

PN-ACG-971
103930

United Republic of Tanzania
Ministry of Health
National Family Planning Programme



Management of the Family Planning Logistics System

A Job Reference Manual

April 1995

The Family Planning Logistics Management (FPLM) project is funded by the Office of Population of the Bureau of Global Programs of the U S Agency for International Development (USAID) and implemented by John Snow, Inc (contract no CCP-C-00 95 00028-04)

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19 April 1995

Dear Colleague,

The National Family Planning Programme has a pleasure to provide you a very important manual which defines and operationalise the contraceptive logistic system of Tanzania. The success of our Programme depends on your efforts to ensure that all Tanzanians have access to quality family planning services by ensuring clients can obtain contraceptives method they want when they need them.

The purpose of this manual is to assist you in your job on how to manage your contraceptive supplies. Refer to this manual whenever you have a question about Tanzania contraceptive logistic system.

The Family Planning Unit will ensure that there is consistent supply of quality contraceptives and we expect you to do the same.

Thanks for all your effort and we are looking forward to hear any comments you may have about this manual and the contraceptive logistic system.

Yours sincerely,

A handwritten signature in cursive script, reading "Cimbakalia". The signature is written in black ink and is positioned above the typed name and title.

Dr. C. Simbakalia
for: Principal Secretary

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Introduction

WHO IS THIS MANUAL WRITTEN FOR?

This manual was developed for you and other personnel in the National Family Planning Programme (NFPP) who manage contraceptive supplies. It is your job, and the job of others in the NFPP to order, issue, distribute, store and transport contraceptives. You may be a family planning service provider, maternal child health aide, maternal child health/family planning coordinator, program supervisor and manager, storeroom and warehouse manager, or a pharmacist.

WHY WAS THIS MANUAL WRITTEN FOR YOU?

This manual was written to provide standardized procedures and guidelines for the management of contraceptive supplies. The manual will assist you to

- Determine contraceptive supply needs
- Order, receive, and store contraceptives properly
- Distribute and maintain adequate contraceptive supplies
- Record and report accurate information about contraceptive supplies and their use
- Monitor logistics activities and supervise the personnel who carry them out

If all NFPP personnel use these procedures to manage their contraceptive supplies, then quality contraceptives will be available at all times to family planning users everywhere in the country.

HOW SHOULD YOU USE THIS MANUAL?

This manual is a job reference to assist you in managing contraceptive supplies. Take the time to look over the whole manual and become familiar with its contents. Then refer to it as you need to in carrying out your responsibilities in managing contraceptives.

Each chapter of the manual describes a specific logistics management activity, including

- The purpose of the logistics management activity,
- When the activity should be carried out,
- Instructions on how to complete the activity, and
- Examples illustrating the activity

You will find a list of acronyms (abbreviations) and a glossary of logistics terms at the end of the manual. There are also annexes which include copies of all record and report formats and an Action Plan format.

The following summary provides information on the contents of each chapter.

I The National Family Planning Programme Logistics Management System

This chapter describes the NFPP contraceptive logistics pipeline and distribution system.

II Logistics Management Responsibilities

This chapter describes and lists the logistics job responsibilities for each position of NFPP staff who manage contraceptives. Be sure to find your list of job responsibilities and refer to it on a regular basis.

III Recording and Reporting

This chapter describes how to record information using the *Day-to-Day Form*, *Inventory Record*, and *Issue Voucher*. It also describes how to aggregate and report information using the *Report & Request for Contraceptives* form.

IV Assessing Supply Status

This chapter describes how to determine average monthly consumption rates for each brand of contraceptive. It helps you determine if your facility is overstocked, understocked, or properly stocked, and what actions to take if necessary.

V. Determining An Order

This chapter describes how you can determine the quantity of contraceptives to order for a routine order and how to place an emergency order.

VI Storing Contraceptives

This chapter provides guidelines for receiving and storing contraceptives and maintaining contraceptive quality control.

VII. Conducting A Physical Inventory

This chapter describes how and when you should conduct physical inventories of your contraceptive stocks.

VIII Transporting Contraceptives

This chapter describes the current NFPP transportation system for contraceptives and the Transport Sharing Agreement with the EPI Programme.

IX Logistics Monitoring and Supervision

This chapter provides steps for conducting a logistics supervisory visit and a guideline for logistics monitoring and supervision.

The National Family Planning Programme Logistics Management System

WHAT IS THE TANZANIA NFPP LOGISTICS MANAGEMENT SYSTEM?

The Tanzania National Family Planning Programme Logistics Management System is a system of storage facilities, transportation links, and record keeping managed by you and other family planning personnel

The system has four levels

- CENTRAL** where contraceptives are stored in the central warehouse and are managed and distributed by the staff of the Family Planning Unit based in Dar es Salaam
- REGIONAL** where contraceptives are received from the central level and are managed and distributed to regional level facilities, such as regional hospitals, and to districts in the region by regional NFPP staff, usually the Regional MCH/FP Coordinator and the Assistant Regional MCH/FP Coordinator
- DISTRICT** where contraceptives are received from the regional level and are managed and distributed to district level facilities, such as district hospitals, and to service delivery points in the district by the District MCH/FP Coordinator
- SDP** Service Delivery Point (SDP) where contraceptives are received from the district level and managed and dispensed to users by SDP staff, usually the MCH Aide In addition to being a level in the logistics system, an SDP is any facility (such as a hospital) at the district, regional and or central level that provides family planning services directly to clients SDPs also include urban and rural health centers and dispensaries

WHAT IS THE PURPOSE OF THE TANZANIA LOGISTICS SYSTEM?

The purpose of the system is to assure that all Tanzanians are able to receive the contraceptives they want when they visit a NFPP service delivery point. You can describe the purpose of the system as the Six Rights

THE SIX RIGHTS

The Purpose of the Tanzania NFPP Logistics Management System is to supply

the **RIGHT GOODS**

in the **RIGHT QUANTITIES**

in the **RIGHT CONDITION**

to the **RIGHT PLACE**

at the **RIGHT TIME**

at the **RIGHT COST**

WHAT IS THE TANZANIA LOGISTICS PIPELINE?

The logistics pipeline is the entire chain of storage facilities and transportation links through which supplies move, including the port facilities, central warehouse, regional warehouses, all services delivery points, and transport vehicles

In Tanzania, contraceptives are stored in the Central Warehouse operated by the FPU in Dar es Salaam, in smaller storage facilities at the regional and district levels, and in the service delivery points. A variety of trucks, pick-ups, and jeeps owned and operated by the Ministry of Health move contraceptives from level to level. The four storage levels of the system and the transportation links between them are the **TANZANIA LOGISTICS PIPELINE**. A diagram of the pipeline is shown at the end of this chapter.

HOW DO CONTRACEPTIVES MOVE THROUGH THE PIPELINE?

At the central level, the Family Planning Unit staff order contraceptives once a year. Currently contraceptives are supplied by a number of donors to Tanzania. Contraceptives are delivered to Tanzania approximately every 6 months.

At the regional level, regional NFPP staff determine the amount of contraceptives needed and place an order with the Central Level quarterly, at the end of every three month period. Contraceptives are delivered by central level staff to the regional level within 2 months of receiving an order.

At the district level, district NFPP staff determine the amount of contraceptives needed and place an order with the regional level every month, at the end of the month. Contraceptives are delivered by regional level staff to the district level within 1 month of receiving an order.

At the service delivery point level, district level staff visit the service delivery point once a month bringing with them a supply of contraceptives. The district level staff work with the SDP staff to determine the amount of contraceptives needed at the SDP and provide them to the SDP on the spot.

If you work at the regional level, you

- ▶ prepare and send your *Report & Request for Contraceptives* to the central level quarterly
- ▶ process and deliver contraceptive orders to the districts in your region monthly

If you work at the district level, you

- ▶ prepare and send your *Report & Request for Contraceptives* to the regional level monthly
- ▶ visit the SDPs in your district monthly, determine their contraceptive order, and supply each SDP on the spot

At the service delivery level

- ▶ SDP staff work with district level staff when they visit monthly to review records, determine the amount of contraceptives needed, and prepare the *Report & Request for Contraceptives* each month for their facility

HOW DOES INFORMATION MOVE THROUGH THE PIPELINE?

The *Report & Request for Contraceptives* form is the centerpiece of a combined ordering and reporting system. When an order is placed at any level, information about contraceptives dispensed to family planning users is passed through the system. This information is used for monitoring the system and determining contraceptive requirements nationwide.

WHAT DOES THE TANZANIA LOGISTICS PIPELINE LOOK LIKE?

The following is a diagram of the levels in the Tanzania logistics pipeline. The reporting and ordering schedule and the average time it takes to receive an order after it is placed are also indicated.

REPORTING & ORDERING FREQUENCY	LEVELS	RECEIPT TIME
prepare requirements estimations annually with donors	CENTRAL ↓	shipments received every 4-6 months
prepare and send <i>Report & Request for Contraceptives</i> to the central level quarterly	REGIONAL ↓	order received from central level within 2 months
prepare and send <i>Report & Request for Contraceptives</i> to regional level monthly	DISTRICT ↓	order received from regional level within 1 month
prepare <i>Report & Request for Contraceptives</i> with district supervisor monthly	SDP	order received on the spot

II

**Logistics Management
Responsibilities**

WHO MANAGES THE FAMILY PLANNING LOGISTICS SYSTEM?

Many family planning staff are involved in the operation of the logistics system. There should be at least one person in each region, district, and SDP who is responsible for the management of contraceptives at that level or facility. Family planning staff who may play a part in the logistics system usually include

At the regional level

Regional Medical Officer (RMO)
Regional MCH Coordinator
Assistant Regional MCH Coordinator
Regional Pharmaceutical Store Keeper/Pharmacist
Regional Cold Chain Operator

At the district level

District Medical Officer (DMO)
District MCH Coordinator
Assistant District MCH Coordinator
District Pharmaceutical Store Keeper/Pharmacist
District Cold Chain Operator

At the SDP level

Nurse in Charge	Medical Assistant
Medical in Charge	MCH Aide
MCH/FP in Charge	Peer Health Educators
Rural Medical Aide	Village Health Workers
Traditional Birth Attendants (TBAs)	

The positions that are highlighted are those staff that usually have major responsibility for the management of contraceptives at their level or facility. If the person who holds this position at your level or facility does not have responsibility for the management of contraceptives, **someone must be assigned this responsibility** to assure that the system operates and that contraceptives are always available to users.

If you are responsible for the management of contraceptives, find the description of your responsibilities below. This list should be helpful to you in understanding your job as it relates to managing the logistics system.

If you supervise staff who manage the logistics system, this list should help you assure that the responsible staff person knows and is performing the job of managing contraceptives.

WHAT ARE YOUR LOGISTICS MANAGEMENT RESPONSIBILITIES?

The following are descriptions of the logistics management responsibilities for each of the family planning staff usually responsible for managing the logistics system. Review the list for your position and add any logistics responsibilities that you have that may not be included. Refer to this list each month to assure that you are fulfilling your responsibilities and playing your part in helping the logistics system work effectively and efficiently.

**REGIONAL MCH/FP COORDINATOR
ASSISTANT REGIONAL MCH/FP COORDINATOR**

In matters related to contraceptive logistics management, the Regional MCH/FP Coordinator, or the Assistant Regional MCH/FP Coordinator when appointed by the Regional MCH/FP Coordinator, will

- 1 Complete all logistics records regularly, and submit reports quarterly to the central level Family Planning Unit or other appropriate office for transmittal to the Family Planning Unit
- 2 Assess contraceptive supply status for each brand of contraceptive at the regional level quarterly
- 3 Determine contraceptive order quantities for the regional level every three months
- 4 Issue contraceptives to the district level on a monthly basis, based on orders from the districts
- 5 Store contraceptives at the regional level following accepted storage guidelines, and/or monitor contraceptives stored at Pharmaceutical Stores to ensure that storage guidelines are followed
- 6 Conduct a physical inventory of contraceptives quarterly
- 7 Conduct supply and supervisory visits each month to each district
- 8 Manage and coordinate transport of contraceptives on a monthly basis to the district level with the EPI Regional Cold Chain Operator (RCCO)
- 9 Monitor logistics-related activities at regional and district levels, including developing a monthly work plan detailing logistics activities to be monitored
- 10 Provide regular supportive supervision to regional and district personnel in matters related to logistics management, including providing immediate informal on-the-job training to improve performance of personnel at these levels

***DISTRICT MCH/FP COORDINATOR
ASSISTANT DISTRICT MCH/FP COORDINATOR***

In matters related to contraceptive logistics management, the District MCH/FP Coordinator, or the Assistant District MCH/FP Coordinator when appointed by the District MCH/FP Coordinator, will

- 1 Complete all logistics records regularly, and submit reports monthly to the regional level or to the appropriate office for transmittal to the regional level
- 2 Assess contraceptive supply status for each brand of contraceptive at the district and SDP levels monthly.
- 3 Determine contraceptive order quantities for the district level monthly and for SDP levels during monthly visits in consultation with SDP personnel
- 4 Issue contraceptives to SDPs during monthly visits
- 5 Store contraceptives at the district level following accepted storage guidelines, and monitor contraceptives stored at Pharmaceutical Stores to ensure that storage guidelines are followed
- 6 Conduct a physical inventory of contraceptives monthly
- 7 Conduct supply and supervisory visits each month to each SDP
- 8 Manage and coordinate transport of contraceptives on a monthly basis to SDPs with the EPI District Cold Chain Operator (DCCO)
- 9 Monitor logistics-related activities at district and SDP levels, including developing a monthly work plan detailing logistics activities to be monitored
- 10 Provide regular supportive supervision to district and SDP personnel in matters related to logistics management, including providing immediate informal on-the-job training to improve performance of personnel at these levels

SDP PERSONNEL

In matters related to family planning contraceptive logistics management, SDP personnel will

- 1 Store contraceptives at the SDP level following accepted storage guidelines
- 2 Make entries into the Day-to-Day Form and Inventory Record in an accurate and timely manner
- 3 Work with the District MCH Coordinator monthly to complete monthly reports and determine contraceptive needs
- 4 Conduct a physical inventory of contraceptives stored at the SDP monthly

III

Recording and Reporting

WHAT IS THE TANZANIA NFPP LMIS?

The Tanzania NFPP logistics management information system (LMIS) is a system of records and reports that is used to collect and transmit information about

- contraceptives dispensed to clients,
- contraceptives in storage, and
- contraceptive movements

There are four forms used in the contraceptive logistics management information system

- Day-to-Day Form*
- Inventory Record*
- Issue Voucher*
- Report & Request for Contraceptives*

AT WHICH LEVELS ARE THESE FORMS USED?

With the exception of the *Day-to-Day Form* which is used only at the SDP level, all other forms are used by each level

SDP	DISTRICT	REGION
<i>Day-to-Day Form</i> <i>Inventory Record</i>	<i>Inventory Record</i> <i>Issue Voucher</i>	<i>Inventory Record</i> <i>Issue Voucher</i>
<i>Report & Request for Contraceptives</i>	<i>Report & Request for Contraceptives</i>	<i>Report & Request for Contraceptives</i>

WHEN AND BY WHOM ARE THESE FORMS FILLED IN?

Form	When Filled In	By Whom
<i>Day-to-Day Form</i>	each time contraceptives are dispensed to clients	SDP family planning provider (MCH Aide, clinic nurse)
<i>Inventory Record</i>	each time - contraceptives are received or issued - a physical inventory is conducted - an order is placed - damaged or expired contraceptives are identified	Storekeeper, MCH Aide or MCH/FP Coordinator
<i>Issue Voucher</i>	each time contraceptives are moved from one facility to another	Storekeeper and/or MCH/FP Coordinator
<i>Report & Request for Contraceptives</i>	each time an order is placed - monthly at SDP & district levels - quarterly at regional level - when an emergency order is placed	MCH/FP Coordinator

A DAY-TO-DAY FORM**WHAT IS THE PURPOSE OF THE DAY-TO-DAY FORM?**

The Family Planning *Day-to-Day Form* is primarily used on a daily basis to record the amount and type of contraceptives dispensed to users during each client visit. It is also used to record client information. A form called **Summary Table 3** is used in conjunction with the *Day-to-Day Form* to summarize information about contraceptives dispensed to clients at the end of each month. Because Summary Table 3 presents the total of each contraceptive dispensed each month, it is useful to refer to it when calculating your average monthly consumption rate (AMCR). See Chapter IV for more information about AMCR.

Both the *Day-to-Day Form* and Summary Table 3 are part of the MOH/HMIS System. The *Day-to-Day Form* is assembled in a ledger style book with the Summary Table. It remains at the service delivery point and should be easily accessible to the provider who is dispensing contraceptives. Further information can be found in the ledger book in which the forms are contained - Family Planning Day-to-Day Book F104 For The MCH Services In Health Facilities (1993)

HOW DO YOU FILL IN THE DAY- TO -DAY FORM?

If you are dispensing contraceptives to clients (also called "users" or "acceptors") you must fill in the *Day-to-Day Form* each time contraceptives are given out. Follow the steps below and be sure to print all information clearly so anyone who needs the information can easily read it.

STEPS IN FILLING IN THE *DAY-TO-DAY FORM*

- 1 If the client receives a contraceptive, the *Day-To-Day Form* is filled in
- 2 One line should be used for every client that receives a contraceptive on each visit
- 3 If a client is referred or does not receive a contraceptive, do not fill in the form for that client
- 4 If a client receives more than one contraceptive, include all the information for that client on the same line
- 5 Print the DATE of the client's visit using the day and month. Since the year is already recorded on the cover of the book, you do not need to fill in the year
- 6 Print the client's name
- 7 Print the client's identification number. This comes from the client's Record Card. For new clients, give consecutive numbers starting with 1 for the first client of the year
- 8 Type of Client. "New" client means that the client has never used a contraceptive at any time or at any place. "All others" are those who have accepted a contraceptive at some time in the past. "All others" also includes those continuing without interruption, those returning after a period of time of no contraception, and those accepting a contraceptive at a different clinic
- 9 Contraceptives Dispensed. These columns are used to record both the type and quantity of contraceptives dispensed. Print the amount of the contraceptive given to the client. If the client is given more than one contraceptive, put all the amounts on the same line

STEPS IN FILLING IN THE *DAY-TO-DAY FORM*

Continued

Always enter individual units for each contraceptive, such as

cycles of Orals
vials of Depo -Provera
pieces of IUDs
pieces of Condoms
tablets of Foam Tablets
packets of Norplant
pieces of Gloves
pieces of Diaphragm

Note that under the column heading "Oral Contraceptives" there are five blank spaces. The following brand names of oral contraceptives should be written in these spaces, always in the following order, from left to right

Microgynon Lo-Femenal Marvelon Microlut Microval

As the spaces are small the brand names may be abbreviated in the following manner

M Gynon LoFem Marv M Lut M Val

When oral contraceptives are dispensed, the amount dispensed should be written under the appropriate brand name

- 10 When a sheet is full, continue with another sheet
 - 11 Tally the numbers at the bottom of each sheet. At the end of the month tally the figures for each page and write the grand total for the month on the last sheet
- These totals should be recorded on Summary Table 3 for each month**
- 12 Begin a new sheet each month

The following example illustrates how to complete the *Day-to-Day Form* for the client visits listed. Summary Table 3 for the example follows the *Day-to-Day Form*.

DAY-TO-DAY FORM EXAMPLE

The following visits were made to Inyala Health Centre for family planning services in June 1994. The Day-to-Day Form for these visits follows:

- 1 On 3 June 1994, Sarah Mbele, a new client, received three cycles of Lo-Femenal. She was assigned client number 94-58.
 - 2 On 9 June, Issie Boma, a new client, received an injection of Depo-Provera and 12 condoms. Her client number is 94-59.
 - 3 On 10 June, John James received 24 condoms. It was his first visit to a family planning clinic.
 - 4 On 12 June, Dan Moses, client number 94-40, received 36 condoms. He lost some of the packages of condoms he received previously from Kiponzelo Clinic and gave the rest to his brother.
 - 5 On 16 June, Jane Moshu talked to the MCH/FP Aide and was referred to the regional hospital for an IUD insertion. She has four children and previously used Microgynon.
 - 6 On 20 June, Felita Salma received 3 cycles of Microval. She has not used any contraceptive since before her last pregnancy. Her client number is 93-15.
 - 7 On 28 June, Tina Mamba, client number 93-2, received an injection of Depo-Provera and was given 12 condoms.
-

DAY-TO-DAY FORM

Date	Client Name	Client Number		Client Type		Contraceptive Dispensed at this Visit (Units)												
		Yr	Num	New	All Others	Oral Contraceptives					Injectables	IUCD	Dia phragm	Condom	Foam Tab	Sterilization	Nat Meth	Gloves
						<i>M Gynon</i>	<i>LoFem</i>	<i>Marv</i>	<i>M Lut</i>	<i>M Val</i>								
3/6/94	Sarah Mbele	94	58	✓			3											
9/6/94	Issie Boma	94	59	✓						1			12					
10/6/94	John James	94	60	✓									24					
12/6/94	Dan Moses	94	40		✓								36					
20/6/94	Felita Salma	93	15		✓				3									
28/6/94	Tina Mamba	93	2		✓					1			12					
Total							3		3	2			84					

(Note At the end of each month, draw a line under the last entry and total the columns for the month Transfer this information to Summary Table 3)

SUMMARY TABLE 3 FOR DAY-TO-DAY FORM

Table 3 Amount of contraceptives dispensed

Month	Oral Pill					Injectables	IUCD	Dia- phragm	Condom	Foam Tablets	Sterilization	Gloves
	<i>M Gynon</i>	<i>LoFem</i>	<i>Marv</i>	<i>M Lut</i>	<i>M Val</i>							
January	3	6			3	2			24			
February	3	6			3	2			36			
March		9			3	4			48			
April		3			6	1			60			
May	3	6			3	2			72			
June		3			3	2			84			
July												
August												
September												
October												
November												
December												
Year total												

April 1995

B INVENTORY RECORD

WHAT IS THE PURPOSE OF THE INVENTORY RECORD?

The *Inventory Record* is used for indicating quantities of contraceptives received and issued, adjustments, quantity on hand and quantity on order. *Inventory Record* forms are bound together in a ledger called the Inventory Ledger Book. Separate *Inventory Record* forms are kept for **each brand** of contraceptive. Maximum and minimum months of supply levels are also recorded on the form for quick reference.

You should keep the *Inventory Record* convenient to the contraceptive storage area so you can fill in the record each time you receive or issue contraceptives.

Information collected on the *Inventory Record* is used in filling in the *Report & Request for Contraceptives* form which will be discussed in Part D of this chapter. The *Inventory Record* is a part of the Ministry of Health HMIS, further information concerning this form can be found in the Ledger Book For Monitoring Drugs and Supplies (1993).

HOW DO YOU FILL IN THE INVENTORY RECORD?

Fill in the *Inventory Record* whenever you

- receive or issue contraceptives
- conduct a physical inventory
- place an order
- identify and separate damaged or expired stock

Follow the steps below and be sure to print all information clearly so anyone who needs the information can easily read it.

STEPS IN FILLING IN THE *INVENTORY RECORD*

- 1 Print all information clearly
- 2 Commodity Number Do not fill in this space since contraceptives are not assigned a commodity number at this time
- 3 Description of Commodity Print the BRAND NAME of the contraceptive, for example, Lo-Femenal, Microlut, CT380A
- 4 Special Conditions Needed Leave this space blank
- 5 Standard Amount to Order Leave this space blank
- 6 Special Instructions for Ordering Leave this space blank
- 7 Unit Used Print the Unit used
 - cycles of Orals
 - vials of Depo-Provera
 - pieces of IUDs
 - pieces of Condoms
 - tablets of Foam Tablets
 - packets of Norplant
 - pieces of Gloves
 - pieces of Diaphragm
- 8 Maximum Stock Print the maximum stock level that has been determined for your region or district or your district's SDPs in this space These maximum levels are

regional level	7 months
district level	3 months
SDP level	3 months
- 9 Minimum Stock Print the minimum stock level that has been determined for your region or district or your district's SDPs These minimum stock levels are

regional level	4 months
district level	2 months
SDP level	2 months

STEPS IN FILLING IN THE *INVENTORY RECORD*

Continued

- 10 Storage Location Leave this space blank
- 11 Date Print the date of the transaction using day-month-year, e g 14/5/94 for 14 May 1994
- 12 Transaction Reference Always enter the location to which you are issuing or from which you are receiving supplies. You may also include the issue voucher number pertaining to that transaction. When a physical inventory is taken, write the words "Physical Inventory" in this part of the form
- Note Unless this is the first time your facility is managing a particular contraceptive brand, the first item listed on any *Inventory Record* form should be the balance forward from the previous form. Describe the transaction by writing the words "Balance Forward" in the transaction reference column
- 13 Quantity Received Print the total amount of contraceptives received from the supplier IN RED INK
- 14 Quantity Issued Print the total amount of contraceptives distributed. For regional and district levels, this means the amount of contraceptives that were ISSUED to storage facilities or SDPs. For SDPs this means the amount of contraceptives that were taken out of storage to be dispensed to clients during that day or week
- 15 Adjustments Print any quantities that have been lost, transferred to another facility, damaged, or expired. Should you receive expired or damaged goods from another facility do not enter these supplies into inventory. Notify the next highest level for further instructions for handling these damaged or expired goods. Use a minus (-) sign or plus (+) before the figure to indicate how the adjustment should be computed
- 16 Quantity on Hand Print the new balance after each transaction. The new balance is the previous balance plus the amount received or minus the amount issued. Also add or deduct any adjustments. This balance represents a "running total". Physical inventories should be conducted at the end of each month (for districts and SDPs) and quarterly (for regions). The physical count should be entered in red and noted as a physical inventory count
- 17 Quantity on Order Print the quantity of stock you ordered that day after you have taken your physical inventory and completed your Report and Request for Contraceptives
- 18 Explanation for Adjustment In this space write any reasons for adjustments noted in the adjustments column. For example, if condoms were transferred from your facility to another facility, it should be explained where they were transferred and why

The following example illustrates how the *Inventory Record* would be completed for the transactions listed. Note that because the transactions involve two contraceptives, condoms and one brand of oral contraceptive - Lo-Femenal - there is one *Inventory Record* for each

INVENTORY RECORD EXAMPLE

You are the manager for the contraceptive storage in Mwanza Region, responsible for issuing contraceptives to districts in your region. It is 5 March and you are about to issue contraceptives to the districts. You have completely filled in the *Inventory Records* for Lo-Femenal and condoms so you start new records for these contraceptives, being sure to transfer the balances from the past records to the new ones. At the beginning of March you have 102,000 pieces of condoms and 8,000 cycles of Lo-Femenal.

- 1 On 5 March 1994, you issue 48,000 pieces of condoms and 500 cycles of Lo-Femenal to Ngudu District
- 2 On 9 March, 18,000 condoms were returned to your warehouse from Ngudu District as they did not have room to store them
- 3 On 14 March, you issue 2,400 cycles of Lo-Femenal and 24,000 pieces of condoms to Magu District
- 4 On 18 March, you receive 108,000 pieces of condoms and 16,000 cycles of Lo-Femenal
- 5 On 22 March, you send 12,000 pieces of condoms to Geita District
- 6 On 26 March, you send 24,000 condoms to the Sengerema District
- 7 On 29 March, you send 3,000 cycles Lo-Femenal and 36,000 condoms to Missungwi District
- 8 On 31 March, you conduct a physical inventory and discover that 500 cycles of Lo-Femenal had expired. You separate them from the usable stock and remove them from inventory
- 9 On 1 April 1994, you determine that you need to order 240,000 pieces of condoms and 20,000 cycles of Lo-Femenal. So you complete your *Report & Request for Contraceptives* and send your order to the central level

INVENTORY RECORD						
Commodity Number		Description of commodity <i>Condoms</i>			Special conditions needed	
Standard amount to order				Special instructions for ordering		
Unit used <i>Pieces</i>		Maximum months of supply <i>7 mos</i>	Minimum months of supply <i>4 mos</i>	Storage location		
Date	Transaction Reference	Quantity Received	Quantity Issued	Adjustments (losses returns)	Quantity on hand	Quantity on order
<i>5-3-94</i>	<i>Balance Forward</i>				<i>102,000</i>	
<i>5-3-94</i>	<i>Ngudu District</i>		<i>48 000</i>		<i>54 000</i>	
<i>9-3-94</i>	<i>Ngudu District</i>			<i>+ 18,000 (1)</i>	<i>72 000</i>	
<i>14-3-94</i>	<i>Magu District</i>		<i>24 000</i>		<i>48,000</i>	
<i>18-3-94</i>	<i>Central Warehouse</i>	<i>108 000</i>			<i>156,000</i>	
<i>22-3-94</i>	<i>Geita District</i>		<i>12 000</i>		<i>144 000</i>	
<i>26-3-94</i>	<i>Sengerema District</i>		<i>24 000</i>		<i>120 000</i>	
<i>29-3-94</i>	<i>Missungwi District</i>		<i>36 000</i>		<i>84,000</i>	
<i>31-3-94</i>	<i>Physical Inventory</i>				<i>84 000</i>	
<i>1-4-94</i>	<i>Order Placed</i>					<i>240 000</i>
<p>Explanation for adjustments</p> <p><i>(1) Returns from Ngulu District due to lack of space</i></p>						

INVENTORY RECORD						
Commodity Number		Description of commodity <i>Lo-Femenal</i>			Special conditions needed	
Standard amount to order			Special instructions for ordering			
Unit used <i>Cycles</i>		Maximum months of stock <i>7 mos</i>	Minimum months of supply <i>4 mos</i>	Storage location		
Date	Transaction Reference	Quantity Received	Quantity Issued	Adjustments (losses returns)	Quantity on hand	Quantity on order
<i>5-3-94</i>	<i>Balance Forward</i>				<i>8 000</i>	
<i>5-3-94</i>	<i>Ngudu District</i>		<i>500</i>		<i>7,500</i>	
<i>14-3-94</i>	<i>Magu District</i>		<i>2,400</i>		<i>5,100</i>	
<i>18-3-94</i>	<i>Central Warehouse</i>	<i>16 000</i>			<i>21,100</i>	
<i>29-3-94</i>	<i>Missungwi District</i>		<i>3,000</i>		<i>18,100</i>	
<i>31-3-94</i>	<i>Physical Inventory</i>			<i>- 500 (1)</i>	<i>17,600</i>	
<i>1-4-94</i>	<i>Order placed</i>					<i>20,000</i>
<p>.....</p> <p>Explanation for adjustments</p> <p><i>(1) 500 cycles discovered expired and removed from inventory</i></p>						

C ISSUE VOUCHER

WHAT IS THE PURPOSE OF THE ISSUE VOUCHER?

The purpose of the *Issue Voucher* is to document and monitor contraceptive stock movements. The *Issue Voucher* used by the NFPP is the standard government Requisition/Issue Voucher form for all commodities. Use this form every time you issue or move contraceptives from one facility to another. It is used by the central, regional and district levels. The SDP level does not use the *Issue Voucher*.

In other programs, this form is typically used for ordering and issuing. However, since the *NFPP Report & Request for Contraceptives* form is used for ordering contraceptives, the Requisition/Issue Voucher, or Issue Voucher, will be used only for issuing contraceptives.

HOW DO YOU FILL IN THE ISSUE VOUCHER?

If you issue or receive contraceptives, you need to be able to correctly use an *Issue Voucher*. Follow the steps below and be sure to print all information clearly so anyone who needs the information can easily read it.

STEPS IN FILLING IN THE *ISSUE VOUCHER*

- 1 To Write in the name of the person in charge (RMO at regional level, DMO at district level, In Charge at SDP), the name of the facility and the address
- 2 Issue Voucher Leave this space blank
- 3 Date Write in the date on which you are filling in the voucher
- 4 Description of Article Write the brand of contraceptive for each item being issued
- 5 Unit Write in the units of measure for the contraceptive or AIDS control supply required
For example
 cycles of Orals
 vials of Depo-Provera
 pieces of Condoms
 pieces of IUDs
 tablets of Foam Tablets
 packets of Norplant
 pieces of Gloves
 pieces of Diaphragm
- 6 Quantity Required Using the information on the *Report & Request for Contraceptives*, write in the quantity requested
- 7 Quantity Issued Write in the quantity being issued at this time
- 8 Do NOT fill in columns marked Ledger Folio Issuer, Ledger Folio Receiver or Requisitioning Officer
- 9 Issuing Officer Signature of the issuing officer goes here along with the designation (your title) and work station (name of your facility)
- 10 Receiving Officer Signature of the receiving officer goes here along with designation (title) and the date you receive the commodities
- 11 If there are any discrepancies or damage to contraceptives, they should be noted on this form

WHAT DO YOU DO WITH THE COPIES OF THE ISSUE VOUCHER?

Each *Issue Voucher* is printed in triplicate. Each copy of the voucher is a different color: the original, labeled "A", is white, a duplicate, labeled "B", is blue, and a triplicate, labeled "C", is green or pink. When the *Issue Voucher* is completed

- a The green or pink copy cannot be removed from the *Issue Voucher* book and for this reason it stays at the facility where it is filled out. It should be filed at the facility in a place where it can be located should it be needed.
- b The white and blue copies are sent with the contraceptives to the receiver (consignee).
- c On receipt of the shipment the receiver (consignee) should carefully review the amount noted on the *Issue Voucher* and sign. If there are any discrepancies in the amount, they should be noted before signing.
- d The white copy should be returned to the supplier and the blue copy filed by the receiver (consignee).

The following illustrates a completed *Issue Voucher* for the example given.

.....

ISSUE VOUCHER EXAMPLE

You are the manager for the contraceptive storage in Iringa Region. You are responsible for issuing contraceptives to districts in your region.

On 10 February 1995, you issue 20,000 pieces of condoms, 1,200 pieces of Copper T 380A, and 1,800 cycles of Lo-Femenal to Makete District.

You receive the original white copy back from Makete District on February 25th and note that all contraceptives were received in good order and file the white copy.

Example

LOCAL STORES

(1) To DMO, Makete District

(2) Issued Voucher

No

(3) Date *February 10th, 1995*

**A REQUISITION/ISSUE VOUCHER
ALLOCATED STORES ONLY**

NOT FOR USE IN CONNECTION WITH UNALLOCATED STORE OR LOCAL PURCHASE

No

(4) Description of Article	(5) Unit	Quantity		Ledger Folio	
		(6) Required	(7) Issued	(8) Issuer	(9) Receiver
<i>Condoms</i>	<i>Pieces</i>	<i>20,000</i>	<i>20,000</i>		
<i>CopperT-380A</i>	<i>Pieces</i>	<i>1,200</i>	<i>1,200</i>		
<i>Lo-Femenal</i>	<i>Cycles</i>	<i>1,800</i>	<i>1,800</i>		

(10) REQUISITIONING OFFICER

Signature

Designation

Station

(11) ISSUING OFFICER

Iskua Komo

Warehouse Manager

Arusha Regional Warehouse

Signature

Designation

Station

(12) CERTIFIED

A RECEIVED IN GOOD ORDER

B TAKEN ON CHARGE IN MY STORES LEDGER/FOR IMMEDIATE USE

(DELETE WHICHEVER IS APPLICABLE)

(13) RECEIVING OFFICER

Sarah Mtemba

Makete District MCH Coordinator

24 February

95

Signature

Designation

19

D REPORT & REQUEST FOR CONTRACEPTIVES

WHAT IS THE PURPOSE OF THE REPORT & REQUEST FOR CONTRACEPTIVES?

The *Report & Request for Contraceptives* has three purposes

- 1 to report supply status and dispensed to client data to the next higher level
- 2 to place an order for contraceptives or supplies
- 3 to provide data to verify the order

HOW DO YOU FILL IN THE REPORT & REQUEST FOR CONTRACEPTIVES?

Because the *Report & Request for Contraceptives* is a report, all of the information you enter, or aggregate and then enter, in the form comes from the *Day-to-Day form* (at SDP level), the *Inventory Records* (all levels), and the *Report & Request for Contraceptives* (region & district level) Be sure you use the information from records that cover the same time period of the report

At the SDP level, to complete your report you will need

- the *Day-to-Day Form* for the month that you are reporting
- the *Inventory Records* for the brands of contraceptives you manage for the same time period

At the district level, to complete your report you will need

- the *Report & Request for Contraceptives* forms you received from all the SDPs in your district for the month prior to the month you are reporting
- your *Inventory Records* for all the brands of contraceptives you manage for the month you are reporting

At the regional level, to complete your report you will need

- the *Report & Request for Contraceptives* forms you received from all the districts in your region for the quarter you are reporting
- your *Inventory Records* for all the brands of contraceptives you manage for the same time period

**STEPS IN FILLING IN THE
REPORT AND REQUEST FOR CONTRACEPTIVES**

- 1 Region Print the name of your region
- 2 District Print the name of your district
- 3 Facility Type/Name Print the name of your facility
- 4 Print the dates for which the request is being made This will always be for a one-month period at the SDP and district levels, a three-month period for the regional level
- 5 Note that in this form each contraceptive is listed by brand It is important to record quantities ordered by brand
- 6 Beginning Balance Print the quantity of contraceptives of each brand that you had on hand at the beginning of this period This information should be the "Ending Balance" from your previous report It should also be the amount indicate on your *Inventory Record* at the beginning of the period
- 7 Received this Period Print the quantity of contraceptives that you received at any time during this period This information can be obtained from the Inventory Record by totalling up the "Quantity Received" column for the time period
- 8 Issued Print the quantity of contraceptives that you issued from your facility during this period, either to districts or SDPs This information can be obtained from the Inventory Record by totalling up the "Quantity Issued" column for the time period
- 9 Losses Print any losses or adjustments during the period This information can be obtained from the Inventory Record by totalling up the "Adjustments" column for the time period
- 10 Ending Balance This is the amount of stock you have on hand after conducting your physical inventory for the period This number should equal the "Quantity On Hand" on your *Inventory Record* at the end of the period To verify your figures you should calculate the amount by adding the BEGINNING BALANCE to the AMOUNT RECEIVED DURING THE PERIOD, subtracting any amount ISSUED, and subtracting losses or adding/subtracting adjustments as necessary during the period This will give you the ENDING BALANCE for the period If your calculation does not equal the physical count, make the necessary adjustments on your *Inventory Record* and the *Report & Request for Contraceptives*
- 11 Quantity Needed Print the amount of each brand of contraceptives you are requesting (See Chapter V for instructions to determine quantity to order)

**STEPS IN FILLING IN THE
REPORT AND REQUEST FOR CONTRACEPTIVES**

Continued

12 Dispensed to Clients Print the amount of contraceptives that were dispensed to clients during the period

At the SDP level, this is the total quantity of contraceptives dispensed to clients, by brand, for the period. This information can be obtained from the *Day-to-Day Form*.

At the district level, this is the total quantity of contraceptives dispensed to clients, by brand, for all the SDPs in the district during the period. This information can be obtained by totalling the "dispensed to client" columns, by brand, from *Report & Request for Contraceptives* forms submitted by all the SDPs for the same month.

At the regional level, this is the total quantity of contraceptives dispensed to clients, by brand, for all the SDPs in all the districts in the region for the period. This information can be obtained by totalling the "dispensed to client" columns, by brand, from *Report & Request for Contraceptives* forms submitted by all the districts during the quarter.

13 Note that at the bottom of the form there is a place for the person who prepares the form to sign it, and for the person who checks the form to sign and date it. There is also a place where any adjustments should be explained.

WHEN DO YOU SUBMIT THE REPORT & REQUEST FOR CONTRACEPTIVES?

This form is used by each level in the system and is submitted to the next higher level according to the following schedule:

REPORTING SCHEDULE		
SDP	DISTRICT	REGIONAL
prepared monthly during District MCH/FP Coordinator visit	submitted monthly to regional level, by the end of the first week of the next month	submitted quarterly to central level, by the last day of the month following the quarter

At the district level, for example, you should submit your *January Report & Request for Contraceptives* to the regional level by the end of the first week in February. That report will include the sum of all the December dispensed to client data collected from all the SDPs you visited in January. Since family planning activities will not usually be complete for the month when you are visiting an SDP, you should collect data for the last complete month, in this case December. The stock data in the report should be the district stock data for the reporting month, in this example, January.

At the regional level, for example, you should submit the R&R form for the quarter January to March by the last week of April. The report should contain the aggregated dispensed to client data from the January, February and March reports you received from the districts and the stock data for the region for the quarter. The beginning balance should be the amount of stock available in the region at the beginning of the quarter, in this case on 1 January, and the ending stock will be that available on 31 March.

WHAT DO YOU DO WITH THE COPIES OF THE *REPORT & REQUEST FOR CONTRACEPTIVES*?

The *Report & Request for Contraceptives* forms are printed by the NFPP and bound in books. Each report is printed in triplicate. Each copy in the set is a different color: the original is white, the duplicate is blue, and the triplicate is green and remains in the book.

At SDP level

Green and blue copies remain at SDP and are filed. File the blue copy in a "backup" file.

White copy is sent to the district level each month.

At district level

Total the dispensed to client data by contraceptive from ALL SDPs using the white copies they send monthly and enter the figures in the district level report "Dispensed to Clients" column.

Keep the white copy from SDPs and the green copy from the district. File them at the district.

Send the white and blue copies from the district to the regional level.

At regional level:

Total the dispensed to client data by contraceptive from ALL the districts using the white copies from the districts from the whole quarter. Enter the figures in the regional level report "Dispensed to Clients" column.

Keep the green and blue copies from the regional form and the white copy from the district. File them at the region.

Send the white regional copy and the blue district copies to the central level.

The following is an example of a completed *Report & Request for Contraceptives* for an SDP.

Example **NATIONAL FAMILY PLANNING PROGRAMME**
MINISTRY OF HEALTH
REPORT & REQUEST FOR CONTRACEPTIVES

Region Mbeve District Chunya

Facility Type/Name Chalangwa Dispensary

Report for Period Beginning 1 March, 1994 Ending 31 March, 1994

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
Microgynon	248	100	98	0	250	44	98
Lo-Femenal	25	100	38	0	87	33	38
Marvelon							
Microlut	123	0	24	0	99	0	24
Microval							
Depo-Provera							
Norplant							
Copper T							
Condoms	260	300	228	0	332	358	228
Foaming Tablets							
Gloves	67	200	34	0	233	100	34

Prepared by Fatima Zabron & Daniel Jones

Checked by Daniel Jones

Date 1 April 1994

Explanation of losses

IV

**Assessing
Supply Status**

WHAT IS ASSESSING SUPPLY STATUS?

When you assess your supply status you are determining how much of each brand of contraceptive you have available at your facility. You can assess your supply status by simply counting the stock available, such as in a physical inventory (See Chapter 7 for procedures for conducting a physical inventory). This gives you an absolute quantity of stock available. But when managing contraceptive stocks, it is much more useful to know how long the stocks will last and if you have enough stock available until you receive your next order. This chapter covers procedures you can use to determine how much of each brand of contraceptive you have in relation to the rate at which these contraceptives are dispensed to users.

WHY SHOULD YOU ASSESS YOUR SUPPLY STATUS?

It is important to assess your supply status to determine if you have enough contraceptives available until you receive your next order. By assessing your supply status you will be able to know if your facility is understocked, overstocked or adequately stocked. Assessing supply is also the first step in determining how much stock you need to order when it comes time to place your order.

WHAT IS A MONTH OF SUPPLY?

A month of supply is the average amount of a contraceptive that is distributed from your facility in one month. If you assess your supply, you need to determine how many months of supply you have in your facility. When you have 3 months of supply of a particular brand of contraceptive in your facility, and you continue to distribute the contraceptive at the same rate that you previously have been, then it will take approximately 3 months to distribute all the stock of that contraceptive. It is more useful to know how long your stocks will last rather than the actual number of each contraceptive.

HOW DO YOU DETERMINE MONTHS OF SUPPLY?

Use the following formula to determine how many months of supply of each brand of contraceptive you have at your facility

$$\frac{\text{BALANCE ON HAND}}{\text{AVERAGE MONTHLY CONSUMPTION RATE}} = \text{MONTHS OF SUPPLY}$$

You determine the balance on hand from your *Inventory Record* or by actually counting the number of units for the particular brand of contraceptive you are assessing

To determine the average monthly consumption rate (AMCR), you must do the following

**STEPS TO DETERMINE
AVERAGE MONTHLY CONSUMPTION RATE (AMCR)****At the SDP level**

- 1 List the monthly totals for a particular brand of contraceptive dispensed to clients for each of the most recent 6 months. This data can most easily be obtained from *Summary Table 3* or you can look at the last six months *Day-to-Day Forms*
- 2 Look at the last 6 months data and determine if there is a trend in data. If there is an increasing or decreasing trend from month to month, add the most recent 3 months data and divide by 3 to get the AMCR
- 3 If there is no trend in data, add the six amounts to get the total and divide by 6 to get the AMCR

**STEPS TO DETERMINE
AVERAGE MONTHLY CONSUMPTION RATE (AMCR)**

At the district level

- 1 List the monthly totals of a particular brand of contraceptive dispensed to clients for ALL SDPs in your district for each of the most recent 6 months. This data will come from the *Report and Request for Contraceptives* forms you and the SDP personnel have completed during your monthly visits.
- 2 Look at the last 6 months data and determine if there is a trend in data. If there is an increasing or decreasing trend from month to month, add the most recent 3 months data and divide by 3 to get the AMCR.
- 3 If there is no trend in data, add the six amounts to get the total and divide by 6 to get the AMCR.

At the regional level

- 1 List the monthly totals of a particular brand of contraceptive dispensed to clients for ALL SDPs in ALL the districts in the region for each of the most recent 6 months. This data will be aggregated from the *Report and Request for Contraceptives* forms you have received from ALL districts in your region over the last two quarters.
- 2 Look at the last 6 months data and determine if there is a trend in data. If there is an increasing or decreasing trend from month to month, add the most recent 3 months data and divide by 3 to get the AMCR.
- 3 If there is no trend in data, add the six amounts to get the total and divide by 6 to get the AMCR.

Once you know your balance on hand and your average monthly consumption rate you can determine the months of supply you have on hand of the particular brand of contraceptive by putting these figures into the formula and making the calculation

Example

If you have 360 cycles of Lo-Femeral in your facility, and the average monthly consumption rate for Lo-Femeral at this time is 200 cycles per month then,

$$\frac{360 \text{ cycles (balance on hand)}}{200 \text{ cycles (AMCR)}} = 1.8 \text{ months of supply of Lo-Femeral}$$

WHEN SHOULD YOU DETERMINE YOUR MONTHS OF SUPPLY?

You should calculate the months of supply for each brand of contraceptive you manage every time you prepare your *Report & Request for Contraceptives* and determine your order. At the SDP and district levels, you should assess your supply at least once a month. At the regional level, you should assess your supply quarterly (once every three months).

If you suspect that you may have too much or too little supply, you may calculate the months of supply on hand at any time and evaluate the number of months against the maximum and minimum levels established for your facility. See below for more information.

WHAT DOES THE NUMBER OF MONTHS OF SUPPLY INDICATE?

The Ministry of Health has established maximum and minimum months of supply for contraceptives for each level in the logistics system. The **maximum months of supply** is the largest amount of stock a facility should hold at any time. If a facility has more than the maximum then it is overstocked and risks having stocks expire before they are distributed. The **minimum months of supply** is the least amount of stock a facility should routinely hold at any time. If a facility has less than the minimum then it is understocked and risks running out of stock before the next order is delivered.

WHAT IS THE EMERGENCY ORDER POINT?

An emergency order point has also been established. Should the stock level of *any contraceptive* fall to or below the emergency order point, the risk of stocking out is very great and an emergency order for the contraceptive should be placed **immediately**. You can find instructions for placing an emergency order in Chapter V. The maximum and minimum months of supply levels and emergency order point for the Tanzania Family Planning Logistics System are

System Level	Maximum Months of Supply	Minimum Months of Supply	Emergency Order Point
Regional	7 months	4 months	2 months
District	3 months	2 months	1 month
SDP	3 months	2 months	1 month

Example

If you manage contraceptives at the **regional level**, and you have 8 months of supply of condoms, 6 months of supply of Lo-Femenal, and 1.8 months of supply of Microgynon, then you are overstocked with condoms and adequately stocked with Lo-Femenal. However, your stock level for Microgynon is below the emergency order point and you should place an emergency order for Microgynon *immediately*.

Knowing the number of months of supply you have available will help you determine how much of each brand of contraceptive you need to order. Instructions for determining an order can be found in Chapter V.

After calculating the number of months of supply for each brand of contraceptive

- ▶ if you are **between the minimum and maximum level**, your facility is adequately stocked. During your regular order period, order up to the maximum level.
- ▶ if you are **below the minimum level**, but have not reached the emergency order point, your facility is understocked. There is no need to place an emergency order. During your regular order period, order up to the maximum.
- ▶ if you are **at or below the emergency order point**, you risk a stockout. Immediately order up to the maximum level. *If it is not your regular order period, place an emergency order.*
- ▶ if you are **above the maximum level**, your facility is overstocked. Do not order more at this time, but reassess the supply of that brand of contraceptive at the next order period and order up to the maximum should the level fall below the maximum.

SDP EXAMPLE

A clinic dispensed the following contraceptives to clients for the months January to June. In early July the clinic staff determined the months of supply for each contraceptive.

Microgynon

January	130 cycles
February	150 cycles
March	142 cycles
April	164 cycles
May	155 cycles
June	160 cycles

No trend observed over the last six months, so the average monthly consumption (AMCR) is calculated using a six month average

$901 \text{ cycles} / 6 = 150.16 \text{ or } 151 \text{ cycles AMCR}$

Balance on Hand = 350 cycles

$\frac{350 \text{ cycles (balance)}}{151 \text{ cycles AMCR}} = 2.3 \text{ months of supply of Microgynon}$

Condoms

January	100 pieces
February	150 pieces
March	200 pieces
April	300 pieces
May	350 pieces
June	400 pieces

An increasing trend is observed over the last six months, so the average monthly consumption (AMCR) is calculated using a three month average

$1050 \text{ pieces} / 3 = 350 \text{ pieces AMCR}$

Balance on Hand = 630 pieces

$\frac{630 \text{ pieces (balance)}}{350 \text{ pieces AMCR}} = 1.8 \text{ month of supply of condoms}$

Rules

- 1) *Fractions of units of contraceptives are always rounded up to the whole number*
- 2) *Months of supply is always rounded to one place after the decimal point. If the second number after the decimal is 5, round up. For example, if the answer is 4.28 months, it is rounded to 4.3. If it is 4.22, it is rounded to 4.2. If it is 4.35, it is rounded to 4.4.*

DISTRICT EXAMPLE

The current balance of condoms in the Ileje District storeroom is 1400 pieces
The quantities of condoms dispensed to clients at the three SDPs in Ileje District for the last six months were

CONDOMS DISPENSED TO CLIENTS IN SDPs IN ILEJE DISTRICT (PIECES)				
MONTH	SDP 1	SDP 2	SDP 3	TOTAL
June	120	256	220	596
July	122	265	198	585
August	140	298	189	627
September	133	301	170	604
October	146	313	165	624
November	130	325	120	575
TOTAL				3611

In early December, the District MCH/FP Coordinator determines the months of supply of condoms. Since there is no trend observed in the total condoms dispensed from all SDPs over the last six months, a six month average is used for calculating the district average monthly consumption rate (AMCR)

$$3611/6 = 601.83 \text{ or } 602 \text{ pieces AMCR}$$

$$\frac{1400 \text{ pieces (balance)}}{602 \text{ pieces AMCR}} = 2.32 \text{ or } 2.3 \text{ months of supply of condoms in Ileje District}$$

Rules

- 1) Fractions of units of contraceptives are always rounded up to the whole number
- 2) Months of supply is always rounded to one place after the decimal point. If the second number after the decimal is 5, round up. For example, if the answer is 4.28 months, it is rounded to 4.3. If it is 4.22, it is rounded to 4.2. If it is 4.35, it is rounded to 4.4.

REGIONAL EXAMPLE

The data below represent the number of condoms dispensed to clients by districts in Mwanza Region per the monthly Report & Request for Contraceptives submitted by each district. On October 1, there are 52,000 pieces of condoms in stock at the regional level.

TOTAL CONDOMS DISPENSED TO CLIENTS IN MWANZA REGION BY DISTRICT (PIECES)						
Month	District 1	District 2	District 3	District 4	District 5	Total
Jan	7645	4569	2367	6578	5431	26,590
Feb	7841	4087	2147	6688	5237	26,000
March	7853	4265	2254	6771	5387	26,530
April	7905	4156	2435	6845	5198	26,539
May	8110	4298	2456	6898	5275	27,037
June	8231	4078	2514	6943	5149	26,915
July	8432	4259	2563	6978	5026	27,258
Aug	8453	4378	2585	7031	5158	27,605
Sept	8529	4291	2588	7088	5231	27,727

In early October, the Regional MCH/FP Coordinator calculates the months of supply of condoms. Since no trend is observed over the last six months (April - September), the average monthly consumption rate (AMCR) is calculated using a six month average:

$$163,081 \text{ pieces} / 6 = 27,180 \text{ pieces AMCR}$$

$$\frac{52,000 \text{ pieces (balance on hand)}}{27,180 \text{ pieces AMCR}} = 1.91 \text{ or } 1.9 \text{ months of supply of condoms}$$

Rules

- 1) Fractions of units of contraceptives are always rounded up to the whole number.
- 2) Months of supply is always rounded to one place after the decimal point. If the second number after the decimal is 5, round up. For example, if the answer is 4.28 months, it is rounded to 4.3. If it is 4.22, it is rounded to 4.2. If it is 4.35, it is rounded to 4.4.

Determining An Order

In order to determine how much stock to order you must know how to calculate the average monthly consumption rate (AMCR) Please refer to Chapter IV for instructions on calculating AMCR Steps to take to order contraceptives are summarized at the end of this chapter

INTRODUCTION

Determining the correct amount of contraceptives to order ensures that there are sufficient stocks on hand so that shortages or stock-outs do not occur At the same time, inventories must not be excessive, since excessive stocks imply excessive costs and the possibility of expiration before use In Tanzania, contraceptive stock at all levels of the logistics system are managed through a **Maximum-Minimum Inventory Control System**, commonly referred to as **MAX/MIN** In this system, stock levels of each contraceptive are reviewed each month at the district level and at the SDPs (in conjunction with the District MCH/FP Coordinator), and every quarter at the regional level All levels order enough stock to bring stock levels up to the maximum

In order to determine the correct amount of each brand of contraceptives to order, it is necessary to know

- ▶ MOH guidelines on maximum/minimum months of supply,
- ▶ How to calculate maximum quantity levels

WHAT ARE MOH GUIDELINES ON MAXIMUM/MINIMUM MONTHS OF SUPPLY?

The NFPP has established the following maximum and minimum stock levels for each level of the system. An emergency order point has also been established.

System Level	Maximum Months of Supply	Minimum Months of Supply	Emergency Order Point
Regional	7 months	4 months	2 months
District	3 months	2 months	1 month
SDP	3 months	2 months	1 month

WHAT IS MEANT BY MAXIMUM QUANTITY LEVEL?

The maximum quantity level is the amount of contraceptives by brand above which stock should not rise under normal circumstances. It is also the amount of stock up to which you order each time you place an order.

HOW DO YOU CALCULATE MAXIMUM QUANTITY?

Maximum quantity levels are based on the average monthly consumption rate (AMCR) for each brand of contraceptive and the maximum months of supply assigned to each level under the Ministry of Health guidelines (above). Use the following formula to calculate maximum quantity level.

**FORMULA FOR CALCULATING
MAXIMUM QUANTITY LEVEL**

Average Monthly Consumption Rate (AMCR for each brand)	X	Maximum Months of Supply	=	Maximum Quantity Level
--	---	-----------------------------	---	------------------------------

Example

The maximum quantity level of condoms for Njombe District can be calculated as
 5,000 pieces (AMCR) x 3 (Maximum months of supply for district level) = 15,000 pieces of condoms

15,000 represents the maximum quantity of condoms you want to have on hand at the Njombe District Store

HOW DO YOU DETERMINE ORDER QUANTITY ?

From the *Inventory Record* you will need information from the "Quantity on Hand" column in order to determine the amount of contraceptives to order

In addition to the quantity on hand for each brand of contraceptives, you also need to consider any contraceptives that are already on order. This information also comes from the "Quantity on Order" column in the *Inventory Record* (sample below)

INVENTORY RECORD						
Commodity Number		Description of commodity			Special conditions needed	
Standard amount to order			Special instructions for ordering			
Unit used		Maximum months of supply		Minimum months of supply	Storage location	
Date	Transaction Reference	Quantity Received	Quantity Issued	Adjustments (losses returns)	Quantity on hand	Quantity on order

NOTE On the Kiswahili version of the *Inventory Record*, the last column, "KIASI CHA KUAGIZA" (quantity to order) is incorrect. The column should read "KIASI KILICHOAGIZWA" which means "quantity on order". This means the quantity that has been ordered but not yet received when the entry is made.

Use the following formula to determine the quantity of each brand of contraceptive to order

**FORMULA FOR
DETERMINING ORDER QUANTITY**

$$\begin{matrix} \text{MAXIMUM} & - & \text{QUANTITY} & - & \text{QUANTITY} & = & \text{QUANTITY} \\ \text{QUANTITY} & \text{(minus)} & \text{ON HAND} & \text{(minus)} & \text{ON ORDER} & & \text{TO ORDER} \\ \text{LEVEL} & & & & & & \end{matrix}$$

To determine how much stock you need to order, you must first calculate the maximum quantity level, and then subtract what you already have on hand and what you have already ordered

Example

$$\begin{matrix} 3,200 \text{ cycles} & - & 1,450 \text{ cycles} & - & 500 \text{ cycles} & = & 1,250 \text{ cycles Microgynon} \\ \text{(Maximum} & - & \text{(Quantity} & - & \text{(Quantity on} & = & \text{(Quantity to Order)} \\ \text{Quantity)} & & \text{on Hand)} & & \text{Order)} & & \\ \text{Level)} & & & & & & \end{matrix}$$

HOW DO YOU PLACE ORDERS FOR CONTRACEPTIVES?

Now that you have determined the amount of each brand of contraceptives you need to order, you are ready to place the order. Contraceptive orders are placed by filling in the *Report and Request for Contraceptives* form. One form is used to order ALL the contraceptives each time an order is placed.

When you have determined the quantity of each contraceptive to order,

- 1 Enter the amount in the "Quantity Needed" column on the *Report & Request For Contraceptives* form (see sample form below)
- 2 Enter that figure in the "Quantity on Order" column on the *Inventory Record*
- 3 Send this form to the next highest level

REPORT & REQUEST FOR CONTRACEPTIVES							
Region _____		District _____					
Facility Type/Name _____							
Report for Period Beginning _____, 19__ Ending _____, 19__							
Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
Microgynon							

WHO FILLS OUT THE REPORT AND REQUEST FOR CONTRACEPTIVES FORM AND HOW FREQUENTLY ARE ORDERS PLACED?

LEVEL	COMPLETED BY	FREQUENCY OF ORDERS
SDP Level	District MCH/FP Coordinator and SDP provider	Monthly (during supervisory visit)
District Level	District MCH/FP Coordinator	Monthly
Regional Level	Regional MCH/FP Coordinator	Quarterly

HOW DO YOU PLACE AN EMERGENCY ORDER?

If stock levels are at or fall below the emergency order point, and it is not time to place your regular order, you should place an emergency order. An emergency order is placed in the same manner as a regular order, ordering up to your maximum quantity level and using the *Report & Request for Contraceptives* form to make the request. However, it is important to write "**EMERGENCY ORDER**" on the top of the form.

Send your emergency order by whatever reliable means is available to you or hand carry the order to the person who is responsible for supplying your facility. If you have access to a telephone or fax machine, call or fax. In your emergency order, then send in the *Report & Request for Contraceptives* form indicating that this was the order you called in or faxed. It is important that you do not delay in transmitting your emergency order to the level above you.

When it is time to place your next regular order, do so even if you have placed an emergency order recently. Be sure to indicate the amount that is already on order.

HOW DO YOU VERIFY THAT AN ORDER IS CORRECT?

If you receive and process orders from lower levels in the system, you should verify that the orders you are filling are reasonable and correct before you issue the contraceptives requested. There are several questions you can answer to determine if an order is reasonable and correct.

- 1 Are all the calculations correct? Is the following correct?

Beginning	+	Received	-	Issued	-/+	Losses	=	Ending
Balance		This Period				(adjustments)		Balance

- 2 Does the amount received equal the amount you sent last order?
- 3 Is the beginning balance this report the same as the ending balance of the last report?
- 4 Look at the "Dispensed to Clients" data from the last five Report & Request for Contraceptive forms and the current form to determine the AMCR. Does the amount you calculate as the Quantity Needed, based on the AMCR and the Ending Balance, equal the request on the form?

- 5 Are the Dispensed to Client data and the Quantity Needed similar to previous requests?
If not, is there an explanation?

When answering any of these questions, if there are minor mistakes in calculations or slight increases or decreases in dispensed to user data, you should issue the contraceptives and discuss any mistakes in calculations next time you make a supervisory visit. If the request seems unreasonable or incorrect, you should contact the requesting facility for an explanation as soon as possible and recalculate the order as necessary. Avoid any further delay in processing the order and issuing the contraceptives.

STEPS IN ORDERING CONTRACEPTIVES

- 1 Calculate the average monthly consumption (AMCR) for each brand of contraceptive (See Chapter IV)
 - a List out the most recent six months consumption data,
 - b If there is an increasing or decreasing trend over the six months, use the most recent three months figures, if no trend, use all six months data,
 - c Total the six or three months data,
 - d Divide by 6 or 3 to get AMCR

- 2 Take a physical inventory to get the actual amount of each brand of contraceptive on hand (See Chapter VII) (*Be sure to note on the INVENTORY RECORD that a physical inventory was taken*)

- 3 Multiply the AMCR by the maximum MONTHS OF SUPPLY for your level to get your maximum quantity level (See Chapter V)

- 4 Follow the formula for determining order quantity (*subtract the "Quantity on Order" and the "Quantity on Hand" from the maximum quantity level*) (See Chapter V)

- 5 Follow the procedure in Step 4 for each brand of contraceptive

- 6 Enter the amount to order in the appropriate "Quantity Needed" column of the *REPORT AND REQUEST FOR CONTRACEPTIVES* form for each brand of contraceptive

- 7 Enter the same amount in the "Quantity on Order" column of the *INVENTORY RECORD* for each brand of contraceptive

- 8 Keep the appropriate copies and send the form to the next highest level

SDP	<i>Green/blue copies remain at SDP, file blue copy in "backup" file, District Coordinator takes white copy back to district</i>
District	<i>File white copy from SDPs, file green copy from district, send white and blue copies from district to regional level</i>
Regional	<i>File green and blue copies from regional form and white copy from district, send white regional copy and blue district copies to central level</i>

SDP EXAMPLE

A clinic dispensed the following contraceptives to clients for the months January to June. In early July the clinic staff determined the months of supply for each contraceptive.

Microgynon.

January	130 cycles
February	150 cycles
March	142 cycles
April	164 cycles
May	155 cycles
June	160 cycles

No trend observed over the last six months, so the AMCR is calculated using a six month average

$$901 \text{ cycles} / 6 = 150.16 \text{ or } 151 \text{ cycles AMCR}$$

$$\frac{350 \text{ cycles (balance)}}{151 \text{ cycles AMCR}} = 2.3 \text{ months of supply of Microgynon}$$

Quantity on Hand = 350 cycles

Condoms.

January	100 pieces
February	150 pieces
March	200 pieces
April	300 pieces
May	350 pieces
June	400 pieces

An increasing trend is observed over the last six months, so the AMCR is calculated using a three month average

$$1050 \text{ pieces} / 3 = 350 \text{ pieces AMCR}$$

$$\frac{630 \text{ pieces (balance)}}{350 \text{ pieces AMCR}} = 1.8 \text{ month of supply of condoms}$$

Quantity on Hand = 630 pieces

And then determined the order quantities,

Microgynon.

$$\text{maximum quantity} = 3 \text{ months maximum} \times 151 \text{ cycles AMCR} = 453 \text{ cycles}$$

$$\begin{array}{r} 453 \text{ cycles} \\ - 350 \text{ cycles} \\ - 0 \\ \hline = 103 \text{ cycles} \end{array} \quad \begin{array}{l} \text{(maximum quantity)} \\ \text{(quantity on hand)} \\ \text{(quantity on order)} \\ \text{(quantity to order)} \end{array}$$

Condoms.

$$\text{maximum quantity} = 3 \text{ months maximum} \times 350 \text{ pieces AMCR} = 1050 \text{ pieces AMCR}$$

$$\begin{array}{r} 1050 \text{ pieces} \\ - 630 \text{ pieces} \\ - 0 \\ \hline = 420 \text{ pieces} \end{array} \quad \begin{array}{l} \text{(maximum quantity)} \\ \text{(quantity on hand)} \\ \text{(quantity on order)} \\ \text{(quantity to order)} \end{array}$$

DISTRICT EXAMPLE

The current balance of condoms in the Ileje District storeroom is 1400 pieces

The quantities of condoms dispensed to clients at the three SDPs in Ileje District for the last six months were

CONDOMS DISPENSED TO CLIENTS IN SDPs IN ILEJE DISTRICT (PIECES)				
MONTH	SDP 1	SDP 2	SDP 3	TOTAL
June	120	256	220	596
July	122	265	198	585
August	140	298	189	627
September	133	301	170	604
October	146	313	165	624
November	130	325	120	575
TOTAL				3611

In early December, the District MCH/FP Coordinator determined the months of supply of condoms. Since there is no trend observed in the total condoms dispensed from all SDPs over the last six months, a six month average is used for calculating the district average monthly consumption rate, AMCR

$$3611/6 = 601.83 \text{ or } 602 \text{ pieces AMCR}$$

$$\frac{1400 \text{ pieces (balance)}}{602 \text{ pieces AMCR}} = 2.32 \text{ or } 2.3 \text{ months of supply of condoms in Ileje District}$$

The District MCH/FP Coordinator then determined the order quantity

$$\text{maximum quantity level} = 3 \text{ months maximum} \times 602 \text{ pieces AMCR} = 1806 \text{ pieces}$$

$$\begin{array}{r r r r r} 1806 \text{ pieces} & - & 1400 \text{ pieces} & - & 0 & = & 406 \text{ pieces} \\ \text{(maximum quantity)} & & \text{(quantity on hand)} & & \text{(quantity on order)} & & \text{(quantity to order)} \end{array}$$

REGIONAL EXAMPLE

The data below represent the number of condoms dispensed to clients by districts in Mwanza Region per the monthly Report & Request for Contraceptives submitted by each district. On October 1, there are 52,000 pieces of condoms in stock at the regional level.

TOTAL CONDOMS DISPENSED TO CLIENTS IN MWANZA REGION BY DISTRICT (PIECES)						
Month	District 1	District 2	District 3	District 4	District 5	Total
Jan	7645	4569	2367	6578	5431	26,590
Feb	7841	4087	2147	6688	5237	26,000
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April	7905	4156	2435	6845	5198	26,539
May	8110	4298	2456	6898	5275	27,037
June	8231	4078	2514	6943	5149	26,915
July	8432	4259	2563	6978	5026	27,258
Aug	8453	4378	2585	7031	5158	27,605
Sept	8529	4291	2588	7088	5231	27,727

In early October, the Regional MCH/FP Coordinator calculated the months of supply of condoms. Since no trend is observed over the last six months (April - September), the average monthly consumption rate (AMCR) is calculated using a six month average:

$$163,081 \text{ pieces} / 6 = 27,180 \text{ pieces AMCR}$$

$$\frac{52,000 \text{ pieces (quantity on hand)}}{27,180 \text{ pieces AMCR}} = 1.91 \text{ or } 1.9 \text{ months of supply of condoms}$$

The Regional MCH/FP Coordinator then determined the order:

$$\text{maximum quantity level} = 7 \text{ months max} \times 27,180 \text{ pieces AMCR} = 190,260 \text{ pieces}$$

$$\begin{array}{r r r r r} 190,260 \text{ pieces} & - & 52,000 \text{ pieces} & - & 0 & = & 138,260 \text{ pieces} \\ \text{(maximum quantity)} & & \text{(quantity on hand)} & & \text{(quantity on order)} & & \text{(quantity to order)} \end{array}$$

VI

Storing Contraceptives

WHAT DO YOU DO WHEN YOU RECEIVE CONTRACEPTIVES?

Prior to storing contraceptives in your facility, check to ensure that there is sufficient storage space and that it has been prepared to receive and store the supplies

You should carry out the following three steps **EACH TIME** you receive contraceptives

- 1 Count the number of cartons or boxes received and ensure that these correspond with the quantities written on the Issue Voucher
- 2 Check to see if any contraceptives are damaged Also check the manufacturing and/or expiry dates on the cartons Do not accept any cartons that appear damaged or any contraceptives that are expired
- 3 Return any damaged or expired contraceptives to the supply source with the driver This should be noted on the Issue Voucher

WHAT ARE PROPER STORAGE GUIDELINES?

Proper storage of contraceptives means that contraceptives are kept in such a manner to protect their quality and integrity while at the same time making them available for use

Ten guidelines for proper storage of contraceptives have been established as "standard" guidelines for use throughout Tanzania These guidelines, which are listed below, are applicable to all levels of the system

**KANUNI ZA UTUNZAJI BORA WA
MADAWA YA UZAZI WA MPANGO**

- 1 SAFISHA NA NYUNYIZIA DAWA ZA KUUA WADUDU MARA KWA MARA
- 2 ZIWEKE DAWA ZA UZAZI WA MPANGO KWENYE STOO YENYE MWANGA NA HEWA YA KUTOSHA MIALI YA JUA ISIPIGE NDANI YA STOO MOJA KWA MOJA
- 3 HAKIKISHA MAJI HAYAINGII NDANI YA STOO
- 4 HAKIKISHA VIFAA VYA KUZIMIA MOTO VIPO NA VINAFIKIWA KWA URAHISI PINDI VIKIHITAJIKA
- 5 HIFADHI MAKATONI YA KONDOM MBALI NA UMEME NA MWANGA WA TAA NDEFU ZA UMEME
- 6 INUA MAKATONI YA DAWA ZA UZAZI WA MPANGO ANGALAU SENTIMETA 10 (INCHI 4) KUTOKA SAKAFUNI, Yawe SENTIMETA 30 (FUTI 1) KUTOKA UKUTANI NA KATI YA VITALU VINGINE UNAPOWEKA KATONI MOJA JUU YA LINGINE UREFU WA MAKATONI USIZIDI META 2 5 (FUTI 8) KWENDA JUU
- 7 YAPANGE MAKATONI KWA JINSI AMBAYO ALAMA ZA UTAMBULISHO, TAREHE ZA MWISHO WA KUTUMIKA NA TAREHE YALIYOTENGENEZWA ZINAONEKANA WAZI WAZI
- 8 PANGA MADAWA KATIKA MPANGO UTAKAOWEZESHA KUTOA MADAWA YAISHAYO MUDA WAKE KWANZA KURAHISISHA KUHESABU NA KWA MATUMIZI
- 9 HIFADHI MADAWA HAYA PEKEE, SIO NA YALE YA KUULIA WADUDU, KEMIKALI, MAFAILI YA ZAMANI, VIFAA VYA OFISI NA VIFAA VINGINE
- 10 TENGANISHA NA TEKETEZA HARAKA MADAWA YA UZAZI WA MPANGO YALIYOHARIBIKA AU MUDA WAKE WA KUTUMIKA KWISHA

WHAT IS FEFO AND HOW DO YOU FOLLOW IT?

FEFO means **FIRST EXPIRY, FIRST OUT**. In some cases contraceptive supplies that have been recently received may be older than the store's existing stock. You should always issue those contraceptives that will expire first.

In order to assure that you store and issue contraceptives according to FEFO

- 1 clearly mark the manufacturing and/or expiry dates on the outside of the cartons or boxes
- 2 place stocks so that older stocks are stacked in front of newer stocks and are in easy reach
- 3 as orders are received, be sure to check the expiration dates and stack these stocks with existing stocks according to their dates of expiration

In some cases you may send your assistants to the store for supplies. Be sure to instruct them about FEFO so they identify those contraceptives that will expire first.

WHAT IS SHELF LIFE?

The shelf life is the length of time a product may be stored under ideal conditions without affecting its usability, safety, purity, or potency.

Each brand of contraceptive has a shelf life determined by the manufacturer. When the product reaches the end of its shelf life, it has expired and should not be distributed. The shelf life of a contraceptive may be shortened if it is not stored properly. Instructions for handling expired or damaged stock can be found later in this chapter.

You should become familiar with the shelf life of each brand of contraceptive you handle and refer to the table below as you need to determine when the contraceptives you have in storage will expire and note this on the contraceptive carton.

METHOD	UNIT OF ISSUE	SHELF LIFE
ORALS:		
Microgynon	Cycle	5 years
Lo-Femenal	Cycle	5 years
Marvelon	Cycle	3 years
Microlut	Cycle	5 years
Microval	Cycle	5 years
INJECTABLES:		
Depo-Provera	Vial	5 years (European MFG) 3 years (US MFG)
IUD:		
Copper T-380A	Piece	7 years
IMPLANT:		
Norplant	Packet	3 years
VAGINAL FOAMING TABLETS		
Neo Sampoo	Tube of 20	5 years
Conceptrol	Piece	5 years
BARRIER AND OTHERS:		
Condoms	Piece	5 years
Diaphragm	Piece	3 years
Delfen Foam	Tube	3 years
Ortho Gynol Jelly	Tube	3 years

HOW DO YOU DETERMINE THE EXPIRY DATE?

Do the following to determine when a product will expire

- ▶ If the contraceptive has a manufacturing date printed on it, add the number of years of the shelf life to the manufacturing date to get the expiration date
- ▶ If no manufacturing date is printed on the product, find the printed expiry date on the carton, box or unit

Mark the expiration date on the outer carton and inner boxes

.....

Example

- a If you receive condoms with a manufacturing date of 2/94, add the shelf life, 5 years, to this date to determine the expiration date of these condoms. The expiration date will be 2/99. Write this number on the carton and inner boxes so that it is large and clear for all to see.
 - b If you receive Lo-Femenal, there is no manufacturing date on the carton, but there is an expiration date. If the expiration date on the carton is 5/99, rewrite that number so that it is large and clear for all to see on the outer carton and on all inner boxes.
-

WHERE DO YOU FIND THE MANUFACTURING AND EXPIRY DATES?

The manufacturers of contraceptives will print the manufacturing and/or expiration dates on the packets, but this is not consistent from one manufacturer to another. For example, condoms include only the manufacturing date, IUDs have the expiry date only. Microval packets do NOT include either the manufacturing or expiry dates on each packet, it is printed on the carton only. Therefore, you must be especially careful not to remove packets of Microval from the carton they come in because you will not be able to identify the correct expiry date - especially if you mix Microval from different cartons.

WHAT DO YOU DO WITH DAMAGED AND EXPIRED STOCK?

Contraceptives are to be treated like any other pharmaceutical supply as government property, they are considered to have value, and they can be hazardous to health if used improperly or incorrectly. When you first identify expired or damaged stock

- ▶ stack them separately from usable stocks
- ▶ mark them as unusable
- ▶ note the quantity of expired or damaged stock as an adjustment on the appropriate *Inventory Record* and subtract the quantity from the "Quantity On Hand". When preparing your *Report & Request for Contraceptives*, the total expired or damaged stock for the period should be noted in the "Losses" column
- ▶ dispose of them promptly per the following procedures

**PROCEDURES FOR DISPOSAL OF
EXPIRED AND DAMAGED CONTRACEPTIVES**

At the SDP level:

The MCH Aide should give the items to the District MCH/FP Coordinator during the monthly supervisory visit. The District MCH Coordinator brings the items back to the district level.

At the district level:

The District MCH/FP Coordinator notifies the DMO. The DMO then notifies the District Pharmacist and Inspectors who initiate the necessary disposal procedures. This includes any items that have been brought back from SDPs.

At the regional level:

The procedure is the same as for the district level. The Regional MCH/FP Coordinator notifies the RMO. The RMO notifies the Regional Pharmacist and Inspectors who initiate the disposal procedures.

Remember, expired or damaged stock should be separated from usable stock as soon as it is identified Some ideas for storing unusable commodities

- a On an unused cardboard box write EXPIRED and keep it in a separate part of the store
- b Identify a lower unused shelf in a cabinet where you can store unusable commodities

HOW DO YOU ASSURE PROPER SECURITY?

You can secure stocks by ensuring that all stock movement is authorized, by locking the storeroom, by limiting access to only the storekeeper and his/her assistants, and by ensuring that both incoming and outgoing stock matches documentation. You should also periodically verify inventory records with a systematic physical inventory.

WHAT DO YOU DO IF YOUR CONTRACEPTIVES ARE STORED IN OTHER FACILITIES?

Some personnel in the NFPP share their contraceptives with other programmes, for example, the Essential Drug Programme. In such cases you may not have total control of that storage facility. For example, in the case of EDP facilities, there is probably a manager who maintains the key and the flow of commodities in and out. However, it is important that you monitor the contraceptives stored at these facilities to ensure that the ten storage guidelines are being followed. If the manager of that storage facility is not aware of these guidelines, share a copy.

VII

Conducting A Physical Inventory

WHAT IS A PHYSICAL INVENTORY?

PHYSICAL INVENTORY is the process of counting by hand the total number of each brand of contraceptive in your store or health facility at any given time

Two important things to remember about physical inventories

- 1 "BY HAND" Each item should be counted, including smaller amounts of contraceptives kept in desk drawers,
- 2 "BY BRAND" Each contraceptive should be counted by its particular brand name. There are several brands of oral contraceptives provided by the Ministry of Health, each should be counted and recorded separately

WHEN SHOULD A PHYSICAL INVENTORY BE CONDUCTED?

The Ministry of Health requires that

- ▶ SDP and district level personnel conduct a physical inventory once each month. This should be done before the *Report and Request for Contraceptives* form is completed

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- ▶ Regional level personnel conduct a physical inventory once every three months, or every quarter. The physical inventory should be done before completing the *Report and Request for Contraceptives* form
 - ▶ A complete physical inventory be conducted annually, or before the end of June each year, for all levels

WHY CONDUCT A PHYSICAL INVENTORY?

Conducting physical inventories helps

- ▶ **Verify stock on hand before placing an order:** You need to know what useable stock you have before calculating your order. Be sure to conduct a physical inventory before completing your *Report & Request for Contraceptives* and include the results in your report in the "Ending Balance" column for each brand counted
- ▶ **Identify discrepancies.** A physical inventory helps identify any discrepancies between actual supplies and what is recorded in the Inventory Record
- ▶ **Detect Expired or About-To-Expire Items:** A physical inventory allows you to identify contraceptives that have expired or are ready to expire. For those that have already expired, they should be removed from the shelves, marked and stored separately. For those that will expire in the near future, you can make a decision whether to issue them or not, depending on the demand for that particular item
- ▶ **Know the Quantity on Hand at Any Given Time.** A physical inventory helps you keep track of the exact quantity of each brand you have on hand at any given time
- ▶ **Provide Opportunity for Store re-Organization:** Conducting a physical inventory gives you the opportunity to re-organize your store
- ▶ **Maintain Control** Some commodities are stored with other programmes such as EDP or at pharmaceutical stores. Physical inventory helps you know if any items have accidentally disappeared or perhaps been moved to another part of the store without your knowledge

HOW DO YOU CONDUCT A PHYSICAL INVENTORY?

STEPS IN CONDUCTING A PHYSICAL INVENTORY

- 1 **COUNT EVERY ITEM IN STOCK BY BRAND**
**Be sure to count smaller quantities kept in desks and cabinets
separate from the main store room**
- 2 **RECORD THE QUANTITIES OF EACH BRAND IN THE INVENTORY RECORD IN
RED INK IN THE "QUANTITY ON HAND" COLUMN NOTE ANY DISCREPANCIES
IN THE "ADJUSTMENTS" COLUMN**
- 3 **WRITE THE DATE ON THE INVENTORY RECORD WHEN THE INVENTORY WAS
TAKEN**
- 4 **MARK THE EXPIRY DATE CLEARLY, WITH LARGE, DARK NUMBERS, ON EACH
BOX OR CARTON**
- 5 **RE-ORGANIZE CONTRACEPTIVES ACCORDING TO EXPIRATION DATES TO
COMPLY WITH FEFO (FIRST EXPIRY, FIRST OUT)**
- 6 **SEPARATE ANY EXPIRED OR DAMAGED CONTRACEPTIVES AND RECORD IN
"ADJUSTMENT" COLUMN ON INVENTORY RECORD**

VIII

Transporting Contraceptives

INTRODUCTION

Effective transportation is one of the key components of a successful logistics system. A streamlined transportation system ensures a continuous and timely supply of contraceptives from the central stores level, through regional and district levels to SDPs and ultimately to clients. It is important that schedules are adhered to if the right supplies are to reach the right destinations, in the right quantities, at the right time, at the right cost and in the right condition.

WHAT VEHICLES ARE USED TO TRANSPORT CONTRACEPTIVES?

LEVEL	VEHICLES USED
Central to Regional	Three 10-ton trucks
Regional to District	One Toyota pick-up truck per region
District to SDP	One Toyota pick-up per district

WHAT IS THE "NFPP/EPI TRANSPORT SHARING AGREEMENT"?

This is an agreement between the two programmes whereby the NFPP supplied one new Toyota pick-up truck to each region to be used exclusively for supply and supervision purposes by both the RCCO and the Regional MCH/FP Coordinator. The fuel and maintenance funds for the vehicles are provided by EPI and the RCCO keeps the key and maintains control of the vehicle. In return, district level EPI vehicles give first priority, after EPI supplies, to NFPP supplies on the monthly visit to SDPs.

IX

Logistics Monitoring and Supervision

INTRODUCTION

Two of the most important responsibilities logistics personnel carry out are monitoring and supervision. Monitoring and supervision are the backbone of an effective logistics system. Without continuous monitoring of logistics activities and supervision of the personnel who carry out these responsibilities, overall quality of the logistics system may weaken, which in turn may jeopardize the quality of service provided to users.

WHAT IS "MONITORING"?

Monitoring is checking on a regular basis to ensure that assigned activities are carried out

WHY MONITOR LOGISTICS ACTIVITIES?

There are several reasons why logistics activities should be monitored on a regular basis:

- ▶ To ensure that clients are getting the contraceptives they want when they need them
- ▶ To ensure that planned logistics activities are being carried out according to schedule,
- ▶ To ensure that all records are correctly maintained and reports are submitted timely,
- ▶ To determine the quantity of supplies to issue to SDPs, and
- ▶ To re-supply

WHAT IS "SUPERVISION"?

Supervision is the process of ensuring that personnel have the knowledge and skills required to carry out their responsibilities effectively, and providing immediate on-the-job training as needed

WHY SUPERVISE LOGISTICS PERSONNEL?

There are several reasons logistics personnel should be supervised

- ▶ To ensure they have the knowledge and skills they need to effectively manage the logistics system,
- ▶ To identify performance weaknesses and to improve performance by providing immediate on-the-job training as needed, and
- ▶ To ensure that established logistics guidelines and procedures are being followed

Most supervisors agree that if they are to be truly effective supervisors they must have the same knowledge and skills as the people they supervise. In the logistics system this means that supervisors must be able to effectively carry out all of the responsibilities of the personnel at the level below them. See Chapter II for a detailed list of the responsibilities of the personnel you supervise.

IS THERE A DIFFERENCE BETWEEN MONITORING AND SUPERVISION?

Yes, there is a difference, but it is not a very large one. An easy way to think about the difference between monitoring and supervision is this:

MONITOR logistics **ACTIVITIES**,

SUPERVISE the **PEOPLE** who carry out these activities

In general it is safe to say that most logistics activities can be monitored by reviewing records and reports, which can frequently be done from your office. For example, by checking reports you can determine if a facility is maintaining stock balances between max-min levels, or if there are unusual quantities of contraceptives expiring or lost. Effective supervision, on the other hand, can only take place in the presence of logistics personnel. You should plan to spend time supervising and providing on-the-job training each time you visit personnel you supervise, whether they are in the same office or at a district or SDP facility.

WHAT ARE ESSENTIAL SUPERVISORY ACTIVITIES?

Three essential activities should be carried out each time you make a supervisory visit.

ESSENTIAL SUPERVISORY ACTIVITIES	
1	REVIEW ALL RECORDS
2	ENSURE THAT STORAGE GUIDELINES ARE BEING FOLLOWED
3	PROVIDE IMMEDIATE ON-THE-JOB TRAINING AS NEEDED

Use this to help you plan your activities each time you make a supervisory visit.

WHAT IS ON-THE-JOB TRAINING?

On-the-job training is helping someone improve their performance by demonstrating the correct way to do a task. On-the-job training is informal and takes place on the job, working closely with the worker. Effective on-the-job training should take place as soon as a performance problem is identified.

The following is an example of how one supervisor provided effective on-the-job training to improve the performance of one logistics personnel.

Example:

Beatrice is a Nurse In Charge at a SDP. During her monthly supervisory visit, Alice, the District FP/MCH Coordinator, observed that she was not completing the *Day-to-Day Form* on a daily basis, but was waiting after several days to complete the form. Alice immediately explained the established guidelines for completing the *Day-to-Day Form*.

On her next monthly visit, Alice observed that Beatrice was completing the form on a daily basis. However, close observation pointed out that she was making minor errors totalling the columns. She had also written the brand names of oral contraceptives in the wrong order. Alice immediately pointed out the error to Beatrice and instructed her on the correct order of the brand names for orals.

After a few more monthly visits Alice was satisfied that Beatrice was following the established procedures for completing the *Day-to-Day Form* and was no longer making errors in headings. She praised Beatrice for her good work and encouraged her to keep it up.

IS THERE A GUIDELINE FOR PROVIDING MONITORING AND SUPERVISION?

The following guideline should help you monitor logistics activities and provide the necessary supervision.

**GUIDELINE FOR
MONITORING AND SUPERVISION
IN THE NATIONAL FAMILY PLANNING
LOGISTICS SYSTEM**

INSTRUCTIONS FOR USE

This is a guideline for use in monitoring logistics activities and supervising the personnel who carry them out. Use these guidelines to monitor and supervise personnel at your level and those you supervise at levels below you. Based on your findings you should make logistics-related decisions. If your findings point out a knowledge or skill deficiency in the personnel who carry out logistics activities, provide immediate feedback and on-the-job training to correct the knowledge/skill deficiencies.

= = = = = 0 = = = = = 0 = = = = = 0 = = = = = 0 = = = = = 0 = = = = =

- 1 Are logistics records being filled out completely and accurately? Are reports being submitted timely and to the appropriate places?

(If not, check to see if personnel know the how to fill in forms. Check to see if they know the procedures for submitting records. If not, provide on-the-job training.)

- 2 Are contraceptives being ordered according to established policies?

(If not, check to see if personnel know the established policies regarding ordering. If not, provide on-the-job training.)

- 3 Storage of contraceptives

- a Is storage area clean?
- b Is storage area dry and well lit?
- c Is storage area secure from theft?
- d Are cartons/boxes stacked away from walls or floor?
- e Are cartons/boxes marked with expiry dates?
- f Are contraceptives stored in an orderly manner?
- g Are expired or damaged contraceptives stored separately?

(Check to see if personnel have the required knowledge/skills related to storage, if not, identify knowledge/skill deficiencies, provide on-the-job training.)

- 4 Are contraceptives being issued according to FEFO guideline (FIRST EXPIRY, FIRST OUT)?

(Check to see if personnel understand principle of FEFO, if not, provide on-the-job training.)

5 Have procedures to dispose of expired or damaged contraceptives been undertaken?

(Do personnel know the procedures? If not, explain the procedures)

6 Are stock levels at each facility within the established MAXIMUM/MINIMUM levels?

(If you think there is a problem with the levels, contact the FPU)

7 Check the AVERAGE MONTHLY CONSUMPTION RATE (AMCR) for each brand of contraceptive Note if there is an increasing or decreasing trend in month to month dispensed to user data for the past six months

If there is no trend, use the formula

DETERMINING AVERAGE MONTHLY CONSUMPTION RATE

$\frac{\text{TOTALS FOR PAST SIX MONTHS}}{6} = \text{AMCR}$

If there is a trend, use the formula

DETERMINING AVERAGE MONTHLY CONSUMPTION RATE

$\frac{\text{TOTALS FOR PAST SIX MONTHS}}{3} = \text{AMCR}$

8 Are personnel calculating the average monthly consumption rate correctly?

(If not, identify the knowledge/skill deficiency and provide on-the-job training)

9 Check the MONTHS OF SUPPLY on hand for each brand of contraceptive

Use the formula

CALCULATING MONTHS OF SUPPLY

BALANCE ON HAND	=	MONTHS OF SUPPLY ON HAND

AVERAGE MONTHLY CONSUMPTION RATE		

- 10 Are personnel calculating MONTHS OF SUPPLY correctly?
(If not, identify the knowledge/skill deficiency and provide on-the-job training)

- 11 Verify the quantity ordered for the previous or present period
Use the formula

CALCULATING ORDER QUANTITY

MAXIMUM QUANTITY LEVEL
<i>(Minus) BALANCE ON HAND</i>
<i>(Minus) QUANTITY ON ORDER</i>
<i>(Equals) QUANTITY TO ORDER</i>

- 12 Are personnel correctly determining ORDER QUANTITIES for each brand of contraceptive?
(If not, identify the knowledge/skill deficiency and provide on-the-job training)
- 13 Was a physical inventory conducted for the last order?
(If not, check to see if personnel know how to conduct a physical inventory and why it is important to do so If not, take a physical count of stock with the personnel)
- 14 Has transport been coordinated and scheduled with EPI Cold Chain Operator and/or other appropriate persons?

List of Acronyms

AMCR - Average Monthly Consumption Rate

DCCO - District Cold Chain Operator

EDP - Essential Drug Programme

EPI - Expanded Programme for Immunization

FEFO - First-Expiry/First-Out

FPU - Family Planning Unit

HMIS - Health Management Information System

LMIS - Logistics Management Information System

MAX/MIN - Maximum and Minimum Supply

MCH/FP - Maternal Child Health/Family Planning

MOH - Ministry of Health

NFPP - National Family Planning Programme

RCCO - Regional Cold Chain Operator

RMO - Regional Medical Officer

SDP - Service Delivery Point

April 1995

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Glossary of Terms

Brand A specific product identified by a distinctive name and packaging given to it by the manufacturer For example, Lo-Femenal, Microgynon and Microval are all brands of oral contraceptives

Dispensed to Client The provision of an item of supply to its ultimate user by a provider
The same as dispensed to user

Emergency Order Non-routine order that is placed when stock levels fall below the emergency order point before the routine order period (See Chapter IV & V)

First-Expiry/First-Out (FEFO) A method of managing contraceptive supplies in a storage facility to ensure that the oldest stock is issued before newer stock (See Chapter VI)

Issue The provision of an item of supply from one storage facility to another

Level The specific location in the health system hierarchy, this may be the central, region, district or service delivery point level (See Chapter I)

Logistics The science of procuring, maintaining and transporting supplies

Logistics System The structure through which a quantity of supplies is moved to different levels according to a schedule Information about the quantities issued or dispensed to users at each level is gathered to determine the quantity and schedule of future deliveries

Maximum-Minimum Inventory Control System (Max-Min) A system to control supplies so that quantities fall within an established range (See Chapter V)

Maximum Months of Supply: The number of months of supply above which stock levels should not rise in a given facility (See Chapters IV & V)

Maximum Quantity Level The quantity of stock above which your inventory level should not rise (See Chapter V)

Method A contraceptive (method), such as oral contraceptives, condoms or injectable

Minimum Months of Supply: The number of months of supply below which stock levels should not routinely fall in a given facility (See Chapters IV & V)

Minimum Quantity Level The quantity of stock below which your inventory level should not routinely fall (See Chapter V)

Monitoring Checking on a regular basis to ensure that assigned logistics activities are carried out (See Chapter IX)

Physical Inventory The process of counting by hand the total number of each brand of contraceptive in your store or health facility at any given time (See Chapter VII)

Pipeline The entire chain of storage facilities and transportation links through which supplies move, including the port facilities, central warehouse, regional and district stores, all services delivery points and transport vehicles (See Chapter I)

Recording The process of entering information or data on a form or record (See Chapter III)

Reporting The process of transmitting information, usually by submitting a document, form or report on regular (monthly, quarterly or annual) basis (See Chapter III)

Service Delivery Point Any facility in the logistics system that provides services directly to clients

Shelf Life The length of time a product may be stored under ideal conditions without affecting the usability, safety, purity or potency of the item (See Chapter VI)

Stock on Hand Stored quantities of usable stock

Stock Out Refers to a situation in which a storage facility has no stock on hand

Supervision The process of ensuring that logistics personnel have the knowledge and skills required to carry out their responsibilities effectively, and providing immediate on-the-job training as needed

ANNEXES

- A-1 Day-to-Day Form**
- A-2 Summary Table 3**
- A-3 Inventory Record**
- A-4 Issue Voucher**
- A-5 Report & Request for Contraceptives**
- A-6 Action Plan Format**
- A-7 Contraceptive Quality Indicators**

SUMMARY TABLE 3

Table 3 Amount of contraceptives dispensed

Month	Oral Pill					Injectables	IUCD	Diaphragm	Condom	Foaming Tablets	Sterilization
January											
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											
Year total											

1/10

LOCAL STORES

(1) To

(2) Issued Voucher

No

(3) Date

A

REQUISITION/ISSUE VOUCHER

ALLOCATED STORES ONLY

NOT FOR USE IN CONNECTION WITH UNALLOCATED STORE OR LOCAL PURCHASE

No

(4) Description of Article	(5) Unit	Quantity		Ledger Folio	
		(6) Required	(7) Issued	(8) Issuer	(9) Receiver

(10) REQUISITIONING OFFICER

Signature

Designation

Station

(11) ISSUING OFFICER

Signature

Designation

Station

(12) CERTIFIED

A RECEIVED IN GOOD ORDER

B TAKEN ON CHARGE IN MY STORES LEDGER/FOR IMMEDIATE USE

(DELETE WHICHEVER IS APPLICABLE)

(13) RECEIVING OFFICER

Signature

Designation

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NATIONAL FAMILY PLANNING PROGRAMME

MINISTRY OF HEALTH
REPORT & REQUEST FOR CONTRACEPTIVES

Region _____ District _____
 Facility Type/Name _____
 Report for Period Beginning _____, 19__ Ending _____, 19__

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
Microgynon							
Lo-Femeral							
Marvelon							
Microlut							
Depo-Provera							
Norplant							
Copper T							
Condoms							
Foaming Tablets							
Gloves							

Prepared by _____
 Checked by _____
 Date _____

Explanation of losses

ACTION PLAN FORMAT

TIME LINE FOR IMPLEMENTING ACTIONS
(Identify the next 12 months in the boxes below)

ACTION REQUIRED	RESOURCES & COORDINATION NEEDED												

VISUAL INDICATORS OF CONTRACEPTIVE QUALITY PROBLEMS

Oral Contraceptives

Do not use the pills in a packet if

- a pill crumbles when it is pushed through the aluminum backing
- the aluminum packaging for any of the pills is broken
- the packet is missing pills
- some pills are not the correct color

Condoms

Do not use condoms if

- the condom packets are sticky or brittle
- condoms or their lubricant have discolored

Condoms can be damaged by prolonged exposure to sunlight, temperatures over 40°C, humidity, ozone (produced by smog, electric motors, and fluorescent lights), or contact with any oil (e g , mineral or vegetable oils) Chemical products should not be stored in the same warehouse with condoms, as petroleum vapors and various types of liquid solvents damage the condoms

IUDs

Do not use if

- sterile packaging has been broken or perforated
- there are missing parts

Because IUDs are made of plastic, they should be protected from heat or direct sunlight All product contents should be in the sterile wrapper, and the insert information must be legible It is acceptable for the copper on copper-bearing IUDs to darken (Note Shelf life is different from use life, many IUDs are now effective for up to eight years after insertion even if the shelf life was near expiration)

Injectables

Do not use if

- vials are cracked or broken
- contents do not return to suspension after shaking

Vials will remain potent and stable up to the expiration date if stored at room temperature (15-30°C) If contents separate, shake to restore suspension

VISUAL INDICATORS OF CONTRACEPTIVE QUALITY PROBLEMS

Implants

Do not use if

- the implant's sterile packaging is broken
- some of the capsules are missing

The implants must be protected from excessive heat and direct sunlight, and must be stored in a dry place

Foaming Tablets

Do not use if

- the package has broken or tablets are missing
- the package is puffy (this indicates a moisture leak)
- the foil laminate has cracks
- the tablets vary in color
- the tablets are soft, crumbly, wet, or damp

Diaphragms

Do not use if

- the diaphragm looks dirty
- the diaphragm shows holes or cracks when held up to a light

Since diaphragms are latex, they should be stored in the same storage conditions as condoms

Spermicidal Jelly

Do not use if

- the jelly tube is wrinkled or leaking
- the applicator cannot be screwed easily onto the top of the tube

Spermicidal Foam

Do not use if

- tip is clogged so that foam cannot be released
- there is little or no pressure in the can
- foam is of uneven consistency or has separated

The can of foam should not be exposed to intense heat or extreme fluctuations in temperature or humidity. It should be stored upright.