics management system that the MOH would like to implement. An outline of some of these questions are presented in Attachment I: Considerations for the Development Workshop. Because the MOH FPSEU has little experience to date with contraceptive management systems, it is understood that some training in contraceptive logistics management should precede the development workshop.

Therefore, it is recommended that the development workshop be preceded by one technical assistance visit (possibly in March) so that the consultants further assess and define an MOH FPSEU recommended system.

The development workshop (in June or July) would begin with a training to familiarize the participants with logistics and outline the decisions that need to be made regarding the type of system they would like to have. This training would be followed directly by the design phase of the workshop where a small group (no more than a total of eight) of MOH FPSEU staff and other key decision makers from the 11 reference centers would make the actual decisions.

4. It is recommended that two members of the MOH FPSEU attend an a U.S.-based training in contraceptive logistics at John Snow Inc. (JSI) in September 1994. Those selected for this training should have been in the MOH FPSEU for a least one year in order to prepare them for the in-depth training in logistics that the course offers.

5. It is recommended that a logistics overview be included in a one-week long management workshop for the 11 reference center coordinators. The World Bank team, which included the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), was in Romania during our visit and provide an update regarding the status of the World Bank-funded MOH Family Planning project. The World Bank project proposes three one-week long workshops for the 11 reference centers. One workshop would be for the reference center coordinators/directors and cover the topic of clinic management of which contraceptive logistics management overview could be included. With this in mind, CDC will continue its discussions with

the World Bank on the possibility of incorporating a logistics overview into the clinic management workshop.

ATTACHMENTS A TO I

ATTACHMENT A: TRAINING AGENDA

**CONTRACEPTIVE LOGISTICS MANAGEMENT WORKSHOP
FOR SECS/VRANCEA ADMINISTRATIVE STAFF**

Monday

9:00-10:15 Introduction (welcome, icebreaker, expectations, group norms, review teams, pre-training assessment)

10:15-11:00 Introduction to Logistics Systems

11:00-11:15 Break

11:15-1:00 Logistics Management Information Systems

1:00-2:00 Lunch

2:00-3:00 Logistics Management Information Systems

3:00-3:15 Break

3:15-5:00 Logistics Simulation

Tuesday

9:00-9:30 Review and Questions

9:30-11:00 Assessing Supply Status

11:00-11:15 Break

11:15-12:00 Maximum/Minimum Inventory Control Procedures

12:00-1:00 Maximum/Minimum Exercises

1:00-2:00 Lunch

2:00-2:30 Maximum/Minimum Exercises

2:30-3:00 Storage

3:00-3:15 Break

3:15-3:45 Storage

3:45-5:00 Quality Assurance

**CONTRACEPTIVE LOGISTICS MANAGEMENT WORKSHOP
FOR SECS ADMINISTRATIVE STAFF (continued)**

Wednesday

9:00-9:30	Review and Questions
9:30-11:00	Contraceptive Forecasting/Procurement
11:15-11:30	Break
11:30-1:00	Recording, Reporting and Monitoring
1:00-2:00	Lunch
2:00-3:30	Action Plan
3:30-3:45	Break
3:45-4:30	Review
4:30-5:00	Post-course Assessment, Course Evaluation, and Closing

ATTACHMENT B: TRAINING GOAL AND OBJECTIVES

**CONTRACEPTIVE LOGISTICS MANAGEMENT WORKSHOP
FOR SECS AND THE FAMILY PLANNING ASSOCIATION
VRANCEA**

Goal:

Provide an introduction to the basic principles of contraceptive logistics system management and how these principles can be applied at SECS and Vrancea.

Workshop Objectives:

By the end of the workshop, participants will be able to:

- * **identify the components of a logistics system and the types of management information in a contraceptive logistics management information system used for FP program management decisions**
- * **determine the number of months of supplies at each clinic, or for a group of clinics, using inventory and dispersed to user data**
- * **determine appropriate quantities of contraceptives to order using maximum-minimum inventory control procedures**
- * **list basic guidelines for proper storage and procedures for assuring contraceptive quality**
- * **estimate contraceptive needs for a clinic, or group of clinics, using forecasting techniques**
- * **correctly use SECS system (forms and schedules) for reporting contraceptives dispensed, stored, and needed**
- * **create an action plan, for the upcoming six months, outlining contraceptive management activities/responsibilities**

**ATTACHMENT C: LIST OF PARTICIPANTS FOR SECS CONTRACEPTIVE
LOGISTICS TRAINING**

- 1) Adrian Ciocan, Central Office
- 2) Ciprian Burlacu, Central Office
- 3) Ioana Dragne, Central Office
- 4) Marcela Stoica, Tirgu-Mures
- 5) Daniela Negrea, Turnu-Severin
- 6) Lucia Alb, Cluj
- 7) Gabriela Mitrus, Tulcea
- 8) Mihaela Fetecau, Sibiu
- 9) Stefhania Dioconescu, Focsoni

Translator: Mihai Corciova

ATTACHMENT D: PRE- AND POST-TEST QUESTIONNAIRE

PRE-TRAINING/POST-TRAINING KNOWLEDGE ASSESSMENT

1. INTRODUCTION TO THE LOGISTICS SYSTEM: The six "rights" of the logistics system include which of the following:
 - A. place
 - B. time
 - C. cost
 - D. method
 - E. condition
 - F. quantity
 - G. method of transportation
 - H. number of kilograms
 - I. size
 - J. origin of manufacture.

2. THE LOGISTICS MANAGEMENT INFORMATION SYSTEM (LMIS): What are the four essential data items of a LMIS?
 - A. stock on hand
 - B. rate of consumption
 - C. lead time
 - D. losses/adjustments
 - E. time of day
 - F. location of the donor
 - G. number of outlets.

3. USE OF LMIS DATA: What logistics problems might be identified by looking at LMIS data?
 - A. stockout
 - B. overstocking
 - C. improper distribution
 - D. storage conditions
 - E. quality of service provided
 - F. level of training of staff/managers.

PRE-TRAINING/POST-TRAINING KNOWLEDGE ASSESSMENT continued

4. **ASSESSING SUPPLY STATUS:** How would you estimate months of supply on hand?
 - A. call the central office to come and tell you
 - B. count your stock and compare it to number of client visits during the previous month
 - C. look at the stock and guess how much was used since your last order, then order that much
 - D. divide stock on hand by a 6-month or 3-month average contraceptive use

5. **MAXIMUM/MINIMUM INVENTORY CONTROL:** If you are below your minimum level of condoms at the time you place an order, what should you do?
 - A. order stock to bring the level up to your minimum level (of months of supply on hand)
 - B. order stock to bring the level up to your maximum level (of months of supply on hand)
 - C. do nothing
 - D. place an order for as much as you think you can get

6. **STORAGE:** Please circle the proper storage conditions.
 - A. unlocked storage room
 - B. dry
 - C. clean
 - D. organized with contraceptives having the most recent expiration dates in the front of the room
 - E. supplies stacked against walls

7. **QUALITY ASSESSMENT:** Please circle the critical quality assurance problems for contraceptives.
 - A. expired contraceptives
 - B. Copper T with black copper
 - C. crushed oral contraceptive tablets
 - D. small holes in condom wrapper
 - E. foaming tablets that are one year old

PRE-TRAINING/POST-TRAINING KNOWLEDGE ASSESSMENT continued

8. FORECASTING: The most important logistics-based data is -
 - A. Number of women between the ages of 15 and 44.
 - B. Dispensed to user/client data.
 - C. Studies of a specific geographical area or population group to be served.

9. RECORDS AND REPORTING: What are the three basic types of records in the Logistics Management Information System (LMIS)?
 - A. Transaction, Consumption, Stock keeping.
 - B. Bin Card/Form, Inventory Control Card/Form, Stock on Hand.
 - C. Date of last visit, Lead Time, Total Number of Consultations.

10. What is the most important logistic management information you have learned in this training?

ATTACHMENT E: POST-TRAINING EVALUATION RESULTS AND QUESTIONNAIRE

A post training evaluation was given to the nine participants. Not all participants responded to all of the questions. A brief summary of the evaluation follows:

- a. Eight responded that they felt the goal of the course was fully met.
- b. Eight responded that the methodology was appropriate.
- c. Eight indicated that the content of the course was about right, one responded that it was too basic.
- d. Seven felt that three days was about right. One person said that the information level did not allow enough time to get into some details and specific examples that they may encounter.
- e. Eight felt the site of the training was very good to excellent.
- f. Quality Assurance, Contraceptive Forecasting and Procurement, and Recording and Reporting were felt, by the participants, to be the most useful sessions.
- g. The second most useful sessions were: Using LMIS Data, Maximum/Minimum Inventory Control Procedures, and Maximum/Minimum Exercises.
- h. Third most useful sessions were: Introduction to Logistics Management Information Systems, and Assessing Supply Status.
- i. In answer to the question: "What was the most important thing you learned?" the participants said the LMIS and the system of calculating supply and ordering.

Some of the general comments were:

"I would like more examples and practical activities. It prepared me well enough about logistics and family planning but theory is one thing but practice is another."

ATTACHMENT E: POST-TRAINING EVALUATION RESULTS continued

"I'll try to come as close to the ideal as possible."

"To make an analysis of each part of each clinic and discuss 2 or 3 situations with exact data found at that clinic."

In response to the question, "What is the most important logistics management information that you have learned in this training?"

a. I have learned that this system could bring clarity to our association's activity, but only if this system could be applied.

b. The end goal is to avoid problems. The most important is the estimation of the provisions.

c. The information system and its calculations.

d. Evaluating supply and inventory control.

e. Max/Min, Contraceptive Shelf Life, Lead Time.

f. Complete some holes in my knowledge and put them in a good order.

g. Using LMIS data, Reporting, Max/Min

h. Satisfying the client by giving the right method of contraception. The benefits of correctly ordering and reporting.

g. LMIS facilitates management decisions. The most important thing is calculating the needed months of stock on hand.

CONTRACEPTIVE LOGISTICS MANAGEMENT WORKSHOP

October 4-6, 1993
Bucharest, Romania

COURSE EVALUATION

Your responses to the following questions will help us in improving future logistics management training courses. Please take time to read through the questionnaire and carefully select the response that most accurately reflects your impressions of the logistics management training course. If you need additional space for writing, you may use the backside of each page.

1. The goal of the three-day training was to provide an introduction to basic principles of contraceptive logistics system management and how these principles can be applied at SECS and Vrancea. In your opinion, has this course achieved its overall goal?

_____ NO _____ SOMEWHAT _____ YES

If your response is "No" or "Somewhat," please state why.

2. In general, were the training methodology and techniques used during this training appropriate?

_____ YES _____ NO

If your response is "No," please specify why.

3. In terms of content, the information presented at this workshop was:

_____ too basic _____ about right _____ too technical

Comments:

E-2

24

4. The three day period devoted to this training course was:

_____ too short _____ about right _____ too long

Comments:

5. The administrative arrangements (training site, food, transportation, etc.) have been:

1 2 3 4 5
unsatisfactory satisfactory excellent

Comments:

6. In your opinion, how well has this course prepared you to perform your job with respect to family planning logistics?

1 2 3 4

not at all a little adequately extremely well

Comments:

7. How confident do you feel in your ability to determine months of supply on hand for a commodity?

_____ I cannot calculate months of supply on hand

_____ I can estimate months of supply on hand with assistance

_____ I can perform the calculations for months of supply on hand without assistance, but could not teach someone else how to do it

_____ I could teach someone else how to calculate months of supply on hand

8. Do you feel that you know how to determine minimum and maximum stock levels for a contraceptive inventory system?

- No
- Somewhat -- with assistance I can determine minimum and maximum stock levels
- Yes -- without assistance I can calculate minimum and maximum stock levels

9. How confident do you feel in your ability to calculate order quantities using maximum-minimum inventory control procedures?

1	2	3	4	5
not confident	with assistance, can calculate correct order quantities			can easily calculate correct order quantities without assistance

10. How confident do you feel in your ability to calculate average monthly dispensed-to-user quantities and months of supply on hand for each contraceptive method at a national level?

1	2	3	4	5
not confident	with guidance, can calculate national average dispense-to-user quantities and months of supply on hand			can perform the calculations easily without guidance

11. Do you feel that you know how to identify storage-related problems in the field and make recommendations for how to address them?

- No
- Yes, somewhat -- with assistance could identify storage-related problems and ways to address them
- yes -- without assistance could identify storage-related problems and recommend ways to resolve them

E-4

12. Now that you have completed the training, how confident do you feel in your ability to list three types of logistics records, giving examples, and assess LMIS forms and recommend changes to improve the collection of essential management data for a contraceptive logistics system?

1-----2-----3-----4-----5

not at all
confident

with assistance,
could identify
major problems
in forms and
give advice

could assess
LMIS forms
easily and
make recommendations
without assistance

13. How would you assess your ability to analyze LMIS data?

_____ I am unsure what to look for in LMIS data

_____ I can identify some key indicators that can be used by managers and can recognize some important problems in LMIS data

_____ I can, with guidance, analyze an LMIS form, using the data on the form to identify problems in the logistics system and make recommendations

_____ I can analyze an LMIS form without guidance, using the data on the form to easily identify problems and make recommendations for improved performance of the logistics system

14. Regarding forecasting: now that you have completed the logistics management course, could you outline the process of estimating contraceptive requirements for:

_____ a national family planning program, including forecasting validation?

_____ a clinic, including forecasting validation?

_____ No _____ Somewhat _____ Yes

15. How confident do you feel in your ability to describe the purpose of the contraceptive logistics system, identify the components, define PIPELINE and LEADTIME?

1-----2-----3-----4-----5

not at all
confident

with assistance,
could describe
the purpose
and components
and define
pipeline and
leadtime

could describe
the purpose and
easily, identify
the components, and
define pipeline, and
leadtime

16. How useful did you find each session? (Place a number from 1 to 5 in the space following each session title.)

1 _____ 2 _____ 3 _____ 4 _____ 5

not at all

somewhat

extremely

- A. Introduction to Logistics Systems _____
- B. Introduction to Logistics Management Information Systems

- C. Using LMIS data _____
- D. Logistics Simulation _____
- E. Assessing Supply Status _____
- F. Maximum/Minimum Inventory Control Procedures _____
- G. Maximum/Minimum Exercises _____
- H. Storage _____
- I. Quality Assurance _____
- J. Contraceptive Forecasting/Procurement _____
- K. Recording and Reporting _____
- L. Review of Course Session Objectives _____
- M. Action Plan _____

17. Finally, please tell us how, in your opinion, we could improve this training course in logistics management. Your specific responses will be appreciated.

THANK YOU FOR COMPLETING THE COURSE EVALUATION FORM.

**ATTACHMENT F: CONTRACEPTIVES SUPPLIED BY IPPF TO SECS ROMANIA
FOR THE PROGRAMME YEAR 1993**

Combined Oral

Microgynon 30 (Blue Lady)	48,496 Cycles
Marvelon 28 (Blue Lady)	17,507 Cycles

Triphasic Oral

Triquilar (Blue Lady)	6,938 Cycles
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Intrauterine Device

Copper T 380 A	3,901 Single
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ATTACHMENT G: LIST OF THE MOH 11 FAMILY PLANNING REFERENCE CENTERS

1. Constanta
2. Sibiu
3. Suceava
4. Stu-Mare
5. Iasi
6. Cluj-Napoca
7. Timisoara
8. Arad
9. Craiova
10. Tirgu-Mures
11. Spitalul Clinic Obstetrica-Ginecologie "Panait Sirbu"
Bucharesti

**ATTACHMENT H: SHORT-TERM IMMEDIATE STEPS FOR LOGISTICS
MANAGEMENT**

Begin to collect data on storage, distribution, and
contraceptives dispensed to users information.

MOH FPSEU:

1. Monthly summary reports on Stock Levels, Amounts Distributed, and Amounts Dispensed to User/Client.
2. Preferably, the MOH FP program would have its own central/national warehouse to contraceptives only, no other goods.

REGIONAL WAREHOUSES:

Inventory/Stock Records: Keep records of amounts received in the 17 regional warehouse by method and brand. See attached forms.

Transaction/Issue Records: Keep records by method and brand of the amounts distributed to the Reference Centers.

Monthly Summary Records: Keep a monthly summary of receipts and distributions with a copy to the MOH FPSEU.

REFERENCE CENTERS:

Inventory/Stock Records: The reference centers keep record of stock received.

Transaction/Issued Records: Keep records of stock distributed/issued to the Clinics.

Dispensed to User/Client Records: Keep records of amount Dispensed to User/Client.

Monthly Summary Records: Keep a summary of stock received and issued with a copy to MOH FPSEU.

Keep a monthly summary of contraceptives dispensed to user/client with a copy to the MOH FPSEU. It is this dispensed to user/client data on which future forecasts will be based.

CLINICS:

Inventory/Stock Records: The clinics keep records of all stock received by method and by brand.

**ATTACHMENT H: SHORT-TERM IMMEDIATE STEPS FOR LOGISTICS
MANAGEMENT (continued)**

Dispensed to User/Client Records: The clinic also keeps records of contraceptives dispensed to users/clients by method and brand. Again, It is this dispensed to user data that future forecasts will be based.

Monthly Summary Records: Monthly summary of stock received, beginning of month stock level and end of month stock level with a copy to MOH FPSEU.

Monthly summary of dispensed to user/client data with a copy to MOH FPSEU.

ADDITIONAL INFORMATION:

1. Frequency of distribution between levels is important to determine because this influences the amount distributed to each level and the amount of stock kept at each level.
2. The length of time it takes for an order or request to be filled between levels is also very important. The requesting level needs to have sufficient stock on hand to cover the period from when the request is sent to when the stock is received.

**ATTACHMENT I: CONSIDERATIONS FOR THE DEVELOPMENT
WORKSHOP**

**QUESTIONS TO BE CONSIDERED BY THE MOH FP UNIT
FOR THE DEVELOPMENT WORKSHOP**

1. Decide what the FP logistics system will be. What is the system for distributing contraceptives? To what levels/ locations will they be distributed (i.e., to the FP centers directly or first to the 11 reference centers)?
2. How frequently will distributions take place? What will the level of stock be at each level? What will the lead times, maximum and minimum stock levels maintained at each level be?
3. What will the Logistics Management Information System look like? What forms will be used at what levels? What information should the forms contain? How frequently will summary reports be sent to the MOH FP Unit?
4. Will the central level decide what amounts are required for the lower levels (a "push" system) or will the lower levels determine their own requirements (a "pull" system)? Are the World Bank-funded contraceptives intended for the sole use of the 11 Reference Centers and the clinics?
5. How will forecasting be done in the future? Will it be based upon population data again or on Dispensed to User/Client data and newly compiled survey data?
6. Identify the person responsible at each level for managing and forecasting contraceptives. That is: who will maintain the records and submit monthly reports of amounts dispensed, who will maintain the stored contraceptives and conduct regular inspections of those contraceptives and maintain inventory reports, who will calculate stock orders and make forecast estimates of stocks needed.