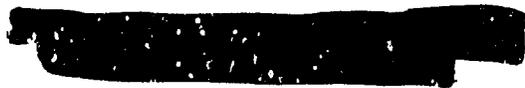


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**WORKING PAPER SERIES # 5**

**IMPLEMENTATION OF THE MATERNAL CHILD HEALTH AND FAMILY PLANNING  
LOGISTICS SYSTEM AT UPAZILA LEVEL:  
SUPPLIES AT THE HEALTH & FAMILY WELFARE CENTRE**

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February, 1986

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## ABSTRACT

The timely distribution of adequate amounts of supplies and equipment at the Health and Family Welfare Centre (HFWC) is a major determining factor in the effective delivery of maternal and child health and family planning services (MCH-FP). Although many improvements in the logistics system of the Population Control Wing of the Ministry of Health and Population Control (MOHPC) have been observed in the past few months, the lack of availability of the equipment and drug kits, loose drugs, funds to transport them to the union level clinics and the field worker's ignorance of the means of acquiring specific items, still hinder maximum utilization of the system at the union level.

This paper documents the MOHPC's planned system for distributing MCH-FP supplies to the HFWCs, and the system as it is observed from the union level. First we review the planned logistics system, detailing the means of procurement, distribution and transport of supplies and monitoring. We then detail how this system is perceived in unions in two study upazilas of the MCH-FP Extension Project, Abhoynagar and Sirajgonj: the status of supplies, and how they are acquired, monitored and transported. Our objective is to understand how personnel at an HFWC acquire the necessary supplies to perform their tasks. Operational barriers which result in a performance gap between the system as it is planned and the actual situation in the field are identified. Recommendations developed to overcome these barriers are presented.

Information has been collected from two upazilas, Abhoynagar in Jessore district and Sirajganj in Sirajganj district, where the MCH-FP Extension Project has been functioning since early 1982. This project is a joint venture between the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and the Ministry of Health and Population Control.

## EXECUTIVE SUMMARY

The provision of MCH-FP services at union level clinics, the Health and Family Welfare Centres (HFWC), is dependent on several factors, including the adequacy and timely distribution of supplies and equipment. There are six types of supplies designated for the MCH-FP activities of the MOHPC programme - equipment and supply kits, MCH medicines, Drugs & Dietary Supplement (DDS) kits, DDS loose drugs, Medical Surgical Requisite (MSR) items, and contraceptives. They are supplied to the upazila and to the HFWCs via two distribution systems. The "demand-pull" system is initiated by personnel at the HFWC when they submit a requisition to the Family Planning Officer (FPO) at upazila level; this system distributes all contraceptives and MSR items. Supplies on the "push" system are allocated to HFWCs designated as "functioning" in amounts based on the total supply of the Director of MCH Services at the time of distribution; this system distributes all MCH medicines. Four of the equipment and supply kits (MCH, Midwifery, IUD Insertion and FWC kits) are also supplied on the push system on a one-time basis to HFWCs. DDS kits are to be received by "functional" HFWCs every three months.

A "functioning" HFWC is defined on the basis of the clinic structure and is generally used to refer to Government constructed facilities. There are approximately 1000 "functional" HFWCs in Bangladesh as of mid-1985, although nearly 4500 female paramedics have been hired to staff them at a level of one per centre. Some of these extra paramedics work out of offices of the union parishad chairman or other community donated structures. It is unknown exactly how a community donated HFWC used by a FWV but not complying with the structural requirements of the MOHPC can be designated "functioning" and hence be a recipient of these supplies.

Through interviews of personnel involved with supply logistics from the union level HFWC to the national level, diagnostic studies in the field and the examination of various supply stocks (at HFWCs, upazila and district stores, and the national warehouse), much has been learned about the logistical system for the MOHPC's field programme, including how supplies are acquired, transported and monitored. Information from the union and upazila levels has been collected from the upazilas of Sirajganj in Sirajganj District and Abhoynagar in Jessore District, where the MCH-FP Extension Project has been functioning since 1982.

Observations indicate that all supplies are not available at the HFWC or are insufficient in quantity, and the distribution schedule is irregular. Paramedics and upazila officials alike are ignorant as to what supplies should be available to them and how these supplies are to be acquired.

Although we have observed a marked improvement in the MOHPC logistics since 1982, there continues to be a need for diagnosing supply problems in the field and identifying and testing strategies to overcome them. We have identified a number of barriers to implementation of the presently specified MOHPC logistics system. The following list of recommendations is aimed at alleviating these implementation barriers identified at field level.

1. The Government designation of a "functioning" HFWC determines whether that facility receives furniture, equipment, supplies, contingency funds for needed peripherals and whether specific personnel will be posted at that union. Although the definition of a functioning HFWC has been recently linked with Government construction, there are several HFWCs on this list which were previously community donated or NGO clinic centres. As there are approximately 4,500 unions and as many FWVs hired by the MOHPC, but only 1000 functioning HFWCs, it is important to continue to utilize community donated centres where FWVs are posted as an interim solution to extending the Government MCH/FP services prior to construction. Hence, the designation of a functioning HFWC needs to be unlinked from construction and the process by which a community donated centre acquires this designation (and hence the requisite supplies to function) delineated and communicated to district and upazila family planning officials.
2. Equipment for MCH/FP services are provided to functioning HFWCs through kits supplied on a one time basis. However, several items in these kits are consumable (Annex D) and are quickly used up. A replacement policy for these items either by indent or on the push system needs to be developed. Other items are used regularly (Annex C) and maintenance or replacement must be anticipated. The importance of this is exemplified by flashlights and batteries which were supplied to some HFWCs several years ago. Although a good light source is essential to IUD insertions, there has been no replacement of the flashlight and batteries since. Equipment replacement and maintenance policies need to be implemented to allow services to be provided on a more continuous and long term basis.
3. Not all HFWCs, even those designated as functional, have all the equipment kits. Most notably lacking are the MCH and midwifery kits which have not been received in ample supply at national level to allow distribution of one kit per functional HFWC. With emphasis in the Third Five Year Development Plan on MCH, including safe delivery, it is important to provide the basic equipment to support these services. First FPOs need to take an inventory of which HFWCs have received which kits, and then national level procurement and distribution of the MCH and midwifery kits is recommended.

4. Lack of communication of supply policies, of procedures and of the lists of available drugs and equipment, is at present a major problem. Lists of indentable drugs and those available on the push system are very much needed for the district, upazila and union level staff. These staff are at present unclear as to what they can indent for or what to expect to receive. Realistic time schedules of DDS kits, and the loose DDS and MCH drugs would assist managers and field staff in planning. The present lack of communication between the central suppliers and the field, even on indenting and inventory procedures, could be easily rectified with a procedures manual. An example of such a manual is presented in Annex I. It was developed during a workshop on supplies in each of the Extension Project upazilas.
5. Disruption of the logistics and supply system can be caused by the lack of small amounts of money at upazila level. Insufficient contingency funds for transport of supplies from district to upazila and upazila to union level often places the burden of logistics on the personal resources of the service providers, not on the programme itself. Adequate funds for such peripheral but necessary commodities as kerosene and stationaries are also lacking, along with small amounts of funds at upazila level for maintenance of equipment. These funds, taken together and provided to the upazila officials would allow for continuity of care, a determining factor in utilization of facilities.
6. Storekeepers need to be trained to keep stock forms and records for all supplies at the stores. This will result in better organized stores, improve knowledge on what supplies are and are not available, and permit the flow of supplies in and out of the store to be better monitored.
7. The present system for submitting indents to the upazila and district level stores only allows for those items requested and which are available to be recorded in the Requisition Issue Voucher (RIV) sent to TEMO, the central warehouse; items not available but felt needed are not listed. All items requisitioned from union and upazila personnel need to be listed in the RIV. This information regarding supplies requested but not available needs to reach TEMO so that action can be taken to supply these items to district and upazila stores. This could be used the means to begin to look at adequacy of supplies.
8. In order to officially open a DDS kit at an HFWC, the three upazila officials, the UHFPO, FPO and MO(MCH) must be present. There are difficulties in coordinating these three officials to make a simultaneous visit to the field. An alternative policy needs to be developed which will allow these kits to be opened immediately after arrival. The medicines in these kits are critical to the services rendered at the HFWC.

## I. INTRODUCTION:

Provision of Government maternal and child health and family planning (MCH-FP) services at the union level Health and Family Welfare Centre (HFWC) is dependent on several factors, including the continuous availability of supplies (i.e. instruments and equipment, drugs, and contraceptives). The services provided by the paramedical HFWC personnel [Medical Assistant (MA) and Family Welfare Visitor (FWV)] include primary health care, emergency health care, MCH and family planning care. Equipment and instruments to back up these services are provided in the form of prepackaged kits -- FWC, MCH, Midwifery, and IUD Insertion Kits. Drugs for primary health care and MCH services are made available through Drugs and Dietary Supplement (DSS) kits and from loose DDS kit and MCH drugs. Contraceptives and Medical and Surgical Requisite (MSR) drugs for IUD patients are also available at the HFWC.

This paper reviews the logistics system for procuring and distributing the MCH-FP supplies to HFWCs as planned by the MOHPC. It then explores the availability of the supply and instrument kits, and drugs and contraceptives over a two year period at the union level in the two upazilas of the MOHPC-ICDDR,B MCH-FP Extension Project, Abhoynagar of Jessore District and Sirajganj of Sirajganj District. The primary objective of this paper is to assess the availability of supplies at union level as made possible through the MOHPC planned logistics system. Operational barriers to a smooth flowing logistics system are identified and strategies are suggested to overcome them. Questions of the appropriateness and adequacy of the supplies provided in this system, however, are beyond the scope of this paper.

## II. THE PLANNED LOGISTICS SYSTEM:

### A. National Level Procurement:

Most of the equipment and drugs for the MOHPC MCH-FP programme at union level are provided through kits purchased abroad by donors. Four of these kits, the FWC, MCH, Midwifery and IUD Insertion kits are procured by UNFPA. The DDS kits for the Population Wing HFWCs are supplied by the World Bank. Both UNFPA and IBRD procure kits annually at a rate based on the number of Government designated "functioning" HFWCs\*.

Donors also are the major suppliers of contraceptives, with USAID being the primary agency responsible until 1983-84. USAID continues to be the main supplier of IUDs and condoms, while German Aid (GIZ) and the Canadian International Development Agency (CIDA) are the main procurers of oral pills. UNFPA is the main supplier of injectable contraceptives. Contraceptive procurement is based on the annual target per method fixed by the Planning Commission in the Five Year Development Plan.

The loose drugs for MCH services and the loose DDS kit drugs to be nationally procured are purchased by the Director of Logistics and Supplies with Government funds to be reimbursed by the World Bank. Some MCH drugs are procured by UNFPA. MSR drugs and supplies made available to the HFWCs are also nationally procured.

### B. National Level Distribution Systems

Drugs, equipment, contraceptives and other supplies to be received by HFWCs are distributed from the national level via one of two systems - the "demand pull" system which is initiated from the field by a requisition, or the "push" system whereby items are automatically supplied to HFWCs on an allocation basis at the request of the Director of Services.

Contraceptives and MSR supplies are distributed on the demand-pull system; MCH drugs and supplies, loose DDS kit drugs and all kits are distributed on the push system. All supplies are distributed from the central warehouse in Dhaka (TEMO) or one of the three regional warehouses located in Khulna, Chittagong or Rajshahi. A fourth regional warehouse is planned for Bogra.

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\*A "functioning" HFWC is vaguely defined on the basis of its construction; however it does not necessarily have to be constructed by the Government nor fit the standards of a Government constructed HFWC. It is unknown exactly how a non-Government constructed HFWC can be designated "functional" and hence be a recipient of these supplies.

Items in both systems utilize the same distribution channel within the MOHPC infrastructure. All drugs, equipment and supplies originate at the central or regional warehouses. Between these warehouses and their final destination at the HFWCs, all items pass through the district and upazila level stores, where office assistants, acting as storekeepers, receive and distribute all supplies. Each transaction requires the signature of the appropriate supervisor, either the Deputy Director (DD) or the Family Planning Officer (FPO) at district and upazila levels respectively. Items in both systems must also be listed on a requisition or indent form. This helps to monitor the flow of supplies. Information on the requisition form includes opening balance and date and quantity of last receipt, last month's performance balance on hand and the total amount required.

#### 1. Push System:

Kits: The four equipment kits (FWC, MCH, Midwifery and IUD Insertion Kits), plus the basic drug kit, DDS kit, are on the push system. The Director of Services is responsible for providing a list to TEMO of the number and type of kits to be distributed per district, based on the number of "functioning" HFWCs in the district. This list is updated to include newly designated "functioning" HFWCs, either Government or donor constructed, or upgraded rural dispensaries. The FPOs are responsible to inform TEMO with a requisition regarding the need for those kits supplied on a one-time basis only (see below). UNFPA has determined that kits supplied on a one-time basis have a life span of three to four years; arrangements are being considered for their replacement.

The distribution schedule for all kits, as directed by the Population Control Wing of the MOHPC, is as follows:

FWC Kit: One kit to each HFWC (one time supply)

MCH Kit: One kit to each HFWC and Upazila Health Complex (UHC) (one time supply)

Midwifery Kit: One kit to each HFWC and UHC (one time supply)

IUD Insertion Kit: Two kits per HFWC, Mother Child Welfare Centre (MCWC) and UHC; one kit per Rural Health Centre (RHC) (one time supply).

DDS Kits: Four kits per year to each HFWC; five kits per year to each UHC

All kits are received prepacked and sealed at TEMO from abroad and are distributed to the district stores in this same condition. When a shipment of DDS kits arrive at TEMO, a few are opened on a sample basis to check the expiration dates of the drugs. It has happened that drugs found to be close to expiration have been sent to the Central Medical Store of the Health Wing for exchange. The UNFPA advisor to TEMO is responsible for checking expiration and exchanging items when necessary. Other kits do not contain items which expire.

When DDS kits are to be distributed, the Director of MCH Services will correspond with the DD who informs the FPO of their upcoming arrival. Each kit is directed towards a specific HFWC. The DD's office assistant, acting as storekeeper, checks with the FPO and obtains a requisition from him prior to releasing the kits. The FPO is responsible to pick up the kits from the district store. He then informs the Medical Assistant (MA) of the specified HFWC of their arrival. The MA (or FWV if the MA is not available) signs the Requisition Issue Voucher (RIV) and either transports the kit to the HFWC after a scheduled meeting or sends the peon, the MLSS, to pick it up.

Annex A shows the number of UNFPA and World Bank procured kits to arrive and be distributed between mid 1982 and early 1985. The number presently ordered but not yet received is also indicated.

The contents of the DDS kit (Annex B) is determined by the Technical Advisory Committee of the Population Wing. Since first ordered in 1977, the items and quantities have been revised five times.

Distribution of FWC kits began in 1981 with 80 clinics supplied. The kit list was composed in 1979-80 by the Director of Services in consultation with the MCH Advisor of UNFPA. The MCH, Midwifery, and IUD Insertion kits were supplied at different times starting in 1977; their kit lists are standard UNIVAC catalogue items which have been approved by the Government of Bangladesh. The items contained in these UNFPA procured kits are listed in Annex C.

#### Loose Drugs and Supplies

Prior to late 1984, loose MCH and DDS kit drugs and supplies were procured by HFWC personnel on the demand pull system. (For details of how this system works, see "Demand Pull System", page 10). They are now allotted to HFWCs by the Director of Services on the push system.

DDS kit loose drugs to be nationally procured are listed in Annex E. Annex F lists medicines required for MCH programme as detailed in a UNFPA document and indicates whether they are procured nationally or by UNFPA.

As stated earlier, UNFPA and the Director of Logistics and Supplies are responsible for obtaining these loose drugs. The Director of Services then allocates to districts an amount based on his total supply and the number of "functioning" HFWCs in the district. These drugs are to be transported to the district store with the quarterly distribution of DDS kits. The DD then requests the FPO to take delivery of the medicines from the district store within a given time period. The DD also gives instructions on the quantity to be distributed per health care facility [HFWC, Maternal Child Welfare Centre (MCWC), MCH Unit of Upazila Health Complex (UHC)] in the upazila as per Government instructions. This includes a limited amount to go to FWVs having no Government-constructed clinic. The FPO informs the MA, as person in charge of the HFWC (or the FWV if the MA post is vacant) to come and pick up the drugs that have been allotted to that facility. As with every transaction regarding supplies, the filling out of a requisition form is required.

#### Demand Pull System:

The demand pull system for distributing contraceptives and MFR drugs and supplies is initiated from the HFWC. However, neither the job description of the Family Planning Assistant (FPA) or the FWV indicates who is responsible for contraceptive procurement, although a stated responsibility of the FPA is to ensure the adequate supply of contraceptives to Family Welfare Assistants (FWA) whom he supervises. This contrasts with the MA's job description which clearly specifies he is responsible for all medicine, equipment, supplies, etc. available to that facility.

When the contraceptive supply at an HFWC runs low, either the FPA or FWV submits the requisition to the FPO, via his office assistant who acts as storekeeper. The storekeeper enters the information into the RIV. The storekeeper then goes to the FPO for his approval and signature. The FPA or FWV will then receive the supplies by signing the RIV. The FPO submits the contraceptive requisition to the DD. ALL 64 district level DDs of family planning communicate directly with TEMO for their contraceptive supply.

For procuring MSR drugs and supplies, the MA is responsible. Where an MA is not posted, the FWV is responsible. The procedure for acquiring these drugs and supplies is the same as for contraceptives. MSR drugs and supplies distributed to the HFWCs are listed in Annex G.

The FPO is required to keep a one month's supply of contraceptives and MSR drugs and supplies at the UHC, and the district store is to keep a three months supply. When the FPO's supply runs low, he requisitions to the DD via the district storekeeper. The storekeeper, after receiving approval from the DD, will fill the requisition if supplies are available. The DD, relying on his storekeeper, will indent to TEMO when necessary. This happens approximately every three months, with one month needed to fill the indent and transport the supplies.

#### C. Contingency Funds and Transport Allowance:

Transportation of all MCH and MSR supplies and the four kits supplied on a one-time basis (IUD Insertion, MCH, Midwifery and FWC kits) is provided by TEMO to the district stores. IEMO also distributes contraceptives and DDS kits to districts in the region; the other three regional warehouses are responsible to supply contraceptives and DDS kits to districts in their areas. Indents from all 64 DDs come to IEMO, where the manager directs the proper information related to contraceptives and DDS kits to the appropriate regional warehouse.

Problems have arisen with the transportation because of the recent increase in the number of districts. Immediately following the increase, IEMO trucks were at the disposal of the original 21 DDs for 3-5 days to transport supplies to newly formed districts. Now IEMO trucks are attempting to transport supplies to all 64 district stores.

DDs may request from IEMO manager that a truck arriving with supplies remain at his district for two to three days to transport supplies to upazila stores. In theory, this would facilitate the transportation of supplies between the district and upazila level stores. However, at the present time, IEMO has only ten trucks in running order; five are in need of extensive repair. Three three-ton trucks have just been acquired for use by the regional warehouses to help in the distribution of contraceptives and DDS kits to district stores in their region.

To move supplies from the upazila store to the HFWC, the FPO has a contingency fund which contains amounts specified for certain costs incurred by the HFWC, including travel allowance (TA) funds for HFWC personnel to attend meetings

and to travel to satellite clinics, and funds for the transport of supplies from the upazila store to the HFWC. This contingency fund is allotted to the FPO's budget from the Director General of Population Control.

Every three months the HFWC workers submit two bills to the FPO, one for travel expenses and the other for expenses incurred for the transportation of supplies. The FPO is then to reimburse the worker.

#### D. Monitoring:

At the HFWC, both the MA and FWV keep supply registers to record what happens daily with the stock of supplies. Information includes amount of items received, distributed and balance in hand. To whom the drugs are dispensed is recorded in patient or client registers maintained by the FWV or MA. The Government has no systematic method in place to check these registers, although occasionally an FPO will look at the stock register when in the field. Comparison of stock registers with patient registers would be very time consuming and laborious.

Every month, the FWA submits a contraceptive stock balance report to the EPA. Also monthly, the EPA and FWV submit contraceptive stock balance reports to the FPO. The FPO submits his report to the DD only when necessary; it will accompany a requisition for a further supply of contraceptives.

The FPO is also to submit a Monthly Stock Position Report of all supplies (opening balance, amount received, amount distributed, quantity on hand) to the DD. Both the FPO and the DD are to submit to the Director of Logistics and Supplies a Monthly Store Verification Report which mentions only those medicines in short supply. Once a year at the upazila there is an audit by the Audit General of Bangladesh, which includes the inventory of all supplies. The DD is also to submit to TEMO a monthly report stating the quantity of kits to arrive and be distributed in the last month. According to TEMO, this report is rarely sent.

### III. THE OBSERVED LOGISTICS SYSTEM- STATUS OF SUPPLIES AT THE HFWC

The MOHPC designation of an HFWC as "functioning" determines whether a union level facility receives the kits and drugs described above, furniture, contingency funds for needed peripherals and has certain personnel posted (MA, MLSS, Aya). Hence, for a facility to provide basic MCH-FP services, the importance of acquiring this designation cannot be overemphasized. Unfortunately, the process by which a community donated centre can assume this status remains unknown.

In Abhoynagar, five of the eight unions have community-donated HFWCs. The other three unions have Government designated "functioning" HFWCs; two were Government constructed and the third is an upgraded rural dispensary. All ten unions in Sirajganj have HFWCs that were Government constructed and hence are designated as functioning. The Abhoynagar example is probably more representative of upazilas as only 1000 functioning HFWCs exist in the 4500 unions nationwide, although nearly as many FWVs have been posted as unions.

#### A. Status of kits at HFWCs

Abhoynagar :

Information regarding the four UNEPA procured kits was collected from two HFWCs, one designated "functional" by the Government and the other community donated. Although only "functional" HFWCs are to receive these kits, both facilities were similarly equipped. Each had several of the items distributed in the MCH and Midwifery kits, as well as most of the contents from one IUD Insertion Kit (each functional HFWC should receive two). No items from the FWC kit were located in either facility.

DDS kits first arrived in Abhoynagar in 1983. In 1984, according to the FPO, no DDS kits arrived during the first six months. During the next ten months, until April 1985, fifteen DDS kits arrived at the upazila. Six were distributed in 1984 and six have been distributed thus far during the first four months of 1985: ten to "functioning" HFWCs for an average of 3.1 kits per centre in fiscal year 1984-85, and two to community donated facilities, an average of less than half a kit per centre.

## Sirajganj:

All ten HFWCs of Sirajganj were checked for the equipment and supplies to be supplied in the UNFPA provided kits. Nine of the facilities had the FWC kit. All but one HFWC had at least one IUD Insertion Kit, while one HFWC had four and another had two. Only one HFWC had either the MCH or the Midwifery kit. These equipment and supply kits appear to have been distributed randomly. The newly appointed FPO of Sirajganj had no record of which HFWCs had which kits and hence could not have improved the situation.

In early 1985, an attempt to rectify this situation was made. A request was made to the DD to supply at least three IUD kits per HFWC in the upazila in order to have adequate supplies for satellite clinic and home insertions. The DD approved the request for fifty two IUD kits for the entire district (nine upazilas). Recently, eighteen kits were distributed to Sirajganj upazila for distribution to HFWCs.

When DDS kits first arrived in 1983, Sirajganj upazila was part of Sirajgoni subdivision of Pabna district. The 15 kits which were received by the FPO in 1983 were opened and their contents distributed to two or three HFWCs each as loose medicines; hence, each of the unions received approximately 1.5 DDS kits for that calendar year.

In 1984 Sirajganj became a district with Sirajgonj upazila being one of nine upazilas in the district. During this year, thirty eight DDS kits arrived at Sirajgonj upazila with thirty-one being distributed to the ten HFWCs. The MCWC and Sadar Hospital received five of the kits. Although DDS kit distribution obviously improved markedly in 1984, it still did not reach the target of four DDS kits per HFWC per year. In the 1985 calendar year, until April, five DDS kits had been distributed and ten remained in hand.

By order of the DG (Implementation), the HFPO, FPO and MO (MCH) must be present to open a DDS kit. For a few months time, due to problems of coordinating visits of all three officials to an HFWC, the DD of Sirajganj issued a circular which stated that a committee of the FPA, FWV and MA could open the kit on their own. However, the FPO received unofficial complaints regarding this. A circular was again issued by the DD stating the HFPO, FPO and MO (MCH) must be present at the opening and signature the kit receipt. However, the problem of coordinating a visit to an HFWC by all three officials simultaneously remains. A coordinated visit is particularly difficult in Sirajgonj as the offices of the three officials are in different buildings and communication is limited. Recently in a union in Sirajganj, a DDS kit had been sitting at the HFWC for a month and no plans had yet been made to have it officially opened. The MA had no other drugs at this time. This time interval has been observed to be much longer in other HFWCs.

## General Comments on Kits

### DDS Kits:

Items in the DDS kit have changed frequently over the years, indicating indecision over the adequacy and appropriateness of drugs that should be provided from an HFWC. Although this topic goes beyond the scope of this paper, the GTZ project in Murchiganj has determined that eight DDS kits are needed per HFWC per year and have made some recommendations for additional items to be included. Operationally, changing the contents of the DDS kit has meant that paramedics are uncertain about what service they will or will not be able to provide when the next kit arrives.

More important operationally, however, is the fact that DDS kits do not arrive on a routine schedule. Although more kits are now received per year for the functional HFWCs, they arrive at varying intervals, not necessarily on the three month planned schedule. This does not allow the FPO or the paramedics to provide continuous MCH services, a factor which probably contributes to underutilization of the HFWCs.

Although DDS kits are usually noted to arrive at an HFWC intact, it has twice been noted in this two year history of DDS kit distribution (once in Sirajganj and once in Abhoynagar), that items were removed to the Central Warehouse because they were soon to exceed their expiration date. In both cases, the items removed were tetracycline tablets and eye ointment. Neither was replaced before sending the kit to the HFWC. Accompanying each kit was a note signed by three Central Warehouse personnel explaining why the items were missing. Recently, ampicillin capsules have been found missing from all kits supplied to Sirajgonj upazila. There was no note enclosed explaining the reason. It is reported that ampicillin capsules were present in kits in other Sirajgonj upazilas.

A consistent problem with DDS kits in both Abhoynagar and Sirajganj has been that the bottles of ergometrine in the kit have been found open when the kit is first opened and the contents spilled out causing them to be unusable. It may be that new packaging of ergometrine is needed if it is to be distributed this way.

### Equipment and Supply Kits

There are now approximately 1000 functional HFWCs that are to receive at least one of each of the four equipment and supply kits. As can be noted in Annex A, however, most kits have not been received or issued in the quantities allowing each functional HFWC to have all kits. The most notable divergences between what is planned and what is available for

distribution occur for the MCH and Midwifery kits. With high priority being given to MCH services in the Third Five Year Plan, these gaps need to be rectified. This requires not only receipt of more kits at national level, but an inventory at upazila level of functional HFWCs in need of kits.

Even though there appear to be ample IUD insertion kits in the system to allow for the planned two per functional HFWC, a programme of home insertions based at satellite clinics requires at least three or four kits total per HFWC. With this number, the FWV could perform 1 to 4 IUD insertions a day under sterile conditions. Presently, the satellite clinic programme is hampered by the planned two kits per HFWC.

Many items contained in one of the four equipment and supply kits appear to be duplicated in other kits (Annex C). Such overlap may be very useful and appropriate, especially during this period when not all kits are being received. However, this again raises questions of adequacy and appropriateness of the equipment being provided - a study suggested for the future.

A replacement policy for contents in these kits supplied on a one time basis is now being formulated by Government. This is essential, especially for those items used regularly (noted in Annex C) and those that are consumable (Annex D). Contingency funds to maintain certain pieces of equipment at upazila level should also be considered.

#### B. Status of loose MCH and DDS kit drugs at HFWCs:

Prior to October 1984, the MCH and DDS kit loose drugs were on the demand-pull system of distribution and only the DDS kit medicines were "pushed" to the HFWCs. Although field personnel were able to submit a requisition for the loose MCH drugs, it was found that paramedics and FPOs alike were unclear as to what loose drugs were available to them. Hence, it was standard practice for them to go to the upazila or district store respectively and submit a requisition slip for those supplies which they found available on the shelves.

Although no prior notification was sent to upazila or union level family planning personnel explaining that loose MCH and DDS drugs would now be allotted on the push system, the supply situation of these items has seen an improvement since the first installment was issued on the push system in October 1984.

The MCH drugs received in Sirajganj and Jessore districts from this first shipment are shown in Table 1.

Table 1: Quantity of MCH drugs received in Jessore and Sirajganj Districts as first installment from Director of MCH Services; listed by drug.

| Drugs                       | Quantity of Drugs Alloted |                    |
|-----------------------------|---------------------------|--------------------|
|                             | Jessore District          | Sirajganj District |
| 1. Tablet Avomin            | 2,000 tablets             | 13,000             |
| 2. Capsule Ampicillin       | 2,000 capsules            | 12,000             |
| 3. Syrup Ampicillin         | 310 bottles               | 350                |
| 4. Tablet Furesamide        | 100 tablets               | 1,000              |
| 5. Habitane Obstetric Creme | 70 tubes                  | 70                 |
| 6. Injectable Inferron      | 700 ampules               | 7,000              |
| 7. Tablet Penicillin        | 6,000 tablets             | 7,500              |
| 8. Syrup Promethazine       | 85 bottles                | 80                 |
| 9. Tablet Riboflavin        | 134,000 tablets           | 160,000            |
| 10. Tablet Trimethoprim     | 6,000 tablets             | 8,000              |
| 11. Tablet Laxative         | 6,000 tablets             | 8,000              |
| 12. Tablet Promethazine     | 7,000 tablets             | 9,000              |

The memo accompanying these drugs gave no indication of when the next allocation would be made.

In late January, 1985, a second installment of MCH drugs arrived in Sirajganj with a memo specifying the quantity to be distributed to health care facilities in the upazila. This included FWVs with no "functional" clinic. These drugs differed from the first installment. Eight kinds of drugs and supplies were allocated. Two of them - savlon and paracetamol tablets - are MSR items required for IUD insertions. Ketrax syrup (a brand name of Levamisole) and paracetamol syrup are DDS kit drugs which are procured nationally. Table 2 shows these eight items and the quantities both received in Sirajganj upazila and those to be distributed to HFWCs as per Government order. As some of the items in Tables 1 and 2 overlap with those in Annexes E, F and G while others do not, it brings into question just what MCH drugs are available or are going to be available in the MOHPC programme.

Table 2: Second installment of MCH drugs to Sirajganj Upazila, total received in district and amount to be distributed to HFWCs.

| Drugs                         | Quantities                          |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
|                               | Total received in Sirajgonj Upazila | Amount to be distributed per HFWC |
| 1.* Savlon                    | 15 Jars                             | 1 Jar                             |
| 2.* Ketrax syrup (Levamisole) | 45x500 ml bottles                   | 3 bottles                         |
| 3. Penicillin syrup           | 245 bottles                         | 20 bottles                        |
| 4. Ampicillin syrup           | 450 bottles                         | 30 bottles                        |
| 5. Metronidazole syrup        | 225 bottles                         | 15 bottles                        |
| 6.* Paracetamol syrup         | 45 bottles                          | 3 bottles                         |
| 7.* Paracetamol tablets       | 15000 tablets                       | 1000 tablets                      |
| 8.* Phenobarbiton tablets     | 1500 tablets                        | 100 tablets                       |

These are nationally procured DDS kit items; savlon and paracetamol tablets are also listed as MSR drugs suggested for IUD cases.

Lack of communication pervades the MCH-FP logistics system. It is not only between national and upazila levels (as described above), but even between the implementors within an upazila. The MA of one union stated that he learned of the allotment of these drugs and supplies through unofficial channels; he had not received notification from the FPO. He received the drugs only after requesting them from the FPO at the monthly supply and salary meeting.

#### C. Status of Contraceptives & MSR Drugs & Supplies at HEWCs:

Information from the field indicates that the current supply of contraceptives is regular and sufficient, although recently some limits have been found in the supply of condoms and injectables. Paracetamol tablets and savlon, both MSR items required for IUD cases, are not found in sufficient quantities although these items are to arrive via the demand pull system. Both were received with the second installment of MCH drugs and supplies. Cotton is often noted to be severely lacking; it should be received with the loose DDS kit supplies on the push system.

This continuity of contraceptive supplies is a recent phenomenon, especially for the "new districts". Although the system of submitting requisitions is not new, until recently only the 21 DDs of the previously designated districts could submit them, covering the needs of their district plus any "new" district carved out of their previous area. This resulted in the DDs of the newly formed districts having to work through the DD from the old district to submit requisitions for them and to distribute the supplies. Storage space and a storekeeper were also a problem in the new districts initially. However, most of these new district supply problems have now been overcome with provision of supplies directly to all 64 district stores.

Improvement within upazila supply patterns has also recently been noted. For the first eleven months that Sirajganj was a district, the MAs indented for all the contraceptive needs of the HFWC. Beginning in 1985, the FPO shifted this responsibility to the FPA. The FPO made this decision because a stated responsibility of the FPA is to ensure a regular supply of contraceptives to the FWA, whom he supervises. The FWV also receives her contraceptive supply from the FPA.

This is not the pattern followed in Abhoynagar, where the FWVs are responsible to submit the requisition for the contraceptives for the HFWC, and MAs for the MSR drugs and supplies. This inconsistency in the field stems from the lack of clarification in job descriptions of who is responsible for contraceptives.

#### D. Contingency Funds and Transport Allowance for Supplies at the HFWC:

The FPOs in both Abhoynagar and Sirajganj state that the amounts specified in their contingency funds for the transportation of supplies between the upazila store and the HFWC, and for the travel allowance (TA) of HFWC workers are insufficient.

Every three months, MAs, FWVs and FPAs submit to the FPO a TA bill and a voucher (for the transport of supplies) detailing costs incurred. Oftentimes it takes up to 6 months for the FPO to reimburse these funds, and the workers claim they receive only about one-third of the amount requested. No TA is allowed unless the distance is beyond a five mile radius from the HFWC.

The normal practice is that supplies are distributed to HFWC workers during meetings at the UHC. For this the workers will claim expenses for both their TA and for the transportation of supplies.

The FPO's budget also contains funds allocated for costs of running HFWCs designated as "functioning" by the Government. These funds are to cover the purchase of needed peripherals, such as stationeries and the kerosene to sterilize equipment. It is estimated that, properly utilized, approximately eight liters of kerosene is needed per month at the HFWC, at a cost of about Taka 100 per month. In Sirajgonj, the kerosene supply is adequate, but is not properly used in all HFWCs. The supply in Abhoynagar is insufficient because when contingency funds were allotted in 1984, there was only one Government constructed "functioning" HFWC. Two others became "functioning" during 1984, but funds for the adequate supply of kerosene have yet to be made available. This lack of funds for kerosene can be a major barrier to providing sterile services to patients.

#### E. Monitoring of Supplies in the Field

As stated earlier, monitoring of the MAs' and FWVs' supply registers is not systematic. Occasionally the FPO will look at the register when in the field but the laborious job of spot checking supplies with specific patients is not observed. A mechanism for field monitoring is needed, but at present does not exist. A possible strategy has been drafted at the Supplies Workshops in the Extension Upazilas. It is discussed in some detail in Annex I with the forms attached. This intervention will be evaluated over the next year and a subsequent report will follow.

#### IV. CONCLUSION

Although the supply logistics system has seen much improvement since 1982, there continue to be barriers to implementing the present planned system. Two barriers which present major obstacles to effective implementation of the MOHPC MCH/FP programme are (1) the distinction made by Government between functional HFWCs and those which may be community donated, and (2) the lack of communication among the various administrative and implementation levels concerning what equipment and drugs are available and the procedures to acquire them. Approximately 2000 FWVs are estimated to be providing services from sites not recognized by Government as functional. Hence they receive only contraceptives and some loose drugs, but are not supported with the necessary furnishings, equipment kits or MCH drugs to provide even the most basic MCH services or follow up services for family planning clients. Their ability to provide aseptic IUD insertions is considerably hampered. This distinction between functional HFWCs and other sites where FWVs operate needs to be unlinked from construction and the necessary backup equipment, drug supplies, personnel and contingency funds provided to all posted FWVs.

The lack of communication of what is available in the system and how to procure it, is an obstacle that should be easily rectified. The MCH/FP Extension Project has attempted to do this through one day supply workshops in each of the two study upazilas. Participants included the upazila officials, FP storekeeper, MAs, FPAs, and FFWs. A procedural manual was developed including lists of equipment and drugs and how to procure them. This Manual is included in Annex I. MOHPC workers felt this type of communication was extremely useful and have requested half day follow up sessions every three months during or after the monthly UIC meeting. This is a beginning towards opening communications that may prove useful for replication in other upazilas.

## ANNEX A

## PUSH SYSTEM OF DISTRIBUTION

STATUS OF VARIOUS KITS AT CENTRAL WAREHOUSE (T&H)  
 RECEIPTS/ISSUED/CLOSING STOCK  
 PERIOD 1.7.1982 - 20.4.1985

| Sl. No. | Name of Kit   | Opening Balance On 1-7-82 | Receipts from 1-7-82 to 20-4-1985 | Total (3+4) | Qty. Issued from 1.7.82 to 20.4.1985 | Closing Balance on 20-4-1985 | Pipeline as on 20.4.85 |
|---------|---------------|---------------------------|-----------------------------------|-------------|--------------------------------------|------------------------------|------------------------|
| 1       | 2             | 3                         | 4                                 | 5           | 6                                    | 7                            | 8                      |
| 1.      | DDS Kit       | Nil                       | 10,762                            | 10,762      | 9,565                                | 1,197                        | 7,581                  |
| 2.      | FWC Kit       | 233                       | 500                               | 733         | 728                                  | 5                            | 1,055                  |
| 3.      | MCH Kit       | 2                         | 100                               | 102         | 102                                  | Nil                          | 575                    |
| 4.      | Midwifery Kit | 68                        | 400                               | 468         | 186                                  | 282                          | 575                    |
| 5.      | IUD Kit       | 2,195                     | Nil                               | 2,195       | 2,025                                | 170                          | 575                    |

Ref: UNFPA 3.1.85

## ANNEX B

## PUSH SYSTEM OF DISTRIBUTION

CONTENTS OF POPULATION CONTROL WING DDS KITS  
IMPORTED ITEMS

| Sl. Item No.                           | Packing                 | Quantity Per Kit |
|--|-------------------------|------------------|
| 1. Ampicillin capsules                 | 250 bottle of 10J0      | 2 bottles        |
| 2. Benzyl Benzoate                     | 1 litre bottle          | 5 bottles        |
| 3. B Complex tablet                    | Bottle of 1000          | 4 bottles        |
| 4. Chloramphenicol eye ointment        | 5g tube                 | 100 tubes        |
| 5. Chloramphenicol ear/eye ointment    | 10mg vial               | 50 vials         |
| 6. Ergometrine tablets                 | 0.2mg bottle of 100     | 1 bottle         |
| 7. Ferrous sulphate folic acid tablet  | 250mg + 5mg tin of 1000 | 15 tins          |
| 8. Gentian Violet Powder               | 25g bottle              | 1 bottle         |
| 9. High Potency Vitamin A tablets      | Bottle of 1300          | 4 bottles        |
| 10. Hyoscine-N-Batyl Bromide tablets   | Tin of 500              | 4 tins           |
| 11. Levamisole HCl tablets             | 40mg bottle of 100      |                  |
| 12. Metronidazole tablets              | 200mg bottle of 1000    | 4 bottles        |
| 13. Potassium Phenoxymethyl Penicillin | 250mg tin of 500        |                  |
| 14. Oral Rehydration Salt              | 1 litre packets         | 200 packets      |
| 15. Sulphadiazine tablets              | 500mg tin of 1000       | 4 tins           |
| 16. Tetracycline capsules              | 250mg tin of 1000       | 2 tins           |
| 17. Whitefield ointment                | 1 kg jar                | 4 jars           |

Ref: UNEPA 8.1.85

## ANNEX C

## PUSH SYSTEM OF DISTRIBUTION

MFHC EQUIPMENT AND SUPPLIES  
PROVIDED IN KITS

| ITEM                    | FWC            | MCH            | MIDWIFERY        | IUD            | SUM |
|-------------------------|----------------|----------------|------------------|----------------|-----|
| <b>Airway</b>           |                |                |                  |                |     |
| Adult                   | 1              | -              | -                | -              | 1   |
| Child                   | 1              | -              | -                | -              | 1   |
| <b>Aspirator</b>        |                |                |                  |                |     |
| Nasal, inf.             | 2 30 ml        | -              | -                | -              | 2   |
| <b>Bag</b>              |                |                |                  |                |     |
| *Water, ice             | 1 2 L          | -              | -                | -              | 1   |
| Nurse                   | -              | -              | -                | -              | 0   |
| <b>Basin</b>            |                |                |                  |                |     |
| *Kidney                 | -              | 2 475ml ss     | -                | -              | 2   |
| *Kidney                 | -              | 2 825ml plyprp | 1 825ml plyprp   | 2 825ml plyprp | 5   |
| *Deep solutu.           | -              | 2 6L ss        | -                | -              | 2   |
| *Battery                | -              | -              | -                | 2 D type 1.5v  | 2   |
| <b>Bottle</b>           |                |                |                  |                |     |
| Dropping                | -              | -              | 1 10ml, amb      | -              | 1   |
| -                       | -              | -              | 1 30ml, n/m amb  | -              | 1   |
| -                       | -              | -              | 1 60ml, n/m amb  | -              | 1   |
| -                       | -              | -              | -                | -              | 0   |
| Bowl, sponge            | -              | 4 500ml ss     | 1 ss set of 2    | -              | 5   |
| Box (metal)             | 1 16x20x27mm   | -              | -                | -              | 1   |
| <b>Brush</b>            |                |                |                  |                |     |
| Nurs bott               | 3              | -              | -                | -              | 3   |
| Surgeon's               | -              | 2 white nylon  | 1 white nylon    | 1 white nylon  | 4   |
| Test tube               | 4 13 mm. brist | -              | -                | -              | 4   |
| <b>Case, metal</b>      |                |                |                  |                |     |
| -                       | -              | -              | 1 2ml, ndle, syr | -              | 1   |
| -                       | -              | -              | 1 Midwife kit    | -              | 1   |
| <b>Catheter</b>         |                |                |                  |                |     |
| Tracheal                | -              | -              | 1 16FR&funnel    | -              | 1   |
| Urethral                | -              | 2 one-eye 14FR | -                | -              | 2   |
| * Urethral, fem         | -              | 1 12 FR metal  | 2 one-eye 12FR   | -              | 3   |
| <b>Clasp, tube reg.</b> |                |                |                  |                |     |
| -                       | -              | 2 13x19mm      | 1 13x19mm        | -              | 3   |
| <b>Connector</b>        |                |                |                  |                |     |
| -                       | -              | 2 4.7/7.9 tube | 1 4.7/7.9 tube   | -              | 3   |
| -                       | -              | -              | 1 5.4/10.9tube   | -              | 1   |
| *Items regularly used   |                |                |                  |                |     |

| ITEM                  | FWC            | NCH             | HDWIFERY         | IUD            | SUM |
|-----------------------|----------------|-----------------|------------------|----------------|-----|
| *Cotton               | -              | -               | 1 113g           | -              | 1   |
| Cup, med.             | 5 30 ml        | -               | -                | -              | 5   |
|                       | -              | 2 170ml ss      | 1 170ml ss       | -              | 3   |
| Dropper, medicine     | -              | 6 curved tip    | -                | -              | 6   |
| *Drums, steril.       | 2 340 mm       | -               | -                | -              | 2   |
| Duster, hand          | -              | 1 w. 530mm extn | -                | -              | 1   |
| Ergometrine-mal       | -              | -               | 1 10 0.2mg tab   | -              | 1   |
| *Flashlight           | -              | -               | -                | 1 2 cell       | 1   |
| Forceps               |                |                 |                  |                |     |
| *Dissect              | 2 115mm        | -               | -                | -              | 2   |
| *Dressing             | -              | 2 150mm ss      | -                | -              | 2   |
| Ear                   | 1 Ang wd 125mm | -               | -                | -              | 1   |
| Henostat              | -              | 2 140mm ss      | 2 160mm ss       | -              | 4   |
| Hysterect             | -              | -               | -                | 2 225mm SS str | 2   |
| Placent               | 1 190 mm SS    | -               | -                | -              | 1   |
| Placent               | 1 300 mm SS    | -               | -                | -              | 1   |
| *Sponge               | -              | 1 225mm ss      | -                | 1 225mm ss     | 2   |
| Tissue                | 2 1x2 tooth    | -               | -                | -              | 2   |
| Tissue                | 2 Baby ss      | -               | -                | -              | 2   |
| Tooth                 | 1 ss w/101 ss  | -               | -                | -              | 1   |
| Uterine               | -              | -               | -                | 1 280mm        | 1   |
| Utility               | -              | 1 200mm crm     | 1 200mm crm      | -              | 2   |
| *Gauze-pad,<br>steril | -              | -               | 20 12ply 76x76mm | -              | 20  |
| Gloves, surgeon's     | -              | 3 size 7        | -                | 12 size 6 1/2  | 15  |
|                       | -              | -               | -                | 24 size 7      | 24  |
|                       | -              | -               | -                | 24 size 7 1/2  | 24  |
|                       | -              | -               | -                | 24 size 8      | 24  |
| Hammer, reflex        | 1              | -               | -                | -              | 1   |
| *Holder, needle       | 1 200mm MayoH  | 1 150mm Mayo    | -                | -              | 2   |
| Irrigator             | -              | 1 1.5L ss       | 1 1.5L ss        | -              | 2   |
| Jar                   |                |                 |                  |                |     |
| dressing              | -              | 2 2.13L ss      | -                | -              | 2   |
| oint.                 | 1 240 ml       | -               | -                | -              | 1   |
| ther, cap             | 4              | -               | -                | -              | 4   |

\*Items regularly used.

| ITEM                | FHC            | HCH             | MIDWIFERY      | IUD | SUN |
|---------------------|----------------|-----------------|----------------|-----|-----|
| *knife blade, surg. |                |                 |                |     |     |
| #3                  | -              | 1 pkt 5         | -              | -   | 1   |
| #11                 | -              | 1 pkt 5         | -              | -   | 1   |
| #12                 | -              | 1 pkt 5         | -              | -   | 1   |
| #22                 | 2 pkt          | -               | -              | -   | 2   |
| *Knife handle       |                |                 |                |     |     |
| Maj. surg.          | 2 Maj. Surg.   | -               | -              | -   | 2   |
| Minor surg.         | -              | 1 #3            | -              | -   | 1   |
| Lamp, alc           | -              | -               | 1 60ml         | -   | 1   |
| Measure             | -              | 1 500ml/lpt ss  | -              | -   | 1   |
| *Needles            |                |                 |                |     |     |
| hypo 20G            | -              | 1 luer box 12   | -              | -   | 1   |
| hypo 22G            | -              | 1 luer box 12   | 1 luer box 12  | -   | 2   |
| hypo 24G            | -              | 1 luer box 12   | -              | -   | 1   |
| Suture              | 1 6x3, 15mm    | -               | -              | -   | 1   |
| Suture              | -              | 6 75mm lancet   | -              | -   | 6   |
| Suture, circ        | -              | 1 3/8, pkt of 6 | -              | -   | 1   |
| *otoscope set       | 1              | -               | -              | -   | 1   |
| Pail, w/ cover      | 1 11-15 L      | -               | -              | -   | 1   |
| Pelvimeter          | -              | 1 external      | -              | -   | 1   |
| Pins, safety        | -              | -               | 1 med, bag-12  | -   | 1   |
| Pouch               | -              | -               | 1 250x380mm    | -   | 1   |
| Probe               |                |                 |                |     |     |
| Uterine             | 2 290mm/plate  | -               | -              | -   | 2   |
| gnl. ept.           | 2 115mm        | -               | -              | -   | 2   |
| Pump, breast        | 2              | -               | -              | -   | 2   |
| Rack, test tube     | 1 Wood, 12tube | -               | -              | -   | 1   |
| *Retractor          |                |                 |                |     |     |
| vag. med            | 2 32x60mm      | -               | -              | -   | 2   |
| vag. small          | 2 25x63mm      | -               | -              | -   | 2   |
| Scale, inf.         | 2 spring salt  | 1 30lbsx1/2oz   | 1 15lbs spring | -   | 4   |
| Adult               | -              | 1 350lbsx1/4lb  | -              | -   | 1   |

\*Items regularly used.

| ITEM                  | FHC                    | HCH              | MIDWIFERY     | IUD             | SUM |
|-----------------------|------------------------|------------------|---------------|-----------------|-----|
| *Scissors             |                        |                  |               |                 |     |
| Bandage               | -                      | 1 182mm ss       | -             | -               | 1   |
| Epi.                  | 2 140mm                | -                | -             | -               | 2   |
| Gauze                 | -                      | 1 215mm ss       | -             | -               | 1   |
| Surg. curv.           | 2 140mm                | -                | -             | -               | 2   |
| Surg. strt.           | -                      | 2 140mm ss       | 1 140mm ss    | -               | 3   |
| Uterine               | -                      | -                | -             | 1 200mm ss cur  | 1   |
| Sheeting, vinyl       | -                      | 2 910mm wide     | 2 910mm wide  | 1 810mm         | 5   |
| Apron                 | -                      | -                | 1 900mm x 1m  | -               | 1   |
| Shield, nipple        | -                      | 5 glass & rubber | -             | -               | 5   |
| Soap-box              | -                      | -                | 1 2pc plastic | 1 2pc plastic   | 2   |
| *Soap, toilet         | -                      | -                | 1 112g bar    | 1 112g bar      | 2   |
| Sound, Uterine        | -                      | -                | -             | 3 300 grad/20mm | 3   |
| Speculum              |                        |                  |               |                 |     |
|                       | 1 Child 140mm          | -                | -             | -               | 1   |
| Nasal                 | 1 Wire ss              | -                | -             | -               | 1   |
| *Vaginal              | -                      | 1 small ss       | -             | 1 small ss      | 2   |
| *Vaginal              | -                      | 1 medium ss      | -             | 2 medium ss     | 3   |
| *Vaginal              | -                      | -                | -             | 1 large ss      | 1   |
| *Sphygmomanometer     |                        |                  |               |                 |     |
|                       | 1 300mm d/type 1 300mm | -                | -             | -               | 2   |
| Splint, multipurp     | 1 Set of 3             | -                | -             | -               | 1   |
| Sterilizer            |                        |                  |               |                 |     |
| p/cooker              | 1                      | 1 boiling        | 1             | 1 boiling       | 4   |
| *Stethoscope          |                        |                  |               |                 |     |
| Foetal                | 2                      | 1 binaural       | 1 binaural    | -               | 4   |
|                       | -                      | 1 monaural       | -             | -               | 1   |
| Stone, sharpening     | -                      | 1 50x19x6.3mm    | -             | -               | 1   |
| *Stove, kerosene      | 1 4 burner             | -                | -             | -               | 1   |
| *Stove, kerosene      | 2                      | -                | -             | -               | 2   |
| Stretcher             | -                      | -                | 1 Army type   | -               | 1   |
| Suture                |                        |                  |               |                 |     |
| Cotton, white         | -                      | 1 00USP 91mm     | -             | -               | 1   |
| Nylon 000USP          | 6                      | -                | -             | -               | 6   |
| Silk, black           | 6 Set of 3             | -                | -             | -               | 6   |
| *Items used regularly |                        |                  |               |                 |     |

| ITEM             | FWC             | MCH            | MIDWIFERY      | IUD | SUM |
|------------------|-----------------|----------------|----------------|-----|-----|
| Syringe          |                 |                |                |     |     |
| 1 ml             | 2 40-80 units   | -              | -              | -   | 2   |
| *2 ml            | -               | 3 luer glass   | 1 luer glass   | -   | 4   |
| 10 ml hypo       | 6 luer glass    | 2 luer glass   | -              | -   | 8   |
| *5 ml hypo       | 12 luer glass   | 2 luer glass   | -              | -   | 14  |
| 50 ml hypo       | 2 luer glass    | -              | -              | -   | 2   |
| Ear, ulcer       | -               | 1 90ml         | -              | -   | 1   |
| Rectal, infnt    | -               | 1 30ml         | -              | -   | 1   |
| Tape measure     | -               | 1 1.5m/60"     | 1 1.5/60"      | -   | 2   |
| Thermometer      |                 |                |                |     |     |
| *Oral            | -               | 3 95/108 F     | 1 35/42 C      | -   | 4   |
| Rectal           | -               | -              | 1 35/42 C      | -   | 1   |
| Tongue depressor | -               | 3 165mm metal  | -              | -   | 3   |
| Tourniquet       | 3 Rubber, 210mm | 1 web 1066mm   | -              | -   | 4   |
| Towel Huck       | -               | -              | 2 430x500mm    | -   | 2   |
| *Tray            |                 |                |                |     |     |
| Instrument       | -               | 1 10x195x63 mm | -              | -   | 1   |
| Shallow          | -               | 1 480x330x19mm | -              | -   | 1   |
| Tube             |                 |                |                |     |     |
| Stomach          | 1 22 FR 1.52    | 2 1.5m irrigtr | 1 1.5m irrigtr | -   | 4   |
| Rectal           | -               | 2 20 FR 500mm  | -              | -   | 2   |
| Rectal           | -               | -              | 1 22FR 500mm   | -   | 1   |
| Rectal           | -               | 1 24 FR 500mm  | -              | -   | 1   |
| Tumbler          | 3 200 ml SS     | -              | -              | -   | 3   |
| Undine dropper   | 2 60mm glass    | -              | -              | -   | 2   |
| Urinal, m        | 1 1.6 L         | -              | -              | -   | 1   |
| Urinary test     | -               | 1 set          | 1 Tubes/Bolt   | -   | 2   |
| Vision, chart    | 1               | -              | -              | -   | 1   |

\*Items regularly used.

## ANNEX D

## CONSUMABLE KIT ITEMS

| Item                         | Quantity           |
|------------------------------|--------------------|
| FWC Kit:                     |                    |
| 1. #22 Surgical knife blade  | 2 pkt.             |
| 2. Suture needles            | 1, 6x8, 15mm       |
| 3. Silk black suture         | 6 set of 3         |
| MCH Kit:                     |                    |
| 1. Surgeon's gloves          | 3 size 7           |
| 2. #3 Surgical knife blades  | 1 pkt 5            |
| 3. #11 Surgical knife blades | 1 pkt 5            |
| 4. #12 Surgical knife blades | 1 pkt 5            |
| 5. Hypo needles 20G          | 1 luer box 12      |
| 6. Hypo needles 22G          | 1 luer box 12      |
| 7. Hypo needles 24G          | 1 luer box 12      |
| 8. Suture needles            | 6, 75mm lancet     |
| 9. Circular suture           | 1, 3/8, pkt 6      |
| 10. White cotton suture      | 1,00USP 21a        |
| Midwifery Kit:               |                    |
| 1. Cotton                    | 1, 113g            |
| 2. Ergometrine Maleate       | 1, 10 0.2mg tab.   |
| 3. Sterile gauze pad         | 20, 12 ply 76x76mm |
| 4. Hypo needles 22G          | 1 luer box 12      |
| 5. Toilet Soap               | 1, 112g bar        |
| IUD Kit:                     |                    |
| 1. Battery                   | 2 D type 1.5V      |
| 2. Surgeon's gloves          | 12 size 6 1/2      |
| 3. Surgeon's gloves          | 24 size 7          |
| 4. Surgeon's gloves          | 24 size 7 1/2      |
| 5. Surgeon's gloves          | 24 size 8          |
| 6. Toilet soap               | 1 112g bar         |
| 7. Flashlight                | 1 2-cell           |

## ANNEX E

## PUSH SYSTEM OF DISTRIBUTION

CONTENTS OF POPULATION CONTROL DIVISION DDS KITS  
ITEMS TO BE NATIONALLY PROCURED

| Sl. Item No.                         | Packing                    | Quantity to be distributed per HFWC |
|--------------------------------------|----------------------------|-------------------------------------|
| 1. Antacid tablets                   | Tin of 500                 | 2 tins                              |
| 2. Bandage                           | 36"x20 yards               | 1 yard                              |
| 3. Cotton Absorbent                  | Pound                      | 2 lbs.                              |
| 4. Gauze                             | than                       | 1 than                              |
| 5. Levamisole syrup                  | 40mg/5ml<br>500ml bottle   | 3 bottles                           |
| 6. Paracetamol tablets               | 500mg tin of 1000          | 2 tins                              |
| 7. Paracetamol syrup                 | 125mg 5ml/<br>500ml bottle | 3 bottles                           |
| 8. Phenobarbiton tablets             | 60mg tin of 100            | 1 tin                               |
| 9. Phenoxymethyl Penicillin<br>syrup | 125mg bottle               | 20 bottles                          |
| 10. Savlon (hospital concentrate)    | 5 litre jar                | 1 jar                               |

ANNEX F

PUSH SYSTEM OF DISTRIBUTION

LIST OF MEDICINES REQUIRED FOR MCH PROGRAMME

| Sl. Medicines No.                 | Procured by          |
|-----------------------------------|----------------------|
| 1. Ampicillin 250mg Caps          | National Procurement |
| 2. Ampicillin Syrup 60ml Bottle   | National Procurement |
| 3. Antibiotic Topical Ointment 5g | National Procurement |
| 4. Metronidazole 60ml             | National Procurement |
| 5. B-Complex                      | National Procurement |
| 6. Dextrose 5% Saline 500ml Bag   | National Procurement |
| 7. Ergometric Amp                 | UNFPA Procured       |
| 8. Ergometric Tab 0.2mg           | UNFPA Procured       |
| 9. Furosemide 20mg Amp            | National Procurement |
| 10. Furosemide 40mg Tab.          | National Procurement |
| 11. Hydrocortisone 2ml Amp        | UNFPA Procured       |
| 12. Inferron 5ml Amp              | National Procurement |
| 13. Iron Tablet                   | National Procurement |
| 14. Pethidine 50mg Amp            | UNFPA Procured       |
| 15. Promethazine 25mg Tab         | UNFPA Procured       |
| 16. Vegetable Laxative Tab        | National Procurement |
| 17. Vitamin A&D Caps              | National Procurement |
| OTHER ITEMS:                      |                      |
| 1. Acetic Acid 5% Lb.             | National Procurement |
| 2. Adhesive Tape 3" Roll          | UNFPA Procurement    |
| 3. Benidicts Solution lb.         | National Procurement |
| 4. Spirit Methylated lb.          | National Procurement |
| 5. Table (Labour & Delivery)      | UNFPA Procurement    |

Ref: UNFPA 16.5.85

## ANNEX G

## DEMAND-PULL SYSTEM OF DISTRIBUTION

## MSR DRUGS SUGGESTED FOR 100 CASES

| Sl. Drugs<br>No.                                   | Quantity    | Remarks                                     |
|--|-------------|---|
| 1. Salyon (hospital concentration)                 | 1 jar       | For 100 cases                               |
| 2. Ferrous sulphate                                | 6,000 tabs. | 1 tab. 2 x day<br>for 30 days;<br>100 cases |
| 3. Paracetamol tablets                             | 600 tabs.   | 6 tabs/case                                 |
| 4. Tetracycline caps. (250mg)/<br>oxy-tetracycline | 200 caps    | For 15% cases<br>only                       |

ANNEX H

DEMAND PULL SYSTEM OF DISTRIBUTION

CONTRACEPTIVES DISTRIBUTED TO HFCS

| Contraceptive      | Main Supplier |
|--------------------|---------------|
| 1. IUD             | USAID         |
| 2. Condom          | USAID         |
| 3. Oral Pills      | GTZ, CIDA     |
| 4. DMPA/Moristerat | UNFPA         |
| 5. Foam tablets    |               |

ANNEX I

SYPPLES MANUAL  
FOR  
H&FWC STAFF

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MCH-FP Extension Project

August, 1985

## A. INTRODUCTION:

This manual has been developed to assist H&FWC personnel in procuring the supplies designated for the H&FWC, which are needed to provide MCH and FP services.

It clarifies and standardizes information about what supplies are designated for the H&FWC and explains how union level clinic personnel can acquire them. The following information concerning supply logistics at the H&FWC is included:

1. Lists of supplies (medicines and contraceptives) designated for the H&FWC.
2. Personnel at the H&FWC responsible to submit requisition for supplies to the FPO and to receive them when they arrive.
3. When and where to submit requisitions.
4. Role of the FPO to monitor the supply situation.
5. Role of the Upazila storekeeper.
6. Proper storage procedures for medicines.

Also presented in this manual are four specific measures aimed at improving the existing supply logistics system at the H&FWC. These measures are:

1. Need based requisition system.
2. Quarterly reporting of supply situation.
3. Monthly reporting of patient flow (disease-wise) at H&FWC.
4. Periodic supply workshops.

## B. THE PRESENT SUPPLIES SYSTEM

### 1. H&FWC SUPPLIES

There are four categories of supplies available for the H&FWC: DDS kits, MCH drugs, MSR items for IUD cases, and contraceptives. Contraceptives and MSR items must be requisitioned by union and upazila staff, whereas DDS kits and MCH drugs are allocated and sent to the upazila on a quarterly basis, or when available, by the MOHPC warehouse. However, both DDS kits and MCH drugs may be requisitioned by an FPO if felt needed.

The following lists the drugs, contraceptives and other supplies available in each of these four categories:

a) DDS Kit

| <u>Item</u>                                    | <u>Quantity Per Kit</u> |
|--|-------------------------|
| 1. Levamisole Tablets                          | 4 btls of 100 tabs      |
| 2. Sulphadiazine Tablets (500 mg)              | 4 tins of 500 tabs      |
| 3. Tetracycline Capsule (250mg)                | 2 tins of 1000 caps     |
| 4. Benzoyl Benzoate                            | 2 btls of 1 litre ea    |
| 5. Metronidazole Tablets (250mg)               | 4 btls of 1000 tabs     |
| 6. Ferrous Sulphate and Folic Acid Tablet      | 4 tins of 1000 tabs     |
| 7. Phenoxymethyl Penicillin Tablets (250mg)    | 25 btls of 100 tabs     |
| 8. Chloramphenicol 1% Eye Ointment (5g)        | 100 tubes               |
| 9. Oral Rehydration Salts (Powder for 1 litre) | 100 pkts of 1 lit ea    |
| 10. Whittfield's ointment (1 kg Jar)           | 2 jars                  |
| 11. Gentian Violet Powder (25g btl)            | 1 bottle                |
| 12. Ampicillin Tablets (250g btl)              | 1 btl of 1000 tabs      |
| 13. Ergometrine Maleate Tab. (0.2mg)           | 1 btl of 100 tabs       |

DDS kits are to be supplied to a functional H&FWC every 3 months or when available. Yearly one kit per upazila will be made available to UO's working in unions without functional H&FWCs. Although a FPO will usually receive DDS kits as per the number of functional H&FWCs in his upazila, he may also requisition for kits if he feels more are needed.

b) MCH Medicines:

|                                  |                         |
|----------------------------------|-------------------------|
| 1. Syp. Paracetamol              | 17. Tab. Premothazine   |
| 2. Tab. Paracetamol              | 18. Tab. Trimethoprim   |
| 3. Cap. Ampicillin               | 19. Tab. Riboflavin     |
| 4. Tab. Ampicillin               | 20. Tab. Antacid        |
| 5. Syp. Ampicillin               | 21. Hibitane obs. cream |
| 6. Syp. Phenoxymethyl penicillin | 22. Inj. Inferon        |
| 7. Syp. Livamin                  | 23. Inj. D/Saline       |
| 8. Tab. Phenobarbitone           | 24. Inj. Hydro Solution |
| 9. Syp. Levamisol                | 25. Savlon              |
| 10. Tab. Penicillin              | 26. Gauze               |
| 11. Syp. Penicillin              | 27. Bandage             |
| 12. Tab. Phenorbiter             | 28. Absorbent Cotton    |
| 13. Syp. Metronidazol            | 29. Tab. Ergometrine    |
| 14. Tab. Avomine                 | 30. Inj. Ergometrine    |
| 15. Tab. Frusamide               | 31. Tab. Rogocine       |
| 16. Syp. Premothazine            | 32. Tab. Laxina         |

MCH drugs are now being allocated to upazilas on a

quarterly basis, or when available. However, FROs may requisition for any of the MCH medicines he finds in short supply in his upazila.

c) MSR Items for 100 Cases:

1. Savlon (1 jar for 100 cases)
2. Ferrous Sulphate (1 tablet 2 x a day for 30 days)
3. Paracetamol Tablets (6 tablets per case)
4. Tetracycline capsules (250 mg)

MSR items must be requisitioned for by the union staff, and subsequently by the FPO.

d) Contraceptives:

1. Copper T
2. Oral Pills - NORIDAY, OVRAL, CS
3. Condoms
4. DMPA Vials
5. Noristerate Vials
6. Foam Tablets /EHKO

Contraceptives must be requisitioned for by the union personnel, and subsequently by the FPO.

2. H&FWC PERSONNEL RESPONSIBLE FOR REQUISITIONING AND RECEIVING SUPPLIES:

- a) The MA (or FMV if the MA is absent) is responsible to submit the requisition for all medicines (DDS kit, loose MCH drugs, MSR items) and sign the RIV when supplies arrive.
- b) Either the TPA or FMV may take the responsibility for submitting the requisition for contraceptives, as determined by the FPO. The person submitting the requisition should also receive the contraceptives.

3. WHEN AND WHERE TO SUBMIT REQUISITIONS:

- a) The person at the H&FWC responsible to submit the requisition should check the supply situation fortnightly. Based on his/her own judgement, determine if the supplies will run out before one month's time. If so, submit a requisition, no matter whether or not supplies are at that time available at the upazila store.
- b) Requisition should be submitted to the FPO either the first week of every month at the Salary and Supply Meeting or during the third week of every month when the opportunity arises to go to the upazila store. A third possibility is at the Mid-level Supervisory Meeting.

4. ROLE OF THE FPO TO MONITOR THE SUPPLY SITUATION:

- a) The FPO is responsible to ensure there are adequate supplies in the upazila store and at the H&FWCs. Fortnightly, he should determine if the supply stock at the upazila store will meet the forecasted requirements of the upazila for the next month. If he determines the stock to be insufficient, he will submit a requisition to the DD.
- b) When the FPO visits the H&FWC, he should check the supply situation and encourage the MA, FWV and FPA to submit requisitions to him in sufficient time to receive supplies before the stock is depleted.

5. ROLE OF THE UPAZILA STOREKEEPER:

- a) The upazila storekeeper is to keep on file one copy of the requisition form (see Annex A, I - III) submitted by the MA, FWV or FPA, even if supplies are not immediately available at the upazila store.
- b) He is to check the stock position fortnightly and assess whether it can meet the estimated requirement of this upazila for next 30 days. If it is found that the stock is not sufficient, he should inform the FPO and take initiative to submit a requisition/indent to DD immediately.
- c) He should check the expiry date of the drugs and contraceptives he receives. Those with a short expiry date should be the first to be supplied to the field.
- d) He is to keep all records (relating to supply) properly.

6. PROPER STORAGE OF MEDICINE FOR MA AND FWV:

- a) When drugs (or contraceptives) arrive, check the expiry date and enter them into the Supply Register.
- b) When drugs first arrive and the expiry date is checked, be sure to first use drugs with a short expiry date and be certain to use all drugs within their specified time. Return all drugs which have expired to the FPO.
- c) Do not store drugs in wet places or where there is direct sunlight. Always keep covers tightly closed or packets sealed.
- d) Keep drugs on two shelves of the almirah (or front and back of one shelf) and first use from top shelf (or front of shelf). Once the upper shelf (or front) is running low, bring up drugs from lower shelf (or back of shelf). This movement is also an indication that a requisition for supplies needs to be submitted.

### C. PROPOSED MEASURES FOR LOGISTICS IMPROVEMENT

The following four measures are designed to improve the supply logistics system at the H&FWC. These measures were developed during workshops held in Sirajganj and Abhoynagar during July and August 1985. Participants in the workshops included MOHPC district and upazila officials and H&FWC staff.

#### 1. NEED-BASED REQUISITION FORM

Presently there is no requisition system in place at the union and upazila levels for personnel to request drugs and contraceptives on the basis of their actual requirement. It has been observed that when supplies at the H&FWC are needed, the MA, FWV, or FPA goes to the upazila storekeeper to ask what drugs and contraceptives are available. They then receive and sign the Issue Voucher for only those supplies which are available at the upazila store.

This same process occurs between the upazila and district levels. Prior to submitting a requisition, the storekeeper of the FPO goes to the DD's office and checks with the district storekeeper regarding which supplies are available in stock.

This system prevents the union level workers from obtaining all supplies necessary to meet the needs of their clientele. Also the MCH-FP programme managers (the DD and FPO) are not made aware of supplies needed but unavailable at the district and upazila stores.

The introduction of a regular need-based requisition system will help overcome these problems. The H&FWC staff responsible for the drugs and contraceptives will submit a requisition to the FPO of all supplies needed, whether they are available at the family planning store or not. (See page 4 for When And Where to Submit Requisitions) The requisition will be submitted in duplicate - one copy to be retained by the storekeeper for his records, and the other to be returned to the requisitioner after the storekeeper has marked those items supplied at that time.

This system then enables the FPO's storekeeper to submit his requisition to the DD through the FPO for those supplies needed at the H&FWC but not available at the upazila store.

A proposed format of the Requisition Form is shown in Annex A.

This system, if followed properly and regularly, will keep the FPO and DD well informed of the supply situation at the H&FWC and upazila levels respectively. The regular submission of requisitions between union, upazila and district levels, based on requirements, will ultimately improve the supply situation in the field.

## 2. QUARTERLY REPORTING OF SUPPLY SITUATION:

The MAs/FWVs/EPA's will submit a supply reporting form to the FPO every 3 months containing the following data:

- a) Statement of requisitions submitted by them for drugs and contraceptives during last 3 month period with dates of submission of requisition.
- b) Statement of drugs and contraceptive received (with dates) by them during the last 3 month period.
- c) The stock position at the H&FWC on the day of submission of the Supply Reporting Form.

An analysis of this data will provide information regarding:

- i) the actual supply situation at the H&FWC,
- ii) a realistic schedule of the frequency of supply distribution to the H&FWC, and
- iii) an estimate of the requirements of H&FWC-designated supplies on the basis of the workers judgement.

This information will support recommendations to policy makers for the improvement of the existing supply situation.

A proposed format of the Supply Reporting Form is given at Annex B.

## 3. MONTHLY REPORTING OF PATIENT FLOW (DISEASE WISE) AT H&FWC:

The MAs/FWVs will submit a report to the FPO every month stating disease-wise number of patients attended by them at the H&FWC and Satellite Clinics. This report will also contain the quantum of MCH services provided by them. A proposed format of this report is shown at Annex C.

This report will provide necessary information to assess the actual requirements of drugs for a specific H&FWC in particular and for rural H&FWCs in general by taking into account the seasonal variability of diseases in rural areas.

#### 4. PERIODIC SUPPLY WORKSHOP:

It is suggested that a workshop on Supply Logistics be held at upazila level (at UHC) at 3 month intervals to review the supply situation and discuss problems during that period.

Participants in the workshops will include all MAs, FWVs, FPAs, ABIs and HIs. The UHFPO, MO(MCH), and FPO will attend to conduct the workshop. It is expected that such workshops will play a vital role in solving some of the supply problems and thereby improve the existing supply situation.

## ANNEX A (I)

INDENT FORM (DRUGS)

Name of the HFWC/MCWC/MCH Unit: \_\_\_\_\_

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

Name of the MO/MA/FWV: \_\_\_\_\_

| Sl. No. | Name of Articles              | Quantity in stock | Quantity required | Quantity supplied | Remarks |
|---------|-------------------------------|-------------------|-------------------|-------------------|---------|
|         | <u>MCH DRUGS:</u>             |                   |                   |                   |         |
| 1.      | Tab. Paracetamol              |                   |                   |                   |         |
| 2.      | Tab. Ampicillin               |                   |                   |                   |         |
| 3.      | Tab. Phenobarbitone           |                   |                   |                   |         |
| 4.      | Tab. Penicillin               |                   |                   |                   |         |
| 5.      | Tab. Phensobiten              |                   |                   |                   |         |
| 6.      | Tab. Avomine                  |                   |                   |                   |         |
| 7.      | Tab. Frusamide                |                   |                   |                   |         |
| 8.      | Tab. Promethazine             |                   |                   |                   |         |
| 9.      | Tab. Trimethoprin             |                   |                   |                   |         |
| 10.     | Tab. Riboflavin               |                   |                   |                   |         |
| 11.     | Tab. Antacid                  |                   |                   |                   |         |
| 12.     | Tab. Ergometrine              |                   |                   |                   |         |
| 13.     | Tab. Rogocine                 |                   |                   |                   |         |
| 14.     | Tab. Laxina                   |                   |                   |                   |         |
| 15.     | Cap. Ampicillin               |                   |                   |                   |         |
| 16.     | Syp. Ampicillin               |                   |                   |                   |         |
| 17.     | Syp. Paracetamol              |                   |                   |                   |         |
| 18.     | Syp. Phenoxymethyl Penicillin |                   |                   |                   |         |
| 19.     | Syp. Livamin                  |                   |                   |                   |         |
| 20.     | Syp. Levamisol                |                   |                   |                   |         |
| 21.     | SYP. Penicillin               |                   |                   |                   |         |
| 22.     | Syp. Metronidazol             |                   |                   |                   |         |
| 23.     | Syp. Promethazine             |                   |                   |                   |         |

| Sl. No. | Name of Articles     | Quantity in stock | Quantity required | Quantity supplied | Remarks |
|---------|----------------------|-------------------|-------------------|-------------------|---------|
| 24.     | Inj. Imferon         |                   |                   |                   |         |
| 25.     | Inj. Dextrse Saline  |                   |                   |                   |         |
| 26.     | Inj. Hydro Solution  |                   |                   |                   |         |
| 27.     | Inj. Ergametrine     |                   |                   |                   |         |
| 28.     | Hibitance Obs. Cream |                   |                   |                   |         |
| 29.     | Savlon               |                   |                   |                   |         |
| 30.     | Gauze                |                   |                   |                   |         |
| 31.     | Bandage              |                   |                   |                   |         |
| 32.     | Absorbent Cotton     |                   |                   |                   |         |
| 33.     | O.R.S.               |                   |                   |                   |         |

MSR for IUD:

|    |                       |  |  |  |  |
|----|-----------------------|--|--|--|--|
| 1. | Tab. Paracetamol      |  |  |  |  |
| 2. | Tab. Ferrous Sulphate |  |  |  |  |
| 3. | Cap. Tetracycline     |  |  |  |  |
| 4. | Savlon                |  |  |  |  |
| 5. | Cotton                |  |  |  |  |

Seen

\_\_\_\_\_  
Signature of  
the MO (MCH)

\_\_\_\_\_  
Signature of  
the Store-keeper

\_\_\_\_\_  
Signature of  
the FPO

\_\_\_\_\_  
Signature of the  
requisitioner  
(MA/FWV/MO)

Date

Date

Date

Date

\_\_\_\_\_  
Signature of the recipient  
(MA/FWV/MO)

Date

INDENT FORM (CONTRACEPTIVES)

Name of the Union/H&amp;FWC/MCWC/MCH Unit: \_\_\_\_\_

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

Name of the MO/MA/FWV/FPA/AHI: \_\_\_\_\_

| Sl. No. | Name of Articles      | Quantity in stock          | Quantity requested | Quantity supplied | Remarks |
|---------|-----------------------|----------------------------|--------------------|-------------------|---------|
| 1.      | Oral Pill             | Noriday 1 + 50 (in cycles) |                    |                   |         |
|         |                       | Ovral (in cycles)          |                    |                   |         |
|         |                       | C - 5 (in cycles)          |                    |                   |         |
| 2.      | Condom (in pieces)    |                            |                    |                   |         |
| 3.      | IUD                   | loop (in nos.)             |                    |                   |         |
|         |                       | Copper T (in nos.)         |                    |                   |         |
| 4.      | Emko (in bottles)     |                            |                    |                   |         |
| 5.      | Injec-table           | EMPA (in vials)            |                    |                   |         |
|         |                       | Noristerat (in amples)     |                    |                   |         |
| 6.      | Tablet Foam (in nos.) |                            |                    |                   |         |

Seen

Signature of the  
MO (MCH-FP)Signature of the  
Store-KeeperSignature of the  
F.P.O.Signature of the  
requisitioner  
(MA/FWV/FPA/MO/AHI)

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature of the recipient  
(MA/FWV/FPA/MO)

Date \_\_\_\_\_

INDENT FORM (ORS)

Name of the Union/H&amp;FWC/MCWC/MCH Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the MO/MA/FWV/FPA/AHI: \_\_\_\_\_

| Sl. No. | Name of the Articles | Quantity in stock | Quantity required | Quantity supplied | Remarks |
|---------|----------------------|-------------------|-------------------|-------------------|---------|
| 1.      | ORS                  |                   |                   |                   |         |

Seen \_\_\_\_\_  
Signature of the MO (MCH)      Signature of the Store-Keeper      Signature of the FPO/UHFPO      Signature of the requisitioner (MA/FWV/FPA/AHI/MO)  
Date \_\_\_\_\_      Date \_\_\_\_\_      Date \_\_\_\_\_      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the recipient (MA/FWV/FPA/AHI/MO)

Date \_\_\_\_\_

SUPPLY REPORT FORM (DRUGS)

ANNEX B (I)

Name of the Union/H&FWC/MOWC/MCE Unit: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_ 198

Name of the MO/MR/FWV/FPA/AHL: \_\_\_\_\_

| Sl. No. | Name of Articles    | Requested |          |          |          | Total Requested | Opening Balance** | Received |          |          |          | Total Received | Total stock (Opening Balance + Total Received) | Total Consumption during Report Period | Balance** | Remarks |
|---------|---------------------|-----------|----------|----------|----------|-----------------|-------------------|----------|----------|----------|----------|----------------|--|--|-----------|---------|
|         |                     | 1st       | 2nd      | 3rd      | 4th      |                 |                   | 1st      | 2nd      | 3rd      | 4th      |                |  |  |           |         |
|         |                     | Date      | Date     | Date     | Date     |                 |                   | Date     | Date     | Date     | Date     |                |  |  |           |         |
|         |                     | Quantity  | Quantity | Quantity | Quantity |                 |                   | Quantity | Quantity | Quantity | Quantity |                |  |  |           |         |
| 1.      | Tab. Paracetamol    |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 2.      | Tab. Ampicillin     |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 3.      | Tab. Phenobarbitone |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 4.      | Tab. Penicillin     |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 5.      | Tab. Phensorbiten   |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 6.      | Tab. Avonine        |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 7.      | Tab. Prusamide      |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 8.      | Tab. Premethazine   |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 9.      | Tab. Trimethoprin   |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 10.     | Tab. Rebflavin      |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 11.     | Tab. Antacid        |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 12.     | Tab. Ergometrane    |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 13.     | Tab. Rogocaine      |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 14.     | Tab. Laxina         |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 15.     | Cap. Ampicillin     |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |
| 16.     | Syp. Ampicillin     |           |          |          |          |                 |                   |          |          |          |          |                |  |  |           |         |

ANNEX B (I) Cont'd

Name of the Union/BAFWC/MOWC/MCH Unit: \_\_\_\_\_

Period: \_\_\_\_\_ 5 \_\_\_\_\_ 198

Name of the MO/MA/PWV/FPA/ASI: \_\_\_\_\_

| Sl. No. | Name of Articles              | Requested |          |          |          | Total Requested Quantity | Balance* | Received |          |          |          | Total Received | Total stock (Opening Balance + Total Received) | Total Consumption during Reporting Period | Balance ** | Remarks |
|---------|-------------------------------|-----------|----------|----------|----------|--------------------------|----------|----------|----------|----------|----------|----------------|--|---|------------|---------|
|         |                               | 1st Date  | 2nd Date | 3rd Date | 4th Date |                          |          | 1st Date | 2nd Date | 3rd Date | 4th Date |                |  |   |            |         |
|         |                               | Quantity  | Quantity | Quantity | Quantity |                          |          | Quantity | Quantity | Quantity | Quantity |                |  |   |            |         |
| 17.     | Syp. Paracetamol              |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 18.     | Syp. Phenoxymethyl Penicillin |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 19.     | Syp. Levamisol                |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 20.     | Syp. Levamisol                |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 21.     | Syp. Penicillin               |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 22.     | Syp. Metronidazol             |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 23.     | Syp. Promethazine             |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 24.     | Inf. Inferon                  |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 25.     | Inf. Dextrose Saline          |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 26.     | Inf. Hydro Solution           |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 27.     | Inf. Ergametrine              |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 28.     | Resistance Cos. Cream         |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 29.     | Savlon                        |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 30.     | Gauze                         |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| 31.     | Bandage                       |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |

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ANNEX B (I) Cont'd

Name of the Union/H&FWO/MOWD/MCH Unit: \_\_\_\_\_

Name of the MO/MA/FWV/FPA/AHI: \_\_\_\_\_

Period: \_\_\_\_\_ 198

| Sl. No. | Name of Articles      | Requested |          |          |          | Total Requested Quantity | Balance * | Received |          |          |          | Total Received | Total stock (Opening Balance + Total Received) | Total Consumption during Reporting Period | Balance ** | Remarks |
|---------|-----------------------|-----------|----------|----------|----------|--------------------------|-----------|----------|----------|----------|----------|----------------|--|---|------------|---------|
|         |                       | 1st Date  | 2nd Date | 3rd Date | 4th Date |                          |           | 1st Date | 2nd Date | 3rd Date | 4th Date |                |  |   |            |         |
|         |                       | E M Y     | E M Y    | E M Y    | E M Y    |                          |           | E M Y    | E M Y    | E M Y    | E M Y    |                |  |   |            |         |
| 1.      | Absorbent Cotton      | Quantity  | Quantity | Quantity | Quantity |                          |           | Quantity | Quantity | Quantity | Quantity |                |  |   |            |         |
| 2.      | C.R.S.                |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |
|         | MSF POP IUD:          |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |
|         | Tab. Paracetamol      |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |
|         | Tab. Ferrous Sulphate |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |
|         | Cap. Tetraacycline    |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |
|         | Savior                |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |
|         | Cotton                |           |          |          |          |                          |           |          |          |          |          |                |  |   |            |         |

\*Opening balance refers to the balance of drugs on the 1st day of reporting period.  
 \*\*Balance refers to the balance of drugs on the last day of the reporting period.

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 Signature of the Employee  
 Date \_\_\_\_\_

SUPPLY REPORT FORM (CONTRACEPTIVES)

ANNEX B (II)

Name of the Union/EAFWC/MOWC/MCE Unit: \_\_\_\_\_

Name of the MO/MR/EWW/EPA/ABL: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_ 198

| Name of Articles            | Requested |          |          |          | Total Requested Quantity | Balance* | Received |          |          |          | Total Received | Total stock (Opening Balance + Total received) | Total Consumption during Reporting Period | Balance ** | Remarks |
|-----------------------------|-----------|----------|----------|----------|--------------------------|----------|----------|----------|----------|----------|----------------|--|---|------------|---------|
|                             | 1st Date  | 2nd Date | 3rd Date | 4th Date |                          |          | 1st Date | 2nd Date | 3rd Date | 4th Date |                |  |   |            |         |
|                             | D M Y     | D M Y    | D M Y    | D M Y    |                          |          | D M Y    | D M Y    | D M Y    | D M Y    |                |  |   |            |         |
| Quantity                    | Quantity  | Quantity | Quantity | Quantity | Quantity                 | Quantity | Quantity | Quantity | Quantity | Quantity | Quantity       | Quantity                                       | Quantity                                  | Quantity   |         |
| Noniday 1-50 (in cycles)    |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Oral (in cycles)            |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Oral C-5 (in cycles)        |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Condom (in pieces)          |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Loop (in Nos.)              |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Copper I (in Nos.)          |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Evra (in bottles)           |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| INTRA                       |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Injec (in vials)            |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Tab. Nonisterat (in amples) |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |
| Tab. Foam (in Nos.)         |           |          |          |          |                          |          |          |          |          |          |                |  |   |            |         |

\*Opening balance refers to the balance of contraceptives on the 1st day of the reporting period.  
 \*\*Balance refers to the balance of contraceptives on the last day of the reporting period.

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 Signature of the Employee  
 Date: \_\_\_\_\_

SUPPLY REPORT FORM (GRS)

Name of the Union/B&FWC/MOWC/MCH Unit: \_\_\_\_\_

Period: \_\_\_\_\_ 198

Name of the MO/PA/FWW/FPA/AHL: \_\_\_\_\_

| Name of Articles | Requested |          |          |          | Total Requested | Opening Balance* | Received |          |          |          | Total Received | Total stock (Opening Balance + Total Received) | Total Consumption during Report Period | Balance ** | Remarks |
|------------------|-----------|----------|----------|----------|-----------------|------------------|----------|----------|----------|----------|----------------|--|--|------------|---------|
|                  | 1st Date  | 2nd Date | 3rd Date | 4th Date |                 |                  | 1st Date | 2nd Date | 3rd Date | 4th Date |                |  |  |            |         |
|                  | D M Y     | D M Y    | D M Y    | D M Y    |                 |                  | D M Y    | D M Y    | D M Y    | D M Y    |                |  |  |            |         |
| Quantity         | Quantity  | Quantity | Quantity | Quantity | Quantity        | Quantity         | Quantity | Quantity | Quantity | Quantity | Quantity       | Quantity                                       | Quantity                               | Quantity   |         |
| C.R.S.           |           |          |          |          |                 |                  |          |          |          |          |                |  |  |            |         |

\*Opening balance refers to the balance of GRS on the 1st day of the reporting period.  
 \*\*Balance refers to the balance of GRS on the last day of the reporting period.

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 Signature of the Employee  
 Date: \_\_\_\_\_

PATIENT ATTENDANCE REPORT FORM

Name of the HFWC/MCWC/MCH Unit: \_\_\_\_\_

Month: \_\_\_\_\_

Name of the MO/MA/FWV: \_\_\_\_\_

| Sl. No. | Name of the diseases         | No. of Patients       |        |                          |        | General |        | Total |
|---------|------------------------------|-----------------------|--------|--------------------------|--------|---------|--------|-------|
|         |                              | Children under 5 yrs. |        | Children 5 yrs to 15 yrs |        | Male    | Female |       |
|         |                              | Male                  | Female | Male                     | Female |         |        |       |
| 1.      | Diarrhoea                    |                       |        |                          |        |         |        |       |
| 2.      | Gastroenteritis              |                       |        |                          |        |         |        |       |
| 3.      | Amoebic                      |                       |        |                          |        |         |        |       |
|         | Bacillary                    |                       |        |                          |        |         |        |       |
| 4.      | Scabies                      |                       |        |                          |        |         |        |       |
| 5.      | Skin Infection               |                       |        |                          |        |         |        |       |
| 6.      | Work Infestation             |                       |        |                          |        |         |        |       |
| 7.      | Respiratory Throat Infection |                       |        |                          |        |         |        |       |
| 8.      | Pneumonia                    |                       |        |                          |        |         |        |       |
| 9.      | Bronchitis                   |                       |        |                          |        |         |        |       |
| 10.     | Bronchitic Asthma            |                       |        |                          |        |         |        |       |
| 11.     | Whooping Cough               |                       |        |                          |        |         |        |       |
| 12.     | T.B.                         |                       |        |                          |        |         |        |       |
| 13.     | Ear Infection (Otitis Media) |                       |        |                          |        |         |        |       |
| 14.     | Conjunctivitis               |                       |        |                          |        |         |        |       |
| 15.     | Jaundice                     |                       |        |                          |        |         |        |       |
| 16.     | Common Cold                  |                       |        |                          |        |         |        |       |
| 17.     | Malnutrition                 |                       |        |                          |        |         |        |       |
| 18.     | Peptic Ulcer                 |                       |        |                          |        |         |        |       |
| 19.     | Measles                      |                       |        |                          |        |         |        |       |
| 20.     | Nephritis                    |                       |        |                          |        |         |        |       |

| Sl. No. | Name of the diseases | No. of Patients       |        |                          |        | General |        | Total |
|---------|----------------------|-----------------------|--------|--------------------------|--------|---------|--------|-------|
|         |                      | Children under 5 yrs. |        | Children 5 yrs to 15 yrs |        | Male    | Female |       |
|         |                      | Male                  | Female | Male                     | Female |         |        |       |
| 21.     | Gonorrhoea/Syphilis  |                       |        |                          |        |         |        |       |
| 22.     | Typhoid              |                       |        |                          |        |         |        |       |
| 23.     | Injury               |                       |        |                          |        |         |        |       |
|         | Miscella-<br>neous   |                       |        |                          |        |         |        |       |
|         |                      |                       |        |                          |        |         |        |       |
|         |                      |                       |        |                          |        |         |        |       |
|         | Sub-Total            |                       |        |                          |        |         |        |       |
|         | MCH Care             | Antenatal Care        |        |                          |        |         |        |       |
|         |                      | Delivery              |        |                          |        |         |        |       |
|         |                      | Postnatal Care        |        |                          |        |         |        |       |
|         | Sub-Total            |                       |        |                          |        |         |        |       |
|         | Grand Total          |                       |        |                          |        |         |        |       |

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Signature of the Employee

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