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PHILIPPINES TRIP REPORT

August 15 - September 4, 1993

and

November 11 - December 14, 1993

CONTRACEPTIVE DISTRIBUTION & LOGISTICS MANAGEMENT INFORMATION SYSTEM TRAINING IMPACT EVALUATION

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INTRODUCTION

The purpose of the two technical assistance trips from August 15 to September 4 and from November 11 to December 14, 1993 to the Philippines was to observe the redesigned delivery team curriculum being used and to develop the instruments for, and execute a national training impact evaluation of the Contraceptive Distribution and Logistics Management Information System (CDLMIS) training.

Due to the importance of the CDLMIS Training Impact Evaluation, a detailed account of the methodology, instruments, and findings has been included as a stand alone attachment at the end of this report.

The consultants wish to thank all the provincial, city, and DOH regional family planning coordinators who assisted in the implementation of this national impact evaluation. Special thanks go to the CARE and FPLM/Philippines personnel who worked so diligently to make this evaluation a successful exercise.

BACKGROUND

Intensive training technical assistance from the FPLM Washington office began in 1992 with a training needs assessment for CARE/Philippines staff. These new CARE FPPOs were to work with the FPLM/P staff based in the DOH to implement a new Contraceptive Distribution and Logistics Management Information System (CDLMIS) (see Proper, July 19 - August 10, 1992). The continued technical assistance included training of the CARE FPPOs in logistics and training methodology and the development of the different curricula necessary to train the more than 15,000 health personnel around the country on the new system.

By the third quarter of 1993, most of the country had received training and the new system was being used to distribute contraceptives. Both FPLM/P and CARE staff were heavily engaged in the massive training effort as well as the early monitoring of the system. As it was expected that every region in the country would have received training by the end of 1993, this same period was targeted as the time to conduct a national training impact evaluation.

ACTIVITIES AND FINDINGS

Observation of Delivery Team Training

As part of the continuing technical assistance follow-up provided to the CARE and FPLM/P staff, the FPLM senior training coordinator and the CDC public health advisor observed the delivery team training conducted in Tuguegarao, Cagayan Province for Region 2 on August 23 - 27, 1993. The training facilitators used the curriculum that was revised during the last visit of the training coordinator in March 93.

We were able to observe 3 FPPO's training along with one CARE area office supervisor and one FPLM/P staff person. Feedback was provided to the facilitators on a nightly basis. Overall the training was of a high quality. The changes made to the curriculum earlier were effectively implemented and helped greatly with the participant learning process. Only the most minor changes were suggested to the curriculum.

Training Impact Evaluation

Outlined below in sequence are the different activities in the process of developing and instituting this training impact evaluation. These activities cover

a period of two technical assistance visits: August 15 - September 4 & November 11 - December 14, 1993. For a more detailed account of methodology, instruments used, and findings see Attachment: CDLMIS Training Impact Evaluation Report.

1. Design of the Instruments

For a period of one week, August 16 - 20, the two consultants, the CARE family planning coordinator, and members of the FPLM/P staff met to do the first draft design of the three different evaluation instruments: RHU delivery site evaluation, the nonRHU (hospitals and NGOs) delivery site evaluation, and the BHS site evaluation. The group began the process by reviewing the stated objectives for each of the three level of trainings being evaluated: Delivery Team Training, RHU Nurses Training, and the Midwives Training and determining the information we needed to know whether or not the training objectives were being demonstrated in the field. Also included in the instruments were some questions not captured from the review of the objectives that looked at the overall impact of the CDLMIS on family planning logistics in the Philippines, many of these questions are already included in the monitoring tool used by CARE and FPLM staff in the field.

2. Testing of the Instruments

After the drafts of the three instruments were completed, three teams went out to test the instrument in the field: August 30 & 31. One team went to Bicolod, one team to Davao, and one to NCR. Each instrument was tested at the appropriate type of site at least two times. The testers noted down how long it took to execute the instrument and if any questions should be changed, deleted, and or added.

3. Revision of the Instruments and Logistical Planning for the Evaluation

After returning from testing the instruments, the group met for three days to revise the instruments. Also during this time, the group outlined the tentative plan for executing the evaluation.

4. Computerization of the Evaluation Instruments

On the day before departing on September 3, the training coordinator met with one of CARE's computer analyst/programmers to discuss what information was needed to be given the outside computer contractor in order to computerize the data coming from the instruments. The work of writing in detail exactly how the computer was to calculate the results for

each question in the three instruments was completed by the training coordinator in the US and faxed back to Manila.

A contractor was then selected and the work was supervised by the CARE computer programmer. On the return trip in November, minor revisions to the programming were made in light of discussion with the US consultants, CARE personnel and the contractor programmer. These revisions to the program were made during the two-week period of time that the field evaluation was taking place. After completion of the data gathering period, further programming revisions were needed.

5. Training in Use of the Instruments by the Teams

Soon after the US consultants arrived in country, they along with the other 10 people participating in the field part of the evaluation: FPLM COP, FPLM program officer, CARE family planning program officers, and CARE senior programmer, flew to Cebu City, Cebu for three days (November 14 - 17) to train on the use of the evaluation instruments.

After a meeting to go over the instruments, the six teams went out to Cebu City and completed an evaluation questionnaire at an RHU, a nonRHU, and a BHS. Two teams would visit the same three facilities. The completed questionnaires were then compared in the evening and differences and any other questions were brought to the whole group for discussion and clarification. The second day took the teams to Cebu Province to complete the questionnaire in the same way as the day before with two teams visiting the same three sites. The results were again compared and discussed with the whole group. A clarifying guide based upon the questions that came out of the comparison and discussion was developed to help the six teams when they went off to do the impact evaluation in their assigned regions. The second day's results showed few differences in the data gathered by the two teams visiting the same facilities, demonstrating that the teams were more or less in sync in terms of completing the evaluation questionnaires. Although one more day devoted to this activity would had been helpful.

6. Conducting the Evaluation in the Field

After the two days of using the evaluation instruments in Cebu, all six teams of two went off to begin the evaluation in their respective regions. Each team on average took 8 working days to complete the evaluation in four LGU consignees. The target was that each team would complete the questionnaire at 8 Delivery Sites (5 RHU's, 3 nonRHU's) and 8 BHS's; the teams were able to reach 96% of the overall target with the following

breakdown: 98% of the RHU's, 92% of the nonRHU's, and 96% of the BHS's. The teams tried as much as possible to select facilities from all areas of the province or city consignee they were visiting.

As with any venture of this type, some of the logistical plans had to be altered given unexpected events like city fiestas: effectively closing down most of the questionnaire sites, and other health activities like trainings and immunization days where people were away from their sites. The transportation arrangements appear to have gone pretty much as planned with Provincial and City Health offices and CARE AREA offices providing the necessary vehicles with FPLM staff paying for petrol costs and driver per diems in some locations.

Where at all possible, the teams tried to have the provincial or city family planning coordinators, usually the main delivery team member, go along with them to do the evaluation. Their joining the evaluation team often helped in locating the appropriate personnel to interview. Having the FP coordinators along also served as an opportunity to reinforce their skills in terms of the CLMIS implementation and monitoring. Many of the teams also held debriefings with provincial/city health officers.

7. Encoding and Data Entry of Evaluation Questionnaires

As soon as teams began arriving back in Manila, the questionnaires were delivered to AI, the contractor, working at the DOH to begin the encoding and entering of the data. Once some of the preliminary results were printed, the training coordinator reviewed them and reported back any obvious discrepancies and requested certain programming modifications. It took approximately three days to complete the encoding and data entry.

8. Analysis of the Data

After the encoding of the data was completed, most of the members of the evaluation teams including the two consultants, joined by the CARE FP coordinator and the programmers and data entry person travelled to Tagaytay to spend four days analyzing the data. The programmers and data entry person were there as there was further need to clean up some of the data as well as pull the data out in different forms. By the end of the four days, the group had determined what were the most important findings and what recommendations to make based on those findings. (see Attachment)

9. Presenting the Evaluation Results

With the analysis of the results of the training impact evaluation completed, the first of several presentations was made. The presentation team comprised of the JSI/FPLM resident advisor, JSI/FPLM program officer, the CARE/Philippines FP Coordinator, the CDC/FPLM consultant, and the JSI/FPLM consultant. The team worked for two days to prepare the presentation which was given to the USAID/Manila OPHN chief, the population officer, program officer, and to CARE/Philippines senior staff. The presentation was well received and generated much discussion of the future work needed to sustain the present CDLMIS and to address the deficiencies that the evaluation highlighted.

Later presentation of the impact evaluation were made to DOH senior staff, with an abbreviated version for the Secretary, and to CARE staff. In the US the JSI/FPLM consultant presented the findings to RD/POP/CPSD, FPLM Washington staff, and to the Training AD HOC Evaluation Group.

RECOMMENDATIONS

The consultants in consultation with FPLM/P and CARE staff make the following recommendations: (see Attachment: CDLMIS Training Impact Evaluation for direct results that correlate with the first four recommendations)

1. Improve the accuracy of the completion of the Contraceptive Order Forms (COFs) and RIVs by having the CARE FPPOs accompany each delivery team for two days to do on the job remediation. Priority should be given to delivery teams known to be experiencing problems.
2. Improve the compliance with monthly filling of BHS worksheets, the accuracy of completion of the worksheets, and the storage conditions in RHUs, NGOs, hospitals, and BHSs. The FPPOs with assistance from the FPLM program officers should consult with delivery teams to identify problem RHUs and NGOs and/or conduct "mini" evaluations to identify problem provinces and facilities. Once identified, personnel there should receive intensive one-on-one training. Formal training should be offered to any RHU nurse who has not yet received such training on the CDLMIS.
3. Determine the validation issue, should the FPPO's insist that the Delivery Teams validate the AMU by looking at BHS data for the RHUs or simply ask them to look at the AMU before to see if the new AMU is similar.

4. Increase the percentage of LGU Delivery Teams which are doing regular quarterly deliveries. DOH Central staff (FPLM) and regional DOH personnel should join FPPOs in presenting to provincial and City LGUs the importance of making vehicles, fuel per diems, etc., available so that a quarterly delivery schedule can be maintained.
5. Increase the amount of monitoring being done in the field by having a better distribution of FPPOs and resources to support them in the regions.
6. Do a monitoring evaluation in 1995 (early before other trainings begin) using the same regions and LGU's.
7. Modify the evaluation tool a little to use as a monitoring tool
8. Bring the FPPO's together either nationally or regionally to work on analyzing CCLMIS (Summary Delivery Reports) and determining appropriate action to take. Include an exercise for the group to go through.

ATTACHMENT:

CDLMIS TRAINING IMPACT

EVALUATION

**CONTRACEPTIVE DISTRIBUTION
AND
LOGISTICS MANAGEMENT INFORMATION SYSTEM
NATIONAL TRAINING IMPACT
EVALUATION
PHILIPPINES
DECEMBER, 1993**

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This evaluation represents the efforts of DOH personnel, provincial and city family planning coordinators, CARE staff, JSI/FPLM Philippines staff, a CDC/FPLM (US) consultant, and a JSI/FPLM (US) consultant.

Special thanks go to the hundreds of family planning personnel who allowed us to interview them and visit their facilities.

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ACRONYMS

1.	AMU	Average Monthly Usage
2.	ASL	Authorized Stock Level (facilities maximum stock level)
3.	BHS	Barangay Health Station (Service Delivery Point)
4.	CARE	NGO working with the DOH
5.	CDC	Centers for Disease Control (US Government Agency)
6.	COF	Contraceptive Order Form
7.	CDLMIS	Contraceptive Distribution and Logistics Management Information System
8.	DOH	Department of Health
9.	FEFO	First Expiry, First Out
10.	FPLM	Family Planning Logistics Management Project
11.	FPPO	Family Planning Program Officer (CARE)
12.	GO	Government Organization
13.	JSI	John Snow, Inc. (Int'l Public Health Firm)
14.	LGU	Local Government Unit (Provinces and/or Cities)
15.	LMIS	Logistics Management Information System
16.	MHC	Main Health Center (same as RHU for this report)
17.	NCR	National Capital Region (one of the fourteen regions)
18.	NGO	Nongovernmental Organization
19.	RHU	Rural Health Unit
20.	RIV	Requisition and Issue Voucher
21.	SOH	Stock on Hand
22.	USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Conducting a training evaluation can take place during training, at the end of training, and/or in this case, months after training was completed. This report looks at what kind of impact the training of over 15,000 people on the new Contraceptive Distribution and Logistics Management Information System has had on family planning logistics in the Philippines. While many of the results of this evaluation also reflect the impact of other types of logistics interventions, its main goal has been to look at how well the training interventions achieved their stated objectives.

It took approximately two-weeks for the evaluation teams to conduct the actual field interviews and facility visits. The six teams of two visited 151 delivery sites: Rural Health Units (RHU) Main Health Centers (MHC), nongovernment organizations (NGO), government organizations (GO), and hospitals, and 154 Barangay Health Stations (BHS) with a total of 305 facilities visited. These facilities were selected from four regions, encompassing twenty LGUs. The evaluation team members came from three organizations: CARE, CDC/FPLM (US), and JSI/FPLM (Philippines and US) (see Appendix 1).

There were three different evaluation instruments designed to be used at different types of facilities: RHU/MHC, NonRHU, and BHS. There was also a questionnaire created which was used to gather nontraining related information: Delivery Team Member Interview.

The most important global findings of the evaluation can be categorized as answering the following questions:

- * How well is the distribution part of the CDLMIS functioning?
- * Is the LMIS part of the CDLMIS in place and how accurately is it gathering information?
- * How well are supplies being stored?

How well is the distribution part of the CDLMIS functioning?

As one of the most important indicators of how well the overall distribution system is working, the evaluation looked at the supply status of facilities. Under the CDLMIS there are currently few stockouts: only 1% of the delivery sites and 6% of the BHSs had stockouts in either condoms and/or Lo-gentrol. The delivery sites have a 0% rate of stockouts in pills. Fifty-six percent

of delivery sites and 55% of BHSs were properly stocked (within acceptable guidelines) with condoms and pills. IUDs were not included because of difficulties in correctly assessing the supply status for this particular commodity. All these figures point to a well functioning distribution system.

Is the LMIS part of the CDLMIS in place and how accurately is it gathering information?

To answer this question, the evaluation looked at the key elements of the LMIS: the Contraceptive Order Form (COF), the Requisition Issue Voucher (RIV), and the Barangay Health Station Worksheet.

At the heart of the LMIS is the COF, and it is clear that it is being used: 97% of facilities surveyed had a COF for the last delivery and 94% have copies of all COFs for deliveries made under the CDLMIS. Not only are they being filled out and kept at the facilities, but of the 147 COFs reviewed, 45% were totally error free.

The evaluation showed that the RIVs are also being used: Of the 151 facilities evaluated, 91% had an RIV for the latest delivery and 83% had copies for all deliveries under CDLMIS. The accuracy of the RIVs was also high with 85% of RIVs matching COFs in quantity of stock delivered.

Currently 100% of all copies of COFs and RIVs are being sent by the delivery teams to the central level for data entry.

With over 10,000 BHSs in the country, the accurate completion of the BHS Worksheet is very important to the CDLMIS. At the RHU/MHC level where 797 worksheets were reviewed, 67% were found to be totally error free. At the BHS level where 150 worksheets were reviewed, 65% had no errors. While there was a high percentage of the mandated monthly reporting: 72%, the 28% of BHSs not following a monthly ordering/reporting schedule is considered an area which needs improvement for the long term sustainability of the CDLMIS at this level.

Given these data, it can be concluded that the logistics management information system introduced under the CDLMIS training is in place and is gathering satisfactorily accurate data.

How well are supplies being stored?

As storage of supplies at the BHS level is minimal, the evaluation questionnaire included a storage conditions checklist that the interviewers

completed for all facilities except the BHSs. The aggregated checklists showed that there was a need for improvement of storage conditions, but no critical problems were found. In terms of physical conditions, only 5% of the facilities had moisture problems (not dry), while 35% of the facilities showed signs of pest infestation. These two conditions, as well as the 34% of the facilities that were reported as having a lack of storage space, are recognized as conditions that the nurses have less control over.

Of the stock management activities which the nurses have direct control over, three are of particular interest: not following FEFO, not organizing stocks, and not marking expiration dates. The evaluation showed that 48% of the facilities are not following FEFO. Although this is not a problem at this point, because most of the contraceptives have similar dates, it could develop into a problem in the future when contraceptives have many different dates. A similar situation exists with a lack of organization of the contraceptives: 40% of facilities show no organization.

Presented here in a cursory way are the most important findings of the national training impact evaluation. In the main body of this report, there is an entire section devoted to evaluating how well each objective was achieved of the three types of trainings conducted under the CDLMIS implementation plan. In the appendices section of this report, there are numerous tables that give information concerning individual regions and in some cases LGUs that were in the evaluation survey.

BACKGROUND AND RATIONALE

By 1991, the DOH had taken on the role as the lead agency in family planning services. Under this new mandate, the DOH conducted a national contraceptive inventory that revealed a nationwide maldistribution of contraceptives.

With the funding assistance of USAID, the DOH addressed this problem of a weak logistics system through the FPLM project of JSI, which developed and pilot tested four different models of logistics. In mid 1991, the pilot tests were evaluated. Its results formed the basis for selecting the most viable model for nationwide implementation. Thus, it was in mid 1991 that the DOH and JSI/Philippines introduced the newly tested model for a nationwide system for distributing contraceptives, the system was called the Contraceptive Distribution and Logistics Management Information System (CDLMIS).

In 1992, the model was adapted to reflect the nationwide decentralization of the government. At the same time, CARE Philippines was awarded a project to assist the DOH and JSI in implementing the CDLMIS.

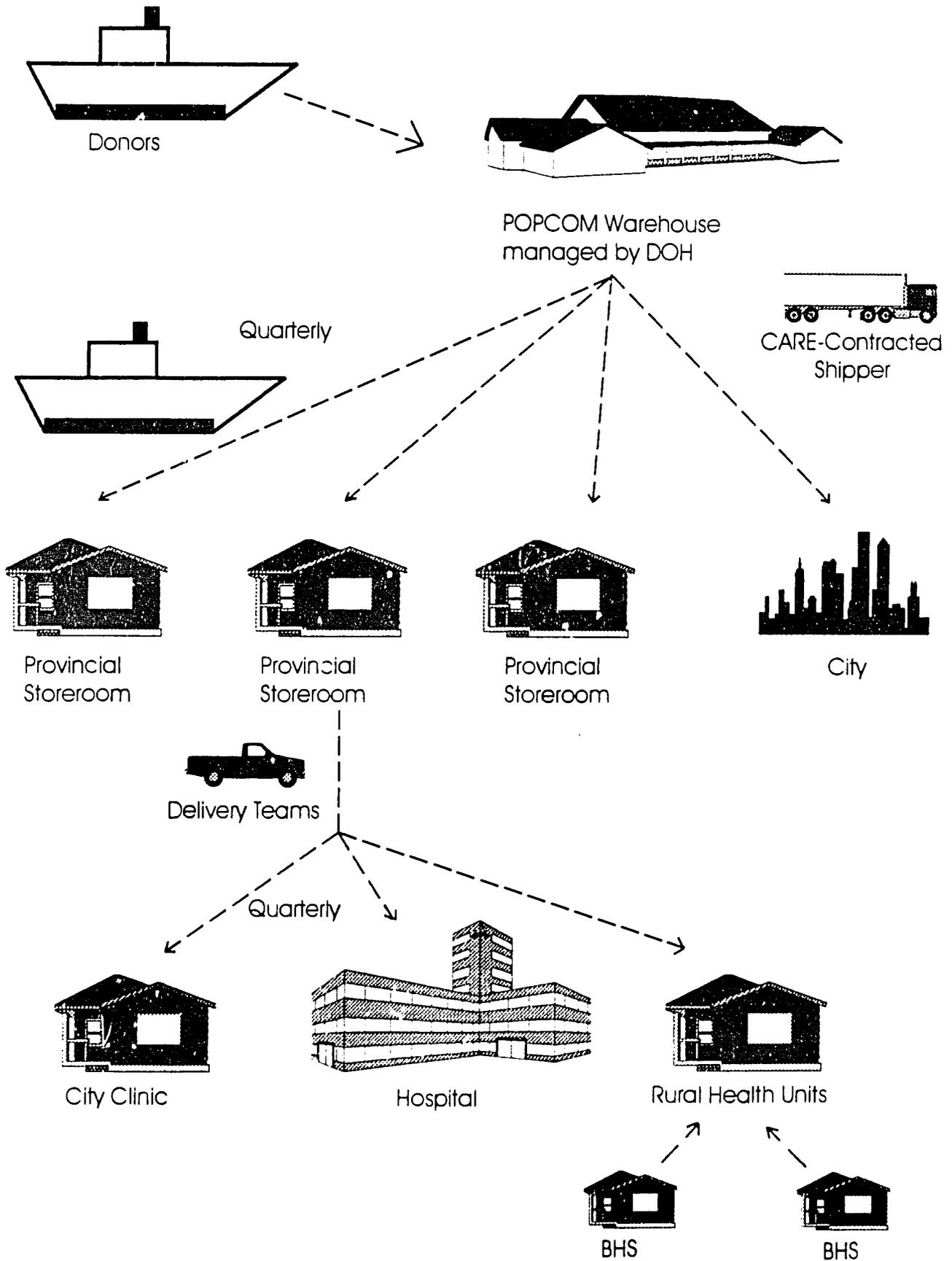
After the new CARE FPPOs had been trained on the new logistics system and training methodology, they joined with the FPLM/Philippines staff and other DOH personnel to begin in earnest the training of the approximately 15,000 family planning personnel in 1993. For each region in the country, there were promotional visits to all the provinces and incorporated cities, followed by a Regional Planning Workshop, followed by one or two Delivery Team Trainings, followed by six to ten Rural Health Unit/Main Health Center Nurses Trainings, followed by the training of hundreds of BHS midwives. (see Appendix 2)

Part of the plan for this nationwide training included conducting an internal training evaluation. The purpose of the evaluation was to determine the effectiveness of the trainings, as well as to determine their impact on the overall functioning of the CDLMIS and the logistics system. Findings from the training evaluation were intended to provide input for 1994 CDLMIS planning and monitoring.

CDLMIS FEATURES

The diagram on the following page outlines the Philippines CDLMIS:

PHILIPPINES CONTRACEPTIVE DISTRIBUTION SYSTEM II



The CDLMIS has the following features:

- * direct delivery of contraceptives from Manila to the provinces and cities (previously, delivery was to the regions)
- * direct quarterly delivery of contraceptives by LGUs to Rural Health Units/Main Health Centers (RHU/MHCs), GOs, Hospitals, and NGOs
- * shouldering of local distribution costs by LGUs
- * use of a worksheet (the Barangay Health Station Worksheet) to aide midwives and RHU staff in giving the right quantity of contraceptives to the BHSs
- * setting authorized stock levels (ASL) for every RHU, GO, NGO, and hospital based on recent consumption
- * completion of a contraceptive order form (COF) at the time of delivery by the delivery teams
- * use of the COF data as a database for a logistics information management system at the national level for feedback to local and regional program managers

METHODOLOGY

OBJECTIVES OF THE EVALUATION

As stated in the background section, the purpose of the evaluation was to determine the effectiveness of the trainings as it reflects the functioning of the CDLMIS. This information was gathered through on-site interviews and interviewer observations.

ADMINISTRATION AND STAFFING

There were six two-person teams who carried out the evaluation. Comprised of CARE and JSI/Philippines staff plus the consultants, each team included at least one CARE FPPO familiar with the region to help with logistics and personal contacts paired with someone not associated with the region to minimize bias in data collection (see Appendix 1).

A CARE programmer and two contracted programmers were available to do programming and data entry.

SAMPLING METHODOLOGY

The sample methodology required several administrative and practical requirements considerations:

- * **The regions selected should represent different areas of the country.**
- * **The 4 regions selected should represent each of the 4 CARE Area Offices** because: a) CARE needed to know the evaluation results by CARE area and b) training teams were made up by CARE areas and, therefore, needed to be evaluated by CARE area. Thus, four administrative regions were selected, one from each of the four CARE areas.
- * **The regions selected should represent areas with differing numbers of deliveries.** It was expected that as delivery teams gained more experience, the quality of the data gathered would improve and the delivery team orders would be more correct than those with fewer deliveries. At the time

of the evaluation, one region had just completed its first delivery, one region had completed two deliveries, and two regions had completed three deliveries.

* **Data collection should be limited to two weeks and cover reachable areas during the period.** This amount of time was allocated to ensure availability of personnel and vehicles.

EVALUATION REGIONS, PROVINCES AND CITIES

The following table shows the regions selected, the number of LGU consignees per region, the name of the LGUs, and the number of evaluation teams assigned to each region for data collection:

Region	Number of LGUs	LGUs	Number of Teams
2	4	Cagayan, Isabella, Nueva Viscaya, Quirino	1
6	6	Aklan, Antique, Capiz, Iloilo, Iloilo City, Negros Occ.	2
7	4	Bohol, Cebu, Cebu City, Negros Oriental	1
11	6	S. Catabato, Davao Del Norte, Davao Del Sur, Davao Oriental, Surigao Del Sur, Davao City	2
Totais	20	*****	6

See Appendix 3 for the national map showing the regions visited. Note that LGU consignee means the 97 provinces/cities that receive direct deliveries from Manila.

The 20 LGU consignees represent all of the LGUs that were reachable (given the time allotted) within four selected regions. They also represent 21 percent of all LGU consignees in the country.

Within each LGU, the RHUs, non-RHUs, and BHSs were the facilities targeted for analysis. It was decided that the following numbers of facilities would be visited per LGU (province/city):

5 RHUs
3 non-RHUs (hospital, NGO and other GO)
8 BHSs - 2 BHSs each of 4 RHUs

16 per LGU

Two BHSs were to be selected at random from each of four RHUs: one that was somewhat close to the RHU and one distant. The BHSs attached to the RHU facility were not to be selected if possible. The teams would not evaluate any BHSs from the fifth RHU.

RHUs and non-RHUs were selected for the evaluation because these are the facilities where the impact of the Delivery Team Trainings could best be evaluated. RHU trainings could best be evaluated at the RHUs and somewhat at the BHSs. A greater number of RHUs were selected than non-RHUs (i.e., 5 RHUs and 3 non-RHUs) because: a) there are many more RHU facilities nationwide than non-RHUs and b) because non-RHUs reflect only the Delivery Team Training. c) non-RHUs in most cases do not distribute to lower levels. As was the case with the BHSs, the delivery sites were to be selected randomly with as close a geographical representation possible given accessibility and time limitations (see Appendix 4 for maps with location of RHU and nonRHU facilities).

The numbers of facilities actually visited are presented below in three charts: The first compares the sample sizes with the national totals, the second compares the number of facilities visited to total number available in the 4 regions (20 LGUs) that made up the sample, and the third compares the number of facilities visited with the total available in a particular region.

SAMPLE SIZES COMPARED TO NATIONAL TOTAL		
Number Visited	National Total	% of National Total
4 Regions	14	29%
20 LGUs	97 (currently receiving direct supplies)	21%
151 Delivery Sites 96 RHU/MHCs 55 NGOs, Gos, hospitals	3879 Delivery Sites 2381 RHU/MHCs 1498 NGOs, Gos hospitals	4% 4% 4%
154 BHSs	10948 BHSs	1%

NUMBER OF FACILITIES COMPARED TO SAMPLE REGION TOTAL		
Number Visited	Four Region Total	% of Four Region Total
151 Delivery Sites 96 RHU/MHCs 55 NGOs, GOs, hospitals	901 Delivery Sites 562 RHU/MHCs 339 NGOs, Gos, hospitals	17% 17% 16%
154 BHSs	3682 BHSs	4%

NUMBER OF FACILITIES COMPARED TO REGIONAL TOTALS			
Region	Number Visited	Region Total	% of Region Total
2	29 Delivery Sites 19 RHU/MHCs 10 NGO, GOs, hospitals 26 BHSs	150 Delivery Sites 98 RHU/MHCs 52 NGO, GOs, hospitals 544 BHSs	19% 19% 19% 5%
6	47 Delivery Sites 28 RHU/MHCs 19 NGO, GOs, hospitals 48 BHSs	255 Delivery Sites 142 RHU/MHCs 113 NGO, GOs, hospitals 1340 BHSs	18% 20% 17% 4%
7	34 Delivery Sites 22 RHU/MHCs 12 NGO, Gos, hospitals 33 BHSs	269 Delivery Sites 202 RHU/MHCs 67 NGO, Gos, hospitals 983 BHSs	13% 11% 18% 3%
11	41 Delivery Sites 27 RHU/MHCs 14 NGO, Gos, hospitals 47 BHSs	227 Delivery Sites 120 RHU/MHCs 107 NGO, Gos, hospitals 815 BHSs	18% 23% 13% 6%

QUESTIONNAIRE DESIGN AND CONTENTS

Three separate Training Evaluation questionnaires were developed, which included interview questions and sections for interviewer observations:

- * RHU
- * non-RHU (NGOs, Gos, and hospitals)
- * BHS

There was also a set of questions developed for the interviewers to ask of one member of the delivery team with the objective of gathering nontraining related information.

The evaluation questionnaires were designed to be able to measure how well the individual training curricula goals and objectives were achieved by looking at how well the delivery teams, nurses, and midwives were able to apply what they learned. To a lesser extent, the evaluation provided a view of the overall functioning of the CDLMIS. Assessing supply status for example can not be directly related to any one training objective, rather it is a true impact indicator of almost all of the training objectives as well as an indicator of how well the entire system is functioning. More directly related to nontraining overall system questions, the Delivery Team Member Interview looked at such issues as availability of vehicles, delivery schedules, marginal costs, and submission of monthly reports to the Central Office.

See the Appendix 5 for copies of the questionnaires. The purpose and the person to whom the questionnaires were administered was as follows:

- a) **RHU questionnaire** -
Person: RHU nurse in charge of supervising contraceptives
Purpose: To evaluate Delivery Team & RHU Nurses Trainings
- b) **Non-RHU questionnaire** -
Person: NGO, hospital, or GO nurse in charge of supervising contraceptives
Purpose: To evaluate Delivery Team Trainings
- c) **BHS questionnaire** -
Person: BHS midwife who completes the BHS monthly worksheets
Purpose: To evaluate RHU Nurses & BHS Midwives Trainings

c) Delivery Team Member Interview -

Person: Delivery Team Leader or other available team member

Purpose: To evaluate non-training related delivery team activities

In the case of the RHUs, if the RHU nurse who supervises the supplies was not available when the evaluation team arrived, the nearest RHU was to be selected instead. A short exercise in using the BHS worksheet was given to the RHU nurse to get a measurable assessment of her skills in completing the exercise.

In the case of the BHSs, if the BHS midwife was not available, a nearby BHS was selected at random as a replacement.

The questionnaires were pre-tested in August by three teams comprised of JSI staff, CARE staff, and the consultants. One team went to Bicolod, one team to Davao, and one to NCR. Each instrument was tested at the appropriate type of site at least two times. The testers noted down how long it took to execute the instrument and if any questions should be changed, deleted, and or added. After the pre-test, the teams met and revised the instruments.

Two days before the actual evaluation, the six evaluation teams were trained in using the questionnaires. Each team completed an evaluation questionnaire at 2 RHUs, a nonRHU, and 2 BHSs. Two teams would visit the same three facilities. The completed questionnaires were then compared and differences and any other questions were brought to the whole group for discussion and clarification. A reference guide was also developed at this time to aid the evaluation teams in completing the questionnaires (see Appendix 6)

FIELDWORK AND DIFFICULTIES ENCOUNTERED

DOH central sent a communication to the regional family planning offices requesting that facilities in their regions be notified of the evaluation dates.

Each of the evaluation teams contacted the Regional Health Officers before proceeding to facilities. Also, many of the teams held debriefings with provincial/city health officers. Whenever possible, the teams tried to have the provincial or city family planning coordinator accompany the team to help locate sites and personnel, and to explain the purpose to the nurses and midwives.

On average, each team took eight working days to complete the evaluation in the assigned LGU consignees. Overall, the teams surveyed 96 percent of the targeted facilities.

Some plans were altered given unexpected events such as city fiestas, family planning fiestas (which closed down many of the targeted facilities), trainings, and immunization days. Transportation arrangements were not problematic: Provincial and city health offices and CARE area offices provided vehicles. FPLM paid for fuel costs and driver per diems in some locations. No major problems were encountered and all teams finished in the 9-10 day period.

DATA ENTRY AND ANALYSIS

As soon as the teams began returning, the questionnaires were delivered to a contractor (AI Innovations) working at the DOH under the direct supervision of a CARE programmer, to begin the encoding and entering of data. Printing of preliminary results permitted review of completed questionnaire discrepancies.

Representatives of the evaluation teams, CARE managers, and the consultants met for four days at a training and research center to analyze the data and to make recommendations for addressing the problems the evaluation identified.

Results of the evaluation are presented in the Appendices in table form. Note that the sampling methodology called for samples of unequal size in regions of unequal size. Thus, in the larger regions, such as region 7, relatively smaller samples represented a greater number of facilities in the region. To correct this bias, the data were regionally weighted to achieve a nationally weighted total. Regional weights were applied to the responses for each region and were then totalled to obtain the national weight. Thus most of the tables found in the Appendices will include the weighted total. (The weighted total turned out to be very close, if not the same as the straight total arrived at from the sample)

EVALUATION RESULTS

COMPARATIVE RESULTS: STOCKOUTS

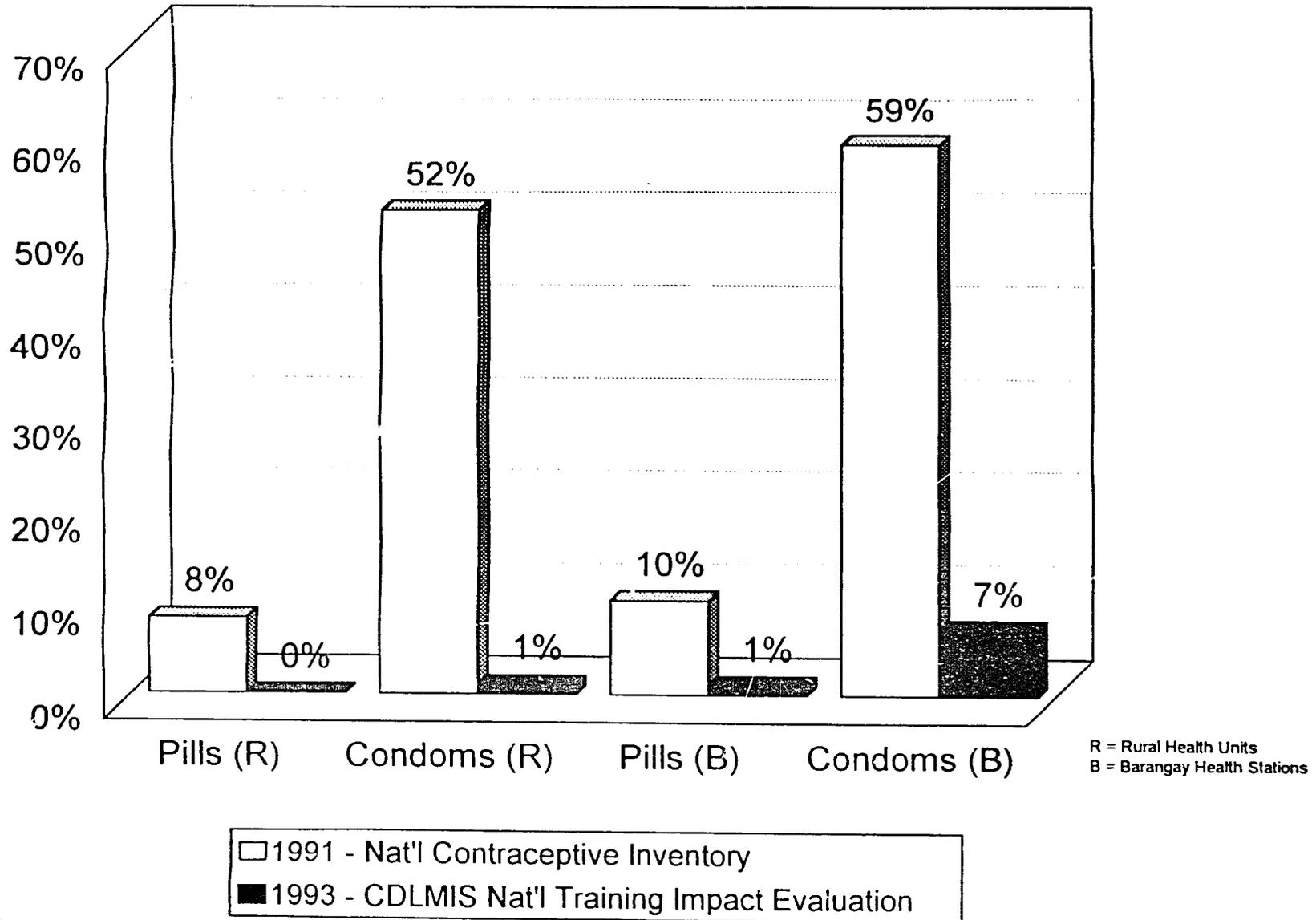
To begin the discussion of the results of this national training impact evaluation, we will look at one of the true indicators of how well any family planning logistics system is working: percentage of stockouts. Looking at the stock situation is not only an indicator of how well the training succeeded, but also how well all the interventions to improve the logistics system are working.

As the CDLMIS is a totally new system, there is no exact before training and after training data at which to look. However as a form of baseline data, we have the 1991 National Contraceptive Inventory completed by Development Concepts under contract to the Philippines Department of Health. For this inventory, Rural Health Units and Barangay Health Stations all over the country were asked to report what contraceptive supplies they had on hand on March 15, 1991. The following page shows a graphic comparison of the percentage of stockouts reported in 1991 and the (weighted) percentage found during this evaluation in 1993.

The graph does not include stockouts for IUDs as it was not always clear during the training impact evaluation, and we suppose during the national inventory, whether or not the facility had a stockout of IUDs because they had a problem with the logistics system or because they did not have anyone trained at the moment to do insertions. There were also numerous cases at the BHS level where there were no IUDs at the facility, because the midwife kept her supply of IUDs at the RHU due to a lack of equipment to do insertions at her own facility.

By looking at the graph, it is clear that the interventions to implement the new CDLMIS, including the training, have greatly reduced the percentage of stockouts. Even without a comparison of figures, the fact that the evaluation teams found no RHUs with stockout of pills and only a 1% stockout rate for condoms provides a strong indication that the CDLMIS is functioning reasonably well. In analyzing the results at the BHS level, which had a slightly higher rate of stockouts with a 1% stockout rate for pills and a 6% or 7% weighted stockout rate for condoms, one could conclude that while there is room for improvement, the system is working fairly well at this level also. Part of the 7% stockout rate at the BHS level may also be attributable to a local attitude of not distributing condoms—a nonlogistics training problem.

Comparative Stockout Analysis



SUPPLY STATUS RESULTS

In addition to stockouts, the evaluation also assessed the amount of months of supply on hand at two levels: the delivery sites (i.e., RHUs, MHCs, Hospitals, and NGOs) and at the BHSs.

Delivery Sites.

Appendix 7 shows stock levels at delivery sites for all three contraceptive methods. It includes data for stockouts, understocking, proper stocking and overstocking. This table shows that 74 % of facilities were properly stocked with Lo-Gentrol and 72 % properly stocked with condoms. "Properly stocked" refers to facilities that have more than one month and less than nine months of contraceptives. While the logistics system has a maximum of six months of stock, except for the first delivery when it is 9 months, nine months is used in the evaluation as an acceptable standard for the new system. For BHSs, "properly stocked" refers to between more than 1 month to six months. About half of delivery sites were properly stocked with IUDs.

It was expected that as the contraceptive pipeline was being replenished there might begin to be some overstocking. The evaluation showed that overstocking was minimal: both Lo-Gentrol and condoms were overstocked in only 18 % of facilities.

The supply status at delivery sites may be examined from another perspective - by **number of facilities** properly stocked with pills and condoms (i.e., the facility is counted only if it is properly stocked in both methods). Fifty-six percent of the facilities were found to be properly stocked, with a weighted total of 55%.

Percentage of Properly-Stocked Delivery Sites
($>1 \leq 9$ months of stock on hand)

	Lo-Gentrol/ Condoms
Region 2	73
Region 6	68
Region 7	41
Region 11	43
Total	56
Weighted Total	55

Note: There were facilities where the interviewers did not have access to all stock supplies, so they were not included.

Review of the above table shows some regional differences. Region 2, the region with the most recently trained delivery teams, had the highest percentage of properly stocked sites. Region 6 was also well stocked despite delays in a recent delivery. Regions 7 and 11 were less well stocked due to various factors including changes in delivery team members.

Barangay Health Stations.

Appendix 8 shows stock levels at BHSs for all three contraceptive methods. This table includes data for stockouts, understocking, proper stocking and overstocking. It shows that 72 % of facilities were properly stocked with Lo-Gentrol and 67 % properly stocked with condoms. Only 19 % were properly stocked with IUDs due to many midwives keeping their IUDs at the RHU. Again, as with the delivery team sites (RHUs and non-RHUs) overstocking is minimal.

When supply status at the BHSs is examined from the second perspective - by **number of facilities** that were properly stocked and by region - the actual and weighted data show that 56% were found to be properly stocked.

Percentage of Properly-Stocked BHSs by LGU
(>1 ≤6 months of stock on hand)

	Lo-Gentrol/ Condoms
Region 2	65
Region 6	63
Region 7	45
Region 11	53
Total	55
Weighted Total	56

Note: There were facilities where the interviewers did not have access to all stock supplies, so they were not included.

Review of the above table shows that BHSs regional differences were consistent with the RHU and non-RHUs regional differences. Region 2 again had the highest percentage of properly stocked sites. Region 6 was also well stocked. Regions 7 and 11 were 45 % and 53 % properly stocked.

RESULTS BY TYPE OF TRAINING

The following will be a review of the training evaluation results by training type: Delivery Team Training, RHU/MHC Nurses Training, and Midwives Training. For each type of training, the stated goal and objectives will be listed. Under each objective, there will be an explanation of how the evaluation attempted to assess how well that training objective was achieved. The summary of the results from the questionnaires will be presented with many detailed tables found as appendices. Included with the findings, will be a brief analysis of the results.

There will be some cases, where by the nature of the objective, this field evaluation could not assess how well it was achieved or it was not useful to do so; these objectives will be noted at the end of the review of each type of training.

DELIVERY TEAM TRAINING

The evaluation looked at the impact of five Delivery Team Trainings. Each of the four regions visited had at least one four-day training for all the provincial and city (LGU Consignee) future delivery teams. The trainings were conducted by the CARE FPPO's of that region and by FPLM/P personnel working in the DOH Central Office in Manila, and/or by the CARE family planning coordinator also based in Manila. There were also cases where the training teams were joined by regional DOH personnel as resource persons. In the 20 LGUs visited, 30% of them had delivery team members who had not attended the formal Delivery Team Training.

The Goal of the Delivery Team Workshop was to enable participants to be prepared for the their roles in implementing and monitoring the Contraceptive Distribution and Logistics Management Information System.

The following are the Delivery Team Training objectives that were assessed during this field evaluation:

- | |
|---|
| <ol style="list-style-type: none">1. The participants will be able to correctly complete the Contraceptive Order Form (COF). |
|---|

This objective was by far the most important to evaluate as the ability of the delivery team members to correctly complete the COF, which includes determining the correct delivery amounts, is at the heart of the CDLMIS (see Appendix 9: COF). To assess this objective, the evaluators reviewed the COF from the latest delivery at the facility receiving supplies, noting exactly where on the COF mistakes may have occurred and determining if the error was a process or a mathematical one. Out of the 151 facilities visited, 142 or 94% had copies of all their COF's, 147 or 97% had a copy of their latest COF available for review. The tabulation of results showed that 66 or 45% of the COF's had absolutely no mistakes (see Appendix 10). Of the 81 or 45% of the COF's with errors, 60 or 43% of the 147 COF's reviewed had process errors and 27 or 19% had mathematical errors.

Reviewed 147 COFs	Found 45% Totally Correct	43% Process Errors
		19% Math Errors

As a review of the errors by column on the COF will show (see Appendix 11), the most frequent process error occurred when filling out or most often by not filling out the EMERGENCY ORDER POINT or column N on the summary evaluation: 33 or 22% of the total COF's. The second highest error occurred when the delivery team member calculated the ASL (Authorized Stock Level), 26 or 18%. And there were 15 times or 10% of the COF's where it was clear that the delivery team member did not correctly determine the BALANCE END OF LAST DELIVERY, which is very critical to completing the rest of the COF accurately. There were some cases where the delivery team member did not follow the correct process for determining how much to deliver to a facility: 20 COF's or 14%.

If examined column by column, each one was successfully completed both mathematically and in terms of following the process at least 75% of the time. The most frequent process errors noted do point to a need during the training to concentrate more time on these columns. However, given the fact that there are 13 completions or computations that could be done incorrectly for each of the two or three contraceptives, a 45% perfect completion rate would point to the training's success in achieving its objective of imparting the skill of how to fill out the COF correctly.

2. The participants will be able to correctly complete the Requisition and Issue Voucher (RIV).

After completion of the COF, the second most important contraceptive logistics information source is the RIV. It is from the RIV that the central data entry personnel record the amounts delivered to facilities. This is a standard form that has been in use for some time; therefore not specifically introduced by the CDLMIS. The form was reviewed during the training to be certain that the delivery team members all knew how to correctly fill it out.

To assess this objective, the evaluators reviewed the latest RIVs at the site to see if the amounts delivered accurately matched the quantities shown on the COF. Of the facilities visited, 125 or 83% had copies of their RIVs for all deliveries, with 138 or 91% of them having a copy of their RIV from the latest delivery (see Appendix 12). Of the 151 facilities visited, 85% had RIVs that matched the COF (If a facility had no RIV available, then it counted as not matching).

Percentage of Requisition and Issue Vouchers (RIV) That Match the Contraceptive Order Forms*

REGIONS	% RIVs MATCHING COFs
Region 2	76
Region 6	96
Region 7	94
Region 11	82
Total (n=151)	85
Weighted Total	89

*This refers to RIVs that match the COF column K, " Stock Delivered."

With an 89% matching rate, it would appear that the delivery teams are taking the time to correctly fill out the RIV, and therefore the delivery team trainings were very successful in achieving this objective.

3. The participants will be able to validate order quantity based on stock inventory data, using dispensed to users data or service statistics data.

As one of the important steps in completing the COF, the process asks the delivery team members to validate the quantities of contraceptives given to clients. The figure is first determined by taking how much stock the facility had after receiving stock from the delivery team, and subtracting the amount the facility has on hand now, (adding or subtracting any adjustments). The validation process calls on the delivery team members to look at other data to see if the COF calculation looks reasonable. This concept of validation was one of the more difficult to teach during the training.

By using the latest COF, the evaluation teams sought to do their own validation of the average monthly usage (AMU) figure. The teams were instructed to allow the most liberal differences in the AMU on the COF and the other data sources found at the delivery site. The results were that **83 of the COF's or 55% could be verified by dispensed to user data, stock inventory data, and or service statistics data.**

Although not absolutely correlatable, it would seem that only a little over fifty percent of the time the delivery teams are validating the data on the COF which would not point to success in achieving this particular objective. However, anecdotally, several of the delivery team members stated that they had no time to validate the AMU when they were at the facilities, so it could be nontraining issues affecting how well this particular skill is being performed.

4. The participants will be able to correctly determine first delivery orders.

For all deliveries after the first, the AMU is validated by looking at other sources of data; for the first delivery, the AMU is determined by using those sources of data available at the facility. Therefore, to evaluate whether or not the delivery teams correctly determined the first delivery order, the evaluators used the same question of validation of the COF AMU. There were 48 facilities visited or 32% that had had only one delivery: most of these facilities were in Region 2 where all the facilities visited had had only one delivery. (see Appendices 13 & 14)

The evaluators determined that the AMU shown on the first delivery COF was correct for 25 of the 46 reviewed and therefore **52% of the COFs showed a correct first delivery order.** Interestingly, the breakdown of first, second and third deliveries does not show much difference in how well the AMU was validated:

Delivery Run	Correct Order	
	#	%
FIRST	25	52
SECOND	31	62
THIRD	27	51
TOTAL	83	55

- | |
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| <p>5. The participants will be able to assess storage conditions at a facility and advice staff on proper storage procedures.</p> |
|---|

To evaluate how well the participants learned to assess storage conditions and more importantly how well they advised staff on proper storage procedures, the evaluation teams reviewed the storage situation of the 151 RHUs, MHCs, NGOs, and Hospitals visited. A complete table with 10 review items can be found in Appendix 15.

Of the items that are probably most important, as they may immediately affect the quality of the contraceptives, are those that can be categorized under the heading of physical conditions:

Physical Conditions	No. of Facilities	%
Not Dry	8	5%
Not Pest Free	52	32%

These two situations are also ones that are more difficult for personnel to remedy and therefore less reliable in evaluating how well the delivery teams advised staff to alleviate these problems.

However there were three items that the delivery teams could advice and assist the facility personnel to correct as these fall under the category of stock management:

Stock Management	No. of Facilities	%
Not following FEFO	73	48%
Not Organized	60	40%
Not Marking Expiration Dates:	119	79%

The first item of not following FEFO is one that could be a major problem now except that the current supplies all have relatively similar manufacturing dates; however, it certainly points out a potential serious problem as supplies to the Philippines begin to come in with varied manufacturing dates. Of greater immediate importance is the issue of how well the facilities are organizing their contraceptive supplies. The 40% which have problems in this area are causing difficulties for the delivery teams to accurately assess correct stock levels at the time of the delivery. The evaluators found many instances when it was apparent that we had found supplies that the delivery team on their latest delivery had not.

The third item of marking expiration dates, especially important for condoms, directly relates to how well most of the facilities are following First Expiry First Out (FEFO). Here the training failed to even get 50% of the participants to understand and advice facility personnel to follow this practice. For all of the storage situation indicators, it would appear that the time spent during the training did not succeed in getting the delivery team members to convey these good storage practices to the facility personnel. Again, the fact that several team members expressed their view that they did not have enough time to spend at each facility, may explain why the facilities storage is not better organized.

The participants will be able to do the following;

6. Understand the basic concepts of logistics.
7. Describe the main features of the CDLMIS and outline the CDLMIS implementation strategy.
8. Analyze CDLMIS printouts & assess contraceptive supply status at provincial/city level after a delivery run and determine appropriate quantities or authorized stock levels.

The delivery team training evaluation instrument did not attempt to evaluate whether or not these objectives were achieved in this post training

evaluation. All three objectives would have required at the minimum, interviewing all the delivery team members, while this evaluation sought to evaluate how well specific objectives were achieved by looking at the impact of what the delivery teams have been doing in the field.

RURAL HEALTH UNIT NURSES TRAINING

The evaluation looked at the impact of 26 one-day trainings in the 20 LGUs visited. There were a total of 658 nurses trained; we interviewed 82 or 13% of them. These are nurses from both RHUs and MHCs which use the BHS worksheets. These trainings were conducted primarily by the CARE FPPO's with assistance from delivery team members.

We also interviewed 14 nurses who had not attended the formal training: 10 of the 14 or 71% knew how to use the BHS worksheet. Of these ten, 20% reported that they had attended training with the midwives, 30% had been taught one-on-one by their supervisor, and 60% had been taught by another nurse. (note that some nurses stated that they had received more than one type of instruction)

The Goal of the RHU Nurses training was to enable participants to correctly use and teach the midwives how to use the BHS Worksheet which is essential for the implementation of the Contraceptive Distribution and Logistics Management System (CDLMIS).

The following are the RHU Nurses Training objectives that were assessed during the field evaluation:

- 1. The participants will be able to correctly fill out the BHS Worksheet.**

As with the COF for the delivery teams, the ability to complete the BHS Worksheet is the most important objective to evaluate for the RHU/MHC nurses training (see Appendix 16: BHS Worksheet). The BHS worksheets are to be completed monthly by midwives at the lowest level to determine their contraceptive needs. Each month, the BHS midwife completes the worksheet and then takes it to the RHU nurse who completes the last three columns (quantity, date received, and remarks if necessary).

In order to assess how well the nurses could fill out the BHS Worksheet and supervise the filling it out by the midwives, the evaluators reviewed all the BHS worksheets at the RHU's, gave a short exam on filling out a worksheet to the nurse-this was to look at ability versus action, and reviewed all the worksheets at the BHS level, with the following comparative results:

- 534 of the 797 (67%) worksheets at the RHU had no errors
- 59 of the 96 (61%) nurses correctly filled out the exam worksheet
- 97 of the 150 (65%) worksheets at the BHSs had no errors

For the review of the 797 BHS Worksheets found at the RHUs visited, the evaluators looked at how accurately all the columns were completed for the last 2 completed months only (see Appendix 17). Of the 263 worksheets that were not error free, 71% of them had process errors and 36% of them had mathematical errors. The evaluators took special attention to look at how much stock was reported on the worksheet as given to the midwives. Here we found that there were 55 cases (7%) of the total worksheets reviewed that showed the nurse as giving the midwife enough stock to bring her stock level up to more than 4 months (3 months is the Authorized Stock Level); there were 58 cases (7%) where the nurse did not give the midwife enough stock to bring her up to 2.5 months of supply.

Although the evaluators were able to review 797 worksheets, there should have been 916 available for review. When asked, the nurses reported that there they supervised 861 actual BHS facilities, but that with zones, satellite BHSs and catchment areas, the midwives should be maintaining 916 separate contraceptive stocks and therefore completing the same number of worksheets. Shown here in a table is the breakdown by region of what percentage of the BHS worksheets were available for review:

Percentage of BHS Worksheets Available	
Region 2	62%
Region 6	95%
Region 7	90%
Region 11	96%
Grand Total = 87%	

It is clear that region 2 brought down the average a bit, but this is due to the fact that the region had only recently completed all of their training and some of the nurses felt that they would not start using the BHS worksheets until they needed to begin to supply a particular midwife-they felt that at the time of the evaluation those midwives without BHS worksheets still had enough stock. In other cases,

some of the nurses did not feel that they needed to keep a copy of the BHS worksheet at the RHU, as the midwife would have a copy of the worksheet at the BHS.

Reviewing the 797 worksheets gave the evaluators a look at the application of what the RHU/MHC nurses learned during their training; asking the nurses to complete a short quiz on filling out the worksheet gave the evaluators an indication of what the nurses learned regardless of whether or not they were applying it. The quiz was very brief and very similar to one of the exercises they had completed during their training (see Appendix 5). The results as stated above, with 61% of the nurses being able to complete the exercise without any errors, validates the 67% error free review of the 797 worksheets. Given that the nurses may have been a bit nervous taking a quiz, the 67% rate may be more accurate of the reality. An evaluation of the types of errors that the nurses made during the quiz showed that there were fewer mathematical errors than process errors, however the errors were evenly distributed indicating no particular difficulty with any one of the columns.

The third way in which this objective was evaluated was by reviewing the BHS Worksheets found at the BHSs. The results from this review were also similar to the results of the other two (for more in-depth discussion of this review, see the BHS Midwives Training Results). The fact that all three ways of determining how well the nurse could fill out and/or supervise the filling out of the BHS worksheet have approximately the same high percentage rates of complete accuracy, suggests that the training was very successful in imparting this particular skill.

<p>2. The participants will be able to explain the procedures for emergency ordering of contraceptives.</p>
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In addition to the Delivery Team Training, the RHU Nurses training addressed the issue of emergency ordering. If the RHU's stock levels drop to one month or less, the nurse is not to simply wait for the delivery team to come, rather she/he is to go and get emergency stock from the designated delivery team member. While the system is not designed to be run on emergency orders, there are times in any system that stocks may run low due to various reasons, so the procedures for completing an emergency order are important for the nurse and the delivery team members to understand.

One of the first ways to evaluate how well RHU staff understood the procedures for placing emergency orders was to look again at the supply status. Here we found that 13 % of the RHUs had less than one months supply of either condoms and/or pills: one months of supply was the point at which the nurses should get emergency supplies from the appropriate delivery team member.

13 % of RHUs under emergency order point

The second way to evaluate how well the RHU nurses learned how to make an emergency order was to ask them to explain to the evaluator when they would make an emergency order: the supplies fell below the amount indicated on the COF or one months supply, and what the procedures were to make such an order: bring your Contraceptive Supplies Folder and the physical count of your stock to the delivery team member to receive more supplies. If any of these three actions were not mentioned, then the evaluator would indicate that the RHU nurse could not explain the procedures. The results showed that 75 out of the 96 RHU nurses interviewed or 78% did not get all the procedures correct.

78% of RHU Nurses could not name all three procedures for making an emergency order.

An analysis of the first result would indicate that CDLMIS system was not providing many opportunities to make emergency orders, which is a credit to the system. However the RHU training and indirectly the Delivery Team Training (as the delivery team members are to emphasize to the delivery site personnel how to make emergency orders), had not succeeded in teaching how to make emergency orders well enough for the nurses to retain this information.

3. The participants will identify their tasks and those of the delivery team in implementing the CDLMIS.

In order to evaluate how well this objective was met, the evaluators looked at the RHU nurses role in maintaining the LMIS at her facility, i.e. percentage of nurses who kept the COFs and RIVs in the Contraceptive Supplies Folder and the BHS Worksheets in their folder. The following results demonstrate that the

Nurses understand the importance of their role in maintaining the LMIS at their facility:

RIVs and COFs kept in Contraceptive Supplies Folder	94% of RHUs
BHS Worksheets kept in Folder	96% of RHUs

4. The Participants will be able to list good and bad contraceptive storage practices.

In the same way we evaluated objective #5 for the Delivery Team Training, where we were evaluating how well the delivery teams advised all the delivery site facilities to follow good storage practices, we evaluated how well this objective was met by reviewing the storage conditions of 96 RHU/MHCs. As can be expected with the RHU/MHCs making up the largest percentage of all the delivery sites, the results of the evaluation of their storage conditions closely mirror those for the total delivery sites visited. (see Appendix 18)

Again placing the results into two categories: Physical Conditions and Stock Management, we find the following:

Physical Conditions	No. of Facilities	%
Not Dry	8	8%
Not Pest Free	39	41%
Stock Management	No. of Facilities	%
Not following FEFO	46	48%
Not Organized	39	41%
Not Marking Expiration Dates:	72	75%

Like Objective #5 for the Delivery Team Training, where the stock management results show that the training was not highly successful in either

imparting the skill of assessing storage conditions or motivating the delivery team members to direct delivery site personnel to correct storage problems, Objective #4 of the RHU/MHC training did not succeed in either imparting the necessary knowledge about good storage practices or motivating a high percentage of the nurses to follow good storage practices.

5. The participants will formulate an implementation plan for the BHS Midwives' Training.

In one sense this objective was met 100% by the end of the training as every RHU/MHC nurse who attended the training developed a plan for the BHS Midwives Training. The evaluators also found that 100% of the RHU/MHCs had provided, directly or indirectly, training on the new CDLMIS to their midwives. (see review of results of BHS Midwives Training)

6. The participants will be able to list characteristics of good training that will aid them in delivering the midwives training.

The RHU/MHC Nurses Evaluation did not attempt to evaluate how well this objective was met. However, this objective can be seen as directly relating to the findings that follow on the BHS Midwives Training since what the midwives do reflects partially on how well they were trained by the nurses. Only one of the 14 nurses interviewed who had not attended the formal RHU training reported that she had conducted the training of the midwives.

BARANGAY HEALTH STATION MIDWIVES TRAINING

As stated in the previous discussion, the RHU/MHC nurses received a one-day training on the CDLMIS which was to enable them to use and teach the midwives how to use the BHS worksheet. This evaluation looked at the impact of approximately 500-1/2 day trainings, training approximately 5,225 midwives in the 20 LGUs visited. The evaluators visited 154 BHSs, which is 4% of the total number of BHSs in the evaluated regions.

The trainings were for the most part conducted by the RHU/MHC nurses; there were also joint trainings where the provincial/city family planning coordinators conducted the training with certain RHU nurses. The midwives interviewed report that 90% were trained by their nurse and 14% received training from their provincial or city family planning coordinator (There were some midwives who reported being trained by both). Of the 154 midwives interviewed, 145 or 94% report having received formal training on how to fill out the BHS Worksheet. The RHU/MHC nurses reported that 883 out of their 916 midwives or 96% had attended a formal training on how to fill out the BHS Worksheet. With more than one midwife at some BHSs, the 883 trained midwives represented 855 out of 861 or 99% of the **BHS facilities**. The nurses also reported that out of the 23 midwives who had not attended the formal training, 9 or 39% still did not know how to fill out the BHS Worksheet, while 11 or 48% received one-on-one instruction.

Midwives report that **94%** of them attended training

Nurses report that **96%** of their midwives attended training

Every RHU/MHC nurse received a specially tailored curriculum for them to use when training the midwives. Of the 96 nurses interviewed, 80 or 83% conducted a midwives training. Of these 80 nurses, 78 or 98% reported using the guide (curriculum) that they had received. Of the 78, only one reported that she had made changes to the curriculum.

The curriculum was designed to take from 3 1/2 to 4 hours. The following chart shows what the nurses state and what their midwives state the duration of the training was:

Time Duration	Reported by Nurses	Reported by Midwives
> 3 hours	85%	75%
2-3 hours	13%	14%
< 2 hours	2%	11%

In addition to the evaluators asking about the duration of the training, they also asked the midwives if they had completed exercises during the training. These essential exercises were on filling out the BHS Worksheet. The midwives reported that 98% of them had done exercises during the training.

The above reported data signifies that most of the midwives training had sufficient time and followed the specifically designed curriculum.

The Goal of the BHS Midwives Training was for the participants to learn the correct use of the BHS Monthly Contraceptive Order worksheets and the importance of this BHS Worksheet in the CDLMIS.

The following are the BHS Midwives Training objectives that were assessed during the field evaluation:

1. The participants will be able to explain how the BHS Worksheet is used.
2. The participants will be able to compute the ASL and quantity ordered for a BHS, using dispensed to user data and physical count data.
3. The participants will be able to relate the importance of the BHS Monthly Contraceptive Order Worksheet in the CDLMIS.

As these three objectives directly relate to each other, they were evaluated together by asking three questions about the BHS worksheet: Is it present at the facility? When is it filled out? and How accurately is it filled out? Like the COFs at the delivery sites and the BHS Worksheets at the RHU/MHCs, the BHS

Worksheets were reviewed at the individual BHSs visited. Of the BHSs visited, most (97%) had a completed BHS Worksheet on hand at the time of the visit, which is 10% higher than the 87% required worksheets found at the RHU/MIIC level.

The evaluation found that 72% (weighted 70%) of the BHS worksheets were being completed monthly. (See Appendix 19) While this is a high percentage, the system demands that the midwives replenish their stocks every month. While stockouts are very low at the BHS level, monthly resupply should reduce the amount of understocking (less than one month's supply on hand) which is at 17% for pills and 16% for condoms (see Appendix 8). The reasons for not completing the worksheet varied. Thirty-one percent of midwives said they do not complete the worksheet when there is no need for additional stock. Interestingly, lack of time was cited by few midwives (6%). For those not filling it out monthly, 19% follow a 3-month interval showing that they may be confused with their ASL, and for the greatest percentage, 50%, there was not discernible interval.

72% of the Midwives
are completing the BHS Worksheets monthly

Accuracy of the completion of the BHS Worksheets has already been mentioned. The evaluators looked only at the first four columns, since those are the only ones completed by the midwife and found a **65% rate of error free completion***. (see Appendix 20) A scan of the graph of math errors (see Appendix 21), shows that they were not significant; a scan of the graph of process errors (see Appendix 22), shows that the percentages are higher, but still not significant. The most frequent problem (18%) is found in column one, with how the midwife determines quantity issued. Interviewers found that among the BHSs, 52 % of midwives reported that the way they determine quantity of issued to clients was based on "Dispensed to User Data." Four percent reported they used "Stock Data," and 44 % reported "Service Statistics Data." Many errors were made when using service statistics data to calculate the amount of condoms distributed to clients.

* Although many of the interviewers were told that the nurse filled out all of the columns and the midwife simply supplied the stock on hand and amount issued to clients.

In reviewing the BHS worksheets, the evaluators also sought to compare their count of the stock on hand (SOH) to what the worksheets stated was on hand, with the following results:

SOH matched BHS Worksheet	63%
SOH did not match BHS Worksheet	23%
Could not determine	14%

The most frequent reason for not being able to determine if the SOH matched was due to the worksheet not being filled out correctly (31%) or no data available to determine average monthly usage (33%). The other reasons were because the BHS had loaned or borrowed stock (17%), and because the BHS kept stock in multiple locations (19%).

Although not listed as an objective, the nurses were to also teach the midwives to bring any damaged or expired stock with them to the RHU/MHC when they come in for their monthly meeting. In looking at the stock situation, the evaluators found that 88% of the BHSs did not have any damaged/expired stock. In the 12% of the cases where there was damaged/expired stock, only 6% had supplies that were damaged/expired before the last time that they received supplies from their RHU nurse. It has to be noted that some of the BHSs were holding on to expired Marvelon stock as its shelf life had been extended once and many midwives were waiting for it to be extended again.

Overall, the results would seem to show that RHU/MHC nurses, with the assistance in some cases from provincial/city family planning coordinators, were able to effectively train the stated objectives with the curriculum they were given. It is also clear that the BHS Worksheet is not mathematically difficult to complete and most of the midwives can complete the form error free. The BHS training apparently taught the principle that the midwives are to fill out the BHS worksheet monthly in most cases, with lack of clarification on this issue in 28% of the cases. The results of the findings at this level would also point to the fact that the midwives understand the importance of having the worksheet.

- 4. The participants by the end of the training are to complete the BHS Worksheet for the first month for their own BHSs based on data they brought to the training.**

Since this objective was to be completed during the actual training, the evaluation could not assess how well this objective was met.

DELIVERY TEAM MEMBER INTERVIEW FINDINGS

A separate questionnaire was developed to assess delivery team activities and problems. It was administered to an available delivery team member. (See Appendix 23 for complete table of answers) The most important information about the delivery teams obtained from the evaluation was the finding that 63% of the 16 Delivery Teams that have made more than one delivery reported not being able to maintain a quarterly delivery schedule. Some of the delivery teams have not revisited facilities for up to 5 months.

63 % of Delivery Teams not able to maintain quarterly delivery schedule.

Of the 20 delivery teams surveyed, 80% reported having problems getting vehicles for delivery runs. Seventy percent reported having problems meeting marginal costs for fuel, maintenance, per diems, etc., often because provincial/city health offices' reimbursements for expenditures may take weeks or months.

Although the CDLMIS enjoys a 100% reporting rate, there have been problems with timeliness of reporting. The 20 LGU delivery teams reported that most of them (63%) have not submitted the COFs and RIVs within 5 working days of completing the quarterly delivery.

While these are not directly training related issues, they are issues that directly impact how effective the training can be: if you can not get a vehicle to make a delivery run, it does not matter if you know how it should be done. Given the high percentage of late deliveries, the earlier stated findings about stock levels are all the more impressive.

RECOMMENDATIONS

During the four days given to the analysis of the data collected, the evaluation team arrived at the following recommendations:

1. Improve the accuracy of the completion of the Contraceptive Order Forms (COFs) and RIVs by having the CARE FPPOs accompany each delivery team for two days to do on the job training. Priority should be given to delivery teams known to be experiencing problems.
2. Improve the compliance with monthly filling of BHS worksheets, the accuracy of completion of the worksheets, and the storage conditions in RHUs, NGOs, hospitals, and BHSs. The FPPOs with assistance from the FPLM program officers should consult with delivery teams to identify problem RHUs and NGOs and/or conduct "mini" evaluations to identify problem provinces and facilities. Once identified, personnel there should receive intensive one-on-one training. Formal training should be offered to any RHU nurse who has not yet received such training on the CDLMIS.
3. Increase the percentage of LGU Delivery Teams which are doing regular quarterly deliveries. DOH Central staff (FPLM) and regional DOH personnel should join FPPOs in presenting to provincial and City LGUs the importance of making vehicles, fuel per diems, etc., available so that a quarterly delivery schedule can be maintained.
4. Do a monitoring evaluation in 1995 (early before other trainings begin) using the same regions and LGU's.
5. Modify the evaluation tool a little to use as a monitoring tool
6. Use the findings of this report to help guide the design of an integrated drug distribution system, including the design the curricula for the pilot region's training.

APPENDICES

1. EVALUATION TEAM NAMES
2. TRAINING PLAN
3. NATIONAL MAP WITH SHADED EVALUATION REGIONS
4. MAPS WITH LOCATION OF RHUs AND NON-RHU FACILITIES
SELECTED
 - A. REGION 6
 - B. NEGROS OCCIDENTAL IN REGION 6 AND NEGROS ORIENTAL
IN REGION 7
 - C. BOHOL IN REGION 7
 - D. CEBU IN REGION 7
 - E. REGION 11
 - F. REGION 2
5. COPIES OF THE EVALUATION INSTRUMENTS
 - A. RHU/MHC
 - B. NONRHU
 - C. BHS
 - D. DELIVERY TEAM MEMBER INTERVIEW
6. REFERENCE GUIDE FOR THE CDLMIS EVALUATION
7. STOCK LEVELS AT DELIVERY SITES
8. STOCK LEVELS AT BHSs
9. COF
10. PERCENTAGE OF COFs WITHOUT ANY ERRORS
11. COF PROCESS AND MATH ERRORS
 - A. CHART OF COF PROCESS ERRORS BY COLUMN
 - B. CHART OF COF MATH ERRORS BY COLUMN
 - C. REGIONAL TABLE OF COF PROCESS ERRORS BY COLUMN
 - D. REGIONAL TABLE OF COF PROCESS ERRORS BY COLUMN
12. RIV's AVAILABLE FROM LATEST DELIVERY
13. PIE CHART SHOWING BREAKDOWN OF DELIVERIES
14. TABLE WITH BREAKDOWN OF DELIVERIES
15. DELIVERY SITES STORAGE CONDITIONS
16. BHS WORKSHEET
17. PERCENTAGE OF BHS WORKSHEETS ON FILE AT THE RHU FILLED
OUT CORRECTLY
18. STORAGE CONDITIONS AT RHU/MHCs
19. PERCENTAGE OF BHS WORKSHEETS FILLED OUT MONTHLY
20. PERCENTAGE OF BHS WORKSHEETS WITHOUT MISTAKES
21. BHS WORKSHEET MATH ERRORS (GRAPH)
22. BHS WORKSHEET PROCESS ERRORS (GRAPH)
23. DELIVERY TEAM MEMBER INTERVIEW TABLE OF RESPONSES

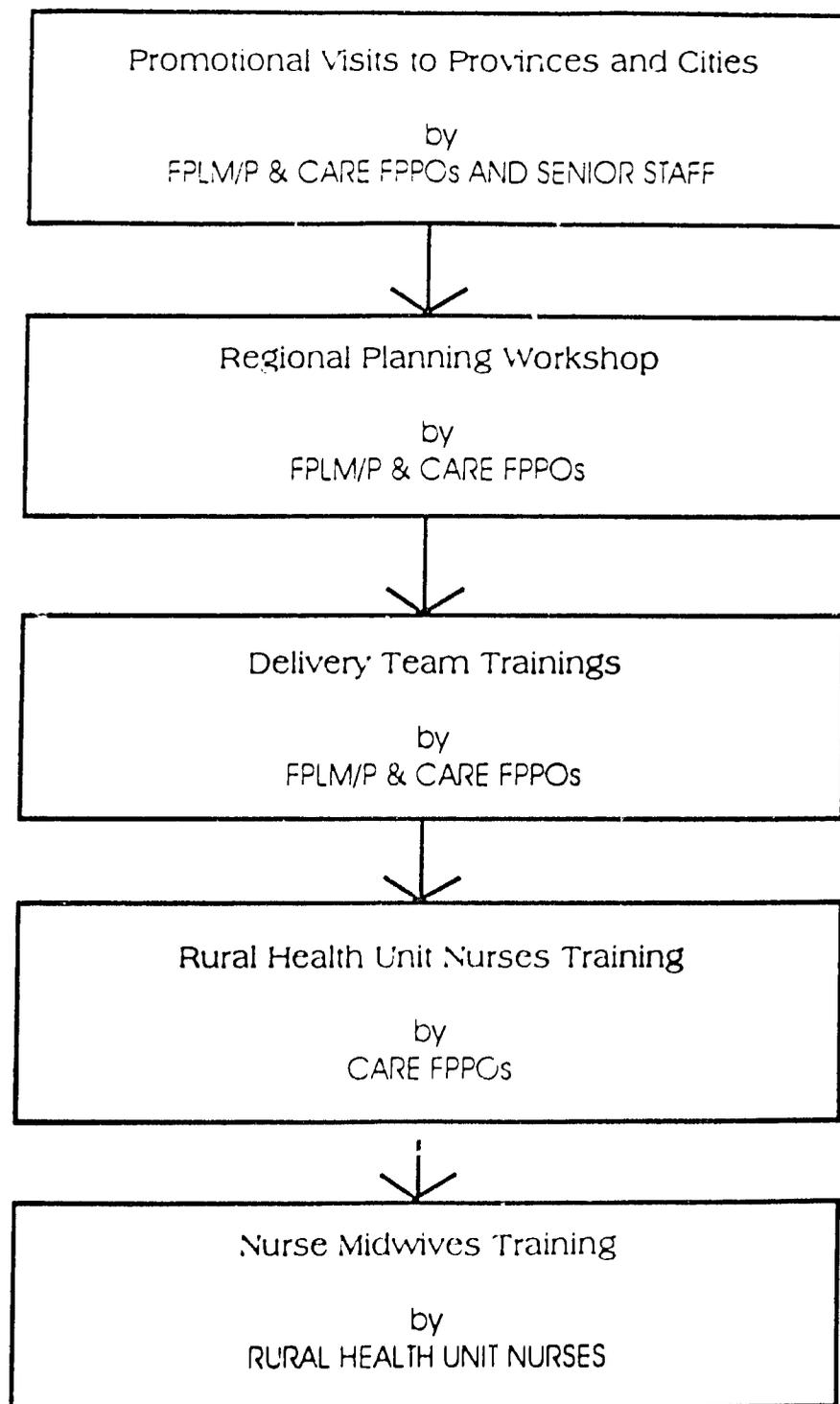
APPENDIX 1
EVALUATION TEAM MEMBERS

<u>NAME</u>	<u>POSITION</u>	<u>REGION VISITED</u>
David Alt	Chief of Party JSI/FPLM Philippines	6
Gualberto Amable, Jr	Program Officer JSI/FPLM Philippines	6
George Andrada	Senior Programmer CARE Central	2
Raquel B. Aurelio	FPPO CARE West	6
Sylvia B. Bartolome	FPPO CARE South	11
Shiela Cerna	FPPO CARE West	6
Elizabeth M. Eugenio	FPPO CARE North	2
Suzanne Hurley	Public Health Advisor CDC/FPLM (US)	11
Ligaya I. Moneva	FPPO CARE East	7
Walter Proper	Senior Training Coordinator JSI/FPLM (US)	7
Arthur M. Ranque	FPPO CARE South	11

APPENDIX 2

THE CONTRACEPTIVE DISTRIBUTION &
LOGISTICS MANAGEMENT INFORMATION SYSTEM
IMPLEMENTATION STRATEGY

November 1992 - Present

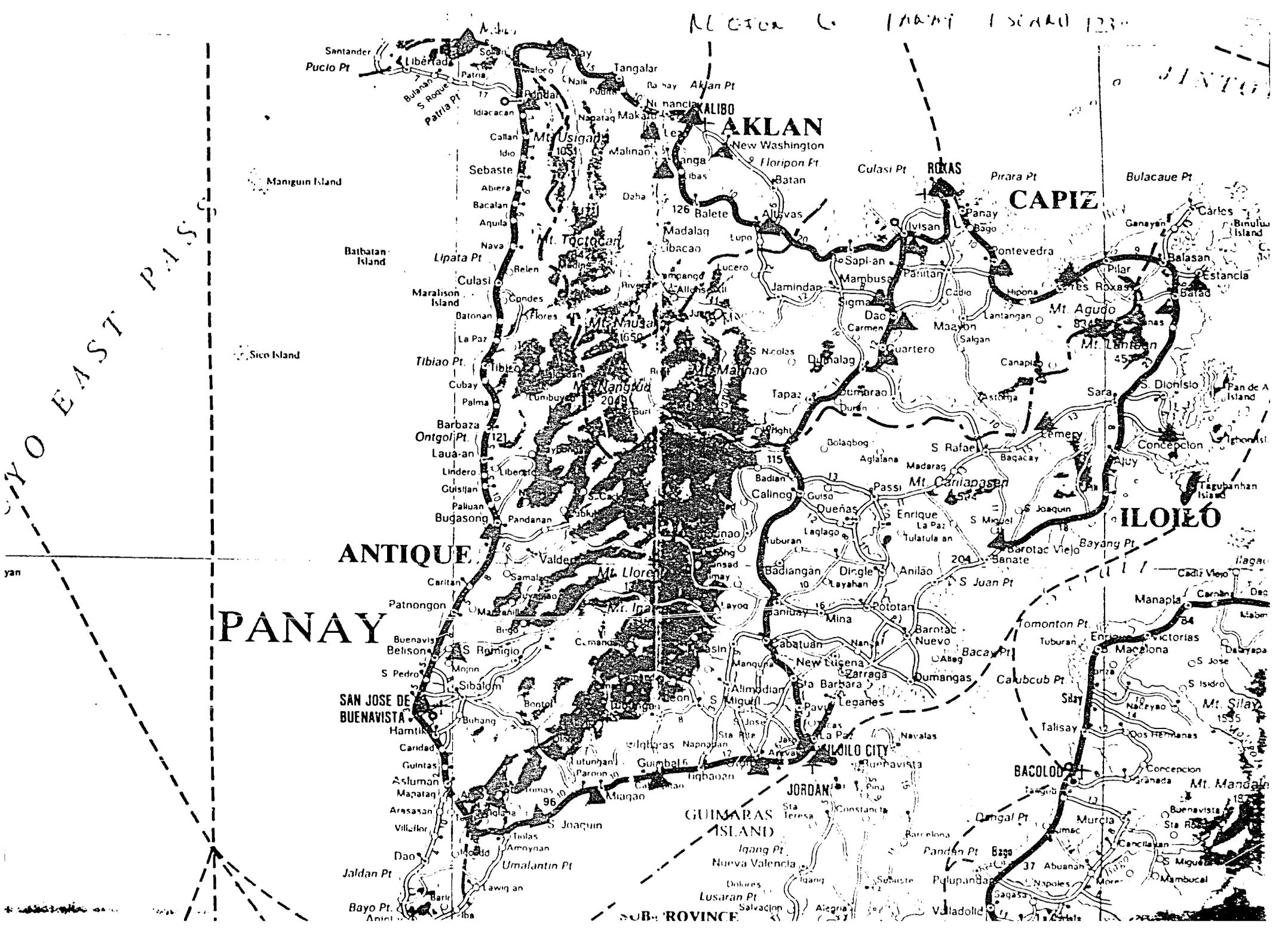


APPENDIX 4

MAPS

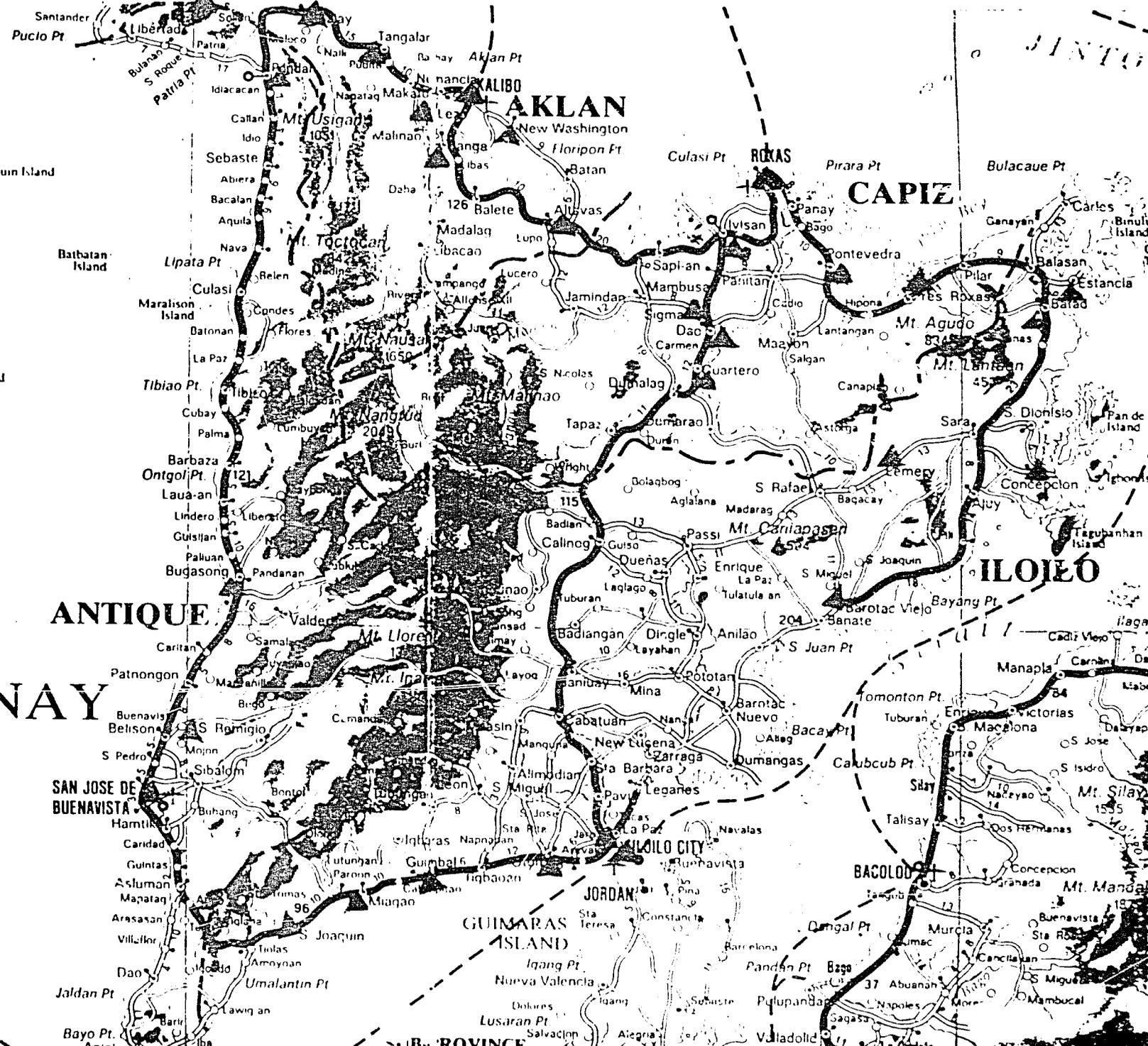
WITH LOCATION OF RHU\MHCs AND NON-RHU FACILITES

- A REGION 6
- B NEGROS OCCIDENTAL IN REGION 6 AND
NEGROS ORIENTAL IN REGION 7
- C BOHOL IN REGION 7
- D CEBU IN REGION 7
- E REGION 11
- F REGION 2



N. 130° 0' E. DISTANCE 123

100 EAST PAS



PANAY

ANTIQUE

AKLAN

CAPIZ

ILOILO

GUIMARAS ISLAND

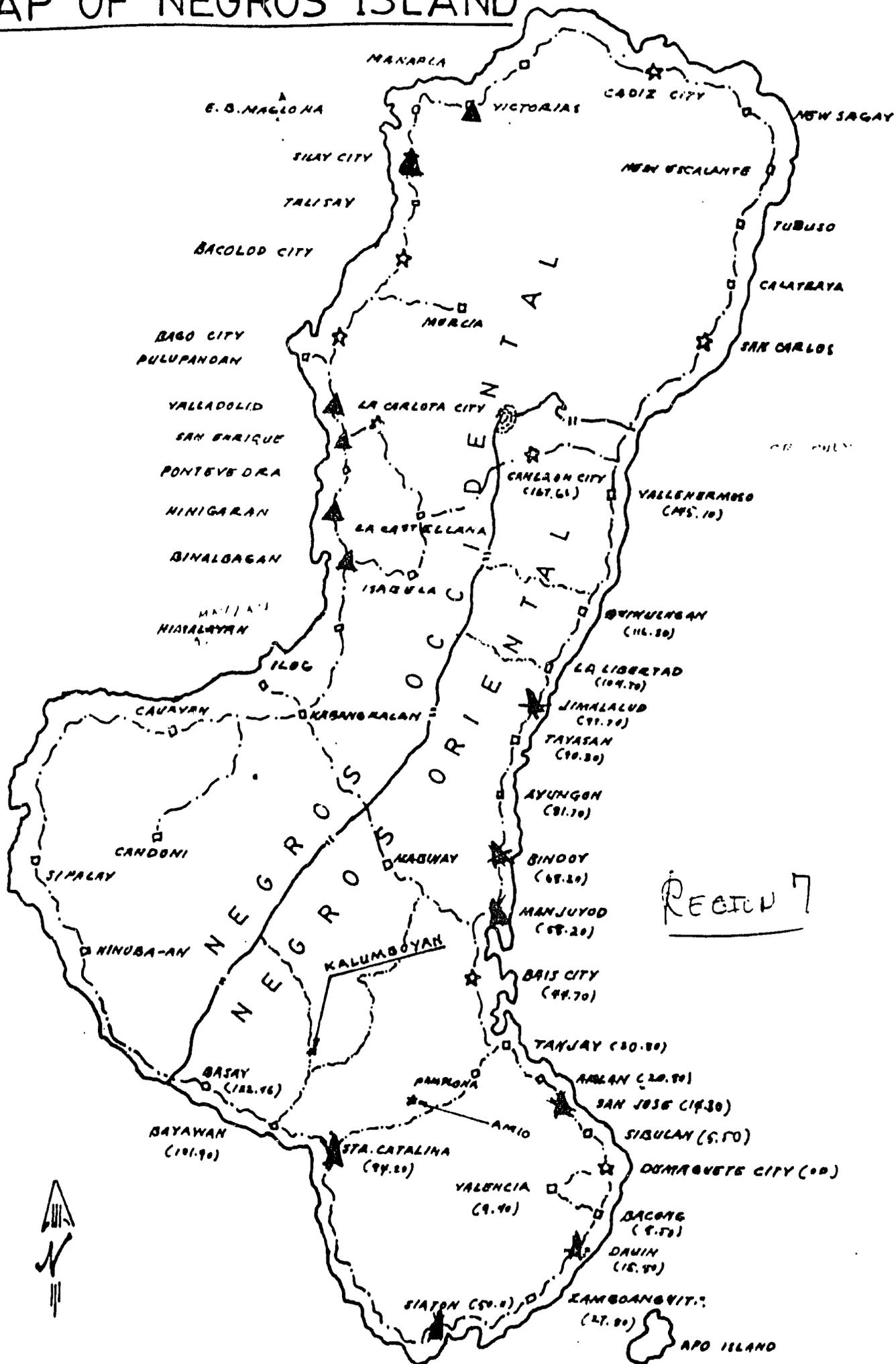
BACOLOD

SAN JOSE DE BUENAVISTA

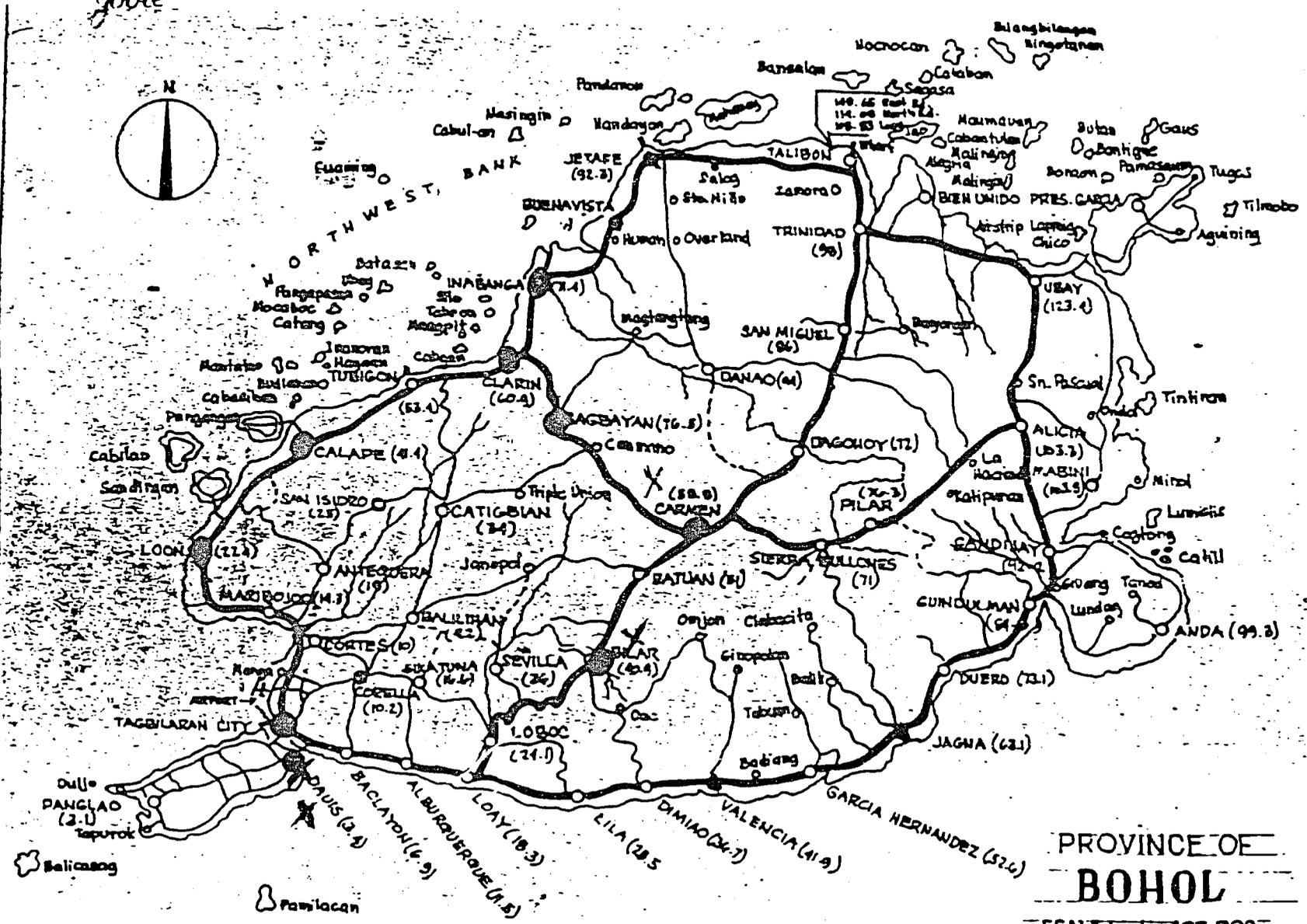
ILOILO CITY

SUB-ROVINCE

MAP OF NEGROS ISLAND



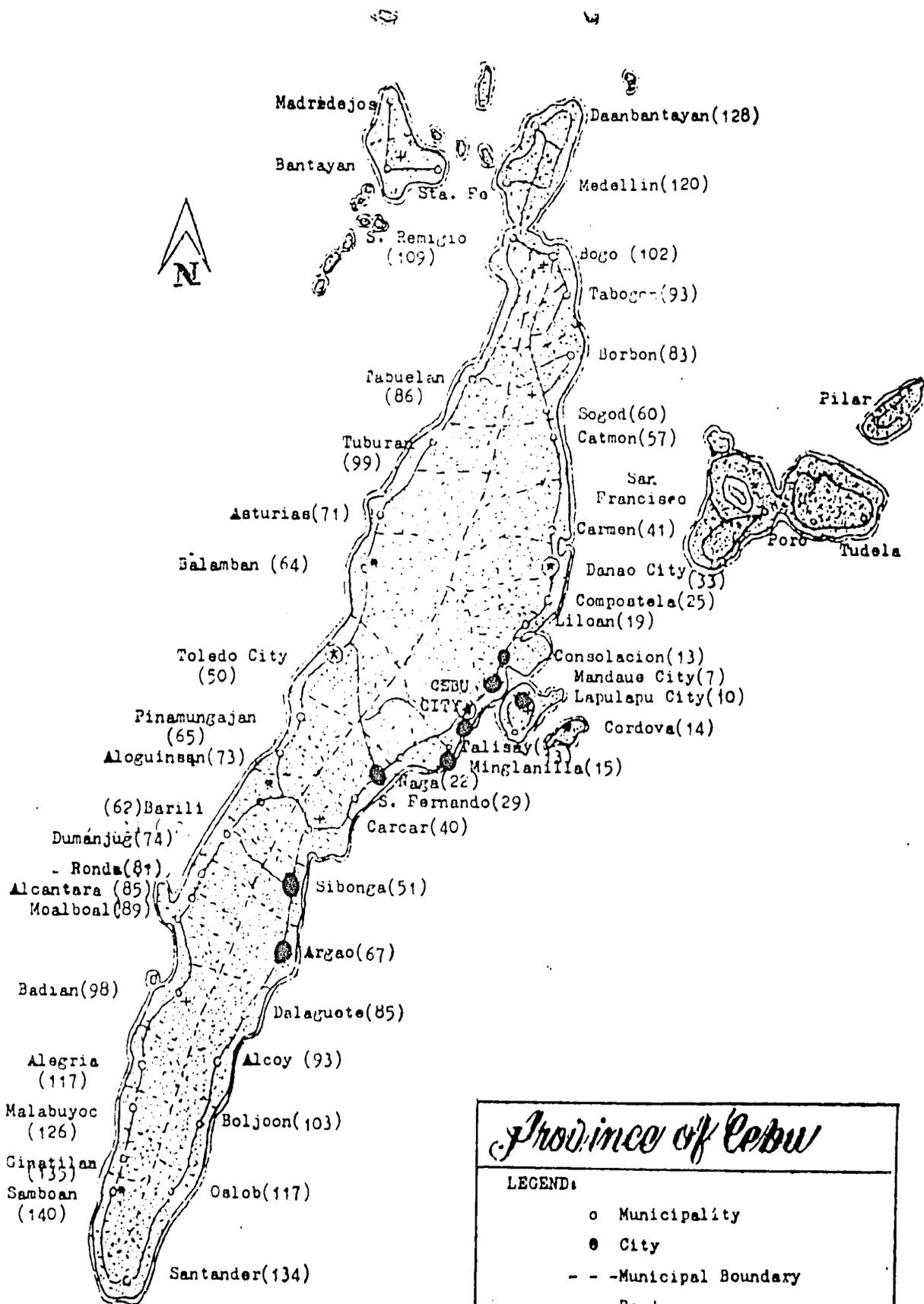
route

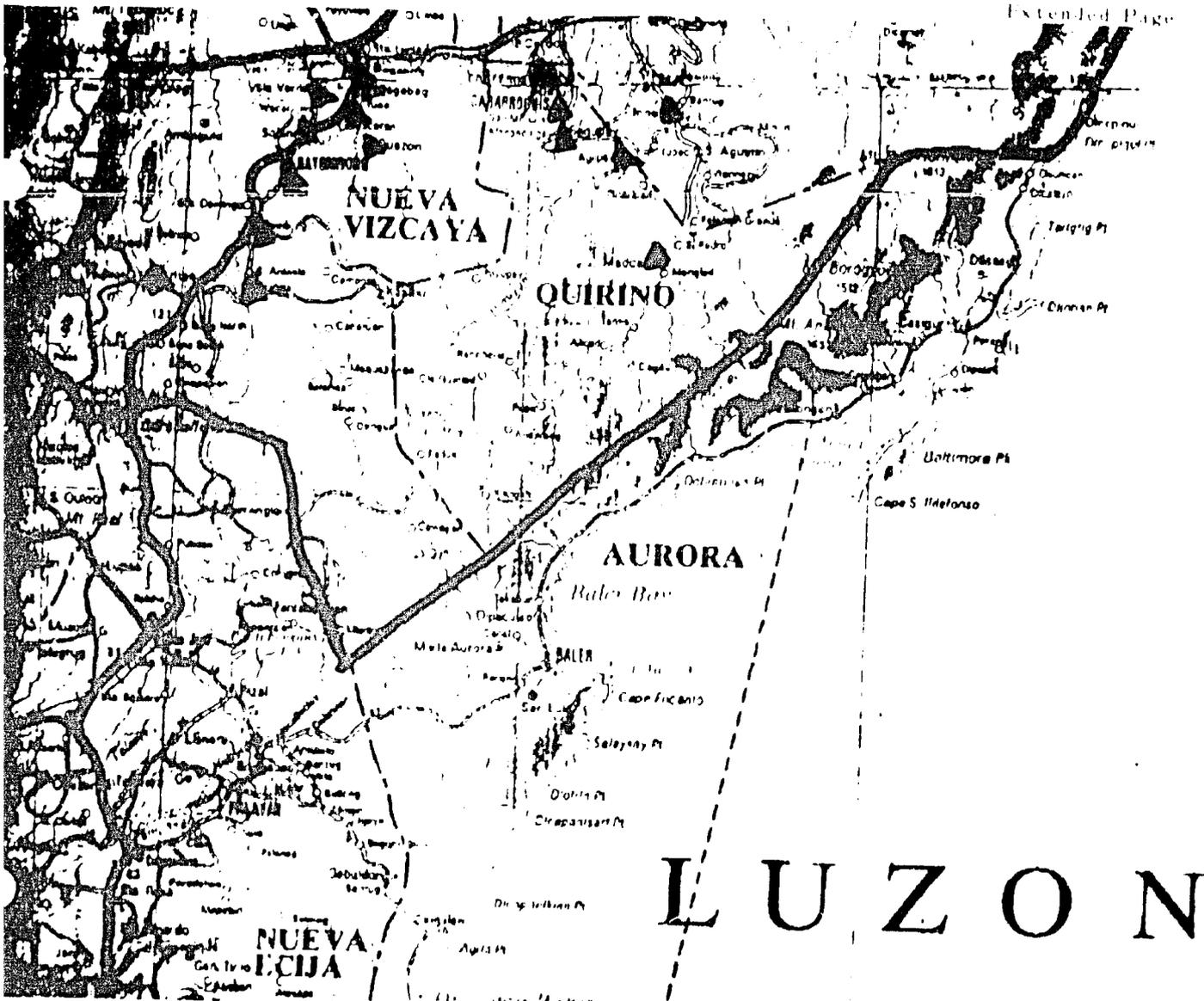


PROVINCE OF
BOHOL

SCALE: 1:300,000

Rig 007





LUZON

APPENDIX 5

COPIES OF THE EVALUATION INSTRUMENTS

- A RHU/MHC QUESTIONNAIRE
- B NONRHU: GO, NGO, AND HOSPITAL
QUESTIONNAIRE
- C BHS QUESTIONNAIRE
- D DELIVERY TEAM MEMBER INTERVIEW
QUESTIONNAIRE

2.1 IF YES, did you use the training guide or design given to you?

___yes ___no

2.1.1 IF YES, were you able to use it without making changes or did you make changes?

___no changes ___made changes

2.1.1.1 IF YOU MADE CHANGES, what changes?

3. How long did the BHS's midwives training last?

___less than one hour

___1-2 hours

___2-3 hours

___3+ hours

4. How many BHS's are there in your municipality? _____

5. How many BHS and other entities that use the BHS worksheet are there? (This includes Zones, Satellite BHS, Catchment areas, etc...) _____

6. How many BHS's had at least one midwife attend the training? _____

7. How many BHS midwives attended the training? _____

8. For those who did not attend, how did they learn how to use the BHS Worksheet? (check all appropriate responses and indicate the applicable number of staff)

_____ they did not learn how # _____

_____ did one on one training # _____

_____ had another midwife train some # _____

_____ they trained themselves # _____

_____ other # _____ explain: _____

9. How many of those who were trained are still in their current positions? _____

10. How many of your BHS midwives can correctly complete the BHS Worksheet on their own? _____

11. **INTERVIEWER: Ask to see all the BHS worksheets and the contraceptive supplies folder.**

11.1 How many BHS worksheets does she have? _____

11.1.1 IF ANY COPIES ARE MISSING, check all reasons for any missing copies:

_____ RHU nurse does not think there is a need to keep copies at the RHU.

_____ Lost copies

_____ Too busy to fill the BHS Worksheets out.

_____ Other _____

11.2 Does she keep the BHS Worksheets in a contraceptive supplies folder?

_____ yes . _____ no

[(If there are no BHS Worksheets available, skip to #12)]

11.3 How many BHS worksheets are filled out correctly and incorrectly? (check last 2 completed months only)

_____ # correct _____ #incorrect

11.3.1 FOR THOSE WORKSHEETS NOT FILLED OUT CORRECTLY, how many have mathematical errors and how many have process errors? (check last 2 completed months only)

_____ number worksheets with process errors

_____ number of worksheets with mathematical errors

11.4 How many BHSs were stocked-up (Quantity Received) to more than 4 months stock?

11.5 How many BHSs were stocked-up (Quantity Received) to less than 2.5 months of stock? _____

INTERVIEWER asks the nurse to take a few minutes and complete a short exercise (like the one she did during the RHU Nurses training).

12. Did she correctly fill out the BHS worksheet and determine the correct order quantity? (Check any column where there was either a mathematical or process mistake; note that there is a table for the first problem and one for the second)

Problem One: Column	Mathematical	Process
2		
3		
4		
5		
6		
7		
8		

Problem Two (Optional Method): column	Mathematical	Process
2		
3		
4		
5		
6		
7		
8		

Interviewer: observe and indicate an appropriate answer:

13. Determine how many deliveries have been made to this facility using the new COF?
(not counting emergency orders)

___ one ___ two ___ three ___ four

14. Does the facility have a COF from the last delivery?

___ Yes ___ No

15. Does the facility have a RIV from the last delivery?

___ Yes ___ No

16. Are the documents found in a Contraceptive Supplies Folder?

___ Yes ___ No

17. Does the facility have a copy of the COF for all deliveries that have been made under the CDLMIS?

___ Yes ___ No

18. Does the facility have an RIV for all deliveries that have been made under the CDLMIS?

___ Yes ___ No

19. Examine the COF from the last delivery and check off any columns that were filled out incorrectly. **IN THE CASE OF A "DOMINO" EFFECT, ONLY CHECK OFF THE COLUMN WHERE THE MISTAKE BEGAN.** Also please note if the mistake was a mathematical error or one that demonstrated a misunderstanding of how to use the COF. In the case of the remarks column (L), mark the box if the delivery team failed to explain any adjustments or differences in quantity received and quantity required.

(Note: this could be done before the interview if the SDR and COF are available.)

Column Letter	Mathematical error	Process error
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
Emergency Order		

*** NOTE: If at least one of the methods was completed correctly for that column and other methods were not, check mathematical error. ***

20. What kind of data is available to use for verification of quantity used since last delivery? (check all appropriate types of data and then check specific data sources)

A _____ dispensed to user data

A.1 _____ BHS Worksheets

A.2 _____ Log 99 P

A.3 _____ Log 99 I

A.4 _____ Clinic Daily Log/Logbook

A.5 _____ Others: _____

B _____ stock data

B.1 _____ Actual Physical Count

B.2 _____ Stock Card

B.3 _____ Supplies Ledger Card

B.4 _____ Others: _____

C _____ service statistics data

C.1 _____ Monthly M1 Report (FHSIS)

C.2 _____ FP 3

C.3 _____ FP Quarterly Service Performance Report

C.4 _____ Target Client List (TCL/FHSIS)

D _____ No data

21. Does it appear that the data available verifies the AMU according to the last COF? (If an RHU, add up all BHS Worksheets for one month if available)

_____ yes _____ no

22. Do the quantities shown on the RIV tally with the quantities shown on the "Stock Delivered" (col. K) on the COF?

_____ yes _____ no

23. Assess the supply status at the time of this interview: **If you cannot, indicate why not and skip to #24:**

_____ Not able to determine stock on hand Explain: _____

_____ Not able to determine the true AMU Explain: _____

COMMODITY	STOCK ON HAND	AMU - FROM COF	#MONTHS OF SOH	QUANTITY EXPIRED/SPOILED
Lo-Gentrol				
Condoms				
IUDs				
MARVELON				

If stock out, state reason _____

24. Indicate the conditions of the facility's storage area:

STORAGE CONDITIONS	YES	NO
DRY		
WELL VENTILATED		
ORGANIZED		
PROPERLY LABELED EXPIRATION DATES		
CLEAN		
SECURED		
WELL-LIGHTED		
PEST-FREE		
ADEQUATE IN SIZE		
FOLLOWING THE PRACTICE OF FEFO		

25. Ask the nurse if she has placed an emergency order for any contraceptives during the last three months?

_____ yes _____ no

26. Ask the nurse to explain how she placed the emergency order, or if she has not, how she would place an emergency order. Did she explain how to do so correctly?

_____ yes _____ no

26.1 IF NO, check actions which the nurse did not mention .

____ Use the one month of stock as an indicator to make an emergency order.

____ Bring the Contraceptive Supplies Folder with you

____ Bring the Physical Inventory count with you

27. Any other comments: _____

LEADING THE BHS WORKSHEET

Exercise 1: August 3

It is now August 3 and time to order contraceptives again. In July you dispensed 47 cycles of Lo-Gestrol and 84 pieces of condoms directly to clients.

You were not able to give supplies to all of your BHWs and BSPOs in July because you were on vacation at the end of the month. You gave only 20 cycles of Lo-Gestrol and 50 condoms to your BHWs and BSPOs.

In August 4 you count your stock and find that you have 170 cycles of Lo-Gestrol and 385 pieces of condoms in stock.

Please complete the worksheet.

Exercise 2: September 4

One day in early August, your BSPOs and BHWs came to get the stock they normally would have gotten at the end of July. They also get stock again at the end of August. You also dispense pills and condoms directly to clients.

In September 4, you start to complete the BHS worksheet so you can get contraceptives at the Saturday, September 5 RHU staff meeting. However, the form showing dispensed to users is nowhere to be found.

You decide to use the optional method that you learned during the training to determine the Amount Issued to Clients (Col. 2) in August.

Your physical count of stocks on hand on September 4 shows 98 cycles of Lo-Gestrol and 247 condoms.

Please complete the worksheet.

7. Examine the COF from the last delivery and check off any columns that were filled out incorrectly. **IN THE CASE OF A "DOMINO" EFFECT, ONLY CHECK OFF THE COLUMN WHERE THE MISTAKE BEGAN.** Also please note if the mistake was a mathematical error or one that demonstrated a misunderstanding of how to use the COF. In the case of the remarks column (L), mark the box if the delivery team failed to explain any adjustments or differences in quantity received and quantity required.

(Note: this could be done before the interview if the SDR and COF are available.)

Column Letter	Mathematical error	Process error
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
Emergency Order		

***** NOTE: If at least one of the methods was completed correctly for that column and other methods were not, check mathematical error. *****

8. What kind of data is available to use for verification of quantity used since last delivery? (check all appropriate types of data and then check specific data sources)

A _____ dispensed to user data

A.1 _____ BHS Worksheets

A.2 _____ Log 99 P

A.3 _____ Log 99 I

A.4 _____ Clinic Daily Log/Logbook

A.5 _____ Others: _____

B _____ stock data

B.1 _____ Actual Physical Count

B.2 _____ Stock Card

B.3 _____ Supplies Ledger Card

B.4 _____ Others: _____

C _____ service statistics data

C.1 _____ Monthly M1 Report (FHSIS)

C.2 _____ FP 3

C.3 _____ FP Quarterly Service Performance Report

C.4 _____ Target Client List (TCL/FHSIS)

D _____ No data

9. Does it appear that the data available verifies the AMU according to the last COF? [If an RHU, add up all BHS Worksheets for one month if available]

_____ yes _____ no

10. Do the quantities shown on the RIV tally with the quantities shown on the "Stock Delivered" (col. K) on the COF?

_____ yes _____ no

11. Assess the supply status at the time of this interview: If you cannot, indicate why not and skip to #24:

_____ Not able to determine stock on hand

_____ Not able to determine the true AMU

COMMODITY	STOCK ON HAND	AMU - FROM COF	#MONTHS OF SOH	QUANTITY EXPIRED/SPOILED
Lo-Gentrol				
Condoms				
IUDs				
MARVELON				

12. Indicate the conditions of the facility's storage area:

STORAGE CONDITIONS	YES	NO
DRY		
WELL VENTILATED		
ORGANIZED		
PROPERLY LABELED EXPIRATION DATES		
CLEAN		
SECURED		
WELL-LIGHTED		
PEST-FREE		
ADEQUATE IN SIZE		
FOLLOWING THE PRACTICE OF FEFO		

13. Ask the nurse if she has placed an emergency order for any contraceptives during the last three months?

_____ yes _____ no

14. Ask the nurse to explain how she placed the emergency order, or if she has not, how she would place an emergency order. Did she explain how to do so correctly?

_____ yes _____ no

14.1 IF NO, check actions which the nurse did not mention or did not mentioned:

___ Use the one month of stock as an indicator to make an emergency order.

___ Bring the Contraceptive Supplies Folder with you

___ Bring the Physical Inventory count with you

15. Any other comments: _____

1.3 How long did the BHS Worksheet training last?

less than one hour

between 1-2 hours

2 - 3 hours

more than 3 hours

1.4 Did you do practice exercises in filling out the BHS worksheet during the training?

Yes

No

2. Are you the same person who completed the BHS worksheet?

Yes

No

3. **INTERVIEWER: Ask to see the BHS worksheet and contraceptive supplies folder. Observe and answer the following questions.**

3.1 Is there a BHS worksheet?

Yes

No (Skip to question 5.)

3.2 Is the BHS worksheet kept in the folder?

Yes, in folder

No, not in folder

3.3 Has the BHS Worksheet been filed out monthly?

Yes

No

3.3.1 IF NO, why not?

_____ Midwife does not complete for months when there are no contraceptives dispensed (Midwife on vacation, training, typhoon).

_____ Midwife does not fill out for months when she believes that there is no need for additional stock.

_____ Midwife follows another order interval than monthly.

_____ Midwife feels that she is too busy to fill out the worksheet every month.

_____ Other _____

3.3.2 IF NOT MONTHLY, what is the interval when the BHS worksheet is filled out?

_____ More than once a month

_____ Every two months

_____ Every three months

_____ No discernible interval

_____ Other: _____

- 3.4 Examine the BHS Worksheet and check off any columns that were filled out incorrectly. **IN THE CASE OF A "DOMINO" EFFECT, ONLY CHECK OFF THE COLUMN WHERE THE MISTAKE BEGAN.** If the column was left blank, that column should be checked as a mistake.

Column	Mathematical Error	Process Error
2		
3		
4		
5		

- 3.5 Does the remarks column appear to have been used properly?

_____ Yes

_____ No

3.6 From the BHS worksheet, does it appear that the BHS received contraceptives when they were ordered (whatever the order interval)?

Yes (Skip to question 4.) [If always or if there was only one occurrence when this did not happen]
 Explain _____

No [If more than one occurrence when this did not happen]
 Explain _____

3.6.1 IF NO, ask the midwife: Can you say why you did not receive contraceptives when you ordered them? (Check all that apply)

Did not visit RHU monthly

RHU was out of stock

Other: _____

3.7 Does it appear that the midwife has received contraceptives without completing the BHS Worksheet?

Yes

No

4. INTERVIEWER: Assess supply status at the time of the interview by completing the following table.

Commodity	Stock on Hand	Average Use per Month (Use from last completed worksheet)	# Months of Supply on Hand	Expired/ Spoiled stock
Lo-Gentrol				
Condoms				
IUDS				
Marvelon				

5. **INTERVIEWER: Determine whether the physical inventory figures for stock on hand closely matches the stock on hand on the BHS worksheet. {Using the last month's BHS Worksheet, calculate by taking column 4: stock on hand and adding column 6: Quantity Received and subtracting estimated quantity dispensed based upon last months dispensed figure prorated for number of weeks since last worksheet was completed}**

___ Yes, they match (Skip to question 6)

___ No, they don't match

___ Cannot determine

5.1 **IF NO, ask the midwife why not?**

___ Expired/spoiled stock

___ Lost/stolen stock

___ Loaned/borrowed stock

___ Received supply without ordering it

___ Form filled out incorrectly

___ Other: _____

5.2 **IF CANNOT DETERMINE, why not?**

___ stock in multiple locations

___ no data available to determine AMU

___ other _____

6. **If there is expired or spoiled stock, did the stock reach this condition before the last time that the midwife took her BHS worksheet to the RHU?**

___ Yes

___ No

___ N/A

7. **INTERVIEWER:** Ask the midwife to explain to you how she determines the quantity issued to clients; she should actually show you where she gets her data; check the appropriate answer:

_____ dispensed to user data

_____ stock data (Using BHS Worksheet - Optional Method)

_____ service statistics

_____ other _____

8. Any other comments: _____

APPENDIX 6

REFERENCE GUIDE FOR THE CDLMIS TRAINING EVALUATION

General Guidelines

- * Write clearly for coders
- * Put all comments (except for those that have their own space available) at the end under "Any other comments." Include the question number when you are referring to an earlier question.
- * Explain to the nurses and midwives that this is an evaluation of how the CDLMIS system or process is working.
- * Take turns taking the lead and share activities
- * Note that interviewer instructions are in bold and say **INTERVIEWER**. These are things you do.

The following information is intended to help clarify the meaning of some of the questions. For the BHS questionnaire, the question numbers precede the comments.

A. BHS WORKSHEET

1. Formally Trained - this means that the training was a group training, which included other midwives at the RHU and was conducted by a nurse, FPPO, another midwife, physician, or provincial FP Coordinator.
 - 1.1 More than one answer is possible.
 - 1.2 More than one answer is possible.
2. This question should read: Are you the the same person who completeS the BHS worksheet for THIS BIIS?

If you do not have the right person, stop. Do not interview the health worker if the BHS midwife is not there. Find the nearest BHS to go to instead.

If she was retrained, use the second training times if the second training was better (i.e., including if she did exercises or not). Note this at the end of the questionnaire under comments.

Do not interview BHS midwives at the RHU or MHC.

If 2 midwives fill out the BHS worksheet it is okay to interview either one.

3.3.1 There is more than one possible answer.

If the midwife thinks that 3 month ASL means order every 3 months, use the Other category to indicate this and check the category that she follows another order interval.

3.3.2 More than once a month - this means within the same month.

3.4 Process Error - this means she is using the steps wrong. EACH process error is counted separately.

Domino Effect - this means there was a chain reaction across the remaining columns. Check the remaining columns for another type of error. For example, check for process errors even after a domino effect for math errors are found.

Column 2, Issued to Clients, should be Dispensed to User data. If the clinic ALWAYS issues the same number of cycles, units of a contraceptive to clients then it is okay for them to use service data multiplied by this number of units.

3.5 Properly filled out means that this should be completed for unusual situations; for example, she should note if she ordered more than needed. If there was no need to fill it out then there is no error.

3.6.1 More than one answer is possible.

3.7 If the RHU completes BHS worksheets for the BHS and the worksheets are not at the BHS then the answer is No. It is what you see on record.

4. You will assess stock on hand. The computer will double check the calculation for # of months of supply on hand.

If column 2, AMU, is wrong on the BHS worksheet, determine the CORRECT AMU to the best of your ability. Look at earlier months or go

by quantity required. If you cannot determine correct AMU, note at the end "Could not determine true AMU." The purpose is to be able to make a true assessment of the stock levels at the BHSs.

5. Closely Matches - use your judgement. Look at the AMU to determine how much the stock differs from what is the average monthly usage. Consider when was the last order, how much was dispensed in the last month or weeks. Add stock on hand plus amount received for the previous month, then subtract the current stock on hand and divide this total by the amount of time that has passed (i.e., 1.5 for one and a half months). IUDs should more closely match and condoms match less closely.

5.1 More than one answer is possible.

5.2 More than one answer is possible.

6. Look at the expiration date before the last visit.
N/A - check this answer if the BHS does not have expired or spoiled stock.
7. Only one answer should be checked.
Check service statistics only if they have actual units dispensed data.
8. Ask the midwife whether she has any comments about her experience with CDLMIS. This is the chance for her to provide other information that was not mentioned during the interview. Include other comments from earlier questions and be sure to mention the question NUMBER.

B. RHU WORKSHEET

1. Talk to the person who ISSUES stock and who determines the BHS order. If she did not attend training, continue with question 1.1. If she IS, skip to question 2.
 - 1.1.1 Only one answer should be noted.
2. Even if she conducted the training with others, the answer should be yes.
5. This should be the number of BHS worksheets that should be filled out.
6. Note that this is AT LEAST ONE.
8. Leave blank if they did attend the training.

9. You may ask this question after 7 if you like. Note that this means "formally trained."
10. If they cannot remember, try to get them to give you some answer that is close.
- 11.1 If the BHS worksheets are there, count them, whether they are blank or not.
 - 11.1.1 Several answers are possible. Do not write a number. The Too Busy response refers to the case where she says she is too busy to do anything with the BHS worksheets.
- 11.3 Review the LAST MONTH only. This is a change to your questionnaire. Both math and process errors are considered incorrect worksheets.

Even if there was a gap of several months since the last BHS was completed, use the most recently completed month.

For example, if there were 10 worksheets there should be no more than 10 process errors and 10 math errors.

- 11.4 If data is so incomplete that stocking up cannot be determined, then leave this question blank. This should be for the last completed month only.

This answer should be for the last delivery, how many months of stock were delivered. Take previous the month's amount of stock on hand divided by AMU.

If no stock was issued that month, then leave the answer blank.

Remember to do this for all the BHSs where it is possible and record the number of BHSs stocked up to more than 4 months.

- 11.5 Same as 11.4

12. The first exercise is the most important. If they don't know the optional method then this is less important. Say, something like "Can you try this example." Check the answers away from the nurse.

Even if her BHS worksheets are filled out correctly, please have her complete the exercises anyway.

If she can't determine the quantity used (column 2), you may help her with this and then see if she can complete the rest of the form. Then mark process error for column 2.

13 to 18. Observe and indicate the answers. If the wrong copy (wrong color) is kept, this is acceptable but note this under the comments section at the end of the questionnaire.

15. If there were no deliveries, go to the earlier order to determine the answer. An RIV is needed only if they received supplies or IEC materials.

16. The folder should say Contraceptive Supplies Folder or CDLMIS. It should be a separate, designated folder. Mark yes, even if it is not the folder that was given to them by CARE.

19. Check column A to see if it matches the last COF. Also, count only the stock for the RHU, NOT THE BHSs.

Note the Note: If at least one of the methods was completed correctly for that column and other methods were not, check MATHEMATICAL ERROR.

A process error should be checked if they did not note unusual stock changes under the adjustments or remarks columns.

20. Several answers may be checked. Always check the broader category (A,B,C, or D) in addition to the actual source if the data is available. Even if the BHS worksheet is collecting service statistics data, check the BHS worksheets under Log Data.

21. Use your judgement; the match should be relatively close. This is where you will indicate the quality of the other available data (mentioned in question 20) to verify the AMU.
After the 2nd delivery run, this is a check on whether or not the delivery team is verifying the COF AMU.

22. This question refers to the LAST time the facility received stock.

23. Note: This has been changed to ANY AMU. This is where you can indicate whether you were able to determine the any AMU. If the RHU has been issuing stock to the BHSs on a regular basis, you may use the physical count method to determine the AMU.

If there was no way to determine AMU, then check not able to determine true AMU.

24. Look for roach or rat droppings. Dust is okay. Note whether they use FEFO for boxes that are opened.

- 26.1 More than one answer is possible. Be sure to check the ones she does NOT mention. You may help the nurse here to see her if she really has an idea about what to do or not.
27. Remember to write clearly and briefly. Also, note the number of the question to which the comment refers.

APPENDIX 7

**1993 CDLMIS Training Impact Evaluation
Stock Level at Delivery Sites:
RHU/MHCs, NGOs, GOs, & Hospitals**

	Lo-Gentrol	Condoms	IUDs
Percentage of Stockouts (C stock)			
Region 2	0	0	4
Region 6	0	2	25
Region 7	0	3	6
Region 11	0	0	5
Total	0	1	11
Percentage of Understocking (≤ 1 month)			
Region 2	7	7	17
Region 6	2	5	25
Region 7	15	9	18
Region 11	11	11	14
Total	7	7	17
Percentage of Properly-Stocked Facilities ($>1 \leq 9$ months)			
Region 2	92	77	54
Region 6	82	80	34
Region 7	62	59	19
Region 11	62	70	51
Total	74	72	48
Percentage of Overstocking (>9 months)			
Region 2	8	15	31
Region 6	11	14	14
Region 7	24	26	26
Region 11	27	19	30
Total	18	18	24

APPENDIX 8

**1993 CDLMIS Training Impact Evaluation
Stock Level at Barangay Health Stations**

	Lo-Gentrol	Condoms	IUDs
Percentage of Stockouts (0 stock)			
Region 2	0	8	0
Region 6	2	6	0
Region 7	0	6	3
Region 11	2	7	0
Total	1	6	1
Percentage of Understocking (≤ 1 month)			
Region 2	12	8	0
Region 6	19	15	0
Region 7	16	29	23
Region 11	20	16	7
Total	17	16	6
Percentage of Properly-Stocked Facilities ($>1 \leq 6$ months)			
Region 2	81	69	8
Region 6	77	77	2
Region 7	71	61	29
Region 11	69	64	38
Total	72	67	19
Percentage of Overstocking (>6 months)			
Region 2	4	19	4
Region 6	2	6	2
Region 7	13	10	19
Region 11	7	9	16
Total	6	10	10

APPENDIX 10

1993 CDLMIS TRAINING IMPACT EVALUATION

Percentage of COF Worksheets Without Mistakes by LGU, Region, and Total

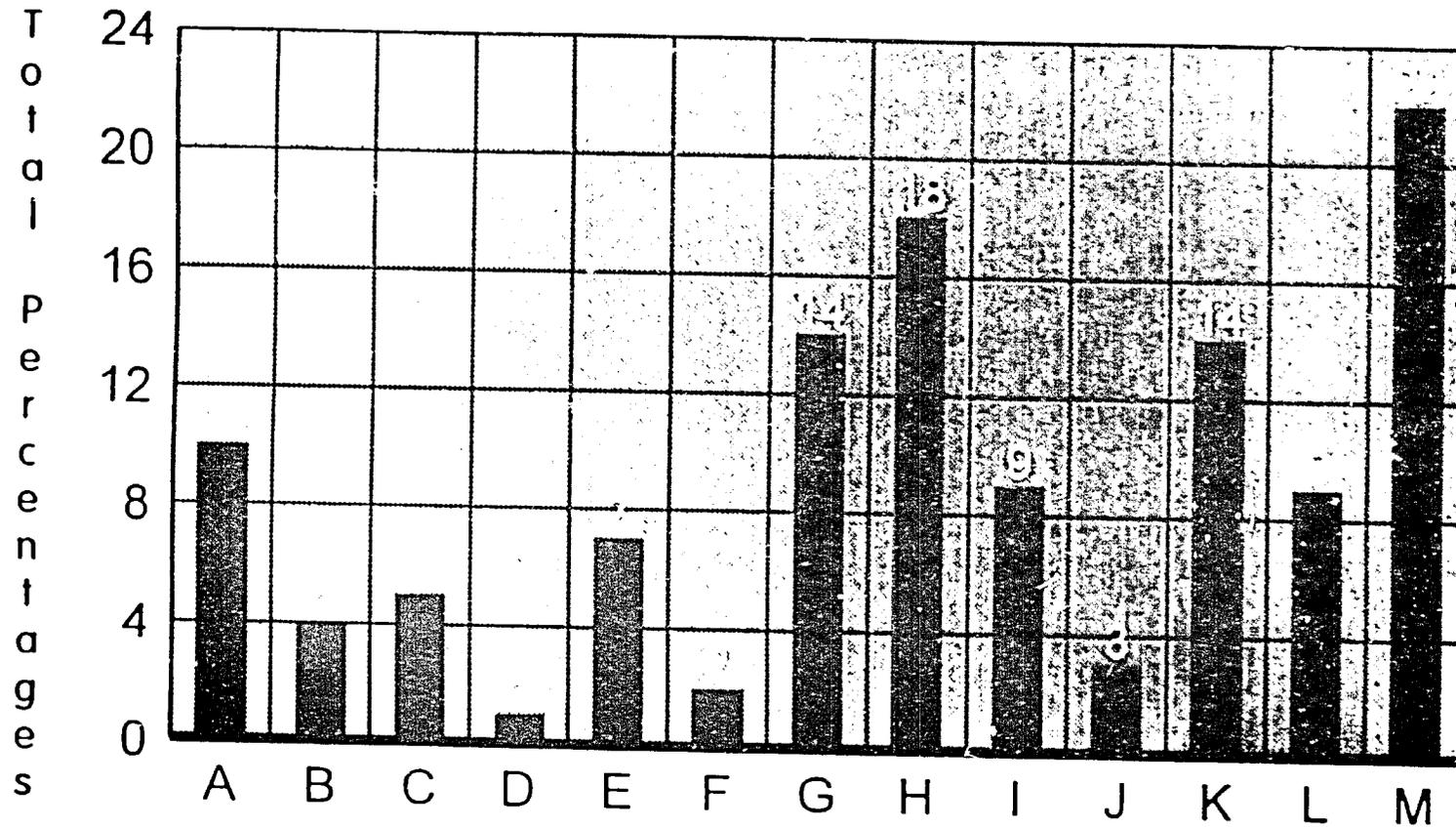
Province/Region	% COFs Without Mistakes
CAGAYAN	25
ISABELA	83
NUEVA VISCAYA	29
QUIRNO	75
Region 2 Total	52
AKLAN	63
ANTIQUE	17
CAPIZ	88
ILOILO	44
NEGROS OCCIDENTAL	88
ILOILO CITY	43
Region 6 Total	59
BOHOL	56
CEBU	0
NEGROS ORIENTAL	88
CEBU CITY	0
Region 7 Total	36
SOUTH CATABATO	57
DAVAO DEL NORTE	0
DAVAO DEL SUR	25
DAVAO ORIENTAL	50
SURIGAO DEL SUR	0
DAVAO CITY	38
Region 11 Total	31
Total (n = 147)	45
Weighted Total	44

COF PROCESS AND MATH ERRORS

- A CHART OF COF PROCESS ERRORS BY COLUMN
- B CHART OF COF MATH ERRORS BY COLUMN
- C REGIONAL TABLE OF COF PROCESS ERRORS BY COLUMN
- D REGIONAL TABLE OF COF MATH ERRORS BY COLUMN

1993 CDLMIS Training Impact Evaluation

COF Process Errors



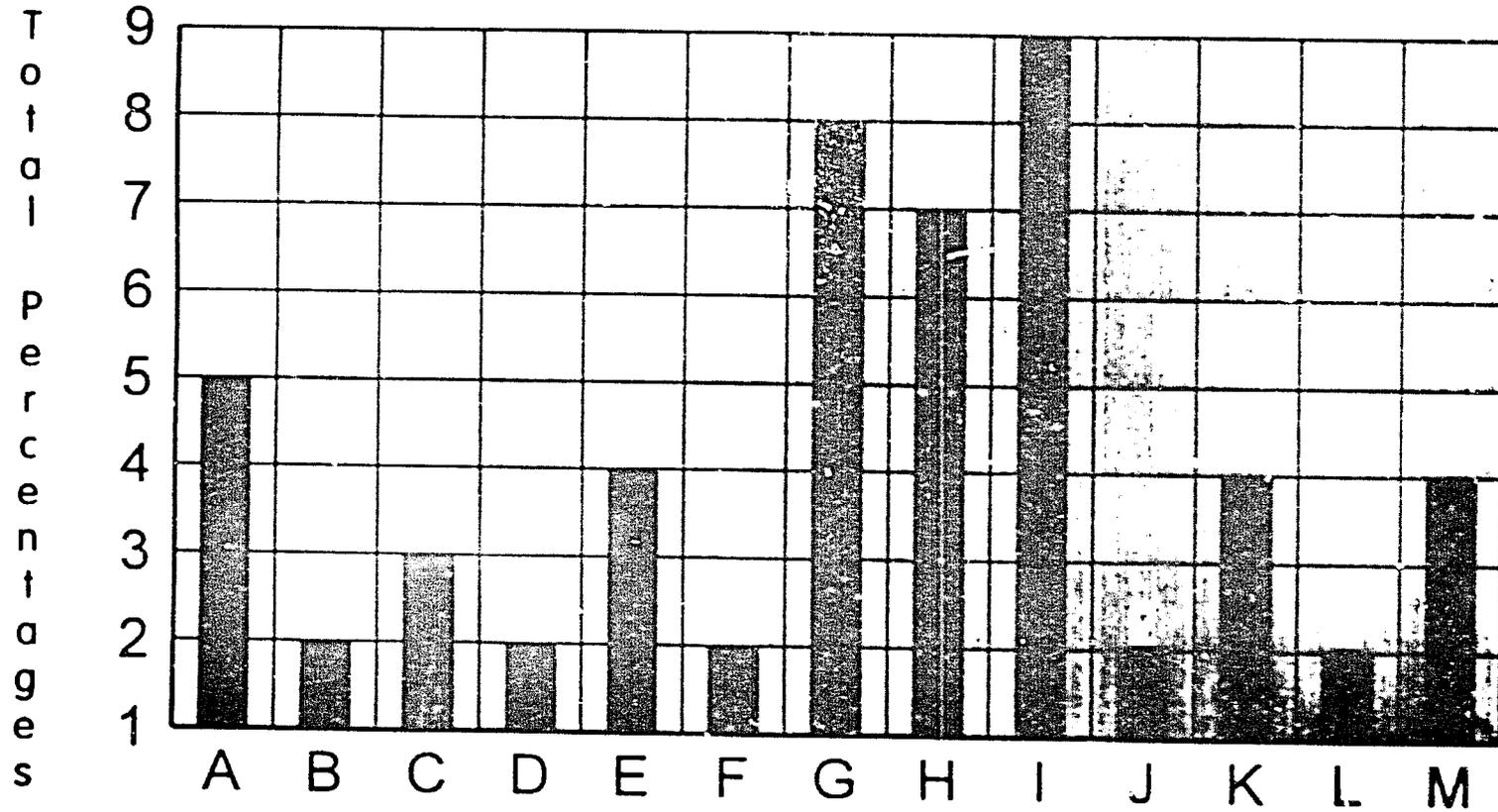
A. Bal. End Last Delv
 B. Bal. End Last Delv
 C. Total Avail
 D. Stock on Hand
 E. Used Since Last Del

F. Months Since Last Del
 G. Avg. Monthly Usage
 H. Authorized Stock Level
 I. Quantity Required

J. Excess Stock Removed
 K. Stock Delivered
 L. Remarks
 M. Emerg. Order Point

1993 CDLMIS Training Impact Evaluation

COF Math Errors



A. Bal. End Last Deliv.
 B. Bal. End Last Deliv.
 C. Total Avail.
 D. Stock on Hand
 E. Used Since Last Deliv.

F. Months Since Last Deliv.
 G. Avg. Monthly Usage
 H. Authorized Stock Level
 I. Quantity Required

J. Excess Stock Removed
 K. Stock Delivered
 L. Remarks
 M. Emerg. Order Point

COF Process Errors by Region and Total*

Regions	Bal. End Last Delivery (A) %	Balance End Last Delivery (B) %	Total Avail. (C) %	Stock On Hand (D) %	Used Since Last Del (E) %	Months Since Last Del (F) %	Avg. Monthly Usage (G) %	AuthorizStock Level (H) %	Quantity Required (I) %
Region 2	0	0	0	0	0	0	10	21	10
Region 6	4	2	7	0	7	0	9	7	7
Region 7	21	3	3	3	9	9	24	30	3
Reg. 11	15	10	10	0	13	0	13	18	15
Total	10	4	5	1	7	2	14	18	9
Weighted Total	11	4	5	1	8	3	15	20	9

Regions	Excess Stock Removed (J) %	Stock Deliver. (K) %	Remarks (L) %	Emerg. Order Point (M) %
Region 2	7	10	0	66
Region 6	0	7	4	11
Region 7	0	9	12	9
Reg. 11	5	28	18	15
Total (n=147*)	3	14	9	22
Weighted Total	2	13	6	21

*The total number of COFs reviewed includes only those that were available at the Delivery Sites visited.

COF Math Errors by Region and Total*

Regions	Bal. End Last Delivery (A) %	Balance End Last Delivery (B) %	Total Avail. (C) %	Stock On Hand (D) %	Used Since Last Del (E) %	Months Since Last Del (F) %	Avg. Monthly Usage (G) %	AuthorizStock Level (H) %	Quantity Required (I) %
Region 2	0	0	0	0	0	0	7	7	7
Region 6	13	0	7	2	7	0	13	11	13
Region 7	0	0	0	3	0	3	3	3	9
Reg. 11	0	3	0	0	3	0	3	3	5
Total	4	1	2	1	3	1	7	6	9
Weighted Total	4	1	2	1	3	1	6	6	8

Regions	Excess Stock Removed (J) %	Stock Deliver. (K) %	Remarks (L) %	Emerg. Order Point (M) %
Region 2	0	0	3	0
Region 6	2	11	0	4
Region 7	0	0	0	6
Reg. 11	0	0	3	3
Total	1	3	1	3
Weighted Total	1	3	1	4

*The total number of COFs reviewed includes only those that were available at the Delivery Sites visited.

APPENDIX 12

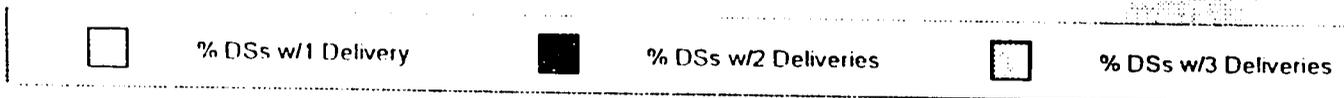
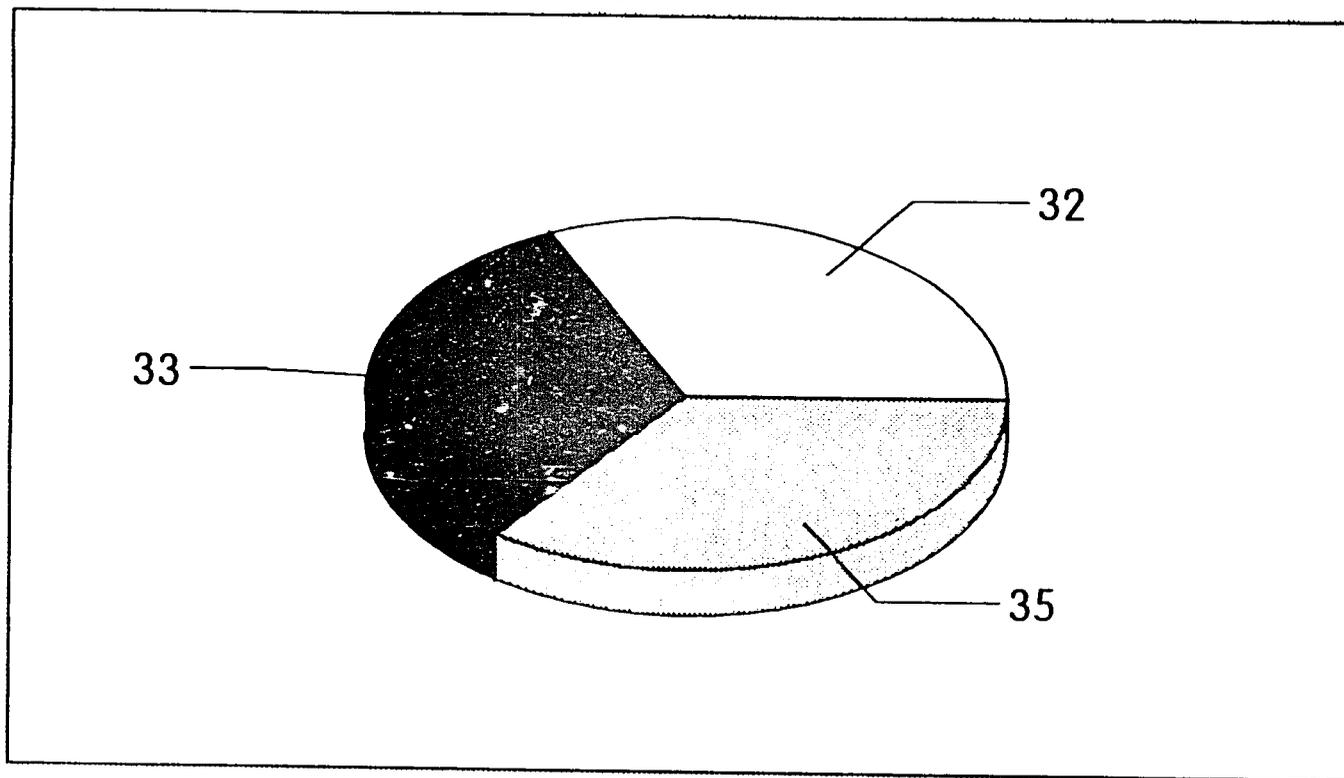
1993 CDLMIS Training Impact Evaluation

Percentage of Requisition and Issue Vouchers (RIV) From the Latest Delivery

Province/Region	% RIVs Available From Latest Delivery
CAGAYAN	100
ISABELA	50
NUEVA VISCAYA	100
QUIRINO	100
Region 02 Total	90
AKLAN	100
ANTIQUE	14
CAPIZ	88
ILOILO	100
NEGROS OCC	100
ILOILO CITY	100
Region 06 Total	85
BOHOL	100
CEBU	90
NEGROS ORIENTAL	100
CEBU CITY	86
Region 07 Total	94
SOUTH COTABATO	86
DAVAO DEL NORTE	100
DAVAO DEL SUR	100
DAVAO ORIENTAL	100
SURIGAO DEL SUR	100
DAVAO CITY	100
Region 11 Total	98
TOTAL	91
WEIGHTED TOTAL	91

1993 CDLMIS Training Impact Evaluation

Number of Deliveries Made to Delivery Sites
Since Using New COF Form



APPENDIX 14

1993 CDLMIS Training Impact Evaluation

Percentage of Delivery Sites by Number of Deliveries Made Since Using the New COF Form'

	% of DSS with 1 Delivery	% of DSS with 2 Deliveries	% of DSS with 3 Deliveries
CAGAYAN	100	0	0
ISABELA	100	0	0
NUEVA VISCAAYA	100	0	0
QUIRINO	100	0	0
---	---	-	-
Region 02 Total	100	0	0
AKLAN	0	0	100
ANTIQUÉ	14	17	14
CAPIZ	0	13	88
ILOILO	0	33	67
NEGROS OCC.	13	0	88
ILOILO CITY	29	43	29
---	---	---	---
Region 06 Total	9	26	66
BOHOL	0	100	0
CEBU	80	20	0
NEGROS ORIENTAL	38	63	0
CEBU CITY	14	86	0
---	---	---	-
Region 07 Total	35	65	0
SOUTH COTABATO	14	14	71
DAVAO DEL NORTE	0	100	0
DAVAO DEL SUR	25	38	38
DAVAO ORIENTAL	0	0	100
SURIGAO DEL SUR	0	100	0
DAVAO CITY	0	0	100
---	---	---	---
Region 11 Total	7	39	54
Unweighted Total (n=151)	32	33	35
Weighted Total	31	37	32

Not including emergency orders.

APPENDIX 15

1993 CDLMIS Training Impact Evaluation
Storage Conditions at Delivery Sites

	A not dry	B not well-ventilated	C not organized	D no properly-labeled expiration date	E not clean	F not secured	G not well-lighted	H not pest-free	I not adequate in size	J not following FEFO
Region 2	3	21	52	62	28	28	14	41	48	45
Region 6	6	11	38	81	45	19	19	41	17	34
Region 7	6	6	38	79	15	12	3	21	47	56
Region 11	5	17	34	88	29	29	7	37	32	61
Total	5	13	40	79	30	22	11	35	34	48
Weighted Totals	5	19	39	79	29	20	12	34	35	49

NOTE: All numbers are percentages

APPENDIX 16

CDLMIS MONTHLY CONTRACEPTIVE ORDER WORKSHEET
For Use at Barangay Health Stations (BHSs)

BHS NAME: _____

LOCATION: _____

1

2

3

4

5

6

7

8

Contraceptive	Quantity Issued to Clients During the Last Month	Authorized Stock Level (ASL) = (Col. 2 x 3 mos.)	Stock on Hand Based on a Physical Count	Quantity Required (Col. 3 - Col. 4)	Quantity Received (To be completed by RHU Staff)	Date Received	Remarks
JULY _____ Lo Gentrol Marvelon Condom Cu T-380A							
AUGUST _____ Lo Gentrol Marvelon Condom Cu T-380A							
SEPTEMBER _____ Lo Gentrol Marvelon Condom Cu T-380A							
OCTOBER _____ Lo Gentrol Marvelon Condom Cu T-380A							
NOVEMBER _____ Lo Gentrol Marvelon Condom Cu T-380A							

APPENDIX 17

1993 CDLMIS Training Impact Evaluation

Percentage of BHS Worksheets on File at the RHU Filled Out Correctly

Provinces/Regions	% BHS Worksheets Without Mistakes
CAGAYAN	93
ISABELA	23
NUEVA VISCAYA	56
QUIRINO	65
Region 02 Total	79
AKLAN	78
ANTIQUE	89
CAPIZ	64
ILOILO	89
NEGROS OCC.	81
ILOILO CITY	83
Region 06 Total	81
BOHOL	48
CEBU	48
NEGROS ORIENTAL	46
CEBU CITY	57
Region 07 Total	49
SOUTH COTABATO	50
DAVAO DEL NORTE	50
DAVAO DEL SUR	48
DAVAO ORIENTAL	76
SURIGAO DEL SUR	100
DAVAO CITY	62
Region 11 Total	60
Unweighted Total	67
(n = 797*)	
Weighted Total	66

*The total number of BHS Worksheets reviewed includes all those worksheets on file at the Delivery Sites (RHUs and non-RHUs) visited.

APPENDIX 18

1993 CDLMIS Training Impact Evaluation
Storage Conditions at RHU/MHCs

	A not dry	B not well-ventilated	C not organized	D no properly-labeled expiration date	E not clean	F not secured	G not well-lighted	H not pest-free	I not adequate in size	J not following FEFO
Region 2	5	16	53	58	37	37	16	58	47	42
Region 6	11	7	50	82	54	32	21	50	18	36
Region 7	9	5	27	68	14	9	0	23	41	59
Region 11	7	11	33	85	22	33	4	33	33	56
Total	8	9	41	75	32	28	10	41	33	48
Weighted Totals	8	9	39	73	30	24	9	38	35	50

NOTE: All numbers are percentages

APPENDIX 19

1993 CDLMIS Training Impact Evaluation

Percentage of BHS Worksheets Being Filled Out Monthly

Provinces/Regions	% BHS Worksheets Filled Out Monthly
CAGAYAN	100
ISABELA	100
NUEVA VISCAYA	83
QUIRINO	83
Region 02 Total	92
AKLAN	75
ANTIQUE	100
CAPIZ	88
ILOILO	57
NEGROS OCC.	63
ILOILO CITY	78
Region 06 Total	77
BOHOL	100
CEBU	13
NEGROS ORIENTAL	38
CEBU CITY	14
Region 07 Total	42
SOUTH COTABATO	50
DAVAO DEL NORTE	67
DAVAO DEL SUR	100
DAVAO ORIENTAL	88
SURIGAO DEL SUR	43
DAVAO CITY	100
Region 11 Total	76
Unweighted Total (n = 150)	72
Weighted Total	70

APPENDIX 20

1993 CDLMIS Training Impact Evaluation

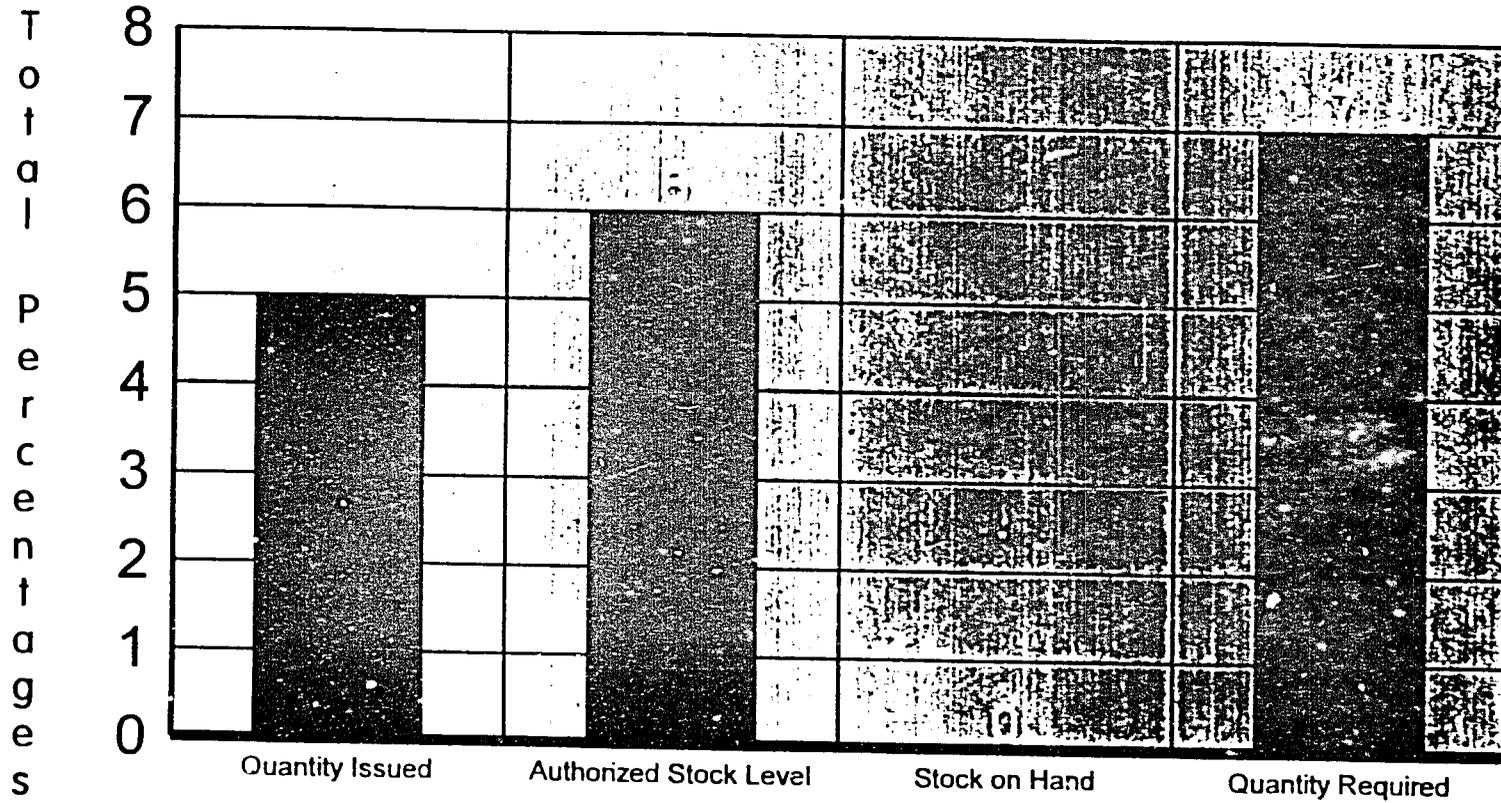
Percentage of BHS Worksheets Without Mistakes

Provinces/Regions	% BHS Worksheets Without Mistakes
CAGAYAN	100
ISABELA	50
NUEVA VISCAAYA	67
QUIRINO	67
Region 02 Total	73
AKLAN	75
ANTIQUE	88
CAPIZ	38
ILOILO	57
NEGROS OCC.	38
ILOILO CITY	89
Region 06 Total	65
BOHOL	63
CEBU	50
NEGROS ORIENTAL	50
CEBU CITY	57
Region 07 Total	55
SOUTH COTABATO	63
DAVAO DEL NORTE	50
DAVAO DEL SUR	88
DAVAO ORIENTAL	63
SURIGAO DEL SUR	57
DAVAO CITY	75
Region 11 Total	67
Unweighted Total (n = 150*)	65
Weighted Total	64

*The total numbers surveyed (105) does not include those BHSs visited that did not have BHS worksheets available.

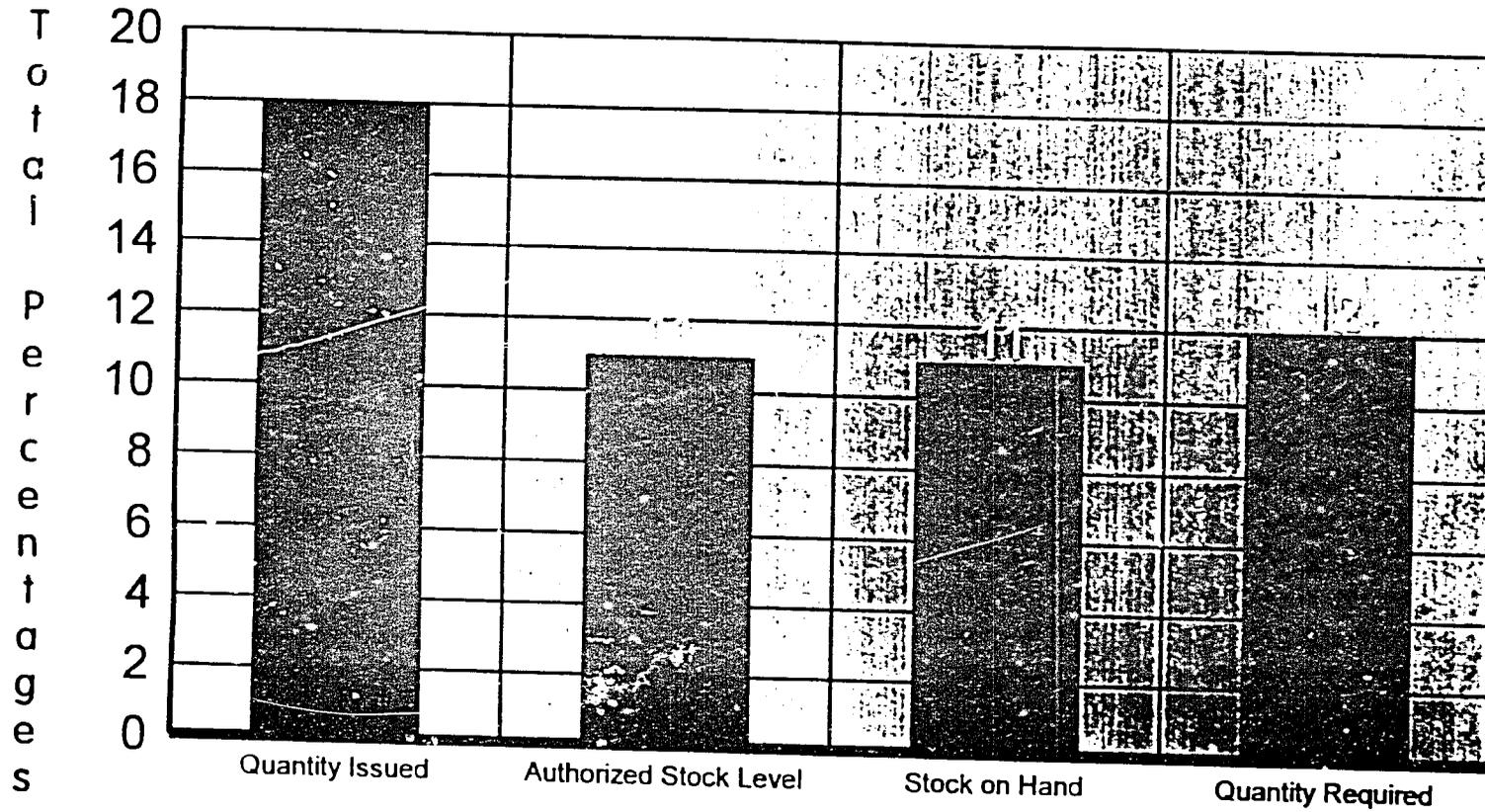
1993 CDLMIS Training Impact Evaluation

BHS Worksheet Math Errors



1993 CDLMIS Training Impact Evaluation

BHS Worksheets Process Errors



APPENDIX 23

	A	B	C	D	E	F	G	H	I	J
PROVINCE/CITY	IS THE PROV/CITY MAINTAINING A QUARTERLY DELIVERY SCHEDULE?	DID ALL OF THE DT MEMBERS RECEIVE DT TRAINING?	IS THE PROV/CITY HAVING PROBLEMS GETTING VEHICLES TO USE FOR THE DELIVERY AUKS?	IS THE PROV/CITY HAVING PROBLEMS IN GETTING MARGINAL COSTS FOR FUEL, MAINTENANCE, PE, DIGNS, ETC.? (Q4)	IS THE PROV/CITY HAVING OTHER PROBLEMS IN IMPLEMENTING COLNIS? (Q5)	DID THE LAST DELIVERY RUN TAKE LONGER THAN PLANNED?	DID THE DT SUBMIT THE COPR TO DON WITHIN 5 WORKING DAYS OF COMPLETING THE DELIVERY?	WERE THE FORMS SENT TO MANILA BY COURIER OR OTHER ACCEPTABLE MEANS?	DID THE PROV/CITY RECEIVE THE SDR PRINTOUT FOR EACH DELIVERY RUN?	POOR STORAGE CONDITIONS?
AGAYAN			YES			YES	NO			
ABELA			YES		YES	YES	NA		NA	YES
ABRINO			YES	YES		YES	NO			YES
ABYA VIZCAYA					YES	YES	NO			YES
ADILAO CITY	NO		YES	YES, MAINTENANCE	YES	YES		NO		YES
ADILAO PROV	NO	NO	YES	YES	YES		NO			YES
AGUIBON	NO		YES	YES					NO	
AGUTAN		NO	YES	YES	YES				NO	YES
AGUIGUAAN		NO	YES	YES, TEV					NO	YES
AGUINAYAN			YES	YES	YES					YES
AGUINAYAN CITY	NO		YES	YES	YES		NO	NO		
AGUINAYAN PROV	NO		YES	YES	YES		NO	NO		
AGUTAN	NO		YES	YES	YES		NO			
AGUINAYAN				YES, TEV			NO			
AGUINAYAN DEL SUR	NO		YES	YES, TEV		YES	NO			YES
AGUINAYAN DEL NORTE			YES				NO	NO		YES
AGUINAYAN DEL SUR	NO	NO		YES, TEV		YES	NO	NO		YES
AGUINAYAN DEL NORTE		NO	YES			YES	NO			YES
AGUINAYAN DEL SUR	NO	NO	YES	YES	YES	YES			NO	YES
AGUINAYAN DEL NORTE							NO			YES

10/16 = 63%

6/20 = 30%

16/20 = 80%

14

17/20 = 85%

9/20 = 45%

5/16 = 31%

4/16 = 25%

13/20 = 65%