

PA-ABM-739

REV 7/92/92

**TANZANIA  
FIELD ASSESSMENT OF TRANSPORT AND STORAGE  
AND  
TECHNICAL ASSISTANCE IN LOGISTICS  
MANAGEMENT INFORMATION SYSTEMS**

**July 8 - August 7, 1992**

**submitted by,  
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## **LIST OR ACRONYMS**

<b>ACP</b>	<b>AIDS Control Program</b>
<b>DANIDA</b>	<b>Danish International Development Agency</b>
<b>DCCO</b>	<b>District Cold Chain Officer</b>
<b>DMCHC</b>	<b>District Maternal Child Health Coordinator</b>
<b>DMO</b>	<b>District Medical Officer</b>
<b>EDP</b>	<b>Essential Drug Program</b>
<b>EPI</b>	<b>Expanded Program on Immunization</b>
<b>FPLM</b>	<b>Family Planning Logistics Management Project</b>
<b>FPU</b>	<b>Family Planning Unit</b>
<b>GOT</b>	<b>Government of Tanzania</b>
<b>GTZ</b>	<b>German Technical Cooperation</b>
<b>HIS</b>	<b>Health Information System</b>
<b>HMIS</b>	<b>Health Management Information System</b>
<b>LMIS</b>	<b>Logistics Management Information System</b>
<b>MCH</b>	<b>Maternal Child Health</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>NFPF</b>	<b>National Family Planning Program</b>
<b>NPF</b>	<b>National Provident Fund (warehouse for rent)</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>RCCO</b>	<b>Regional Cold Chain Officer</b>
<b>RMCHC</b>	<b>Regional Maternal Child Health Coordinator</b>
<b>RMO</b>	<b>Retired Medical Officer</b>
<b>SEATS</b>	<b>Service Expansion and Technical Support</b>
<b>UNFPA</b>	<b>United Nations Fund for Population Assistance</b>

## TABLE OF CONTENTS

I.	SUMMARY .....	1
II.	BACKGROUND .....	2
III.	ACTIVITIES .....	3
	A. Inventory Control & Logistics Management Information Systems .....	3
	B. Transport & Storage Systems .....	3
	C. Project Management & Implementation .....	4
IV.	FINDINGS .....	5
	A. Inventory Control & Logistics Management Information Systems .....	5
	B. Transport & Storage Systems .....	6
	C. Project Management & Implementation .....	8
V.	RECOMMENDATIONS .....	9
	A. Next Steps .....	9
	B. Inventory Control & Logistics Management Information Systems .....	10
	C. Transport & Storage Systems .....	11
	D. Project Management & Implementation .....	13
APPENDICES		
	Appendix 1a - Map of Tanzania (with route of Field Assessment) .....	14
	Appendix 1b - Zonal, Regional and District Headquarters visited on the initial Transport and Storage assessment .....	15
	Appendix 2 - Persons Contacted .....	16
	Appendix 3 - Central Warehouse Assessment .....	17
	Appendix 4 - MCH3 Form .....	18
	Appendix 5 - Quarterly Report & Request for Contraceptives Form .....	19
	Appendix 6 - Specific Recommendations .....	20
	Appendix 7 - FPLM 12 Month Workplan .....	21
	Appendix 8 - Questionnaire for Transport and Storage Assessment .....	22
	Appendix 9 - Questionnaire for Baseline FP Logistics Survey .....	23

## **I. SUMMARY**

The primary reason for this visit was to advance the developing Tanzania logistics project. Specifically, the following four tasks were selected for the scope of work:

1. conduct the first leg of the "national assessment of transport and storage" at the regional and district levels,
2. collaborate with the MOH, and World Bank consultant Linda Werner, in integrating the proposed logistics MIS (LMIS) into the overall primary health care (PHC) health information system,
3. receive and incorporate feedback from the family planning unit (FPU), MOH and USAID regarding the proposed LMIS, inventory control system and project implementation strategy,
4. assess the suitability of three candidate warehouses for use at the central level by the FPU.

A particular focus of this TA visit was to incorporate development plans for transport and storage systems into the existing proposal for developing inventory control and logistics management information systems. Together, these four elements make up the overall logistics system. Activities, findings and recommendations in this report are presented by these subject areas. Specific recommendations are on the following pages:

- **LMIS and inventory control - 10.**
- **transportation and storage - 11.**
- **project implementation and management - 13.**

I would like to take this opportunity to thank the many MCH coordinators and Aides we interviewed (listed in Appendix 2) for their cooperation during the transport and storage assessment. I am also grateful for the assistance and support of Dr. Mrisho and the FPU staff, Dana Vogel and Dr. Mburu of USAID/Dar, Deryck Omuodo of SEATS, Pers Larson of DANIDA and Dr. Mzige of the MOH.

## **II. BACKGROUND**

The July-August, 1992 trip by FPLM consultant Steve Perry was the second visit in the current effort by USAID/Dar and the Family Planning Logistics Management (FPLM) project to assist the MOH-FPU to develop a well functioning logistics system. During the initial visit, March 18 - April 15, 1992, an FPLM team conducted a logistics needs assessment, developed a preliminary strategy for assistance and prepared contraceptive procurement tables.

Two factors in particular shaped the direction of the second trip.

**First**, due to limits on time and in-country travel during the first trip, the consultants were not able to evaluate storage conditions or transportation arrangements below the central level. Consequently, the assessment and the resulting proposal for assistance focused on the inventory control and logistics management information systems. (see Tanzania trip report; Atkinson, et al. 3/15/92-4/17/92)

**Second**, was the need to mesh with the on-going effort on the part of the Tanzanian MOH to foster integration of the vertical PHC programs in the areas of information management, transportation and storage of supplies, etc. (see the MOH/PHC "Master Plan"). Unfortunately, it wasn't until the end of the first trip that the FPLM team was told that the Tanzanian MOH had approved the primary health care program's integrated health information system (HIS). The HIS is part of the MOH's efforts to foster sustainability through integration of PHC programs, and as a PHC program, the National Family Planning Program (NFPP), is obligated to use the HIS - including the logistics component. This complicated our efforts because the LMI part of the HIS bore little resemblance to the LMIS we had designed for the NFPP.

### **III. ACTIVITIES**

As a consequence of the need to include the transportation and storage systems in the logistics assistance plan, and the need to tie the plans for logistics assistance to the NFPP into the efforts of the MOH to integrate the PHC programs, much of the trip was spent working with the FPU on a field assessment of transportation and storage, and conducting meetings with donor and MOH officials to coordinate efforts.

#### **A. Inventory Control and Management Information Systems**

Coordinating the development of the LMIS proposed for the FPU into the HIS required working closely with the HMIS unit within the MOH and with Linda Werner, World Bank consultant and primary designer of the HIS.. The first three days of the visit were spent in Nairobi with Linda Werner forging a consensus on the design and use of a logistics MIS for the FPU which would work within the structure of the overall HIS. The discussions were successful in that a detailed system was largely agreed upon that incorporated the important points of the FPLM proposed system while being agreeable to the HIS. This agreement is essential to the development of a NFPP LMIS because the top levels of the MOH ruled in June that parallel information systems used in any of the vertical PHC programs would be superseded by the HIS. A spin-off benefit of the discussions was an agreement to use this basic LMIS designs for all PHC programs. This system was further discussed on August 6 with Dr. Mrisho of the FPU, L. Werner, E. Mbathia of the MOH's HMIS, and Dr. Mburu of USAID. this discussion resulted in a few small changes to the forms and an enhanced commitment to collaboration.

#### **B. Transportation and Storage Systems**

The bulk of the visit was spent on a two week field assessment of logistics conditions at six regional, seven district and one zonal center (see Appendix 1a for route). At each of the visited sites, the FPLM consultant and his FPU counterparts, Mr. D. Mmari and Mr. M. Kazaura, conducted a baseline survey of logistics status as well as an in-depth assessment of the transport and storage conditions. The assessment also provided a chance to evaluate earlier decisions reached on the LMIS, inventory control and supervision structures. Based on field findings changes were made to the LMIS and discussions were begun with the EPI program on formal coordination/integration of transport systems. The major findings of the assessment (see Section IV. B) were presented at a major debriefing (Aug. 4) which was attended by representatives of USAID, the FPU, UNFPA, the MOH, SEATS and DANIDA. One day was also spent visiting and evaluating the three candidate warehouses for FPU use at the central level (see Appendix 3 for the new central warehouse assessment.)

### **C. Project Implementation and Management**

The issues surrounding the structure and pace of the logistics project implementation and management were discussed in meetings with Dr. Mrisho and in a meeting between USAID/Dar (Dr. F. Mburu), SEATS (Mark Okunu & Deryck Omuodo) and FPLM (Steven Perry). Additionally these issues were touched on by Dana Vogel during the Aug 4 debriefing. Based on these discussions the planning documents "FPLM 12 Month Workplan" and "Tanzania Country Strategy" were amended to reflect consensus reached.

## **IV. FINDINGS**

### **A. Inventory Control and Logistics Management Information Systems**

This sections presents the major findings of the TA visit grouped by element of the overall logistics system: Inventory Control, LMIS, Transport, Storage, Project Implementation and Management.

#### **INVENTORY CONTROL SYSTEM**

1. There were frequent stockouts in every region and district visited. Stockouts at the district level were most often the result of stockouts at the regions.
2. There is no standard inventory control system. What exists is a rudimentary "push" system where more often than not supplies are simply issued to the next lower level without regard to the quantities needed. For example, it is not uncommon for a RMCH coordinator to divide the supplies up equally by the number of districts and hold them until the districts can come to the region and collect them.
3. There are no decision rules regarding when orders should be placed, how order quantities should be calculated, when deliveries should be made, etc.
4. When orders are placed, it is common for the request not to be made until a stockout is inevitable.
5. Consignments of oral contraceptives were typically being supplied without regard to BRAND/TYPE preference.
6. It is not the policy of the Tanzanian MOH to track or procure commodities by brand.

#### **LMIS**

1. The regional and district MCH Coordinators keep accurate records of receipts, issues and stocks on hand in their "ledger" books, and supplies dispensed to users in their "day-to-day" books. Issue vouchers are used and kept in separate files.
2. This information is generally not passed on to the next level or used for requesting or issuing supplies.
3. Although the ledgers and day-to-day books track orals by brand, there is not a mechanism for reporting this information up to the next level. The MCH3 form which, in theory, should serve this function, does not allow for the reporting of orals by brand.

4. The FP logistics section of the MCH3, is almost never filled out and is anyway inadequate for the purpose. The MCH3 FP service data section is always filled out and is sometimes used for logistics purposes.
5. In the districts and regions where UNFPA consultant M. Descouens conducted the "pilot test", MCH Coordinators are generally using a report and order form for FP logistics to their benefit.
6. All LMIS design issues need to be worked out with the HMIS and World Bank consultant Linda Werner to ensure acceptance into the HIS.
7. Because an HIS goal is to standardize information management systems across all PHC programs, there are competing demands on the design of any one area such as LMIS.
8. Certain changes have been proposed for the forms presented in the Tanzania trip report by Atkinson, et al. 3/5/92 - 4/17/92.

## **B. Transport and Storage Systems**

### **TRANSPORT**

#### **From Dar to the Regions**

1. Transport between Dar and the regions is by the NFPP's 10-ton truck aided by GTZ in the Kilimanjaro region and EDP on an infrequent basis elsewhere.
2. The first impediment to regular quarterly deliveries to the regions is due to lack of drivers as opposed to trucks. Only one of the FPU's three drivers is authorized by UNFPA to drive the 10-ton truck and he is too often tasked to other driving assignments. Hence, the truck sits idle at times when regions are in need of deliveries.
3. SEATS is providing a toyota landcruiser to the FPU, dedicated for use by FPLM during the implementation of the logistics project.

#### **From Regions to Districts and Districts to SDPs**

1. Without the cooperation of the EPI transport system, the FP logistics system wouldn't function. Over 90% of the transport used for FP deliveries at these levels is provided by EPI vehicles.

2. Even where FP vehicles exist, transport is more likely to be provided by EPI because:
  - MCH/FP coordinators do not control FP provided vehicles;
  - FP provided vehicles are more likely to be suffering maintenance problems or be without fuel allowances;
  - EPI vehicles are the only reliable vehicles making monthly visits to the lower levels.
3. The EPI transport system is the most extensive and effective in the health sector. They have devised workable solutions to, or at least ways to bypass, most of the problems of vehicle control, routing, maintenance and fueling.
4. EPI is, at least initially, interested in coordinating, if not integrating, transportation resources with the NFPP. This integrated transport system, in coordination with the NACP, could serve as the nucleus around which the hoped for integrated PHC transport system could be formed.

## **STORAGE**

### **Central Level**

1. There are three main problems with the current central warehouse:
  - **location** - it is located out by the airport, nearly 25 kilometers from the FPU. Every time there is a receipt to or issue from the central stores, FPU logistics staff must drive out to the warehouse to process the transaction;
  - **drainage** - the present facility floods during heavy rains and commodities have been ruined in the past;
  - **control of supplies and warehousing procedures** - because under the current arrangement the ACP warehouseman manages the stocks, the FPU is not able to dictate warehousing procedures. Presently these procedures are sub-optimal.
2. Two of the three warehouses evaluated to replace the current warehouse were completely unacceptable for reasons of physical dilapidation. The warehouse offered by Mr. Balori was obviously misused and in such bad structural condition that no refurbishment short of rebuilding would make it acceptable. The warehouse offered by Mr. Mndolwa, while not actually falling down, showed heavy water damage to the floors and walls. Although the owner has offered to make repairs upon receiving a contract with the FPU, the extent of repairs required (new floor, new lighting, new loading platform, new doors, new dividing wall, new drainage system, etc.) make it an unlikely choice. Furthermore, the monthly rental cost of

\$3000. U.S. was nearly twice as high as the warehouse offered by the National Provident Fund (NPF) which was in all aspects superior. The NPF facility looked brand new and was laid out flawlessly. With nearly 600 square meters of floor space it is more than adequate for the needs of the FPU. The facility has two large loading doors, a loading ramp and a loading platform, a new lighting system, it's watertight and has good security. Of the three facilities visited it was the clear choice. However, the real question is whether it is preferable to the current arrangement. The NPF facility is certainly superior to the ACP warehouse. The tradeoff is that the NPF facility will cost approximately TShs 100,000/month more than the sharing arrangement with ACP (see Appendix 3).

3. The MOH Central Medical Stores (CMS) is being rehabilitated under the Master Plan with World Bank funding and DANIDA assistance. This ambitious plan should eventually make it desirable for the NFPP to move its central stores back under the CMS in 2-4 years.

### **C. Project Implementation and Management**

Most of the details of project implementation and management need to be agreed upon and formalized in signed letters of intent with USAID and the FPU. However, FPLM, SEATS and USAID did come to agreement on some of the major issues:

1. USAID/Dar expects to buy into FPLM for the greater logistics assistance project sometime in Spring '93.
2. Until the time of the buy-in FPLM will provide the services listed in the "FPLM 12 Month Workplan" which the Mission approved in Cable 12583 (08/13/92).
3. At the time of the buy-in FPLM will begin implementing the nationwide strategy outlined in Tanzania Trip Report (Atkinson, et.al. 3/18-4/15 92).
4. Due to time and technical constraints, SEATS/Tanzania will not be able to directly manage the logistics sub-project, but will be able to provide an as-yet-undetermined level of administrative support and guidance to FPLM which will manage the project "under the SEATS umbrella."
5. Further specifics on the timing and structure of the buy-in, as well as project implementation await FPLM's Country Strategy for Tanzania.

## **V. RECOMMENDATIONS**

The medium and long-term recommendations for developing an appropriate and sustainable logistics system are preceded by recommended "next steps" to reduce regional level stock-outs of contraceptive supplies.

### ***NEXT STEPS***

The near-term goal for the FPU logistics unit should be to eliminate stockouts at the regional level. Field investigation revealed that a majority of district level stockouts were caused by stockouts at the regions. There are two primary reasons for the regional stockouts:

1. There is no standard structure for ordering from the regional to the central level. Some regions don't place orders while others who do place orders are waiting until a stockout is inevitable before making the order.
2. The FPU's 10-ton truck for making deliveries from the central to the regional level is too often sitting in Dar unused. The primary reason for this is only one of the FPU's drivers has taken the Scania truck-driving course and is certified to drive it.

A two pronged strategy will be required to address these problems and eliminate regional level stockouts.

1. The quarterly survey of regional issues and ending balances, introduced by UNFPA consultant M. Descouens and continued by M. Kazaura, needs to be followed and expanded so that all RMCH Coordinators are reporting regularly and on time. This is an interim measure until the advent of the implementation of the new system. The RMCH Coordinators will need guidance from the FPU logistics unit on how to use their ledger book data and MCH3 FP service data to calculate order quantities.
2. Until the new trucks are operational and more drivers are hired, the present truck needs to be utilized more frequently. This will require that:
  - Mr. Salum be sent immediately to the 1 week Scania driving course;
  - Until Mr. Salum completes the Scania driving course, Mr. Jaffar needs to be freed up from some of his other driving duties to spend more time making deliveries;

- The FPU logistics team, Mr. Kazaura and Mr. Mmari, should develop and implement an interim (until the 2 new Mitsubishi are road ready) transport plan for supplying the regions on a quarterly basis. Some of the regions without adequate storage may need more frequent deliveries. The plan should detail when in each quarter shipments are to be made to each region, truck routes, driver schedules and quarterly fuel requirements.

#### A. Inventory Control and Logistics Management Information Systems

##### INVENTORY CONTROL SYSTEM

1. the fixed order interval, variable order quantity min-max system, as recommended in Tanzania trip report (Atkinson, et al., March 18 - April 15, 1992) should be implemented for the Tanzania NFPP.
2. Due to the heavy dependence on oral contraceptives, it is essential that the NFPP track oral contraceptives by brand in order to insure that women are able to have a continuous supply of the brand used. Not tracking pills by brand leads to stockouts of the needed pill and forced dependency on alternative pill brands which can lead to medical complications, client confusion, and discontinuation. This needs to be pursued with the MOH.

##### LMIS

1. As recommended by the FPU, the FP logistics portion of the MCH3 form (see Appendix 4) should be deleted from that form as it is almost never filled out and not used when it is. the function this section was intended to serve is replaced by the "Quarterly Report and Request" form.
2. A more extensive field assessment, and discussions with the HMIS and FPU point out the need for the following changes/additions to the forms proposed in Tanzania trip report, Atkinson, et al.

**Daily Activity Register** - should be packaged in "booklet" form under the currently used title of Day-to-Day Book and contain enough pages to last the average health center one year. The "name" column should be retained for the convenience of the MCH Aides, but the "comments" column can be deleted if space is a problem.

**Quarterly Report and Request Form** - should be expanded so as to include both a "dispensed-to-user" column and an "issued" column (see Appendix 5) As pointed out by the HMIS, this will allow for quick assessments of what percentage of the supplies issued ever went to clients. The "losses" column should be renamed "adjustments" to allow for additions to, as well as debits from, the stocks. Explanations of adjustments should be continued on the back of the form if they are too lengthy to fit in the space provided.

**Inventory Record** - should be packaged in booklet form under the currently used title of Ledger Book and contain enough pages to last the average health center one year. Inventory record cards, identical in format to a page of the ledger book, should be used at the larger warehouses at the central and regional level where they will be kept with the stocks on the floor of the warehouse. There should be one additional column headed "from/to where" and an additional space at the top of the form for noting "special instructions for ordering".

**Issue Voucher** - should be the standard GOT MOH form now in use.

## **B. Transport and Storage Systems**

### ***TRANSPORT***

In addition to the NEXT STEPS noted above, FPLM recommends that:

1. In anticipation of the two new Mitsubishi 10-ton trucks (projected to be roadworthy by November 92) FPU should hire, or second from the MOH, at least 2 new drivers. If this can not be done then the load on the current drivers needs to be reduced (ie. eliminating the daily staff transport service to and from the homes of all staff each workday) in order to free them up for making deliveries to the regions.
2. The 20 new pickup trucks should not be released to RMOs. The new vehicles should be controlled by the RMCH Coordinators, possibly in an arrangement with EPI.
3. A formal transport sharing arrangement between FPU and EPI should be pursued. EPI has the best, and in many locations only, functioning transport system below the regional level.
4. To the extent possible, the FPU should try to integrate into the EPI transport system, as opposed to developing a parallel structure coordinated with the EPI transport system.
5. Determining who will pay for fuel and maintenance of the FPU vehicles is the single largest impediment to the family planning transport system. An agreement whereby the MOH adequately covers these costs, and which also allows the FPU to pursue a transport plan with EPI independent of the RMOs and DMOs control, is both optimal and unlikely. Donor funding to top-up the MOH fuel and maintenance allowance should be pursued.

## **STORAGE**

1. **The FPU should move its central stores to the nearby NPF facility, if and when the owners have improved the access road (for details please see Appendix 3).**
2. **FPU should pursue a space and cost sharing arrangement with the ACP or one of the other PHC programs if and when FPU moves to the NPF warehouse.**
3. **The FPU should view all central warehouse arrangements as temporary. Within the next two years the physical and managerial rehabilitation of the Central' Medical Store (CMS) under the WorldBank/DANIDA funded "Master Plans" should be significantly advanced as to warrant the return of the NFPP to CMS.**
4. **All regional and district storerooms need pallets. The FPU currently has hundreds at central stores. Every time the 10-ton truck makes a supply delivery it should also deliver as many pallets as possible to the regions. After their own need is satisfied, RMCH Coordinators should move pallets to the districts. When the current supply of pallets runs out, another 200-300 should be purchased and the distribution continued.**
5. **The FPU logistics team, Kazaura and Mmari, should follow-up on the site-specific recommendations from the transport and storage assessment (see Appendix 6).**
6. **The findings of the transport and storage assessment regarding regional storage conditions should be made available to the CMS management team to facilitate their development of regional storage capacities.**
7. **FPU should investigate and facilitate storage arrangements for the Coast and Morogoro regions which presently have no storage facilities.**
8. **The FPLM "Guidelines for Proper Storage" should be translated into Kiswahili and distributed through the FPU logistics team to the regional and district levels.**

### **C. Project Management and Implementation**

1. **The FPLM 12 month Workplan (see Appendix 7), signed off on by the FPU and USAID, should serve as a guideline for logistics assistance in the period up to the buy-in.**
2. **As agreed upon in meetings with the FPU, SEATS and USAID, FPLM should manage the logistics project under the umbrella of, and with support from, SEATS/Dar as well as direction from the FPU.**
3. **The FPU, with assistance from FPLM, should pursue opportunities for contracting a local institution to provide trainers needed for the implementation of the logistics project.**

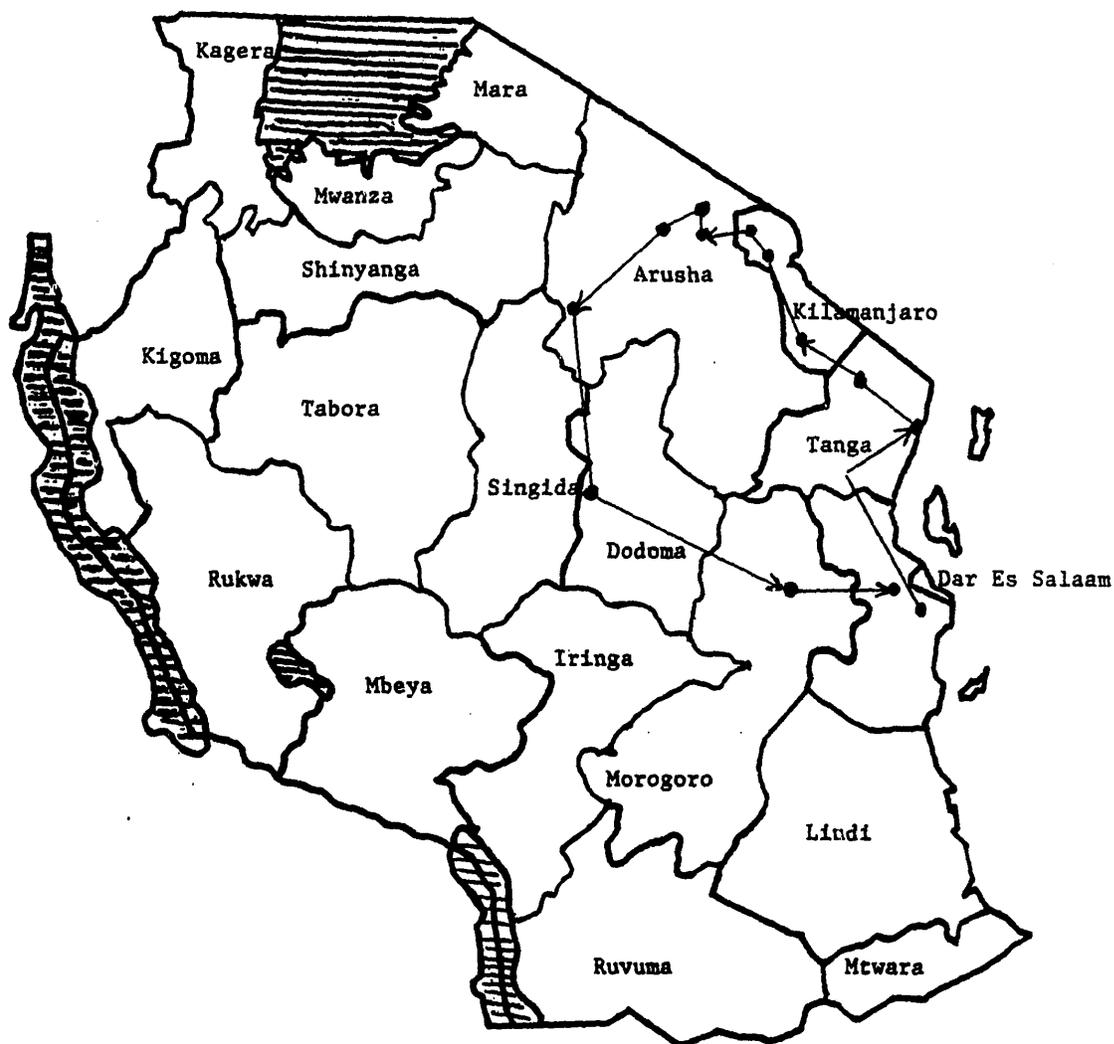
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## **APPENDICES**

**APPENDIX 1a**  
**Map of Tanzania (with route of Field Assessment)**

MAP OF THE UNITED REPUBLIC OF TANZANIA

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\* Route of Transport and Storage Assessment (July 18-31, 1992)

**APPENDIX 1b**  
**Zonal, Regional & District Headquarters visited**  
**on the initial Transport and Storage assessment**

**Zonal, Regional and District Headquarters visited on the initial  
Transport and Storage assessment.**

<b>Town</b>	<b>District Headquarters</b>	<b>Regional Headquarters</b>	<b>Zonal Headquarters</b>
Tanga		Tanga	Northern
Lushoto	Lushoto		
Same	Same		
Moshi		Kilimanjaro	
Hai	Hai		
Arusha		Arusha	
Arumeru	Arumeru		
Monduli	Monduli		
Babati	Babati		
Dodoma		Dodoma	
Morogoro		Morogoro	
Kibaha		Coast	
Kisarawe	Kisarawe		

**APPENDIX 2**  
**Persons Contacted**

PERSONS CONTACTED

**Tanga Region:**

1. Dr. Kidenya - Regional Medical Officer.
2. Mrs. A. Mwambe - Regional MCH Coordinator.
3. Mr. M. Simbeye - Zonal Supplies Officer.
4. Mr. V. Kejo - Acting Regional Storeskeeper.

**Lushoto District:**

1. Dr. D. Sanga - District Medical Officer.
2. Mrs. Nyenga - District MCH Coordinator.

**Same District:**

1. Dr. G. Kessy - District Medical Officer.
2. Mrs. E. Lema - District MCH Coordinator.

**Kilimanjaro Region (Moshi):**

1. Dr. E.T. Ngomuo - Ag. Regional Medical Officer.
2. Mrs. K.M. Mselem - Regional MCH Coordinator.
3. Mrs. E. Rutazaa - Asst. Regional MCH Coordinator.

**Hai District:**

1. Mrs. E. Kifaluka - District MCH Coordinator.

**Arusha Region:**

1. Dr. Nashara - Regional Medical Officer.
2. Mrs. M. Rutaihwa - Asst. Regional MCH Coordinator.
3. Mr. Kyara - District Cold Chain Officer.

**Arumeru District:**

1. Mrs. L. Madunda - District MCH Coordinator.
2. Mrs. P. Mujemula - Head Nurse.

**Monduli District:**

1. Dr. W.M. Sanya - Ag. District Medical Officer.
2. Miss. M. Macha - District MCH Coordinator.

17

**Babati District:**

1. Dr. L. Lay - District Medical Officer.
2. E. Hangali - District MCH Coordinator.

**Dodoma Region:**

1. Mrs. E. Kidyalla - Regional MCH Coordinator.

**Morogoro Region:**

1. M. Wapalila - Regional MCH Coordinator.
2. L. Lung'wecha - Public Health Nurse.

**Coast Region (Kibaha):**

1. G. Dibibi - Regional MCH Coordinator.
2. Mr. J.M.V. Maro - Regional Health Officer.

**Kisarawe District:**

1. Mrs. E. Mtesigwa. - District MCH Coordinator.
2. Dr. Kipendi - Medical Officer/ T.O.T.
3. Mr. Swai - District Council Store i/c.
4. M. Mwilola - Hospital Equip. Store i/c.
5. Mr. Nosha - Pharmaceutical Store i/c.
6. Mr. Kanuni - EDP stores i/c.

**APPENDIX 3**  
**Central Warehouse Assessment**

17

19

## Central Warehouse Assessment

The fourth task in the S.O.W. for the FPLM TA visit in July, 1992 was to evaluate 3 warehouses in Dar for suitability to the FPU's needs. The 3 candidate warehouses were selected prior to the arrival of the FPLM consultant and were evaluated by Steven Perry (FPLM), Method Kazaura and Daniel Mmari of the FPU. Detailed descriptions of the warehouses are available in the FPLM trip report and are on file at the FPU. The following is a short summary of the findings.

Two of the three warehouses were completely unacceptable for reasons of physical dilapidation. The warehouse offered by Mr. Balori was obviously disused and in such bad structural condition that no refurbishments short of rebuilding would make it safe, much less acceptable. The warehouse offered by Mr. Mndolwa, while not actually falling down, showed heavy water damage to the floors and walls. Although the owner has offered to make repairs upon receiving a contract with the FPU, the extensiveness of repairs required (new floor, new lighting, new loading platform, new doors, new dividing wall, new drainage system, etc.) make it unlikely. Furthermore, the monthly rental cost of \$3000. U.S. was nearly twice as high as the warehouse offered by NPF which was in all aspects superior.

The NPF facility looked brand new and was laid out flawlessly. With nearly 600 square meters of floor space it is more than adequate for the needs of the FPU. The facility has two large loading doors, a loading ramp and a loading platform, a new lighting system, it's watertight and has good security. Of the three facilities visited it was the clear choice.

However, the real question is whether it is preferable to the current arrangement. The NPF facility is certainly superior to the ACP warehouse. The tradeoff is that the NPF facility will cost approximately TShs 100,000/month more than the sharing arrangement with ACP.

There are three main problems with the current warehouse:

1. location - it is located out by the airport, nearly 25 kilometers from the FPU. Every time there is a receipt to or issue from the central stores, FPU logistics staff must drive out to the warehouse to process the transaction.
2. drainage - the present facility floods during heavy rains and commodities have been ruined in the past.
3. control of supplies and warehousing procedures - because under the current arrangement the ACP warehouseman manages the stocks, the FPU is not able to dictate warehousing procedures. Presently these procedures are sub-optimal.

Renting the NPF facility would resolve these problems. The warehouse is watertight and located only 3 kilometers from the FPU

20

headquarters. The tradeoff is cost. While the current arrangement costs the FPU TShs 587,500. per month, the NPF facility rents for TShs 650,000./month. Additionally, there would be some charges for water and electricity as well as the monthly salary of a warehouse assistant (approx. TShs 10,000./month). All together the NPF warehouse is likely to cost TShs 100,000/month more than the current arrangement.

The drawbacks to the NPF facility are:

1. although only 3 kilometers from the FPU, the NPF warehouse is on a dirt road about 1.5 kilometers in length. At the time of the visit the last 200 meters of this road was nearly impassable.
2. there is no separate office area or furnishings of any kind. The FPU will need to move some desks and file cabinets out to the facility.

### Reccomendation

Funding permitting, the FPU should move its central stores to the NPF facility. However, this should not be done until after improvements are made to the access road by the owners. The FPU should consider renting surplus storage space to the ACP, or one of the other PHC programs, in a cost sharing arrangement. If ACP would be willing to relocate there would be significant cost savings to both programs.

The FPU should view all central warehouse arrangements as temporary. Within the next two years the physical and managerial rehabilitation of the Central' Medical Store (CMS) under the WorldBank/DANIDA funded "Master Plans" should be significantly advanced as to warrant the return of the NFPF to CMS.

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**APPENDIX 4  
MCH3 Form**

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**APPENDIX 5**  
**Quarterly Report & Request for Contraceptives Form**

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# REPORT & REQUEST FOR CONTRACEPTIVES

Region: \_\_\_\_\_ District: \_\_\_\_\_ Location: \_\_\_\_\_

Facility Type/Name: \_\_\_\_\_

Report for Period Beginning \_\_\_\_\_, 19\_\_\_\_ Ending \_\_\_\_\_, 19\_\_\_\_

Contraceptive	Beginning Balance	Received This Period	Issued	Adjustments	Ending Balance	Quantity Needed	Dispensed to clients
Microgynon							
Lofemenal							
Marvelon							
Microlut							
Depoprovera							
Norplant							
Copper T							
Condoms							
Foaming Tablets							
Gloves							

Submitted by: \_\_\_\_\_

Explanation of Losses: \_\_\_\_\_

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

\_\_\_\_\_

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**APPENDIX 6**  
**Specific Recommendations**

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-26-

## **Specific Recommendations.**

### **Tanga:**

Family Planning stores are currently located in a neglected warehouse adjacent to the very well run zonal medical stores which are recently refurbished with plenty of pallets and storage shelves. At present only EDP commodities are kept there and take up less than half of the available space. The facility is managed by a stores manager and his assistant. They have room and willingness to keep the NFPP stores but need authorization from Central Medical Stores (CMS) which should be negotiated with the RMO, EDP and Dr. Ndosi of the MOH in Dar es Salaam.

### **Lushoto:**

As soon as possible, the kerosine should be removed out of the store room and put into the new storage tank being prepared. Furthermore, the damaged and broken UNICEF/MCH commodities (ie. scales, BP machines, etc.) need to be removed/destroyed. To do this a team from the Regional Development Director's (RDD) office in Tanga need to come to Lushoto to inspect the damaged supplies and authorize their destruction.

### **Same:**

Need pallets as do all facilities visited.

### **Moshi (Kilimanjaro Regional Store):**

Although well managed, the storeroom is too small to hold all supplies needed.

### **Hai:**

1. The current stores are enclosed in a building which is somewhat open to the elements as the top sections of the walls are wire mesh. The storeroom should be refurbished so that walls go the ceiling.
2. Currently it is difficult for the District MCH Coordinator to access the family planning supplies because the warehouseman in charge is often not available. Furthermore, he was allegedly in court on the day of our visit on charge of theft from the warehouse. Hai needs either a new warehouseman or new stores procedures.

21

**Arusha:**

The stores appeared adequate but they require pallets and some lighting.

**Arumeru:**

Promoted from Health Centre to District Hospital, there is inadequate space for FP stores which are kept in the District MCH Coordinator's office along with the EPI supplies. Need new storage facility.

**Monduli:**

Although Monduli also does not have space available for FP stores outside the District MCH coordinator's office, this does not appear to be a problem as the quantities stores are so minimal that they fit in the cabinet used for this purpose.

**Babati:**

Although of adequate size, the Babati FP storeroom requires some refurbishment to provide ventilation, lighting, pallets and shelves.

**Dodoma:**

Apart from being a zonal headquarters, there are no zonal storage facilities in Dodoma. The regional FP supplies are kept with the other MCH supplies in a room next to the Regional MCH Coordinator's office. Needs refurbishing as in Babati. Supplies theft the night before team's visit indicates a need for better security.

**Morogoro:**

There is currently no proper storage facility for Fp supplies in Morogoro Region. All FP supplies are stacked in the Regional MCH Coordinator's office and in the counselling room. The consequence is that the Regional MCH Coordinator distributes all FP supplies received immediately to the districts leading to constant stock outs at the regional level. Morogoro requires either: (1) a new regional stores for MCH/FP supplies, or (2) a major refurbishing of the regional general and/or regional pharmaceutical storage facilities to include MCH/FP supplies.

28'

**Kibaha (Coast Regional Store):**

Like Morogoro, the Coast regional FP programme operates without a designated storage facility. FP supplies are currently located in a large bay through which a hallway passes on the first floor of the Regional Administration building. The Coast region is in the most obvious need of a new storage facility. There were no other storage facilities capable of being refurbished or expanded. In fact, supplies for many other programmes (ie. Leprosy, NACP, Natural Resources, etc.) were also haphazardly stores in the bay.

**Kisarawe:**

The MCH/FP supplies should be removed as soon as possible from the first section of the district storage facility, which is also used to store kerosene and other "general" items, to the third section for pharmaceutical stores. The pharmaceutical stores are adequate in size to accommodate the MCH/FP supplies. Furthermore, there are pharmaceutical expired for up to 3 years taking shelf space. The Regional Development Director should be encouraged to locate the proper authorities for examining and disposing of the expired supplies.

**Note:** Detailed specifications and descriptions of the regional and district storage facilities visited can be obtained through Mr. D. Mmari at the FPU and at FPLM/ Washington.

**APPENDIX 7**  
**FPLM 12 Month Workplan**

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## FPLM 12 Month Workplan

The following is a workplan for FPLM assistance to cover the period up to the signing of a buy-in with USAID/Tanzania. The following activities will be undertaken under FPLM central funds and are intended to assist the FPU in improving the FP logistics system while preparing for the implementation of the logistics project.

### Activities

1. Complete the design of, and secure approval for, the LMIS and inventory control system.
2. Coordinate the integration of the above into the PHC integrated health information system (HIS).
3. Identify printers and have all LMIS forms and instructions printed.
4. Draft the FP logistics guidelines chapters of the MCH and HIS manuals.
5. Complete the National Transport and Storage assessment.
6. Coordinate the implementation of the recommendations for "near-term" logistics improvement.
7. Draft a national transport plan for the NFPP specifying vehicle utilization, control, maintenance and routing.
8. Assist other donors, the MOH and FPU, in drafting a plan for storage capacity development at the regional level.
9. Complete the design of, and secure approval for, the management/supervision structure of the logistics project.
10. Complete the design of, and secure approval for, the logistics project implementation strategy.
11. Continue the logistics training of the FPU logistics staff during the transport and storage assessment, in Dar and in Washington through the FPLM Logistics Training Workshop.
12. Identify, and begin recruitment of, the local training team.
13. Translate the warehousing guidelines wallchart into Kiswahili and print.
14. Assist in the preparation of 1993 CPTs.

## Outputs

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1. LMIS forms and instructions printed.
2. LMIS and inventory control guidelines for the MCH and HIS manuals written.
3. Report on the findings of the national assessment of transport and storage.
4. Outline of regional storage needs shared with other donors (DANIDA & World Bank) and the PHC integrated transport and warehousing committee.
5. NFPP transport plan drafted outlining vehicle control, utilization, maintenance and routing.
6. Logistics project implementation plan including training strategy and project management structure written.
7. 3 FPU-selected staff trained in logistics management by FPLM in Washington.
8. Warehousing guidelines wallchart printed in Kiswahili.
9. 1993 CPTs completed.

**APPENDIX 8**  
**Questionnaire for Transport and Storage Assessment**

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33

## QUESTIONNAIRE FOR TRANSPORT AND STORAGE ASSESSMENT

### Transport

1. How are the supplies you receive transported?
  - o Who controls, fuels and services the vehicle?
  - o How regular/dependable are those deliveries?
  - o Is the vehicle adequate for your needs?
  - o What is the biggest problem with this arrangement?
  
3. How are the supplies you issue transported?
  - o Who controls, fuels and services the vehicle?
  - o How regular/dependable are your deliveries?
  - o Is the vehicle adequate for your needs?
  - o What is the biggest problem with this arrangement
  
4. Does MCH/FP have its own vehicle?
  - o Who has control of it?
  - o How is fuel and servicing paid for?
  - o What % of the vehicles time each month is available for FP purposes and is this adequate?

### STORAGE

1. Who is in charge of storage of FP supplies?
2. Who keeps the stock records? Can we see them?
3. Are oldest supplies being issued first?
4. What is your biggest storage problem?

Conduct physical assessment of facility.

**APPENDIX 9**  
**Questionnaire for Baseline FP Logistics Survey**

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**QUESTIONNAIRE FOR BASELINE FP LOGISTICS SURVEY**

1. Who is responsible for ordering and issuing family planning supplies?
2. Have you had any stockouts in the last quarter? half year? What commodities?
3. Do you order supplies or do you just receive them?

**IF YES**

- 3b. What do you base your orders on/how do you determine how much to order?
- 3c. How do you place your order, do you use a form?
- 3d. What is the lead time between ordering and receiving supplies?
4. Do you issue supplies?

**IF YES**

- 4b. How do the orders come to you?
- 4c. Do you verify the orders and if so how?
- 4d. What is the usual lead time between when you receive an order and when the orderer receives the supplies?
5. How many supplies have you received and how many have you issued in the last quarter?

36'

6. What is your balance on hand? (checked against a physical inventory of at least one commodity)

7. May we see your records?

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