

Tanzania Trip Report
Contraceptives Logistics Management
Manual Development
September 18-28, 1993
Family Planning Logistics Management Project

Peter J. Halpert, FPLM/JSI



Family Planning
Logistics Management
Project

F P L M

1616 N. Fort Myer Drive
11th Floor
Arlington, Virginia 22209 USA
Tel: (703) 528-7474
Telex: 272896 JSIW UR
Fax: (703) 528-7480

TABLE OF CONTENTS

	Page
I. INTRODUCTION.....	1
II. BACKGROUND AND INTRODUCTION.....	2
III. ACTIVITIES.....	3
IV. RECOMMENDATION: NEXT STEPS FOR MANUAL DEVELOPMENT.....	4
APPENDIX.....	7
A. PERSONS CONTACTED	
B. DRAFT II: CONTRACEPTIVE LOGISTICS MANAGEMENT MANUAL	

I. INTRODUCTION

This trip to Tanzania by the Family Planning Logistics Management Project (FPLM) was at the request of USAID/Dar es Salaam and the National Family Planning Unit (NFPU). The purpose of this visit was to initiate the development of a contraceptive logistics manual for the National Family Planning Program (NFPPP) and the National AIDS Control Program (NACP). Draft II of the Contraceptive Logistics Management Manual, can be found in Appendix B of this document.

This consultant would like to thank Mr. Method R. Kazaura, NFPU, MIS Officer for his assistance and significant contributions in completing Draft I of the Contraceptive Logistics Management Manual during this visit. I would also like to thank Dr. Simbakalia, National Family Planning Program Director, Dr. Mburu, USAID Manager FPPS and Mr. Omuodo, SEATS, Resident Advisor for their valuable assistance during my visit.

II. BACKGROUND AND RATIONALE

In March of 1992 FPLM conducted a comprehensive logistics system assessment and assisted the FPU in designing an improved logistics system. Since that time FPLM has been working with the FPU to develop a logistics management information system (LMIS) and a strategy for implementing it in Tanzania. FPLM has also been providing technical assistance to the NFPU in storage planning, transportation and forecasting contraceptive requirements. To institutionalize the LMIS, procedures for this system must be documented and **standardized**.

The Contraceptive Logistics Management Manual serves this purpose, as an essential tool in **standardizing** the management of contraceptives. The manual contains **standardized** logistics procedures which describe how the logistics system works and will guide NFPP and NACP personnel managing contraceptives to carry out the following tasks more efficiently:

- * Ordering, receiving and storing contraceptives
- * Assessing contraceptive needs
- * Issuing and maintaining contraceptives
- * Submitting, receiving, collecting, maintaining and analyzing logistics reports and data

Since the manual provides information on standard logistics practices and procedures it will serve as the basis for developing the anticipated logistics management training curriculum. Therefore the completion of this manual is an essential first step in the logistics training process. After the logistics training at the central region and district levels is completed, the manual will be provided to all personnel managing contraceptives; functioning as a guide and reference document. For the manual to be an effective tool SDP personnel managing contraceptives will eventually need to be trained in its utility.

III. ACTIVITIES

This visit entailed working with Mr. Method Kasaura, who has the lead role in coordinating the manual development and implementation, to generate the following information for the first draft of the manual:

- * A description of the NFPP logistics System**
- * Procedures for determining maximum/minimum stock levels**
- * Guidelines for contraceptive storage, physical inventories, contraceptive quality control and shelf-life**
- * Instructions for the recording and reporting of all LMIS forms**
- * Procedures for all levels of the logistics system for ordering, issuing and receiving contraceptives**

Meetings were also held to discuss the goals and objectives of the manual and to formulate and understanding of the logistics system and LMIS applications with FPU senior management, the SEATS Resident Advisor and senior management from the Ministry of Health (MOH) Health Information System (HIS). Draft I was completed and a copy was left with Mr. Kasuara.

IV. RECOMMENDATIONS: NEXT STEPS FOR MANUAL DEVELOPMENT

Just as successful logistics systems entail the coordinated efforts of many organizations and individuals, the development of this manual will also require the coordinated efforts of and input from many organizations and individuals. To have a manual that will be used by everyone, those involved must have a sense of ownership. It is therefore crucial to encourage maximum participation in the manual's development.

The following provides some of the essential steps involved in moving the manual from draft to final printing:

1. Working Group

One of the first steps is to identify a working group within the FPU, who will assist in the completion of the manual and will see the process through to the end. An ideal size is 3 or 4 persons. The coordinator will have the ultimate responsibility of moving the process along and ensuring that all the tasks involved are completed.

Other people will undoubtedly be used throughout the process as resources for technical issues and reviewers for eventual approval, but the working group should be kept to a minimum. The working group should receive input from as many of the appropriate persons and organizations as possible. The more people and organizations that have input, the more likely they will support the final product and ensure its utility.

2. Action Plan

The entire development of the manual should be thought through, from start to finish. Develop a list of all the activities to be undertaken, the persons responsible, and target dates for completion. The steps listed here could be used as starting point for major headings of activities.

3. Budget

After developing an action plan, establish a budget and secure funding. Some line items that might be considered are: secretarial support, stationary, space for working group meetings, per diem and transport for field staff, per diem and transport for field testing, printing, illustrations, distribution and promotion.

4. Draft Review

The draft should be circulated for review and comments to the HIS, and NACP. Try to have a diverse range of staff review the draft to get varying perspectives. Comments and recommendations deemed appropriate by the working group should be incorporated in the next draft.

5. Field Test

The manual should be field tested with selected service delivery (SDP) personnel, warehouse and store managers, field supervisors and program management to ensure that they understand all the issues that are being addressed in the manual and have an opportunity for input. It would be useful to have representatives from all levels of the logistics system, including: central, region, district and service delivery point (SDP).

Comments and recommendations should be incorporated into the revised copy.

6. Approval

Once a final draft has been completed, approval should be secured from the appropriate persons. This manual will serve as policy and procedures for all logistics activities and will therefore impact on many other program activities. To be effective, it therefore must be approved at the highest management levels.

7. Printing

After field testing and approval, the manual will be ready for printing. It is recommended that it be put in a "loose-leaf binder" so that if changes need to be made to the document, pages can easily be added or removed. In addition, it would be beneficial to include illustrations, by a local artist throughout, the manual, as users will be more likely to use an aesthetically pleasing document.

Illustrations might include: modes of transportation, contraceptive commodities, clinics, clients, storerooms, diagrams of the logistics system, etc.

APPENDIX A

PERSONS CONTACTED

USAID/TANZANIA

Dr. F.M. Mburu, Manager FPPS

MINISTRY OF HEALTH, FAMILY PLANNING UNIT

Dr. Calista Simbakalia, Family Planning Manager
Mr. Method R. Kazaura, MIS Officer

MINISTRY OF HEALTH (MOH), HEALTH INFORMATION SYSTEM

Dr. Simba
Coordinator for HIS

SEATS Project

Mr. Deryck O. Omuodo, Resident Advisor

DANIDA

Mr. Eric Muller, Management Advisor to MOH

APPENDIX B

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

FAMILY PLANNING and AIDS

CONTRACEPTIVE

LOGISTICS MANAGEMENT MANUAL

DRAFT II

OCTOBER 1993

8

TABLE OF CONTENTS

	Page
I. INTRODUCTION	2
1. GOAL	
2. GENERAL OBJECTIVES	
3. LOGISTICS DEFINED	
4. NFPP CONTRACEPTIVE LOGISTICS SYSTEM	
5. NFPP CONTRACEPTIVE LOGISTICS MANUAL	
II. PHYSICAL INVENTORY	6
1. OBJECTIVE	
2. INTRODUCTION	
3. PROCEDURES FOR A PHYSICAL INVENTORY	
II. DETERMINING SUPPLY NEEDS	7
1. OBJECTIVE	
2. INTRODUCTION	
3. MAXIMUM AND MINIMUM MONTHS OF STOCK	
4. PROCEDURES FOR DETERMINING SUPPLY NEEDS	
III. ORDERING	10
1. OBJECTIVE	
2. INTRODUCTION	
3. PROCEDURES FOR FILLING IN NFPP REPORT & REQUEST FOR CONTRACEPTIVES FORM	
4. INSTRUCTIONS FOR FILLING IN NFPP REPORT & REQUEST FOR CONTRACEPTIVES FORM	
IV. RECEIVING	13
1. OBJECTIVE	
2. INTRODUCTION	
3. PROCEDURES FOR RECEIVING	
V. WAREHOUSING	15
1. OBJECTIVE	
2. INTRODUCTION	
3. PROCEDURES FOR WAREHOUSING	
4. DESTRUCTION OF EXPIRED/DAMAGED CONTRACEPTIVES	
5. HOW TO USE STOCK CARD	
6. INSTRUCTIONS FOR FILLING IN STOCK CARD	
7. INVENTORY RECORD (LEDGER BOOK)	

VI. ISSUING	19
1. OBJECTIVE	
2. INTRODUCTION	
3. INSTRUCTIONS FOR COMPLETING THE REQUISITION/ISSUE VOUCHER	
VII. CONTRACEPTIVE QUALITY CONTROL AND SHELF-LIFE.....	22
1. OBJECTIVE	
2. INTRODUCTION	
3. FIRST-EXPIRY FIRST-OUT (FEFO)	
4. SHELF-LIFE	
5. VISUAL INSPECTION	
ATTACHMENTS.....	26
A DAY TO DAY (From Family Planning Day to Day Book)	
B TABLE 3 (From Family Planning Day to Day Book)	
C INVENTORY RECORD (From Ledger Book)	
D STOCK CARD	
E NFPP REPORT & REQUEST FOR CONTRACEPTIVES	
F REQUISITION/ISSUE VOUCHER	

I. INTRODUCTION

1.0 GOAL

The goal of this manual is to provide standardized procedures for personal managing contraceptive commodities within the National Family Planning Program (NFPP) and the National AIDS Control Program (NACP) thus assuring efficient contraceptive management at all levels of the logistics system.

2.0 GENERAL OBJECTIVES

This Manual will assist personnel managing contraceptive commodities to carry out the following tasks more efficiently:

- Determining contraceptive supply needs
- Ordering, receiving and storing contraceptives
- Issuing and maintaining contraceptive supplies
- Recording and reporting accurate contraceptive records at each level of the logistics system

3.0 LOGISTICS DEFINED

Logistics is the science of procuring, maintaining and transporting supplies. Its purpose is to obtain and move supplies in a timely manner where they are needed at a reasonable cost. The component activities of logistics management form a highly interrelated system, requiring the coordinated efforts of many individuals and organizations to assure efficiency.

Logistics objectives include the following "Six Rights":

Getting the right quantities,
of the right goods,
to the right place,
at the right time,
in the right condition,
at the right cost.

4.0 THE NATIONAL FAMILY PLANNING PROGRAM (NFPP) CONTRACEPTIVE LOGISTICS SYSTEM

The NFPP's logistics system has four levels:

- CENTRAL
- REGION
- DISTRICT
- SERVICE DELIVERY POINT (SDP)

The system is designed to move contraceptives from the NFPP Central Warehouse in Dar es Salaam to Ministry of Health (MOH) SDPs via the region and district levels. In mainland Tanzania there are 20 regions, 105 districts and over 3000 SDPs. Presently, approximately 60% of these SDPs provide family planning services.

This logistics system is both a requisition (or pull) system and an allocation (or push system). At the Central, Region and District levels managers determine their stock requirements thus these levels represent the requisition part of the system since they "pull" the contraceptives. SDP contraceptive needs are determined at the district level and allocated to the SDPs. Therefore, the SDPs represent the "push" part of the system.

From the Central level, contraceptives are transported with NFPP trucks to the regional level. From the regions, in conjunction the EPI, contraceptives are then transported to district and SDPs.

In addition to the NFPP Central Warehouse there are smaller storage facilities in all regions with the exception of the Eastern Zone (Dar es Salaam, Coast and Morogoro regions). While most regions and district stores stock contraceptives independently others keep stocks with pharmaceutical supplies. At SDP level contraceptives are typically stored in the office of the MCH/FP in-charge.

There are five forms used in the NFPP logistics management information system (LMIS) with the following titles:

- Day to Day Book
- Inventory Records
- Stock Cards

- Report and Request for Contraceptives
- Issue Voucher

All contraceptives in the public sector are imported and donated. The vast majority of these donated contraceptives are procured by USAID and UNFPA. In addition, USAID donates the majority of condoms to the NACP which is integrated with the NFPP logistics system.

5.0 NFPP CONTRACEPTIVE LOGISTICS MANUAL

The purpose of maintaining an efficient contraceptive logistics management system is to supply a continuous flow of contraceptives to service delivery points (SDP) thus ensuring clients have contraceptives on demand.

In order to ensure the effective and efficient implementation of the NFPP logistics system, personnel need to have an understanding of logistics management procedures and how information is recorded and reported within the logistics management information system (LMIS).

Every logistics system must be supported by an LMIS that monitors the flow of goods. At minimum this LMIS must track:

- Stock on hand: quantities of usable stock at all levels of the logistic system at a particular point in time
- Date of consumption: the average quantity of commodities dispensed to clients during a particular period of time
- Lead-time: the time required for new supplies to arrive once ordered

In a logistics management system, contraceptives move down the system, and data move from service delivery points up to the national level. It is therefore, necessary to develop an efficient and reliable LMIS in order to facilitate the generation of data that will be used for management purposes.

Therefore, the following chapters will provide you with - detailed information on how to manage **your** contraceptive logistics system including all forms contained within the LMIS and how they should be recorded and reported.¹

¹.The main reference document for the development of this manual was the Family Planning Logistics Guidelines by the U.S. Centers for Disease Control. In addition, significant portions were liberally borrowed from the Guidelines.

I. PHYSICAL INVENTORY

1.0 OBJECTIVE

The objective of a physical inventory is to compare the Inventory Record and/or Stock Card figures with the physical count figures in order to have an accurate accounting of stocks on hand for each contraceptive.

2.0 INTRODUCTION

Taking a physical inventory is a standard procedure for assessing the supply status in a store. Physical inventories should be conducted to:

- Determine the quantities of useable stock of each contraceptive in the warehouse or store
- Verify that the balances on hand match the quantities entered on the Inventory Record and Stock Card (See Attachment C and D for examples of these two forms)
- Determine quantities of stock that are unusable due to damage, loss or shelf expiration
- Identify any corrective actions needed to ensure that contraceptives are safely and effectively received, stored and accounted for

3.0 PROCEDURES FOR A PHYSICAL INVENTORY

- 3.1 Count each contraceptive in stock by method and brand.
- 3.2 Enter the quantity obtained onto the Inventory Record form or Stock Card. (See The Health Management Information (HMI) System, Ledger Book for Monitoring Drugs and Supplies, 1993 for additional information concerning Inventory Record and Chapter V for further information on Stock Cards).
- 3.3 Compare the quantity obtained on physical count with quantity stated on the Inventory Record and/or Stock Card (the two should be the same). If they are not the same, all amounts **over** or **under** the Inventory Record and/or Stock Card should be noted. If these discrepancies are not noted then Inventory Records and/or Stock Card will continue to be incorrect.
- 3.4 The physical inventory should be conducted monthly or when placing new orders for contraceptives.

II. DETERMINING SUPPLY NEEDS

1.0 OBJECTIVE

Determining the correct amount of contraceptives to be supplied is to ensure that there is sufficient stocks so that shortages or stock-outs do not occur between the time an order is placed and the time an order is received. At the same time inventories must not be excessive since excessive stocks imply excessive costs.

2.0 INTRODUCTION

In order to determine the correct amount of contraceptives to be supplied it is necessary to:

- maintain the recommended maximum/minimum supply levels
- calculate average monthly consumption for each contraceptive using the formula below
- determine how long contraceptive supplies on hand will last

3.0 MAXIMUM AND MINIMUM MONTHS OF STOCK (Max-Min)

The NFPP has established the following maximum and minimum months of stocks (Max-Min) on hand for each level of the system:

Level	Maximum (Months)	Minimum (Months)
Central	9	4
Regional	6	3
District	3	1
SDP	3	1

Remote or difficult to access areas, that can not be supplied on these established standards due to longer lead-times, will need to determine their own Max-Min standards based on their individual needs.

The Max- Min system is so named because specific maximum and minimum stock levels are set for each facility. In the standard variation of the system, the minimum level is the point at which a new order is placed. The maximum stock level is set at the largest quantity the facility should ever keep in stock.

Once these minimum and maximum levels are established, the persons responsible for maintaining stocks reviews the actual stock levels periodically, and before the stocks have fallen below the minimum level, an order is placed to bring the balance up to the maximum.

4.0 PROCEDURES FOR DETERMINING SUPPLY NEEDS

4.1 Calculating contraceptives dispensed to clients (or issued) over 6 months

SDPs: For contraceptives quantities **dispensed** to clients refer to your Day-to-Day form and/or Table 3, which are both found in The Health Management Information (HMI) System, Family Planning Day to Day Book F104 for the MCH Services in Health Facilities, 1993). Total the quantity of contraceptives **dispensed** to clients per month for a six month period of time. Examples of The Day-to-Day and Table 3 are found in Attachments A and B.

Central, Region and District Storage Facilities: For contraceptive quantities **issued** refer to your Inventory Record found in the Health Management Information System, Ledger Book for Monitoring Drugs and Supplies, 1993 and/or your Stock Cards. Total the quantity of contraceptives **issued** per month for a six month period of time. Examples of the Inventory Record and a Stock Card are found in Attachments C and D.

The table below is an example of oral contraceptives dispensed by month from January to June (6 months) including the total for 6 months.

MONTH	QUANTITY
January	200 Cycles
February	180 Cycles
March	160 Cycles
April	160 Cycles
May	150 Cycles
June	110 Cycles
TOTAL	960 Cycles

The same hypothetical numbers will be used in the rest of this section to illustrate the procedures for determining supply needs.

17

- 4.2 Calculating the average monthly dispensed (AMD) to clients or issued.

To calculate average monthly dispensed, divide the total amount dispensed over a specified time period by the number of months in the time period. For example:

If 960 cycles are dispensed over a six month time period, the average monthly dispensed is 160 cycles.

$$960 \text{ divide by } 6 = 160$$

- 4.3 Calculating the maximum stock levels

To calculate the maximum stock level, multiply the average monthly consumption/dispensed by the maximum number of months worth of stock required. For example:

If the average monthly consumption/dispensed is 160 and the number of months worth of stock on hand should be at the maximum be 6, the maximum stock level is 960 cycles.

$$160 \times 6 = 960$$

- 4.4 Calculating the minimum stock levels

To calculate the minimum stock level, multiply the monthly average dispensed by the minimum number of months of stocks required. For example:

If the average monthly consumption/dispensed is 160 and the number of months worth of stock on hand should be at the minimum 3, the minimum stock level is 480 cycles.

$$160 \times 3 = 480$$

- 4.5 Calculating how long the stock on hand will last

To calculate how long the stock on hand will last divide stock on hand by the average monthly consumption. For example:

If balance on hand is 480 and average monthly dispensed is 160, 3 months is how long the stock on hand will last.

$$480 \text{ divided by } 160 = 3$$

III ORDERING

1.0 OBJECTIVE

The objective of ordering is to obtain the required contraceptives needed by using the NFPP Report & Request for Contraceptives form.

2.0 INTRODUCTION

The NFPP Report & Request for Contraceptives is a dual purpose form which is used for reporting contraceptives dispensed-to-users as well as to order contraceptives required. This form is carbonless with an original (white) and two copies (pink and blue). See Attachment E for an example of this form.

3.0 PROCEDURES FOR FILLING IN NFPP REPORT & REQUEST FOR CONTRACEPTIVES FORM

- 3.1 **Service Delivery Point (SDP):** In conjunction with the clinic service provider, this form is kept at the District level and will be filled in by the District MCH/FP Coordinator during monthly scheduled visits.

The original (white) and the blue copy of this form will be collected by the District MCH/FP Coordinator. The pink copy will remain at the SDP.

- 3.2 **District Level:** This form will be filled out by the District MCH/FP Coordinator using aggregated data from all SDPs within the District. The original (white) and the blue district aggregate copies from SDPs should be sent to the Regional MCH/FP Coordinator **the last working day of each month** with all white copies from the SDPs attached.

All blue copies from the SDPs and the pink aggregate copy should remain at the district level.

- 3.3 **Regional Level:** This form will be filled out by the Regional MCH/FP Coordinator using aggregate data from the district level. The original (white) and the blue regional aggregate copies from the district should be sent to the Ministry of Health, Family Planning Unit **quarterly**, with all white copies from the Districts attached. All blue copies from the Districts and the pink aggregate copy should remain at the regional level.

4.0 INSTRUCTIONS FOR COMPLETING NFPP REPORT & ORDER FOR CONTRACEPTIVES FORM

Below describes how to fill in each section of the form. All information entered should be written clearly and in **BLOCK** letters. An example of this form can be found in Attachment E.

Region: Write the name of your Region.

District: Write the name of your District

Facility Type/Name: At SDP level, write the **name** of your facility and **type** (Hospital or Health Centre or Dispensary). For Districts and Regions, write "District Store" or "Regional Store".

Report for Period Beginning: Fill in the starting date for the reporting time period and **Ending**, fill in the final date for the reporting time period. The time period represents the duration interval during which the data was collected. At the SDP and district, this time interval should start at the beginning and end at the closing of each month. For the regions it should represent a four month time frame (quarterly).

Contraceptive: Below the caption "contraceptive", are the brand names of contraceptives currently in use. As new brands of contraceptives become available you will need to fill in the blank boxes provided. **Since the Day to Day form only has "Combined" and "Progestin Only" under "Oral Contraceptives" you will have to determine the quantities of oral contraceptive brands needed based on your knowledge of client preference.**

For the following columns, all quantities need to be entered using the following units of measure:

Orals	Cycle
Injectable	Vial
IUD	Piece
Condoms	Piece
Foaming Tablets	Tube
Norplant	Piece
Gloves	Pair

Beginning Balance: Write in stock in hand (i.e the total obtained through a physical inventory stock count) at the beginning of the reporting period for each contraceptive brand.

20

Received this period: Write in the quantities of contraceptives by brand that you received from any source during a reporting period.

Issued: Write in quantities of contraceptives by brand removed from your stock during the reporting period.

Losses: Write in any contraceptives that were removed from stock but not available for usage by clients. i.e. expired, stolen or damaged stocks. An explanation of these losses should attached.

Ending Balance: Write in stock in hand (i.e the total obtained through a physical inventory stock count) at the end of the reporting period for each contraceptive brand.

Quantity needed: Fill in the quantity of contraceptives you need for the reporting period (See Chapter II on how to calculate quantity needed).

Dispensed to clients: Write in the quantities of contraceptives by brand dispensed to clients (users). At SDP level, this information is obtained from the Day to Day Book. At district and regional this quantity represents the aggregated totals received from the SDPs and districts respectively.

Prepared by: Write in your name followed by your job title.

Checked by: The supervisor responsible for reviewing this form should write his/her name followed by the job title.

Date: Write in the date that this form was completed and sent to next level.

IV. RECEIVING

1.0 OBJECTIVES

The objective of receiving is to ensure orderly accounting of contraceptives.

2.0 INTRODUCTION

In order to properly receive contraceptives, it is necessary to prepare storage space which will accommodate all supplies, in preparation for appropriate storage of contraceptives.

3.0 PROCEDURES FOR RECEIVING

3.1 Preparing for receiving

- Clear enough space to receive incoming supplies
- Have enough people present to unload order
- Count the number of cartons or boxes received and ensure that these correspond with quantities on the transporter delivery note or the Requisition/Issue Voucher (See Attachment E for an example of this form)
- Check the sealed carton and/or box against transport delivery note or Requisition/Issue Voucher
- Tick off against each item if correct
- Sign the forms accompanying the delivery
- Give one copy of the form accompanying the delivery to the transporting agent.
- File one copy.
- If shipment has missing items and/or if any supplies are damaged note this on the delivery note or Requisition/Issue Voucher.

3.4 Storing of Supplies Received

- Check expiry dates for each item of contraceptives received.

- Place on the shelves using the First-Expiry/First-Out (FEFO) principle. The FEFO principle directs you to place contraceptives which expire earlier in such a way that they can be issued or dispensed first. See Chapter VII for additional information on FEFO.
- Enter the quantity of contraceptives received for each type on the appropriate Stock Card and Inventory Record. Only Central, Regional and Districts use Stock Cards. (See Chapter V for information on how to use a Stock Card and Inventory Record.)
- Update Stock Card and/or Inventory Record by adding the quantities of the new contraceptive supplies to the stocks on hand
- Sign the Stock Card and/or Inventory Record against the entry

V. WAREHOUSING

1.0 OBJECTIVE

The objective of warehousing is to ensure that products are accessible and well maintained to protect product quality.

2.0 INTRODUCTION

Storage of contraceptives under suitable conditions is one of the most important tasks in managing supplies at every family planning program level. The storage facilities may range from a drawer at the service delivery point to the NFPP Central Warehouse

3.0 PROCEDURES FOR WAREHOUSING

- Avail a clean room with good ventilation and light but no direct sunlight on the supplies
- The store room should always be dry and free from water leakage
- Supplies must be stacked at least 10 cm from the floor on sturdy shelving or pallets of wood or steel
- Stack supplies not more than 2.5 m high
- Organize stacks in an orderly manner to ensure that the FEFO (First Expiry - First Out) principle can be adhered to. This will facilitate easy accountability for physical inventories and general management. See Chapter VII for information on FEFO.
- Stack all cartons and boxes so that identification marks and other labels are easily visible
- Issue supplies by carton or box to all supply levels and by individual units to clients. All supplies in cartons or boxes should always be recorded as individual units, for all forms and documents and at all levels of the system.

The following is a list of contraceptives with corresponding units of measure:

Orals	Cycle
Injectable	Vial
IUD	Piece
Condoms	Piece
Foaming Tabs	Tube
Norplant	Piece
Gloves	Pair

- Old files, information material, office supplies, etc. should be stored separately.
- Insecticides and other chemicals should not be stored together with contraceptives and other medical supplies.
- Cleaning of the store room must be done regularly.
- A Fire Extinguisher must be present and easily accessible.

4.0 DESTRUCTION OF EXPIRED/DAMAGED CONTRACEPTIVES

- All expired or damaged contraceptives should be removed from inventories and noted as such on Stock Card and/or Inventory Record.
- Expired or damaged contraceptives should be dealt in accordance with government destruction policy.

5.0 HOW TO USE THE STOCK CARD

This is a standard form used for inventory control at the Central, Regional and District stores/warehouses for monitoring stock inventories on daily basis.

Keep the card on the shelf next to the relevant item. Follow the instructions below when using the stock card. Each contraceptive item (brand) must have its own Stock Card. The numbers below correspond to the Stock Card. An example of a Stock Card can be found in Attachment D.

6.0 INSTRUCTIONS FOR FILLING IN THE STOCK CARD

Number 1. Item: Enter the name of the particular contraceptive, e.g. Lo-Femenal.

- Number 2. Maximum Stock: Enter the calculated maximum stock against maximum stock line (See Chapter II)
- Number 3. Minimum Stock: Enter the calculated minimum stock on the minimum stock line. (see chapter II)
- Number 4. Unit of Issue: Enter the unit of issue as cycle, unit, piece, tube, etc. Please note: the unit of measure is never a carton or box.
- Number 5. Date: Enter the date on which the stock card is updated
- Number 6. Received From: Enter the name of the supplier
- Number 7. Distributed to: Enter the name of the recipient.
- Number 8. Quantity Received: Enter the total amount of contraceptives received from supplier. **Remember, quantities should be entered as single units.**
- Number 9. Quantity Distributed: Enter total amount of contraceptives distributed. This includes contraceptives issued to storage facilities or dispersed to user.
- Number 10 Balance on Hand: The balance calculated as the previous balance plus the amount received, minus the amount issued, plus or minus the amount adjusted. This balance represents a "running total". Physical inventories should be performed at end of each month. The physical count should be entered (including any adjustment) in red.
- Number 11 Remarks: Enter expiry dates, damaged contraceptives found on receiving, issuing or physical count, and reasons for adjustments.
- Number 12 Signature: You must sign for every entry on the stock card.

7.0 INVENTORY RECORD (Ledger Book)

This form in the Ministry of Health Management Information System booklet the "Ledger Book" is used by MCH services in all health facilities providing family planning services. This inventory record is used for indicating quantities received, issued, adjustments, quantity on hand and quantity on order by date. Separate inventory record forms are kept for each commodity. Maximum stock and minimum stock are also included in this form. Instructions for filling in the inventory record are contained in the Ledger Book. This is a static form and is used in filling out the NFPP Report & Request for Contraceptives form. An example of the Inventory Record is found in Attachment C.

VI. ISSUING

1.0 OBJECTIVE

The objective of issuing is to ensure that adequate supplies are moved from one storage facility to another.

2.0 INTRODUCTION

Effective distribution is one of the key components of a successful family planning programme. A well developed and streamlined distribution system ensures a continuous and timely supply of contraceptives from the central stores level, through region and district levels to service delivery points and ultimately to clients. It is important that logistics systems and procedures are clearly outlined and adhered to if supplies are to reach their destinations in the right quantities, of the right goods, to the right place, at the right time, at the right cost and the right condition.

The Requisition/Issue Voucher is the standard government form for all commodities. This form will be used for issues (contraceptive stock movement from one storage level to the next) for central, regional and district levels. The purpose of this form is for documenting and monitoring contraceptive stock movements (See Attachment F for an example of the Requisition/Issue Voucher).

In addition to issuing this form is typically also used for ordering. However, since the NFPP Report & Request for Contraceptive form (See Chapter III) is used for ordering contraceptives, **within the NFPP contraceptive logistics system this form will only be used for issuing contraceptives.**

3.0 INSTRUCTIONS FOR COMPLETING THE REQUISITION/ISSUE VOUCHER

The Requisition/Issue Voucher Book contains a set of three vouchers: original labeled "A" (white), duplicate labeled "B" (blue) and triplicate labeled "C" (green). When the Requisition and Issue Voucher is completed:

- File "C", green voucher
- The "A", white and "B", blue vouchers are sent with the contraceptives

22

- Both the "A", white and "B", blue vouchers should be signed by receiver noting any discrepancies. The white copy should be returned to the supplier and the blue copy should be filed by the receiver.

4.0 FILLING IN THE REQUISITION/ISSUE VOUCHER:

To: Write in the name of the facility (consignee) and address

Issue Voucher: No. and Date: N/A (Not Applicable: Does not need to be filled in)

Date: Write in the date you are filling in this issue voucher

Description of article: Write in the contraceptive by brand name. (See Chapter VII for a list of NFPP contraceptives)

Unit: Write in units of measure for the contraceptive required

The following is a list of contraceptives with corresponding units of measure:

Orals	Cycle
Injectable	Vial
IUD	Piece
Condoms	Piece
Foaming Tabs	Tube
Norplant	Piece
Gloves	Pair

Quantity required: From the requestors NFPP Report and Request for Contraceptive form write in the quantity requested

Quantity Issued: Write in quantity you are providing

Ledger Folio: N/A

Issuer: N/A

Receiver: N/A

Requisitioning Officer: N/A

Signature	}	N/A
Designation	}	N/A
Station	}	N/A

Issuing Officer:

Signature: Issuing Officer sign here in space provided.

Designation: Issuing Officer write in your title.

Station: Write in the name of your facility

Certified: A. Received in good order

B. Taken on charge in my stores ledger/for
immediate use

Receiving Officer:

Signature: Receiving Officer sign here in space provided.

Designation: Receiving Officer write in your title.

.....19....: Write in the date you receive commodities.

Note any quantity discrepancies including damaged
contraceptives on this form.

VII CONTRACEPTIVE QUALITY CONTROL AND SHELF-LIFE

1. OBJECTIVE:

The objective of this chapter is to promote the maintenance of product integrity through quality control and shelf-life standards thus assuring that the client will receive the highest quality contraceptives.

2. INTRODUCTION:

Good contraceptive logistics management promotes the maintenance of product integrity. The conditions under which contraceptives are transported and stored can directly influence their quality and stability. Storage conditions are extremely important to product stability, since any product no matter how stable it is can suffer rapid deterioration if storage conditions are not adequate.

Environmental conditions that are known to affect product stability include: excessive heat, poor ventilation and extreme humidity. (Please refer to Chapter V: Warehousing for important storage guidelines that affect contraceptive quality.) Stress caused by excess weight damages most products. Therefore, all products should be stored on pallets in stacks not touching walls and no more than 2.5 meters high with room for air circulation around individual stacks. Adhering to First-Expiry/ First-Out procedures for issuing products and to recommended procedures for managing inventories will ensure that products are distributed within acceptable shelf life periods.

Essentially three methods can be used to identify problems or verify product effectiveness:

- Acceptable shelf-life periods
- Visual inspection
- Laboratory analysis (e.g., physical, chemical, or biological)

This chapter focuses on acceptable shelf-life periods and visual inspection. Laboratory testing requires specialized skills and sophisticated equipment and therefore is not addressed here. In special cases, inspection by laboratory testing and analysis may be judged appropriate by professional authorities.

If programme management suspects either by inspection or from user complaints that a product is no longer effective, samples of these products should be tested before distribution is made.

3. FIRST-EXPIRY/ FIRST-OUT (FEFO)

To ensure that contraceptive supplies do not remain in stock, past their maximum shelf-life all programme levels must adopt the FEFO method of storage and distribution of supplies. In this system, cartons are clearly marked with their date of manufacture or expiration. Supplies should be stacked separately by date of expiration or date of manufacture with the oldest having easiest access. Cartons with the oldest dates are then issued first; cartons with later dates are not issued until all earlier dated supplies have been used.

4. SHELF-LIFE:

The following table is a list of contraceptives presently provided by NFPP with unit of issue and shelf-life. Always check labels as manufacturers may change shelf-life periods from time to time.

CONTRACEPTIVE ITEM	UNIT OF ISSUE	SHELF-LIFE
Oral		
Lo Femenal	Cycle	5 Years
Marvelon	Cycle	5 Years
Microgynon	Cycle	5 Years
Microlut	Cycle	5 Years
Injectable		
Depo Provera	Vial	5 Years
IUD		
Copper T380A	Piece	7 Years
Implant		
Norplant	Piece	3 Years

30

Vaginal Foaming Tablets		
Neo Sampoos	Tube of 20	5 Years
Barrier and others		
Condoms	Piece	5 Years
Diaphragms	Piece	???
Delfen Foam	Tube	???
Ortho Gynol Jelly	Tube	???

5.0 VISUAL INSPECTION

5.1 Oral Contraceptives:

Typically oral contraceptives have an established shelf-life of five years. This shelf-life is based on a test of the actual life of the products stored in blister packs in moderate temperature 18°-25°C and low relative humidity.

The first indication of product deterioration will likely be a reduction of the hardness of the pills. If the pills crush when pushed through the foil backing of the blister pack, the quality of the product is suspect. Other indicators of deterioration may be colour change or cracks in pills.

5.3 Condoms:

Manufacturers state that condoms stored in temperate environment and protected from exposure to high heat, humidity, light, ozone and chemical damage have a five year shelf-life. Exposure to higher temperatures and humidity associated with tropical climates will most likely shorten the useful life of this product. Hence, greater care should be taken in storing condoms in such environment. Specific signs of deterioration may include discoloration of package and lubrication leakage.

5.4 IUDs

The Copper T380 has an established shelf-life of seven years. This shelf-life is based on the length of time the packaging materials can maintain product sterility.

32

Shelf-life differs from use-life which is currently eight years. Thus, a Copper T380 could be stored for up to seven years, inserted, and worn for eight years.

Programme managers should not be alarmed by a darkening in the copper colour. This copper tarnish does not affect product efficacy nor does it indicate that the device is not sterile. Managers should know, however, that any break or perforation of the sterile copper makes the product unacceptable for use unless it is chemically sterilized. This product is made from plastic material and should be protected from heat or direct sunlight.

5.6 Spermicides:

Neo Sampooon has a shelf-life of five years ??? Signs to watch for include crumbling or discolored tablets.

5.7 Implant:

NORPLANT® has a shelf-life of 3 years.

5.8 Injectables:

Depo-Provera® has a shelf-life of 5 years.

5.9 Diaphragms:

5.10 Jellies:

ATTACHMENTS

- A - DAY TO DAY (From Family Planning Day to Day Book)
- B - TABLE 3 (From Family Planning Day to Day Book)
- C - INVENTORY RECORD (From Ledger Book)
- D - STOCK CARD
- E - NFPP REPORT & REQUEST FOR CONTRACEPTIVES
- F - REQUISITION/ISSUE VOUCHER

TABLE 3. Amount of Contraceptives dispensed.

QUARTER	Oral Pill		Injectables	IUCD	Condom	Foaming Tablets	Sterilization procedures	
	Combined	Prog only						
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Year Total								

BEST AVAILABLE COPY

37

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	Issues	Losses	Ending Balance	Quantity Needed	Dispensed to clients
Microgynon							
Lofemenal							
Marvelon							
Microlut							
Depoprovera							
Norplant							
Copper T							
Condoms							
Foaming Tablets							
Gloves							

Prepared by: _____ Explanation of Losses to be attached.

Checked by: _____

Date: _____

BEST AVAILABLE COPY

46

