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FIELD IMPLEMENTATION PILOT  
OF  
COMMODITIES AND LOGISTICS  
MANAGEMENT (CLM)  
AT FAMILY PLANNING  
ASSOCIATION OF KENYA (FPAK)

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**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

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## **I. Executive Summary**

The Commodities and Logistics Management (CLM) software was developed by Management Sciences for Health as part of on-going MIS activities associated with the purchasing, storage and distribution of supplies and commodities at the warehouse level. Considering the common needs of organizations to manage commodities logistics, the development of CLM encompasses a range of flexible computer-based features to help warehouse management within the existing structures and systems. As in any information system intended to improve management, however well designed, a true evaluation of its strengths and usefulness can only be gained through rigorous testing, including implementation in the field.

Any future implementation of CLM at appropriate sites will be guided by the sponsorship of projects and organizations providing technical assistance. In this case, FPMD was the sponsor of the implementation of CLM at FPAK within the context of a broad and intensive effort in the area of management information systems and strengthening management skills and processes.

This report presents the findings of the field implementation pilot of CLM as conducted by MSH at the Family Planning Association of Kenya under the sponsorship of the Family Planning Management Development project. Notes and recommendations for full implementation of CLM at FPAK are also included. Since the usefulness of the pilot depended on occurring within an implementation setting, and because FPAK voiced interest in implementing CLM early in the pilot, the consultant conducted the pilot with full implementation in mind at all times.

## II. Background

The Commodities and Logistics Management (CLM) software was developed by Management Sciences for Health (MSH) to address the basic information needs of health and family planning programs involved in stock management. CLM is applicable to all commodities needed by health and family planning programs and to all goods stocked in the warehouse or issued from a central supply office.

CLM provides users with the flexibility to process and track orders placed with suppliers, requests placed by clients, and stock inventory, as well as with the ability to categorize items for reporting purposes. CLM produces information and reports to satisfy the management needs of the warehouse, of health programs (EPI, CDD, etc.), family planning programs, and of donor agencies.

### Specifically, CLM is designed to:

- Facilitate the management of commodities in health and FP programs
- Be applicable to many different settings and environments so as to provide useful information while avoiding the need for intensive computer programming
- Be simple, user-friendly and maintainable with local resources and a reasonable amount of training
- Use a data dictionary and structure that are compatible with other software relevant to this field, such as INVEC, CCMIS, and CEIS -- programs developed by Management Sciences for Health, the Centers for Disease Control and Prevention, and the USAID's REACH Project, respectively
- Serve as a tool in training programs designed to strengthen managers' skills in commodities and logistics planning and management

### CLM is *not* designed to:

- Eliminate the need for bin cards nor replace the manual system
- Gather lower-level data on dispensation to users or utilization
- Provide a complete cost-accounting system

At this stage in its development, CLM does not include forecasting and distribution modules. However, CLM's modular design allows for future expansion to other functions such as: finance and accounting, tracking commodities distribution at lower levels, tracking non-expendable and capital costs, and processing back orders.

### **III. PURPOSE OF THE PILOT TEST**

At the CLM Consultative Group Workshop held September 1994 in Washington, D.C., it was agreed that before CLM is released for wide-spread implementation Management Sciences for Health should install CLM and monitor its use for a 6 month period at a minimum of two implementation pilot sites.

#### **The objectives of the pilot test are:**

- detect and report any processing problems ("bugs") that were not detected in the initial testing
- assure the usefulness of all the CLM features in the day-to-day operation of an actual "warehouse" situation
- collect and analyze commodity data in a real logistics management system
- determine level of support required from MSH/MIS software support team
- fine tune the monitoring and evaluation process applied by the MSH software development team

#### **Roles and responsibilities:**

The Family Planning Association of Kenya (FPAK), was chosen as one of the test sites because the organization met the following criteria:

- FPAK provided the necessary environment and support as outlined below
- FPAK is an organization that manages commodities and is committed to improving their commodities and logistics management system
- the organizational links required for a full installation of CLM were in place with the sponsoring or "parent" agency being the Family Planning Management Development Project (FPMD)
- the sponsoring agency would then be supported by the Management Information Systems (MIS) Program at Management Sciences for Health.

The roles and responsibilities of the team members are described below. The outputs of the efforts of the team, lead by MSH, will culminate in an evaluation of CLM. The evaluation criteria will be determined at the onset of the pilot by the Implementation Team. A Scope of Work for the first visit is reproduced in Annex II.

For background information about the mission and structure of FPAK, refer to the trip report prepared by Dick Roberts "FPMD Strategy and Technical Assistance in Kenya, MIS, July 1994."

**FPAK provided the following:**

- a computer available for using CLM
- staff designated to work on the team in the following capacities:
  - a representative of senior program management who helped identify needs and clarify management issues
  - the FPAK MIS Officer who will provide a link with FPMD and MSH to the warehouse staff
  - newly appointed Senior Supplies Officer who, with the warehouse staff will use CLM to manage the FPAK warehouse and supplies system
  - the CLM operator who has basic computer skills and maintains the ledgers
- a commitment to monitor and evaluate the results of the implementation pilot test in conjunction with the MIS Program at MSH through Peter Kibunga, MIS Advisor, FPMD Kenya.

**The sponsoring agent (FPMD) provided the following:**

- a commitment that the pilot test be implemented for the purpose of testing and that upon review by FPAK and FPMD at the end of the pilot implementation, CLM may eventually be fully implemented as part of ongoing MIS activity at FPAK
- a Technical CLM Support Staff person, Peter Kibunga, in-country who during Phase I fully participated in the:
  - needs assessment
  - installation
  - trainingand who during the remainder of the test period will devote one day per week to:
  - support the technical aspects of CLM (hardware, database and file management, general system support)
  - monitor the pilot test and give feedback to MSH/MIS Boston
- Senior MSH/MIS Advisor, Richard Roberts, who provided guidance to the organization's management in the use of CLM to improve the logistics management system as part of the overall MIS strategy of FPAK. For the report of his specific findings, refer to Mr. Robert's trip report for this time period.

The MIS Program at MSH designated Joyce Goodman to act as the CLM Field Implementation Pilot Team Leader. Ms. Goodman oversaw the pilot and:

- provided the overall strategy and leadership for the test
- conducted a needs assessment of the organization as described below
- installed CLM and assisted in the coding of data
- provided appropriate training for data entry and use of CLM to the sponsoring agency's in-country Technical Support Staff, and to the organization's top management, the CLM operator and manager
- monitored pilot test feedback
- provided technical support for the in-country Technical Support Staff in the area of trouble shooting and using CLM
- provided structure for the monitoring and evaluation process
- presented findings to the CLM Development team at MSH.

#### **IV. Scope of Work**

As the final step in the field implementation pilot of CLM, Joyce Goodman made a third visit to FPAK to:

1. Evaluate the field implementation process specifically the backup support provided by MSH and the sponsor, FPMD.
2. Evaluate the operational support of CLM provided by FPAK, specifically management, leadership, supplies system, staff and other resources.
3. Identify the various uses of CLM as a computerized logistics and management tool, specifically the use of the system to store relevant data and produce reports and other output to better improve the supplies system at FPAK. If there were system function and outputs not used, evaluate why and what should have been done to make those functions work and the outputs more useful.
4. Based on the results of the pilot, develop an implementation guide for the installation, setup and use of CLM as a full-fledged commodities and logistics system.

Note: the complete findings associated with implementing CLM in other organizations or Ministries of Health can be found in "A Guide to Implementing CLM" from the Management Information Systems Program at Management Sciences for Health. This report focuses on the results of the pilot at FPAK.

## **The Process of CLM Field Implementation CLM**

- Selection of FPAK by the sponsor, FPMD
- Commitment of staff to CLM pilot including its concepts and use
- Agreement from all parties to participate in the pilot, with the roles and responsibilities each would assume in a full implementation of CLM
- Selection of appropriate staff to join in the pilot
  - Assignment of individual FPAK participants and their roles in the pilot
    - Available computer and technical skills at FPAK
    - Assessment of training needs
  - Staffing changes affected supplies operations; appointment of new Supplies Officer
- Analysis of manual system: process, flow, procedures, reporting needs, management structure, supervision, integration of functions regarding supplies
  - Inclusion of senior management in early needs assessment and feasibility of using CLM in Supplies; discussion of CLM concepts and features was used as a focus to review supplies process
- Installation and Setup of CLM
- Training
- Data entry of items and year to date transactions
- Inventory at warehouse, including adjustments to stock levels in CLM
- Continued use of CLM to manage stock and fill client orders.
- Use of reports for management of stock and distribution history by item and by client.
- Continuous monitoring of pilot by sponsor and MSH.
- Support of pilot by sponsor to the organization (technical, managerial, training, and supervisory) and to MSH (reporting progress and issues)
- Evaluation of field implementation pilot with feedback from individuals and a complete review of the process, program functionality, reports, documentation, training and system support

## **V. Analysis, Findings and Recommendations**

### **Questions Guiding the Technical Assistance Aspect of the Pilot**

A successful implementation of CLM as a management tool requires the consideration of existing management structures and procedures. As part of a major on-going technical assistance effort in the area of management information systems, FPMD and the consultants conducting the implementation pilot of CLM were guided by how CLM might help better integrate the various FPAK managerial aspects related to commodities and logistics. The following specific questions were considered:

What is program and financial planning process of the FPAK and how does it tie with its operational functions?

How are the responsibilities, plans and activities of Supplies, a function of Finance and Administration (FAM), actually connected to (coordinated with) programming, planning and finance / accounting activities?

Are there regular reports required of Supplies? If so, what do the reports specify? What decisions can be taken by monitoring the information produced?

Who coordinates the production of information from the various FPAK functions?

How is the information integrated in planning and evaluation?

How does Finance / Accounting purchase or request goods based on program plans?

How does planning determine / guide commodity distribution?

What indicators are used to identify trends to improve forecasts based on clinic needs?

How are the planned and the actual activities monitored?

How does the Supplies get information from the programs? ...from the budgets? How is the information updated? How is it communicated?

How does FPAK tie Supply data with HealthWare service delivery data, and how are program plans and budgets incorporated in the use of the data?

Can the client store what they want or what you will ship based on past consumption? How will you know what that is? What is remaining in the client's store?

What is remaining stock in warehouse? This may be known, but what quantities were planned and why? What's on order?

Has the Supplier Officer visited a representational number of clinics? Has there been an introduction of her to the clinics?

What exactly is the relationship between the Supplies Officer and Senior Program Officer Medical (SPO) and how does their connection relate to FAM?

If SPO Medical provides supervision to Supplies by virtue of quality control and forecasting, how does that function relate to the supervision provided by FAM, and how is that organized and communicated?

## **The Supplies and Purchasing System at FPAK**

### **Communication**

Clinics receive their returned demand voucher with the words "To follow" on items that were not shipped. The clinics are not sure why or when they would receive the items or how many.

The separation of Supplies from Headquarters is truly a problem for communication. Available transport is almost always lacking and intermittent. Telephone service is unreliable, often not allowing supplies to call out. Paper work is often hand carried to and fro in a non-systematic manner.

### **RECOMMENDED:**

It was suggested by the consultant that there be a standing arrangement that an FPAK transport vehicle make a daily run to supplies within a set time period to deliver paper work and people back and forth. In that way, both headquarters and supplies can anticipate and count on a regular service to transfer communication, goods and people. For example: The driver would check inter-office mail at each end, leaving headquarters no earlier than 11:30, and leaving Eastleigh Supplies no earlier than 1:00. This temporary measure would increase efficiency greatly and would no longer be necessary once all FPAK departments are under one roof as planned for next year. In the meantime, increased and improved communication would aid tremendously in the implementation of CLM, the overall service delivery of FPAK and morale of its staff. The recommendation was received enthusiastically by the Executive Director.

Phone orders and demands made through non-standard methods. At times the clinic staff will arrive after a few hours drive to request in person items directly from Supplies. How can there be approval based on program plans or forecasted stock if this continues?

Supplies is not given a copy of the budget to check against nor is the finance office given a stock balance. Neither seem to be tied to the program plans.

### **Demand Vouchers and Clinic Ordering "Habits"**

Some clinics hoard items. Some wait until the last minute. Some over-order. Some keep a running balance of stock, and others do not. Clinics close by demand often order in small quantities, those far away hoard supplies and often have to "borrow" from the MOH.

Turn around time is a factor in how, how often, and how much clinics and programs order from Supplies. Demands delivered in person to assure follow through receive a quicker response within the standard procedures, which normally has a turn around time (in the finance office procedures) of 5 days. The actual time is longer, considering how slow (and unreliable) delivery by post can be.

## Monthly Reporting by Clinics

The monthly reports are often received late. (Certain clinics are always late). The reporting is time-consuming and tedious especially for those clinics that do not keep an up-to-date stock balance ledger of some kind. Processing and filing of the monthly reports requires transfer of data by hand to monthly registers arranged by clinic, and then transferred to ledgers totaled by item. Late reporting results in incomplete data that is not easily accessible.

**RECOMMENDED:** This consultant recommends that the monthly reports be replaced by an initial stock taking at the clinic level (already a standard practice at year end), entering the stock balances in CLM, and continuing to keep the balances up-to-date as the clinic requests resupply. The establishment of quarterly reports<sup>1</sup> of stock balances and orders from the clinic would help the forecasting and distribution of supplies based on usage and program plans. Thus the link between the HealthWare data in addition to quarterly reviews of management plans and budgets would contribute greatly to the improvement of several FPAK sub-systems.

## Historical Data

Ledgers are not always up to date in some cases, and no entries include lot numbers. Client demand vouchers were filed and organized by month, not by item or client as CLM does. Data entry of past year client requests and distribution was too time consuming and outside the realm of the pilot. However, if the data were more accessible, it would benefit FPAK in the full implementation of CLM to enter the data in summary for the calendar year 1994. (This summary data is now available.)

Client balances: beginning stock and balances (CLM is not designed to track distribution or service delivery at the client (clinic) level. However, it would be very useful to enter historical data by item by client for reporting purposes, especially the client history pop up when determining client orders to be filled. CLM provides for data entry of current client balances for each item at the time demand vouchers are received by the warehouse. The monthly clinic reports are not useful as such for CLM data entry. However, if the client were required to submit the stock balance at the time of demand, the data could be captured and stored in CLM. The intention of this feature is to give the warehouse staff instant information on screen of what the past order was, amount issued to date, current client stock and current warehouse stock, in order to help determine amounts to be issued. If the data is stored in this way, reports could be run to review current stock levels at all or certain clinics for all or certain items.

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<sup>1</sup> The clinic usage data required quarterly by FPLM could be collected at the same time.

(One enhancement to CLM that this consultant strongly recommends is a data entry screen that gives the warehouse easy access to enter current stock levels of all clients for all items at any given time. This would allow for the capture of historical data at the time of installation. Without this data, at least one to two years of using CLM is necessary in order for CLM reports to be helpful in forecasting needs and for trends and patterns to emerge.)

## **Indicators**

The identification of indicators provides guidance for CLM users to monitor patterns, trends and other information for better management. In general, while there were many discussions at the onset of the pilot about how CLM can help FPAK, there were few (if any) indicators already established in the manual system other than those in the minds of individual staff. There was little connection between the program units which plan for the donation of and purchasing of the supplies,<sup>2</sup> and between the finance office which budgets, approves, and accounts for the purchase of supplies.

For example, have Supplies been trained or notified of minimum/maximum stock balances (especially those of high priority items) at the various clinics? Is this the responsibilities of the clinics? If so does the Supply Officer know this, and have the minimum/maximum balances been reported to her?

## **Ordering and Purchasing Procedures**

Only three PO's were entered during the test period, yet all stock on hand was entered through the Stock Receipt without PO function. Testing results of the CLM PO functions at FPAK should be considered incomplete. However, the lessons learned from attempting to implement this aspect of CLM are many. They include:

Procedures for purchase orders are not always followed in correct sequence. Items are sometimes ordered from and delivered to supplies without a PO.

CLM assumes that goods are requested or ordered with the approval of the warehouse manager or other authority and that the orders are placed, in writing from the warehouse itself. FPAK administers several methods of purchasing or acquisition of supplies. The major suppliers, IPPF and AVSC, are donors each having their own set of procedures and reporting requirements.

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<sup>2</sup>

IPPF is the major donor of contraceptives commodities in US dollars; AVSC supports the reimbursement of voluntary surgical contraceptive costs quarterly in local currency; some supplies are purchased locally on an as needed basis.

Various local vendors require their own methods of ordering, often accepting small orders via telephone or personal visits by the warehouse staff. In the case of IPPF, a program plan is submitted a year in advance. AVSC issues quarterly reimbursements based on the number of clients served, the figures being supplied through another information system. Most local purchases are on an emergency basis and include only a few items. Although many of those items are in high demand, they are purchased frequently and in small amounts to fill specific client orders. FPAK management states that there are no capital funds available for the purchase of an inventory of those items acquired locally or those reimbursed by AVSC.

Since the warehouse and the central office are across town from each other, expecting a routine and smooth planned purchasing and ordering system, is often unrealistic. Some processing steps are based on assumptions, like the PO being issued from the warehouse and then approved. At FPAK, the approval is (as required by the official procedure) approved by FAM and then passed along to Supplies. Likewise, demand vouchers pass through FAM for approval, with the input from Senior Program Officer Medical in the case of surgical theatre supplies from AVSC. Receipt vouchers from vendors are forwarded to FAM for payment. Copies of demand vouchers are sent to FAM with the quantity issued. The PO process of CLM could be used to record the order in the computer without necessarily revising the approval process. Purchase orders forwarded to Supplies from FAM would be entered into CLM, providing a method of reporting by vendor and/or item with cost information that can be analyzed by date and a variety of other factors. Also, CLM offers a tracking report of pending PO's, whose quantities can be considered when checking stock balances (which also include quantities on reserve for clients). For example, the IPPF program report (request for supplies) should be entered as a pending PO. The approval process built into CLM can be used by FPAK as a device for the Supplies Officer to acknowledge and approve the entry of the PO into CLM. Likewise, CLM approval of client shipments could be used in the same way.

### **Inventory / Stock Taking**

Inventory and stock taking was improved by the introduction of CLM and overall better organization of staff resources and talents. For example, FPAK now uses bin cards in the theatre store. However, the codes and names of items entered in CLM should have been used to correlate the bin cards with CLM reports and data entry screens. This seems to have not been obvious to the Supplies Officer and her staff.

The next inventory will be more efficient and exact. Bin cards have been introduced gradually to the central store under the leadership of the new Supplies Officer. Audit and adjustments can easily be made to CLM to reconcile the balances stored by CLM, and the actual count in the warehouse. However, it is critical that any stock taking include counting by item by lot number (a fundamental requirement of CLM processing), whereas financial audits require counting totals, regardless of lot number.

In addition to the physical storage problem described below, the loose integration of ongoing systems and supervision has resulted in a depletion of AVSC funds early within the first quarter of 1994. Also, there is a lack of capital funds to maintain sufficient stock of frequently used items purchased locally. Improved monitoring of program plans against actual usage, stock availability, forecasted need and available funds would improve the overall operations of Supplies with significant results.

### **Storage and Distribution**

One of the most useful aspects of CLM is to help managers improve the flow of commodities and supplies based on their expiration or shelf life. In the case of expiry drugs and supplies, CLM uses the principle of unique lot number assigned by the manufacturer and the expiration date to differentiate items of one kind. At FPAK, lot numbers and expiration dates had not been considered except by virtue of applying the "First In - First Out" principle when rearranging previously received cartons to make room for the stacking of new ones. Storage space is so limited and often unsuitable that the staff consumes considerable energy and applies ingenious ways to make the best use of the space available. Lacking sheltered space for the receipt of large (and unexpected) shipments, goods were often covered by insufficient tarps and left outside. This was especially disconcerting during the rainy season.

Because of the space limitations and the physical difficulty of accessing goods, and the lack of recording lot numbers and expiry dates in the ledgers, it was not uncommon to let goods approach their expiration date without "pushing" them to clients. Staff use a combination of trying to fill each client demand based on stock availability, and their own knowledge of past ordering and consumption patterns of the clinics. In addition, the supplies staff makes judgements based on how well they see the clinics managed. Also, the proximity of the clinic to the Eastleigh warehouse contributes greatly to the distribution patterns. Those clinics close by come to the clinic with their demands in hand and expect to bypass the routine approval procedures. Those in the far rural districts tend to hoard and over order. Also, misuse of some goods was detected in the needs assessment creating an under use of a concentrated antiseptic which caused the clinic to "stretch" the liquid while they were actually not using each possible solution to its maximum. This distribution problem is compounded by not knowing how many items could be actually distributed by that clinic well within the period before expiration. There seems to be no institutional guidelines for what the time period would be.

## **VI. Using CLM to Manage Supplies at FPAK**

### **Set Up**

A representative sample of items carried were chosen and entered for the pilot based on those items included in the Accounting semi-annual report requested by the major donors.

Coding of Items, Units and Categories was based on existing codes used by accounting (some were assigned by IPPF, others by FPAK in categories). The reporting required by Accounting of the supplies department was seen as an important link within the organization and one specific way that CLM could benefit FPAK. The spreadsheet used to track the costs and beginning and ending balances of items supplied by the two major donors was used as a framework for the selection, categorization and coding the items used in the field implementation. The usefulness of this approach is expected with the design of a customized semi-annual report for this purpose during the full implementation of CLM. In addition, further training should include members of the Accounting staff to query the data at time to find specific information.

In anticipation of the semi-annual donor report described above, the cost of each item in stock was carefully recorded in one currency at the time of purchase for stock value calculations.

Only a few items were entered with a minimum and maximum stock level or lead time during installation by the consultant. The remainder of the information was left for later entry and has not yet been further initiated by the staff during the pilot. The usefulness of these indicators has not been obvious to FPAK since the receipt of donated commodities is in a one-time shipment and the purchasing of local goods is usually on an "emergency" basis for one need at a time. Some stock reports may seem to calculate incorrectly due to the lack of this data.

### **Training**

Any implementation of CLM will require training at various levels. Staff must be available for training and practice sessions for the trainer to review. As soon as possible, the installer should hand over the hands on aspects of setting up and using CLM to the operator. A back up operator should be assigned and trained. From this pilot experience, it was clear that while transactions were entered, it was the production of reports and using the reports to check against actual stock that demonstrated the usefulness of CLM. From that point, the operator was more inclined to use CLM reports.

CLM should have been introduced with sample data to convince each user of its usefulness and features. It should be assumed that the person designated to operate CLM may have had some computer experience but that they will need basic database training including and how databases work, produce results and answer questions. This will require a sample database, preferably one that contains items they are familiar with.

Supplies Officer provided leadership and management decisions incorporating CLM functions for stock organization and usage reports.

Continued training is necessary so the Supplies Officer and her Assistant can run ad hoc queries to cross check supply data and retrieve information requested by headquarters. Eventually, the information flow will support the links from planning to ordering to distribution.

### **Using CLM Standard Reports**

The importance of anticipating reporting needs at the time of setup cannot be overemphasized. Coding is best done when the summary and grouping of data reports is carefully and completely considered. To avoid unnecessary and time-consuming reentry of data, before making a commitment to item codes, units and categories, an investment in seeking the advice of other users (programs, finance and clients) will prove wise and prudent. Some examples of how managers can use reports are:

#### **Expiring Drugs**

CLM Stock Report shows that there is stock in the warehouse approaching its expiry date and therefore should be used soon. Which clinics should receive the items? Will they be able to distribute them to the clientele? Will they have storage space for them? Do they have stock of the same item with a later expiration date? To help push expiring items out to clinics, CLM can only help answer the last question. As part of the overall distribution and program strategy, management should have determined if there are items that should be pushed and how much of the item can be pushed to each client within a certain amount of time. Depending on program activities, current client stock (available in CLM)<sup>3</sup> This may vary of course. Communication can keep the information current and applicable.

#### **Saleable Drugs**

FPAK users of the current manual supplies system (with some effort) could determine the quantity saleable drugs shipped to the clinics. Separately, in another system, the Finance Office could determine the amount (and therefore profit) that the clinics should have collected **but** they never knew what the real figures should be since they never knew the ending balances on the drugs in the clinics. Therefore they didn't know the percentage of the saleable drugs distributed to the clinic and then to the client.

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<sup>3</sup>

See "Client Stock Balances"

Supplies was asked by senior management (the Committee on FPAK Sustainability) to produce a report which would analyze the data from 1994. With great difficulty, the ledgers and demand voucher files used in manual system were referenced to summarize the 1994 distribution data for saleable drugs not available in CLM). This required one week of investigation and summarizing data to prepare this report, which then was forwarded to Finance for the cost analysis.

For a similar report, CLM produced a report for the 1995 entered to date within a few minutes.

### **Variance Reports: CLM v Actual Warehouse Stock Balances**

The user may ask, "Is there a report that shows a variance in the stock held by CLM and the actual stock on hand?"

If there was a variance, there is no way that this would be "known" to the computer. However, at stock taking there may be a difference found. CLM allows for the entry of stock adjustments (plus or minus). The CLM and the actual figures should be compared, the variance should be entered as an adjustment. The adjustments must be made by lot number, requiring the inventory to be listed by lot with the balance on hand and in reserve with a total. The Physical Inventory Report (currently organized by location) is intended for this very purpose. The actual figures can be noted on the form and variance entered in CLM Stock Adjustments.

### **Turn Around Time: Demand to Shipment**

Compare length of time from date of demand voucher to shipment of order. However, it will be necessary for the "request" date to be defined and used consistently. For example, is the date of request the one entered by the client on the demand voucher, the date the demand is received by the warehouse, or the date the demand is entered in CLM? If it is the date received at the warehouse, is there a system for stamping the vouchers received? Is there a deadline to move the demands along in the warehouse process for receiving demands? What is delay time from time of shipment to arrival at the clinic?

### **Accounting: for IPPF and AVSC**

At the onset of the pilot, discussion with accounting indicated a need to report at the end of the pilot year the beginning balance, receipts, issues and cost at purchase or donation value. The items to be listed were identified as those that should be included in pilot. The required data was setup and entered for items received in 1995. Since this report is not included in the CLM Standard Reports the task of creating and testing the report is referred to the FPAK implementation team. As part of the evaluation of the pilot test, however, the consultant will evaluate the process of team members designing and creating the report.

### **Service Statistics**

FPAK has been using HealthWare to analyze service delivery to its clients through its 17 static clinics and outreach programs. The integration of CLM and HealthWare has yet to be firmly established. Applying data analysis from HealthWare and the Ministry of Health FPLM Reports could be useful in forecasting future needs and thereby setting priorities. Family Planning Logistics Management system (FPLM) is used by the MOH to report contraceptive commodities distributed through the MOH. FPAK is a recipient and distributor of such items. Improvements in communication and feedback have been initiated as a result of the pilot to identify those commodities that would best be supplied through the MOH to FPAK rather than through the donor, thus freeing up funding for commodities not available from the MOH and for other program activities. The continuation of seeking methods and indicators to use CLM and HealthWare data is highly recommended. However, Finance, Programs, and Supplies should coordinate their needs and specifications. This will create a more productive team and useful, relevant data.

Training is needed in writing a report to a spreadsheet format for further analysis, graphing and manipulation. A good example would be printing the Distribution by Item report to a spreadsheet to graph the total distribution for any given item during a certain period.

In addition, the Physical Inventory Form could be printed to a spreadsheet, allowing for data entry of the stock figures and calculations of the variance. However, the variances would still have to be entered in CLM Stock Adjustments.

Other reports key include: Master List of Current Stocks, Ordering Suggestions and Stock Expiring.

## **VII. Full Implementation of CLM at FPAK**

For full implementation of CLM at FPAK, the following management concerns must be addressed and solved:

### **Training of supplies staff in supply management concepts and procedures under the leadership and supervision of the Supplies Officer.**

It is suggested that the Supplies Officer identify the fundamental issues that require a better and/or deeper understanding of supply management and standard practices, and list the skills and knowledge required step by step. Set priorities, sequence and establish time for staff on-the-job training. This "training" should be viewed as a method of supervision, and not certifiable training. It is a way for the Supplies Officer to organize her staff and assign suitable tasks based on individual skill levels and expertise. CLM reports can be a useful aid in explaining good supply management techniques. Other materials were suggested and will be forwarded (FPMD's Family Planning Manager and Handbook, MSH Drug Management Handbook).

## **Tighten the links between program planning, finance and supplies.**

### **Logistics**

Review the official process for purchase orders and demand vouchers. Examine how the orders and demands are actually forwarded to the Supplies Officer. Institute changes for an efficient flow of requests and approvals for both the purchase orders and the demands / issues to be in compliance with program planning.

### **Activity and Program Planning**

Require that clinic needs and program plans (and any changes made to them) be clearly stated, (if possible, in writing) to the Supplies Officer so that need for supplies can be anticipated, thus avoiding the "emergency" syndrome.

Review the reporting capabilities of CLM and require regular and specific reports for analysis from Supplies to appropriate staff.

### **Budget Planning**

While CLM is not a cost accounting package, and the Finance Office should not expect "to-the-penny" cost calculations from CLM, it does store cost information at the time of purchase and costs passed on to the client. This information can be very useful, especially since the actual distribution and stock balances are not stored anywhere else in the organization in a quickly retrievable state. To assure quality reporting, the Finance Office must keep the Supplies Officer informed of costs per item.

This cost factor is only used in the case of saleable drugs. The cost indicated is that which the clinic should charge. Reports would show amounts shipped and expected returns, but only if the client (clinic) costs are entered properly and correctly.

### **Logistics and Administration**

Estimate and inform the Supplies Officer of maximum and minimum stock required by each clinic for priority items. This will help Supplies determine amounts to be distributed to a client based on the client's current stock, warehouse stock, and client demand voucher.

In CLM, the client file stores maximum and minimum stock capacity but that is for the entire storage space or capabilities, not for any particular item. This field could be "redefined" (not on the screen) and used to classify each clinic by a standard set by FPAK.

Conduct stock taking at clinic level for all items and all clinics. Enter stock and client stock balances in CLM (see page 16). Include requirement that clinic report stock balances at time of demand and amount used since last shipment. Monthly reports are not necessary (How should FPAK report to FPLM reporting those items "borrowed" from MOH?)

**The following tasks must be completed before full implementation can begin:**

Completion of setup: Identification of indicators, report requirements, setup and data entry of equipment and transport items.

Data Entry: Complete the entry of expiration dates, shelf-life, minimum and maximum stock levels, lead time, cost, client costs, and client dosage for those items included in the pilot. (Without this information, many CLM Standard Reports will calculate erroneous information. The responsibility of these errors will lie with FPAK if the appropriate data is not entered.) Management must determine these indicators before data entry.

Setup and categories of stock items not yet entered in CLM: This activity will complete the data entry of stock items and is actually an implementation task. However, the exercise will require some extra effort to and expertise in CLM setup, the consultant has assumed leadership for the design of the process as a training and implementation exercise with the Supplies staff.

The design includes a review of ledgers (must be up-to-date) and the recreation of aggregate data for the 1995 transactions in CLM to date. This includes the beginning stock balances for each receipt with the same cost (must be entered in US dollars) and the total issues (to a fictitious "1995 Pilot Client"<sup>4</sup>).

Note: If a comprehensive distribution report by item and client is required for each the 1995 shipment transaction of these items to date, the effort will be overwhelming and possibly not necessary.

Once the total receipts and issues are entered (including a fake lot number, normal processing can begin until the end of the year. At that time, the stock taking and auditing process can be used to make stock adjustments to levels by lot if necessary.

Use of the CLM Purchase Order functions for entry of all expected receipts of stock from donors and orders from local suppliers

**Documentation of On-Going Procedures and Administration**

Keep a log of:

- All assumptions (codes, etc) and definitions of terms (date "received" as described above.)
- Frequency and timing of reports.
- Anomalies that exist.

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<sup>4</sup> A similar method was used to enter the beginning stock balances. A vendor called "1995 Opening Stock" was used.

## **VIII. Debriefing with Mr. Mezenge, Executive Director, FPAK**

### **CLM Pilot Implementation Evaluation**

31 August, 1995

During a lengthy and thoughtful debriefing with the Executive Director, the consultant, the SPO MIS George Gachoki, and the FPMD MIS Advisor Peter Kibunga, discussed in detail the following aspects of the pilot. These notes reflect the issues, discussions and conclusions reached during the debriefing.

- ▶ **Management review of FPAK Supply and Purchasing System**  
During the initial visit the MSH and FPMD Pilot team reviewed the FPAK management system related to the Supplies and Purchasing Office. Management issues of communication, integration, and supervision were explored as part of the analysis before setting up CLM in the pilot test. To assure the validity of the pilot, these aspects of installing and using CLM were considered very important. In a real implementation effort, it is the organization, its ability to function and nature of its management culture, that is key to the success of any implementation effort. For specific observations, refer to the previous CLM Pilot Implementation reports.
- ▶ **Assessment of operational system**  
The data sources and flow were examined including forms, approval procedures, ledger and book keeping, stock control, demands and issues, distribution and end of year reporting to Finance.
- ▶ **Installation and set up of CLM**  
Based on the reports required by FPAK donors, IPPF and AVSC, and general accounting and supply reporting needs, a set of items were selected for the pilot. These items were described and set up in CLM databases for optimum use in stock control, distribution and reporting (groups, summary, queries).
- ▶ **Momentum**  
Several factors influenced the momentum and progress of the pilot. Originally, the final visit to evaluate the pilot was scheduled for May, but because stock had been picked without "consulting" CLM, the actual quantities by lot in the store did not coincide with CLM records. The new inventory took some time to conduct. Regular and proper use of CLM was instituted in late April.  
The Implementation Committee held three meetings to examine and understand the existing system. Details and historical background were unknown to the Supplies Officer. At that time the activities of the implementation committee focused on these concerns. Scheduled meetings after that were not held due to other commitments.

Finally the momentum came to a halt. An earlier intervention by FPAK initiated by FPMD and MSH may have helped to rekindle the effort, but without terms of reference, deadlines and a clear understanding of committee roles and responsibilities, supervision and evaluation, the progress of the committee would be limited.

Since the February visit, the newly appointed Senior Supplies Officer assumed her responsibilities on a daily basis. The transition caused both an impetus to the implementation pilot of CLM and the expected level of disruption that any transition causes. The CLM pilot and the Implementation committee both benefited and suffered from the transition. New skills and concepts were introduced and existing systems were examined, yet there was difficulty in documenting the current system. Many exceptions to following the rules, gaps in communication, and such environmental factors as unreliable postal and telephone services, always contribute to complicated trails of paperwork and undocumented verbal requests, supervisory visits, and stock control. In some cases the links relating initial purchase orders and demands with the final receipts and issues require an individual's first hand knowledge of what actually happened and when.

Plans and budgets were managed separately, as in the case of AVSC supplies. While advised by the Executive Director to purchase forecasted stock from FPAK funds, stock outs in some theatre consumables were common. Individual purchases of supplies were authorized under emergency conditions. Small quantities of items purchased locally consumed huge amounts of time and effort from Supplies and Purchasing in order to keep up with programs planned and approved well in advance. Compounding the problem, unused supplies are often "donated" at the surgical sites of outreach activities to the MOH, causing forecasted and actually used amounts to differ. Stock balances reported by the area clinics may not equal receipts minus planned consumption. This may be unavoidable, given the goals and objectives of FPAK, but an acceptable and agreed degree of variance should be indicated for supervision and management reporting.

► **Inventory and Stock Control**

While ledgers and file copies of approved purchases and vouchers were maintained with great care and accuracy, a fundamental requirement of CLM, control by lot number, was not used by Supplies in record keeping or issuing of items. Also, expiry dates were not documented, although the principle of first in, first out was followed. The expiration factor was controlled by the placement of stock as it was received. Details and exceptions were a matter for the memory of warehouse staff and systematically available.

By using CLM to help manage the warehouse process, lot numbers and expiration dates have been systematically recorded and are now a part of the stock control process. Used properly, CLM reports and picks items considering the expiration date. As noted

the time remaining before expiration should be viewed as an indicator, meaning FPAK should decide what is the acceptable remaining time an item should be issued and how should items about to expire be "pushed" to the clinics for distribution.

Ultimately, the indicators of maximum / minimum stock levels and average lead time should be instituted in CLM records. Presently, this has been left for the full implementation. During set up of the pilot items, there seemed to be no specific information determined for those items. It was left for later because many aspects of the indicators would need careful attention and a clear understanding of how the indicators could be used in forecasting stock requirements based on planning and past usage.

► **Receipts and Issues**

The capabilities of receiving stock (without a purchase order entered in CLM) and issuing to clients has been used consistently and properly during the last months of the pilot. Historical data for the pilot items are available from January 1, 1995.

The CLM purchasing order process should be reviewed and enfolded in the Supplies and Purchasing system so that eventually the manual system will be replaced completely during full implementation. The purchase order functions of CLM are not meant to replace the accounting procedures and approvals currently enforced by FPAK, but to give the process within the warehouse a structure for entry of data, approval from the Senior Supplies Officer to place the order and confirmation that the order has been mailed, no longer subject to change unless recalled and reordered. Mainly the CLM purchasing functions offer the supplies staff a way of tracking orders by vendor with date, quantity, and cost information readily accessible. At the time of receipt, the information can be retrieved, dated, edited if the quantity or cost change, and entry of lot number, expiration date and location to be stored. The Receive Stock without a purchase order gives CLM users a way of by passing the purchase order function. However, in the case of FPAK, once planned commodities from donors like IPPF have been guaranteed, the items should be entered as a pending purchase order so they are considered in reports and further planning.

Based on FPAK's desire to better improve its knowledge of client stock levels, it is strongly suggested that demand vouchers include a current stock level for each item requested including quantities used since the last order was shipped to the client. When entering client orders, CLM users are prompted for this information which is stored historically. The intention of this feature is to provide on-screen client usage (quantity last ordered and prior shipments by quarter) and warehouse stock level information for warehouse management to review when determining quantities to submit to CLM for picking from available stock.

### **Assessment of CLM usefulness for FPAK and like organizations**

Throughout the debriefing, comments and observation from the key players in the pilot were reported with commentary from those in attendance. In all, it was felt by everyone interviewed that FPAK would benefit from adopting CLM in full. Specifically, the following comments, which have been paraphrased, were made:

*As the new Senior Supplies Officer, I assumed my duties here in April. There is a lot of work and few staff, making it to meet deadlines. The learning curve is quite steep at the beginning and the staff needs training. They have done their best and base their work on their experience here in Supplies, but I know they could benefit from training. I have verbally proposed training to the Finance and Administration Manager. CLM has helped us be able to give information immediately when requested from headquarters. It has helped us be more efficient. A report the accountants asked for regarding 1994 took us one week to research and generate from the ledgers. We ran the same report for the 1995 data entered so far in CLM and it took us a matter of minutes. In the future, CLM will be a great help to us. I haven't yet used the program myself, but I can rely on Timothy to run reports for me. I know what they are and what they can do. I have suggested some specific reports to FPMD that could be useful.*

**Victoria Mwema, Senior Supplies Officer**

*I have only a few questions about CLM, namely how to create reports and how the Purchasing Order function works. We haven't used it yet. Instead all receipts have been entered using Receiving Stock without a PO. So far CLM has worked well and we are up to date on client orders. I feel comfortable finding my way around and using CLM.*

**Timoth Kioko, Supplies Clerk and CLM Operator**

*Because we are still in the pilot, the Chief Accountant and I are not sure if the information we request is from CLM reports or the manual system. From our experience implementing the accounting system here, once we decide to adopt CLM, the running of dual systems is necessary for a time, but we must at some point just use CLM or we will continue to depend on the "old" system. We know that CLM is right for us and that it will make the link we need between Supplies and Accounting. We are concerned about continued technical support for CLM and its ability to grow with us.*

**Mr. Tom Chuma, Accountant**

*I would be interested in feedback from other CLM users. At first, I don't think some people really understood the meaning of "pilot" and thought that CLM was being implemented at FPAK. Others saw it as a test and didn't put their full effort behind it. Providing the internal support for CLM, I hope that there will be good support available. It has been difficult for me to be available on a regular basis because finding transport to the warehouse is difficult and the telephone is sometimes impossible. It is important that the roles of the organization's internal support and the sponsor be clearly understood and that they work together. As MIS Officer, my job is to integrate the various systems. CLM will help me do that, particularly with the HealthWare service statistics system. My advice to other organizations implementing CLM would be to clean up their manual system and know how it works. Managers should be fully briefed in the capabilities of CLM and shown examples of how it can help them. Training should be aimed at the level of the user. The organization should know what the costs will be in terms of time, effort and sacrifice. Subjectivity is an essential. It must be addressed. People's feelings influence their performance and how they accept change. This should be considered at all times. As a new-comer to FPAK, going through the pilot process gave me a chance to learn about the organization and identify some of the gaps or vacuums existing between management and the next level. Finally, I would suggest to others that they follow good MIS principles. As was done in this pilot, consider the management, the information and the systems when implementing CLM.*

**George Gachoki, Program Officer, MIS**

*I am concerned with the continued support for CLM and how we will be able to adapt it to our future needs. At first CLM was slow to catch on. There should be computer skill requirements for CLM operators and training to prepare managers, especially those unfamiliar with the computer. The structure and regular supervision of the implementation is really important. All in all, CLM will help us in many ways. We are anxious to use the Equipment and Transport module.*

**Maureen Kuyoh, Program Officer, Research and Evaluation**

Note: The Senior Program Officer, Medical, Dr. Isaac Achwal was not available during the second and third visits. His written comments follow. The Area Managers (clinic level) were not asked for their evaluation since the pilot required its main focus at the warehouse level. A demonstration and evaluative session is planned for mid September at the Area Managers meeting. Without fully implementing some of the changes, both operational and management, the affect of CLM has not yet been felt by the Area Managers.

*What is your role and major responsibilities at FPAK?*

“To advise the association; develop and provide technical assistance in all spheres of service delivery (static and community based); maintain continuous quality improvement in service delivery; logistics and technical professional trainings.”

*Role played during pilot test?*

“More of an observer. I was not involved at any level other than a casual discussion with the consultant on the initial stages of her arrival.”

*What was your expectation of the filed implementation pilot of CLM at FPAK?*

“I expected it to be possible to track contraceptives and commodities at each clinic by quantity, expiry dates, and batch numbers. I would have also liked to know the total expendable supplies by each clinic, in comparison to clients served. Equipments in each room per clinic and their working condition.

*What did CLM do for you? Did CLM help you to better perform your function at FPAK?*

“Up to now, I do not know what is in that computer. Any time I enquire I am informed that it is still at installation stage. Nothing has gotten better at clinic level, instead things have tended to get worse and my unit has been forced to travel to clinics to find out about expiring drugs and shortages (Nakuru was the most recent station). It appears to be a Research and Evaluation and Supplies affair.”

*How could CLM further help you?*

“I do not know how it is helping me currently therefore it is difficult to say how it can further help me, but if it addressed all my views in Question 3 I will be comfortable.”

**Dr. Achwal, Senior Program Office, Medical**

► **Implementation of CLM at FPAK**

After careful review of the pilot evaluation, FPAK senior management will decide whether to formally adopt CLM. No date was set for such a decision.

The importance of a team approach to implementing CLM cannot be over emphasized. Given the integrated nature of the Supplies and Purchasing functions, input from and communication among the Finance and Administration (Supplies and Accounting), programs, MIS and Area Managers staff is key to successful implementation. Like any other project of this magnitude, planning in the context of other activities is also a critical factor for consideration. Keeping a detailed task list with due dates and person responsible and resources (other people, time and approvals) will help to monitor the progress. Regular updates to senior management and a quarterly evaluation process will help to assure the quality of planning and activities, and maintain supervision of the overall CLM implementation project.

## **Suggested Terms of Reference: CLM Implementation Committee**

Leadership of the implementation will consist of the MIS officer as convener of meetings and the Supplies Officer in charge of follow up. Bi-weekly progress reports will be submitted to the Executive Director who will pass them to senior managers. Meetings will be conducted with 50% quorum. A quarterly evaluation including the implementation team and senior management will be called by the Executive Director. The team's first duties are to provide feedback regarding these notes and to report a work plan and time line for activities, including the person responsible, for the next three months in preparation for data entry of item descriptions mid-November for end of year stock taking and to begin processing at the beginning of 1996.

The membership of the committee (team may be a better name in that it connotes working together toward a specific task) named by the Executive Director is comprised of: Victoria Mwema, George Gachoki, Tom Chuma, Millicent Kabugi, Timoth Kioko, and POCBD (name unknown).

In general the team will work toward better integration and communication with other FPAK functions regarding Purchasing and Supplies. The team should ask for the use of staff resources when necessary for information, feedback and testing strategies and procedures. Specifically, the tasks for the next three months are:

1. Review terms of reference and give confirmation and feedback to the Executive Director.
2. Develop an implementation plan and specific list activities with due dates and person responsible.
3. Develop indicators based on FPAK service delivery and supplies support objectives.
4. Report bi-weekly to the Executive Director
5. Participate and prepare for quarterly evaluation with Senior Managers

Specific tasks identified:

1. Prepare and give demonstration to Area Managers for September 14 meeting. Include introduction of reporting current balances when ordering.
2. Determine maximum / minimum stock levels and lead time for items currently in the system by September 20.
3. Complete item descriptions based on findings of task # 2 by October 01.
4. Determine item descriptions for remaining items by October 15.
5. Prepare end of year report for export to a spreadsheet for testing by Accounting by October 30.
6. Complete and test item descriptions for data entry by October 30.
7. Enter item descriptions by November 15.
8. Print Physical Inventory Form in preparation for end of year stock taking.
9. Coordinate warehouse stock taking with internal audit.

10. Conduct stock taking and make necessary adjustments to CLM quantities for pilot items.
11. Enter beginning stock for all items, including lot number, expiration date, and location.
12. Determine with MSH the best method of capturing beginning clinic stock levels for entry into CLM.
13. Use CLM reports to verify closing balances for pilot items.
14. Use CLM for all processing transactions for all items beginning January 01, 1996.
15. Provide database training for Timoth Kioko as soon as possible.
16. Prepare a detailed list of supply training needs at the warehouse to strengthen staff skills and knowledge. Conduct on-the-job mini training sessions weekly to meet the needs.

The Executive Director has agreed that FPAK staff will review these notes and provide feedback and comments, to be delivered through the MIS Officer to, or received by FPMD, no later than 2:00 pm Friday, September 15 and forwarded that afternoon to MSH Boston c/o Joyce Goodman.

FPAK agreed to provide a letter of endorsement for CLM for MSH to supply to other interested organizations.

MSH offers a resounding "Vote of thanks to FPAK" for its cooperative and active participation in the pilot.

## **Annex A**

### **PRINCIPLE COUNTERPARTS DURING THE PILOT:**

Godwin Mzenge, Executive Director, FPAK  
Margaret Thou, Senior Program Officer  
Maureen Kuyoh, Program Officer, Research and Evaluation  
George Gachoki, Program Officer, MIS  
Victoria Muewa, Senior Supplies Officer  
Milicent Kabugi, Supplies Officer  
Daniel Karagu, Assistant Supplies Officer  
Timothy Kioko, Supplies Clerk  
Dr. Isaac Achwal, Senior Program Officer, Medical  
Samson Ariaga, Finance and Administration  
Grace Amurle, Chief Accountant  
Tom Chuma, Accountant  
Peter Kibunga, MIS Advisor, FPMD  
Barbara Tobin, Project Manager, FPMD  
Charles Thube, USAID Family Planning S & S

**ANNEX B**  
**Implementation Guidelines**  
*(suggested outline)*

**Criteria for implementing CLM**

**Dissemination: Sponsorship, Organizational Commitment and Support Structure**

System Support

- Technical support
- Training and Materials
- Upgrades

Documentation

- Implementation Guide
- Training Guide
- User's Guide

Sponsor Training

- Certification and registration
- Commitment Renewal
- Organizational Commitment and Demonstration

Situational Analysis and Examination of current system

- Management Strategies
- Staffing: roles, responsibilities and supervision links
- Information needs and linkages to other activities
- Procedures and forms
- Data flow and processing
- Specific Reporting Requirements:
  - Management: finance and administration
  - Programs: planning and service delivery
  - Warehouse: supply management
- Warehouse procedures and organization
  - Record keeping, vendors, clients, purchase orders, receipts, storage, client orders and distribution

Implementation Plan to be submitted to senior management

- Revision of roles and responsibilities to allow time for implementation and ongoing management of CLM
- Time table with specific activities, person responsible and due date

Commitment Renewal

Inventory

Description of items (categories and units), suppliers and clients

Stock taking including lot numbers, expiration date, location

Audit

Installation

Pilot Implementation of specific, critical and representational items

Development of coding structure

Training

Warehouse Staff

Management

System operators

Testing Reports

Documentation (ongoing and specific to the site)

## ANNEX C

### Criteria for implementing CLM (Suggested)

The following agreements must be made and criteria must be met for CLM to be implemented.

#### **MSH**

- ▶ must be available to technically support to sponsors in the implementation of CLM
- ▶ must provide training to staff appropriately identified by sponsors
- ▶ must upgrade software in the event of fatal errors
- ▶ must provide the following documentation for the sponsor:
  - technical specifications including suggested procedures and sequence of :
    - file management and backup procedures
    - coding and setup
    - training guide and exercises
    - users guide and quick reference including a description and sample of standard reports
- ▶ is the owner and keeper of the CLM source code and no sponsor is allowed to make any changes

#### **Sponsor**

- ▶ must be competent in commodities and logistics management and be familiar with the challenges faced by managers in less developed countries
- ▶ must be competent in databases management (xBase tools) and R&R Report Writer
- ▶ must be trained in use of CLM by MSH or its affiliates
- ▶ must guarantee a continuation of the sponsorship of CLM to the organization in the event the sponsor is no longer able or available to provide the necessary support
- ▶ can use MSH as a direct resource for technical support

#### **The Sponsor and the Organization**

- ▶ must agree that there is a need for CLM to improve the management of commodities and logistics at the warehouse and senior management (planning and programs) level
- ▶ must make the appropriate and necessary resources available (hardware, computer support, staff time)
- ▶ must commit to a work plan for the implementation and integration of CLM which most likely will require a closer cooperative effort by various departments at the beginning stage to develop coding and reporting specifications and the possible revision of some long standing procedures in the warehouse process outside the warehouse process

- ▶ must establish a technical and management link for the use and application of CLM in the organization
- ▶ must establish goals, objectives and indicators to measure the usefulness of CLM with periodic reviews and evaluations

### **The Organization / User**

- ▶ must manage a commodities and logistics system that warrants the introduction and use of a computerized system such as CLM
- ▶ must as an ongoing MIS, incorporate the implementation and use of CLM in conjunction and full cooperation with a sponsoring agency
- ▶ must commit to the implementation of CLM as part of an organizational strategy and goal with full commitment as part of an organizational work plan developed with the sponsor
- ▶ must review and revise, wherever, necessary the job descriptions of those staff affected by the implementation of CLM to include the roles and responsibilities introduced by CLM (computer operator, supervisor competent in CLM and computers in general)
- ▶ must realize that the computerization will require a great amount of time and effort at the beginning stages of implementation and that the effort should not be expected to succeed without adjustments and possibly some reorganization or staffing changes
- ▶ must maintain a log documenting basic assumptions (e.g. coding, costs, categories, etc.) or any changes thereof which will form the specifications for CLM peculiar to the organization
- ▶ must realize that importance of backup and good file management and that they are responsible for the security and integrity of their own data

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