

The Federal Republic of Nigeria
Federal Ministry of Health



Department of Family Health

National Handbook Contraceptive Logistics Management System

Management Guidelines Service Providers



FOREWORD

In the year 2001, the Federal Government of Nigeria developed the National Reproductive Health Policy, which seeks to achieve quality Reproductive Health (RH), and Sexual Health for all Nigerians. The policy was developed to address the unacceptably high level of maternal and neonatal morbidity and mortality, low level of awareness and utilization of family planning services. This is in line with the other government policies such as the National Population Policy, which is currently being revised.

In 1999, the Government of the Federal Republic of Nigeria adopted the National Contraceptive Logistics Management System (CLMS). The system was designed to improve access of Nigerians to quality contraceptive commodities. In the course of implementation, some problems arose which include irregular distribution of contraceptives and service delivery points (SDPs), multiplicity of logistics management Information System (LMIS) forms and lack of collaboration among stakeholders. As a result of this, little progress was made in the implementation of the system and this motivated the decision to revise the guideline in order to enhance the efficiency and effectiveness of the system.

However, the desire to improve the functional status of the system, an assessment was carried out in 2005 and the result called for a strong paradigm shift from the redesigned to the streamlined system which was piloted in three states; Bauchi, Kano and Nasarawa States. The advantages identified in the course of piloting streamlined led to the decision by the RHCS State Committee to adopt the streamlined system of CLMS for implementation nationwide.

The revised National Contraceptive Logistics Management System that is currently put in place will enhance the implementation of RHCS in Nigeria.

The successful implementation of the revised system requires the commitment and cooperation from all stakeholders as this will go a long way in ensuring a coordinated response in improving RHCS in Nigeria.

The coordination of the system is the responsibility of the Department of Family Health of Federal Ministry of Health with support from Development Partners and other stakeholders.

A lot of resources have been put into the streamlined system. I therefore implore all policy makers, development partners and implementers in the public sector as well as NGOs to use the Handbook for the realization of the set goals of the contraceptive logistics management system in Nigeria.

Prof Babatunde Osotimehin

Hon. Minister of Health
Jan. 2009

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Our thanks go to the members of the Technical Review Committee who worked tirelessly to ensure the review and updating of this Handbook. The lead role played by USAID/DELIVER Project through their technical, financial and material support in the processes leading to the piloting and eventual adoption of the streamlined CLMS cannot be over-emphasised. Worthy of note equally is the contribution of the United Nations Population Fund (UNFPA) whose financial and technical support went a long way in the realization of this project.

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List of Abbreviations

CBD	Community Based Distributor
CCRA	Contraceptive Cost Recovery Account
CLM	Contraceptive Logistics Management
CLMS	Contraceptive Logistics Management System
CRS	Cost Recovery System
DFH	Department of Family Health
DCR	Daily Consumption Record
DFS	Director Finance Supply
DHS	Department of Hospital Services
FCT	Federal Capital Territory
FEFO	First Expiry First Out
FMOH	Federal Ministry of Health
FP	Family Planning
HIV/AIDS	Human ImmunoVirus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
LGA	Local Government Area
LMIS	Logistics Management Information System
MIS	Management Information System
NAFDAC	National Agency for Food, Drug Administration and Control
NASCP	National Aids & Sexually transmitted Infections Control Program
NGO	Non Government Organizations
NPHCDA	National Primary Health Care Development Agency
PHC	Primary Health Care
PPFN	Planned Parenthood Federation Nigeria
RH	Reproductive Health
RIRF	Requisition Issue and Report Form
SDP	Service Delivery Point
SFH	Society for Family Health
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STI	Sexually Transmitted Infections
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VHW	Voluntary Health Workers

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1. Introduction and Context

In the year 2001 the Federal Government of Nigeria developed the National Reproductive Health Policy, which seeks to achieve quality reproductive and sexual health for all Nigerians. The key strategies in the policy include ensuring equitable access to quality RH services, capacity building, advocacy and social mobilisation.

The policy was developed to address the unacceptably high level of maternal and neonatal morbidity and mortality and the low level of awareness and utilisation of family planning services. It also focuses on the reduction of unwanted pregnancies and the incidence and prevalence of HIV/AIDS. This is in line with the principles of other government policies such as the National Population Policy, and the National Contraceptives Logistics Management System Guidelines.

Although this and other government policies advocate the voluntary adoption of contraceptive practices, low budgetary allocation for the purchase of contraceptives and the over reliance on donor support pose a great challenge to the future sustainability of the system. In addition, poor record keeping and reporting as well as delays in distribution of commodities have resulted in the inability of the system to deliver supplies to the end users leading to occasional wastages in the stores and stock outs at the SDPs.

The established logistics management information system (LMIS) suffered from significant problems such as multiplicity of forms, poor reporting and delay in submission of completed LMIS forms. Similarly, the Family Planning cost recovery system was haphazard without clear guidelines for its operation. As such it was unable to contribute to the sustainability of the system.

In response to these challenges, the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) was initiated in 2002 to help the country develop a strategy to improve its RH and contraceptive commodity security. The focus is to ensure that sufficient contraceptives will be available and accessible in the coming years.

This handbook describes a revised contraceptive logistics management system.

The following areas have been addressed:

- The redefinition of the Contraceptive Supply Chain
- Guidelines for a contraceptive cost recovery scheme with the potential for contributing to program sustainability
- Streamlined LMIS forms

The handbook also serves as a working tool adopted by the Federal Ministry of Health and its partners in the implementation of the public sector contraceptive logistics management system. The system will help ensure the provision of the appropriate mix of affordable, high quality contraceptives for Nigerians of reproductive age.

2. Purpose of the Contraceptive Logistic Management System

The purpose of the contraceptive logistic management system is to ensure that all Nigerians are able to receive the contraceptives they need through their service delivery point or community-based distribution (CBD) agent. This requires that the system guarantee the supply of:

**The RIGHT GOODS
In the RIGHT QUANTITIES
In the RIGHT CONDITION
To the RIGHT PLACE
At the RIGHT TIME
At the RIGHT COST**

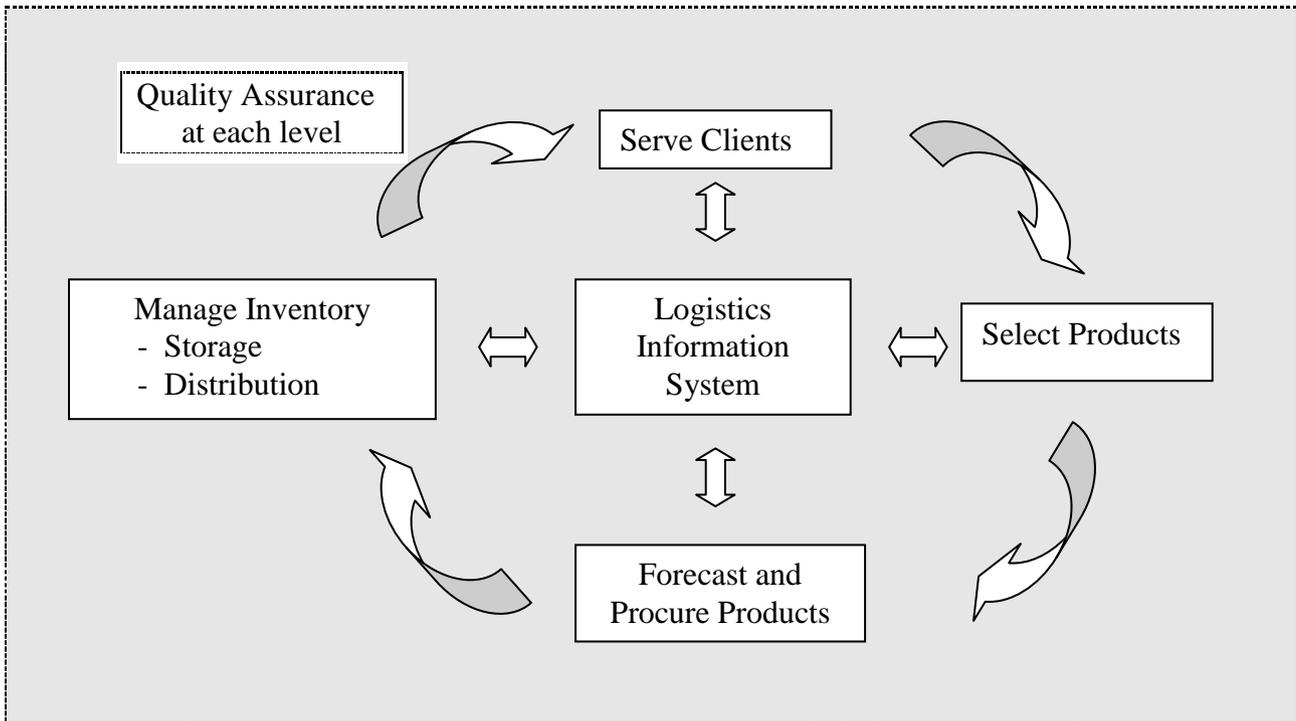
The specific objectives of the system include:

- Enhanced distribution of a complete range of family planning products through the different levels of the supply system (Central Contraceptive Warehouse, State Stores, Local Government Area (LGA) Stores and SDP).
- Sustained availability of contraceptives with adequate stock levels to meet demand at all times.
- Expanded access to a complete range of contraceptive methods with greater choice for clients.
- Improved ordering and stock management, ensuring that requests correspond to actual need.
- Increased capacity at all levels of the system to manage contraceptive supply.
- Adequate flow of essential information on the movement of contraceptives and funds collected through the system
- Improved contraceptive quality throughout the supply chain through procurement standards and proper storage.
- Reduced waste and increased efficiency throughout the supply chain

3. Overview of the Contraceptive Logistics Management System

The CLMS focuses on forecasting and procuring the right contraceptive quantities, storing and distributing them through all levels of the health system and delivering them to clients. The required information for management and decision-making is collected through the logistics information system. The contraceptive cost recovery system supports the re-supply of commodities and supplements the funds available for core system functions. Supervision and monitoring helps to assure quality throughout the system. See Figure 1.

Figure 1: Functions of a Logistic Management System



3.1. Forecasting and Procurement

Forecasting is done at the central level on annual basis using consumption and/or distribution data from the service delivery points and from the stores. These data are collected through the logistics management information system.

Forecasting is the responsibility of logistics and program managers; donors, other stakeholders and consultants may also be part of the process. Forecasting is completed before procurement takes place and considers estimation of requirements, budgeting and procurement planning.

Procurement planning is the responsibility of the logistics managers at the central level. The plan will focus on procuring the highest quality products at the best price. Currently, UNFPA procurement services provide best price/quality ratio for reproductive health supplies worldwide. Procurement plans must also take into consideration the required delivery time, which can range from four to nine months according to the type of contraceptives, and eventual spaced deliveries with regard to volumes to store at the central level and availability of funds.

3.2. Inventory Management

Each level of the system has an established minimum - maximum stock levels and ordering period. When the stock level drops below the maximum level, facilities order from the immediate higher level according to the ordering frequency. They can also place an emergency order to avoid stock-outs.

At the end of every review period facilities are expected to order quantities of commodities required to bring stock levels back to maximum.

Service delivery points other than tertiary hospitals will order from LGA stores, LGA stores will order from the State stores, and State stores and tertiary hospitals will order from the central contraceptive warehouse. Orders and supplies will be made using the Requisition, Issue and Report Form (RIRF). Under the cost recovery system, all levels must pay for the products they receive.

3.3. Clearing and Storage

The central level is responsible for transit and custom clearance at the time of arrival of the contraceptives in the country. Commodities cleared will be stored in the central contraceptive warehouse, which is the main entry for contraceptives.

State and LGA levels will also store commodities to supply their immediate lower level. Storage guidelines will be followed at all levels to ensure that products remain in good condition until they reach clients.

3.4. Transport and Distribution

Commodities are transported according to a distribution calendar from the central contraceptive warehouse to state stores. LGA stores and service delivery points have the responsibility of picking up commodities following the ordering frequency described in the manual.

3.5. Logistics Management Information System

The LMIS provides the necessary management tools for the storage and distribution of supplies and for collecting essential data for decision making. Staff involved in handling contraceptives at each level will ensure that the forms are filled and appropriate information is sent to the higher level.

The LMIS forms used at each level are described in the manual and will serve as tools to register stock movement and to collect consumption data, stock on hand and financial information.

Information flow up the system is the responsibility of each facility. Copies of the requisition issue and report forms from the SDPs and stores are sent up the system until they reach the central contraceptive warehouse.

Data received at Central Level will be used for estimating contraceptive requirements and for monitoring the efficiency of the Contraceptive Logistics Management System. The analysed data will be shared with the Department of Health Planning Research of FMOH and other appropriate government agencies. The central level will provide feedback reports to inform lower levels about their performance and to motivate them to complete error-free reports on time. Feedback will also be provided to donors and other stakeholders in RH.

3.6. Cost Recovery

The cost recovery system operates as a contraceptive revolving fund, using funds earned from contraceptive sales to purchase future supplies. It sets affordable prices for contraceptives that include margins at every level to complement the funds available for transport, supervision and other administrative costs.

Contraceptive prices at every level are presented in the pricing structure described in the manual. The usage of recovered funds at every level is also detailed. Part of the funds is used to purchase contraceptives to replenish stock and the remaining part is used to fund other activities. The price paid by the end user is only a fraction of the real cost of the supplies. The contraceptives remain largely subsidized and financial resources other than cost recovery funds remain the main sources for their procurement.

3.7. Logistics System Monitoring and Supervision

Two of the most important responsibilities carried out by logistics personnel are monitoring and supervision. Monitoring and supervision are the backbone and quality assurance 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 jeopardise the quality of service provided to clients.

The system provides a standardised report format and a supervision schedule to ensure that assigned activities are being carried out and that personnel have the knowledge and skills required to effectively undertake their responsibilities including on-the-job training as needed.

3.8. Users of the System

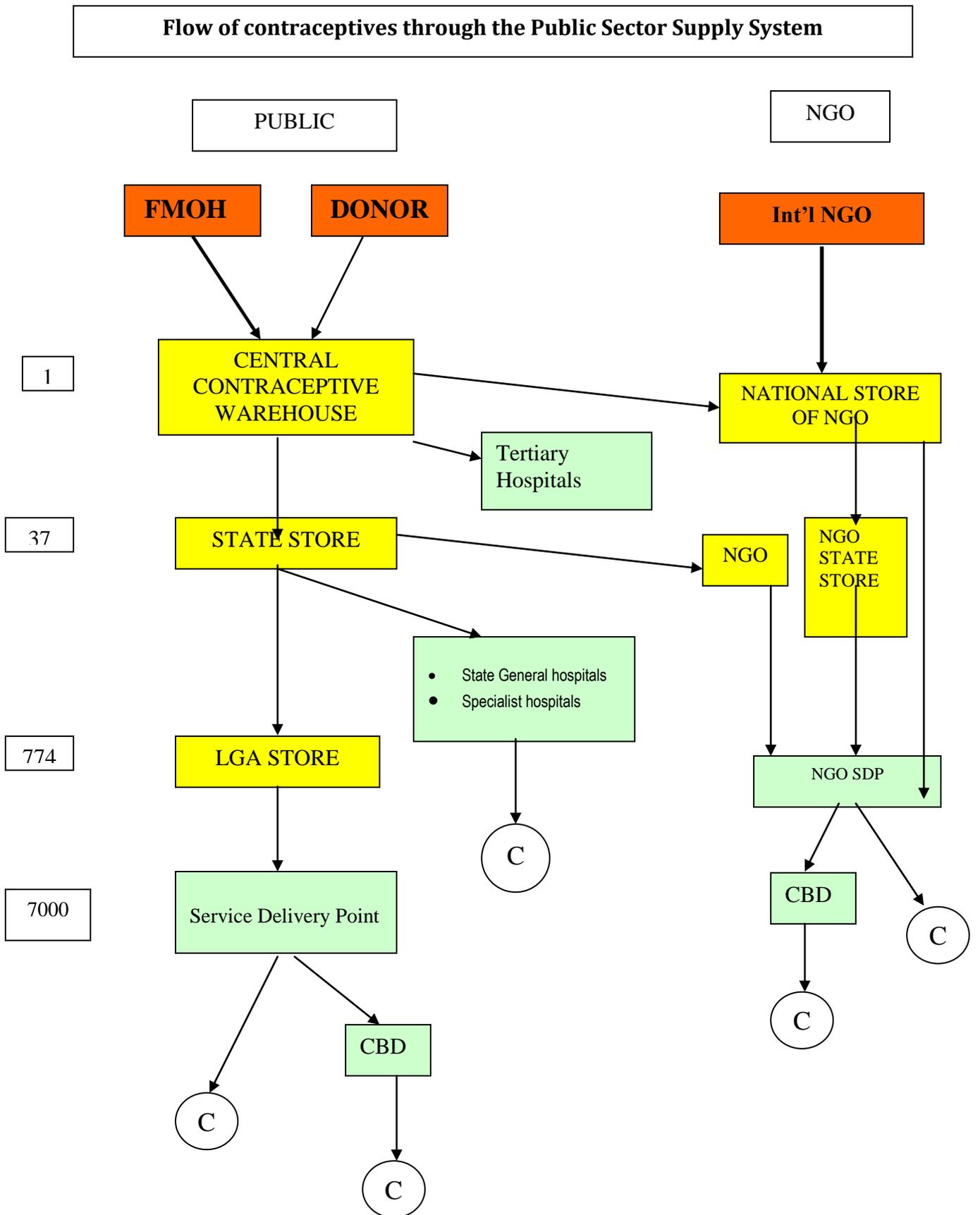
The system serves the public health sector including contraceptive stores at State and LGA levels, SDPs at teaching, general and specialist hospitals, and primary health care facilities and CBD agents.

Not-for-profit NGOs, such as PPFN, ARFH and STOPAIDS Organization may also purchase contraceptives through the system. (Private hospitals)

To be eligible, NGOs must be registered as a not-for-profit and possess authorisation to operate in the health system. They also must submit the required LMIS forms. NGOs may access supplies at the level that is most appropriate (e.g. national NGOs can purchase at the central level, state NGOs at state stores). PPFN will source all its contraceptive supplies from the central level. Additionally, NGOs will be directed by the FMOH to the store where to collect their supplies. NGOs will pay the same price for their supplies as charged to public facilities purchasing at the same level (See Figure 2.1.).

Private pharmacies and for profit outlets are not eligible to purchase their supplies through this system. Instead they can use the social marketing or other private sector sources for contraceptives.

Figure 2.1



4. The Cost Recovery System

The cost recovery system operates as contraceptive commodity revolving fund with small margins that can supplement transportation, supervision and other administrative costs at the different levels of the system. Each level from state stores down will receive initial seed stock from the central level. They will use the funds earned through the sale of the seed stock to purchase required contraceptives from the next level up. The client and CBD agent will pay the SDP, the SDP will pay the LGA store, the LGA store will pay the state store and the state will pay the central contraceptive warehouse. At the central level, the funds earned will be used to purchase a portion of the public sector's future contraceptive needs. The system is similar to the drug revolving funds established under the Bamako Initiative. It varies only in the separate tracking of repurchase and margin funds and the fact that the prices remain fixed. The pricing structure, use of funds and management of the system are detailed below.

4.1. The pricing structure

Under the cost recovery system no contraceptives will be provided free-of-charge with no allowance for exemptions. The price structure begins with the premise that contraceptives must be affordable for the clients. As such, the prices charged to clients will remain equal or lower than those charged under social marketing, private sector and not-for-profit NGOs. Each level will add a small margin to the price it paid for the commodities when it sells to the next level. Use of this margin is described in the next section. The sales prices for the various contraceptives at the different levels of the system are provided in Table 4.1.

Table 4.1: Sale Prices in Naira at Each Level

Nr	Product Name		Central	State	LGA	SDP to	
						CBD	Clients
1	Condom Female	Piece	0.6	0.65	0.7	0.85	1
2	Condom Male	Piece	0.6	0.65	0.7	0.85	1
3	Depo-Provera 150 mg inj. + syringes	Vial	30	35	40	--	60
4	Exluton/Microlut/Ovrette	Cycle	9	10	11	13	15
5	IUCD	Piece	60	65	70	--	100
6	Lo-Femenal	Cycle	9	10	11	13	15
7	Microgynon	Cycle	9	10	11	13	15
8	Noristerat 200 mg inj. + syringes	Amp	30	35	40	--	60
9	Implanon Implant	Piece	400	500	600	--	800
10	Jadelle Implant	Piece	400	500	600	--	800
11	Syringe disposable 2ml 21G needle*	Piece					
12	Gloves disposable latex medium	Box/100	320	350	400	-	**
13	Mama Kit	Set	330	380	430	465	500

* The cost of syringes is included in the price of the injectables

** The cost of gloves can be included in the service or, when required, charged at 5 Naira

Prices will remain the same for a period of at least two years. Information of new prices and the forms with those prices will be distributed at least 4 months before their application.

4.2. The Use of Cost Recovery funds

The amount earned from the sale of commodities will be divided into two parts. Most of the amount earned will be used to purchase future commodities. The remaining amount, called the margin, will be used to fund other activities specified below. This is true of all levels and both parts are fixed by the pricing structure as shown in Table 4.2.

Table 4.2: Commodity Re-Supply and Margin Amounts in Naira

Nr	Product Name	Unit	Central		State		LGA		SDP		
			Re-supply	Margin	Re-Supply	Margin	Re-Supply	Margin	Re-Supply	Margin CBD	Margin Clients
1	Condom Female	Piece	0.55	0.05	0.60	0.05	0.65	0.05	0.70	0.15	0.30
2	Condom Male	Piece	0.55	0.05	0.60	0.05	0.65	0.05	0.70	0.15	0.30
3	Depo-Provera 150 mg inj. + syringes	Vial	27	3	30	5	35	5	40	--	20
4	Exluton/Microlut/Ovrette	Cycle	8.5	0.50	9	1	10	1	11	2	4
5	IUCD	Piece	55	5	60	5	65	5	70	--	30
6	Lo-Femenal	Cycle	8.5	0.50	9	1	10	1	11	2	4
7	Microgynon	Cycle	8.5	0.50	9	1	10	1	11	2	4
8	Noristerat 200 mg inj. + syringes	Amp	27	3	30	5	35	5	40	--	20
9	Implanon Implant	Piece	350	50	400	100	500	100	600	--	200
10	Jadelle Implant	Piece	350	50	400	100	500	100	600	--	200
11	Gloves disposable latex medium	Box of 100	300	20	320	30	350	50	400	-	100
12	Mama Kit	Set	280	50	330	50	380	50	430	465	500

When taken with the sales price this table indicates the amount of each sale that can be used for re-supply and the amount that comprises the margin. For example, a client will pay 60 Naira for Depo-provera. Of this amount, the SDP will use 40 Naira for re-supply and 20 Naira, representing the margin, for other activities. Use of the margin amount is described in Table 4.3.

Table 4.3: Use of Margin Amounts at Each Level

Level	Margin Use
CBD Agent	<ul style="list-style-type: none"> • Cost of operations and incentive
SDP	<ul style="list-style-type: none"> • 50% as incentive to the provider • 50% to cover transportation of commodities and other exceptional administrative costs associated with the logistics
LGA Store	<ul style="list-style-type: none"> • Transportation of commodities • Supervision of the SDPs • Administration of the stores
State Store	<ul style="list-style-type: none"> • Supervision of local government stores • Administration of the warehouse
Central contraceptive warehouse	<ul style="list-style-type: none"> • Transportation of commodities • Supervision activities • Administration of the logistics system

The margins are used to supplement the funds budgeted by Government for transportation and supervision. Other administrative costs directly related to the supply of contraceptives can be funded with this margin but only as an exception. The margins alone are not sufficient to cover the full cost of items listed.

The remaining cost recovery funds will be used for repurchase of contraceptives. No other expenses will be authorized with this part of the recovered funds. At the central level the re-supply funds will be used for procurement of commodities through the UNFPA procurement services. The funds will be transferred three times a year to the UNFPA account and UNFPA will provide the Director of Family Health Department with a statement of the account twice a year and on request. All other levels will purchase their contraceptives from the higher level.

4.3. Management of Cost Recovery Funds

The procedures for the management of the cost recovery system are based on those used for the drug revolving funds under the Bamako Initiative. The steps to ensure appropriate financial management and accountability of the funds at the various levels of the system are described in Table 4.4. Funds may only be used upon approval by appropriate officers of government. These funds should not be co-mingled with other funds and should remain accessible for the contraceptive supply system. Accounts will be audited using appropriate government procedures.

Table 4.4: Management of Contraceptive Cost Recovery Accounts (CCRA)

Level	Management Steps	Approval	Signatories
Central Store	<ul style="list-style-type: none"> • Open a separate Federal-CCRA account dedicated for contraceptives. • Deposit all funds earned from contraceptive sales • Funds equaling the margin will be withdrawn to cover costs specified above • Funds up to Naira 50,000 will be put in petty cash/imprest • Funds for purchase of contraceptives should be remitted to the UNFPA account for procurement of contraceptives • Maintain cash book for petty cash including receipts 	<ul style="list-style-type: none"> • For amounts from N 30,000 to N 1,000,000 approved by Permanent Secretary • For amounts less than N30,000 approved by Director of Finance and Accounts 	<ul style="list-style-type: none"> • Director DFH/ Director of Finance and Accounts as “A” signatories • Head RH/ AD Accounts as “B” signatories

Level	Management Steps	Approval	Signatories
State Stores	<ul style="list-style-type: none"> • Open separate State-CCRA account dedicated to contraceptives • Deposit all funds earned from contraceptive sales • Funds for purchasing re-supply of contraceptives will be held in account until the next ordering period • Funds equaling the margin may be withdrawn and put into petty cash to cover costs specified above • Maintain cash book for petty cash including receipts 	<ul style="list-style-type: none"> • All withdraws from account must be approved by the Permanent Secretary 	<ul style="list-style-type: none"> • DFS/ DPHC as “A” signatories • FP coordinator as “B” signatory
LGA Stores	<ul style="list-style-type: none"> • Open separate LGA-CCRA account dedicated for contraceptives • Deposit funds earmarked for re-supply of contraceptives in the account. These funds should be held until next ordering period when they will be utilized for purchasing required contraceptives. • The margin funds should be kept as petty cash and utilized as described above • Maintain cash book for petty cash including receipts 	<ul style="list-style-type: none"> • All expenditures must be approved by the Chairman of the LGA 	<ul style="list-style-type: none"> • PHC Coordinator and Treasurer as “A” signatories • FP Supervisor as “B” signatory
SDP	<ul style="list-style-type: none"> • Deposit funds in cash box • Record income and expenditures in cash book • Retain funds earmarked for re-supply until next ordering period when they will be utilized for purchasing required contraceptives. • Utilize margin as described above, retaining receipts for expenditures 	<ul style="list-style-type: none"> • All expenditures must be approved by the Service Provider in Charge 	Cash box should be handled by the Service Provider in charge and deputy

5. Inventory Management and Distribution

5.1. Calculation of the Average Monthly Consumption and Minimum Stock Quantities

Stock status can be represented in two ways. A physical inventory will provide the absolute quantity of stock available. However, in managing stocks of contraceptives it is more useful to know how long the stocks will last. Knowing this allows storekeepers and providers to tell if they have sufficient supplies to last until the next order period. To facilitate inventory management and ordering, the CLMS provides minimum and maximum stock volumes for each level of the system. This is expressed in months of supply. To determine the maximum stock quantities at each level you need to calculate the average monthly consumption/issues (AMC).

The **AMC** is calculated by dividing consumption by the number of months the supplies were consumed. For example: dividing the yearly consumption by 12 or the quarterly consumption by 3. It is best to use a longer period of time to calculate AMC as this limits the impact of short-term fluctuations.

$$\text{Average Monthly Consumption} = \frac{\text{Yearly Consumption}}{12 \text{ Months}}$$

For example, if an SDP distributed 254 vials of Noristerat in a year, their AMC would be 22 vials (254 vials divided by 12 months equals 21.1667 and rounded up for complete vials).

For SDPs consumption data are available from the Daily Consumption Record. For LGA, State Stores and the Central Contraceptive Warehouse, issues data are available from the Tally Cards.

Once the AMC is calculated for each product it is easy to determine the **minimum and maximum stock quantities**. The minimum stock quantity equals the AMC multiplied by the minimum months of supply while the maximum stock quantity equals the AMC multiplied by the maximum months of supply specified in Table 5.1 below. Using the example above, SDPs should have a maximum of four months of supply so the maximum stock quantity for Noristerat is 88 vials (22 vials (AMC) multiplied by 4 months (maximum months of supply)). Figures will be rounded up to the next zero or packing unit to make ordering easier (Maximum stock quantity for Noristerat would be 90).

Supervisors will calculate the AMC at the each level during their supervisory visits using the consumption monitoring form as part of the standard supervision reporting. This consumption quantity should be adjusted to take into account the number of months with a stock-out and an expected increase in contraceptive requirements due to planned activities to increase distribution/sales.

5.2. Maximum Months of Supply and Distribution Frequency

The distribution frequency has been determined by several factors including contraceptive use at each level, required transport time, available storage space, transport cost, ensuring continuous availability, minimizing the risk of expiry losses and the cost of filling the pipeline.

Its proposed supply frequency is:

- Once a year for the central store
- Every four months for the State stores
- Every three months for the Local Government stores
- Every two months for the Service Delivery Points

Table 5.1: Stock levels in the contraceptive supply chain

Level of storage	Supply frequency	Maximum stock
Central warehouse	Annual	18 months
State store	4 months	8 months
Local Government store	3 months	6 months
SDP	2 months	4 months
Community BD	1 month	1 month

5.3. The Distribution Calendar

The strict use of a standardized distribution calendar is essential for the functioning of a logistic system. It allows the system to:

- plan and organise the distributions,
- determine maximum stock levels,
- calculate the standard order quantities,
- improve budgeting and financial planning,
- improve the use of human resources.

The standard distribution calendar facilitates the continuous availability of contraceptives at every level of the supply chain.

Each store will prepare a standard distribution calendar according to the example presented in Table 5.2 below. This distribution calendar will be prepared at the first training and reviewed during annual meetings or supervision visits.

Table 5.2: Example of distribution calendar

Distribution calendar for different levels of the supply chain														
N°	Name	Type	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
			1	State 1	Store			*	*			*	*	
2	State 2	Store			*	*			*	*			*	*
3	State 3	Store			*	*			*	*			*	*
37	State 37	Store			*	*			*	*			*	*
38	NGO central	NGO			*				*				*	
	Clients State Store1													
1	Local gov A	Store		*			*			*			*	
2	Local gov B	Store		*			*			*			*	
3	Local gov C	Store		*			*			*			*	
14	Local gov N	Store		*			*			*			*	
15	NGO store	NGO		*			*			*			*	
	Clients LGA Store1													
1	SDP 1	Disp	*		*		*		*		*		*	
2	SDP 2	Disp	*		*		*		*		*		*	
3	SDP 9	Disp	*		*		*		*		*		*	
	Associates SDP 1													
1	CDB 1	Pers	*	*	*	*	*	*	*	*	*	*	*	*
2	CDB 5	Pers	*	*	*	*	*	*	*	*	*	*	*	*
	Central store	Store				*			*			
				order month										
			*	supply month										

5.4. Ordering and issuing of contraceptives

The Requisition and Issue Report Form (RIRF) will be used to prepare orders for contraceptives. SDPs and stores will fill the RIRF using past consumption data, maximum and existing stock quantities. Stores will use data from the tally cards and SDPs will use data from the daily consumption record. Xx Products will only be reordered if their stock on hand falls below the maximum stock level xx. Quantity of each commodity to be ordered will be determined by how much is required to bring up stock level to maximum. The total cost of each order will be calculated to facilitate payment. All orders are only issued on a “cash and carry” basis.

Store officers will issue the full amount of required quantities as long as the forms are filled correctly and the payment is made.

The RIRF is used for ordering and issuing as well as invoice. The data on this form will be fed into the logistics management information system.

5.5. Storage

The purpose of storage is to protect the quality of contraceptives and to preserve the integrity of their packaging while at the same time making them available for use. If not stored properly the shelf life, the length of time a product may be stored under ideal conditions without affecting its quality may be shortened. When a product reaches the end of its shelf life, it has expired and should not be distributed.

Besides maintaining proper storage procedures, expiry of contraceptives can be avoided by:

- Using the LMIS handbook instructions for ordering contraceptives and the adherence to the supply/distribution calendar.
- Distributing contraceptives according to First Expiry, First Out (FEFO). Expiry dates of incoming stock will be checked and stocks will be arranged on the shelves or pallets so that those with the closest expiry date will be distributed first.

Expiry dates will be checked during each supervisory visit using the inventory control form. Stores may no longer distribute products expiring within 4 months (except after an informed decision/agreement of the client/purchasing store or SDP).

Expired products will be stored separately and returned to the state stores for destruction according to the guidelines of the National Agency for Food, Drug Administration and Control (NAFDAC).

Storing products **alphabetically** is the easiest approach to standardise storage. This method facilitates the reception and distribution activities as well as supervision.

Annexes 1 to 3 on *storage conditions and contraceptive quality* contain important information on the proper **storage conditions for contraceptives**. The storage conditions will be verified during every supervision visit through a specific checklist. This checklist also provides guidance to service providers and store officers on good storage practices and visual indications on quality of contraceptives.

6. The Logistics Management Information System

The logistics management information system is a vital part of the logistics system. Its purpose is to collect, organize, and report data that will be used to make logistics decisions to improve product availability at the service delivery points.

Products in a supply chain are stored, moved, or consumed. To monitor products in CLMS at all times, we have multiple management tools for logistics management, for supervision of logistics activities and for the financial management of the cost recovery system.

These tools are used to collect data items required to run the logistics system

- ◆ The consumption/distribution of contraceptives over a given period
- ◆ The quantities ordered and received
- ◆ The funds collected and disbursed and the margins, per level of the supply chain

The summary table below describes the purpose of each tool and users in the system of each tool. The definition of each tool, the data items gathered by the tool and instructions on how to fill each tool is detailed in the management tools section.

Table 6.1: Summary table of management tools in CLMS

Management tools	Purpose
Requisition, Issue and Report Form	To record information about movement of stock from one facility to another To provide information on quantity issued at all levels of the system To provide consumption data from SDP
Daily Consumption Record	To collect consumption data and allow the calculation of the (xx minimum stock quantity at the end of each year
Supervision Checklist for SDP	To monitor logistics activities and supervise personnel on carrying out their logistics responsibilities
Feedback Report	To document and communicate major findings and recommendations to supervisee and their superior officers
CBD Voucher	To collect information on quantity sold/issued to CBDs
Cost Recovery Record for SDP	To track sales, margin and cost recovery for re-supply on a monthly basis for SDP and on a regular reporting basis for stores
Cash Book	To track cash receipts and expenditure as well as derive the cash balances for Re-Supply and Total Margin available at the end of any particular Review Period, that is, at the end of each month

6.1: Information recording and reporting

Information on storage and stock in the SDP as well as daily issues to clients and CBDs will be recorded in the Daily Consumption Record.

Transactions of issues and receipts in the system are made using the Requisition, Issue and Report Form. This form is filled out each time an order is placed and issued.

Service delivery points fill in columns A-I and K of the RIRF and the remaining columns (shaded) will be filled by the supplier.

Financial management will be done using the Cost Recovery Record and the Cash Book. The Cost Recovery Record will be kept in each facility and will be filled on a monthly basis at the SDP level.

7. The Management Support Tools

The purpose of the management tools is to:

- Provide basic tools to move and monitor supplies through the supply chain
- Produce the information needed to improve customer service by improving the quality of management decisions
- Provide essential data for forecasting
- Simplify LMIS forms to minimise error and to standardise the collection and management of data
- Strengthen monitoring and supervision to ensure the functioning of logistics system and ensure availability of quality contraceptives to clients.

The management tools in the CLMS at SDP level include:

- The Requisition, Issue and Report Form
- The Daily Consumption Record
- The CBD Voucher
- The Cost Recovery Record for SDP
- Cash Book
- The Supervision Checklist for SDP

7.1 REQUISITION, ISSUE AND REPORT FORM – SERVICE DELIVERY POINTS

Form	Definition	Purpose	Data items	Frequency of use	Users
Requisition, Issue and Report Form – Service Delivery Point	The order and reporting form is a transaction record; it will also serve as an invoice and packing slip	To record and report information about movement of stock from one level to another. To provide information on quantities dispensed losses and availability of stock at the SDP.	Consumption Physical Count Losses Quantity ordered Quantity issued Value of Commodities Ordered Value of Commodities Issued	Every two months	Service delivery points COPIES: Original – SDP 1 st Copy – LGA 2 nd Copy – State 3 rd Copy - Central

How to fill in the requisition, issue and report form?

All columns have to be completely filled by the person responsible for managing contraceptives for the transaction to be completed. Product names, presentation and unit prices are pre-printed for easy reference.

Steps	Actions	Notes
1	Reporting Period Starting Month Ending Month Year	Enter the Starting Month of the Reporting Period, e.g., January Enter the Ending Month of the Reporting Period, e.g., February Enter the Year of the Reporting Period, e.g., 2006
2	SDP Name LGA State	Enter the name of the SDP. Enter the name of the SDP's LGA. Enter the name of the SDP's State.

COLUMNS A TO L ARE TO BE FILLED BY THE ORDERING SERVICE DELIVERY POINT

Steps	Actions	Notes
3	Stock balance at the beginning of the 2 months (Column A)	When you start a new form, stock balance at the beginning of the 2 months (A) must always be equal to Physical Count (F) from the preceding reporting period's RIRF.
4	Quantities received during the last 2 months (Column B)	Quantities received during the last 2 months should be equal to Quantity Supplied (Column M) from the preceding reporting period's RIRF plus any additional commodities received through loans or emergency orders.
5	Consumption over the past 2 months (Column C)	Equal to the sum of Quantities Sold/Month (Column E) of the Daily Consumption Records for the immediate past two months (e.g., if you are reporting on March 1, the immediate past two months are January and February).
6	Losses (Column D)	Equal to the sum of Quantity Lost (Column F) of the Daily Consumption Records for the immediate past two months (e.g., if you are reporting on March 1, the immediate past two months are January and February). Losses include things like breakages, expiries, damages, theft and other things that render commodities unsuitable for use.
7	Stock on Hand (Column E)	Stock on Hand (Column E) is a calculated value used for monitoring purposes, calculated as follows $E = A + B - (C + D)$ This should be equal to the Close Balance (Column G) of the Daily Consumption Record from the month immediately preceding the report (e.g., if you are reporting on March 1, the immediately preceding month is February).

Steps	Actions	Notes
8	Physical Count (Column F)	At the end of the 2-month reporting period, before any commodities are dispensed in the new reporting period, count all commodities in the facility wherever commodities are kept. If there is any discrepancy between Column E and Column F please note the reason for the discrepancy in the Comments Box at the bottom of the form.
9	Average monthly Consumption (AMC, Column G)	AMC = Consumption over the past two months (Column C) divided by 2. G = C ÷ 2
10	Maximum Quantity (Column H)	Maximum Quantity is the maximum stock level a facility should have at any given time. This level should not be exceeded (over stock). At the SDP level, this is equal to four months' of average monthly consumption. H = G x 4
11	Order Quantity (Column I)	The Order Quantity is equal to the Maximum Quantity (Column H) less the Physical Count (Column F). I = H – F
12	Value of item ordered (Column L)	Multiply the Order Quantity (Column I) by the Unit Price in Column K to calculate the Value of item ordered (Column L). L = I x K When all rows are completed, calculate the total of all the rows in Column L and enter this sum at the bottom next to the word TOTAL .

COLUMNS M AND N ARE TO BE COMPLETED BY THE LGA RH SUPERVISOR

Steps	Actions	Notes
13	Quantity Supplied (Column M)	The Quantity Supplied is equal to the quantity issued by the LGA store to the SDP.
14	Value Supplied (Column N)	<p>Multiply the Quantity Supplied (Column M) by the Unit Price in Column K to calculate the Value of item supplied (Column N).</p> <p>N = M x K</p> <p>When all rows are completed, calculate the total of all the rows in Column N and enter this sum at the bottom next to the word TOTAL.</p> <p>The payment made by the service provider should reflect the value of the commodities received (sum of Column N) and NOT the Value of items ordered (sum of Column L)</p>

“REQUISITION” Section

Steps	Actions	Notes
15	Prepared by	Signed and dated by the service provider who has completed columns A to L
16	Authorized by	Signed and dated by the most senior service provider at the SDP.

“ISSUE” Section		
Steps	Actions	Notes
17	Prepared by	Signed and dated by LGA RH Supervisor
18	Supplied by	Signed and dated by either the Store Officer or by the LGA RH Supervisor
19	Received by	Signed and dated by the service provider who receives the commodities

“COMMENTS” Section		
Steps	Actions	Notes
18	Comments	The comments section can be used by the Service Provider to provide any additional information such as explanations for losses or discrepancies between the Stock on Hand and the Physical Count. It may also be used by the LGA RH Supervisor to provide any needed notes or comments related to supply problems.

REQUISITION, ISSUE AND REPORT FORM - SERVICE DELIVERY POINTS

Reporting Period		Starting Month				Ending Month				Year						
SDP Name						LGA						State				
Columns		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
N°	Product Description	Stock balance at the beginning of the 2 months	Quantities received during the last 2 months	Cons over the past 2 Months	Losses	Stock on Hand	Physical Count	AMC	Max Qty	Order Quantity	Unit	Unit Price	Value item ordered	To Be completed by the supplier.		
						A+B-(C+D)		C + 2	G × 4	H - F				Qty Supplied	Value Supplied	
1	Condom Female										Piece	0.7				
2	Condom Male										Piece	0.7				
3	Depo-Provera 150 mg inj.+ syringe										Vial	40				
4	Exluton/Microlut/Ovrette										Cycle	11				
5	IUCD										Piece	70				
6	Lo-Femenal										Cycle	11				
7	Microgynon										Cycle	11				
8	Noristerat 200 mg inj. + syringe										Amp.	40				
9	Implanon Implant										Piece	600				
10	Jadelle Implant										Piece	600				
11	Gloves disposable latex medium										Box of 100	400				
										TOTAL		TOTAL				
REQUISITION							ISSUE									
Prepared by		Date				Prepared by		Date				Date				
						Supplied by		Date				Date				
Authorized by		Date				Received by		Date				Date				
Comments:																

* When you start a new form, stock balance at the beginning of the 2 months (A) must always be equal to Physical Count (F) from the preceding reporting period's RIRF

7.3: Daily Consumption Record

Form	Definition	Purpose	Data items	Frequency of use	Users
Daily Consumption Record	A combined consumption and stock-keeping record that tracks the daily quantity sold to clients, records a summary of quantity sold to CBDs and records the beginning balance and the quantities received in a particular month.	To summarize consumption data, track stock levels and facilitate the calculation of reorder quantities.	Beginning Balance Quantity Received Quantity sold to clients on a daily basis Quantity sold to CBDs on a monthly basis Quantity Lost	Daily Monthly summary Every two months, data from the Daily Consumption Records from two months are used to complete the RIRF.	Service delivery points
How to fill in the Daily Consumption Record?					
Steps	Actions			Notes	
1	Record the month and year				
2	Record the State and LGA and SDP name				
3	Beginning balance: Enter the beginning or opening balance (equal to the closing balance of the previous month's DCR)			From column G of the previous month's DCR	
4	Quantity received: Enter the quantity received during the month			From RIRF form, every second month. Any emergency orders, donations from other sources or loans from another facility during the month would also be included in Quantity received. Loans between SDPs are discouraged because contraceptives should always be obtained from the LGA store. Loans should be exceptional and explained using the comments column on this form and the RIRF Comments section.	
5	Quantity sold 1 through 23: Enter daily the quantities of each product sold to clients taken from the FP client record.			Number of working days in a month varies from 20 to 23	
6	Quantity sold client: Sum the quantity sold each day for each product and enter it in column C.			$C=Q1+Q2+\dots Q21+Q23$	

Steps	Actions	Notes
7	Quantity sold CBD: Sum the quantity dispensed to CBD agents from the CBD vouchers from the current month and enter the sum in column D.	
8	Quantity sold during the month: Sum the quantity sold to clients (column C) and the quantity sold to CBD Agents (column D) and enter the sum in column E	E=C+D
9	Quantity lost during the month: Enter any quantity lost due expiration or damage (Column F).	Losses include things like breakages, expiries, damages, theft and other things that render commodities unsuitable for use. Loans out to other facilities would also be included as a loss in column F, but these should be exceptional and explained with a comment on this form and in the RIRF comments section. Loans between facilities are discouraged because contraceptives should always be obtained from the LGA store.
10	Closing balance: Enter the closing balance by adding the beginning balance to the quantity received minus the quantity sold during the month minus the quantity lost	G=A+B-(E+F)
11	Comments: Note any comments in this column	Comments should highlight any unusual transactions such as emergency orders, donations from other sources or loans from another facility during the month or supply problems requiring assistance from the LGA RH Unit. Comments can be communicated through the RIRF, other communications or during supervision visits. Additional comments may be attached to this form for the SDP's records or to the RIRF as needed.

DAILY CONSUMPTION RECORD											MONTH			YEAR					
STATE				LGA				SDP											
				Quantity sold on every working day											Quantity sold month				
N°	Product Name	Unit	Begin Bal	Qty Rec'd	1	2	3		19	20	21	22	23	To Client	To CBD	Total	Qty Lost	Close Balance	Comments
			A	B	Q1+Q2+Q3+.....Q22+Q23= C									C	D	E	F	G	
																C+D		A+B-E-F	
1	Condom Female	Piece																	
2	Condom Male	Piece																	
3	Depo-Provera 150 mg inj.+ syringe	Vial																	
4	Exluton/Microlut/Ovrette	Cycle																	
5	IUCD	Piece																	
6	Lo-Femenal	Cycle																	
7	Microgynon	Cycle																	
8	Noristerat 200 mg inj. + syringe	Ampoule																	
9	Implanon Implant	Piece																	
10	Jadelle Implant	Piece																	
11	Gloves disposable latex medium	Pair																	

7.4: CBD Voucher

Form	Definition	Purpose	Data items	Frequency of use	Users
CBD Voucher	A receipt of quantity issued to the CBDs	To collect information on quantity issued to CBDs and of funds received form the sale of these items	Quantity issued (sold) to CBDs Cash receipts	Every time products are sold to CBD Every month the quantities purchased by CBD agents are summed to complete column D of the Daily Consumption Record	Service Delivery Points
How to fill in CBD Voucher?					
Steps	Actions				Notes
1	Date: Enter the date that the products are being issued to the CBD Agent				
2	CBD Agent Name: Enter the name of the CBD agent				
3	Quantity Purchased: Enter the quantity purchased by the CBD agent				
4	Unit Price and Margin: Pre-printed on the form				
5	Total Cost and Total Margin: Enter the total cost and total margin by multiplying the quantity purchased by the unit price (total cost) and the quantity purchased by the margin (total margin)				The total margin is the amount the CBD agent can use to cover operating costs
6	Total to be paid and Total: Enter the sum of the total cost of each product and the sum of the total margin for each product.				
7	Received from: Enter the name of the CDB agent				
8	The sum of: Write in the sum of the amount paid				
9	Issuer's Signature: Sign the voucher and give the original to the CBD agent and keep a copy				

CBD VOUCHER

Date: _____

Name of CBD agent: _____

Product Name	Unit	Quantity Purchased	Unit Price	Total Cost	Margin	Total margin
1 Condom Female	Piece		0.85		0.15	
2 Condom Male	Piece		0.85		0.15	
3 Exluton	Cycle		13		2	
4 Lo-Femenal	Cycle		13		2	
5 Microgynon	Cycle		13		2	
Total to be Paid					Total Margin	

Received from _____

The Sum of _____ Naira _____ Kobo

Naira		Kobo	
-------	--	------	--

Issuer's Signature _____

7.5: The Cost Recovery Record - SDP

Form	Definition	Purpose	Data items	Frequency of use	Users
The Cost Recovery Record	A form that collects information on the sales and margins	To track sales, margin and cost recovery for re-supply on a monthly basis	Quantities of contraceptives sold	Every month	Service delivery points
How to fill in the Cost Recovery Record?					
Steps	Actions				Notes
1	SDP, LGA and State: Enter the information that describes the location of the facility				
2	Facility name: Enter the name of the facility				
3	Reporting Period/Month, Year: Enter the month and year of the period covered by the form				
4	Quantity sold: Enter the quantity sold to clients during this period. For SDPs, this information can be collected from the Daily Consumption Record.				.
5	Unit price: This will be pre-printed for each level of the system				EEDEFGRG
6	Sales value: Calculate the sales value by multiplying quantity sold (column A) by the unit price (column B)				$C = A \times B$
7	Supply cost: This will be pre-printed for each level of the system.				
8	Supply value: Calculate the supply value by multiplying the quantity sold (column A) by the supply cost (column D).				$E = A \times D$
9	Margin: This will be pre-printed for each level of the system				
10	Margin value: Enter the margin value by multiplying margin by the quantity sold.				$G = A \times F$
11	Comments: Note your comments under this column.				
12	Total sales to clients value, supply value and margin value are calculated by adding the respective columns				
13	1. Sales to client: Column H, Row 1 equals the Column E Total . Column I, Row 1 equals the Column G Total . Column J, Row 1 equals the sum of Column H, Row 1 and Column I, Row 1.				$1J = 1H + 1I$
14	2. Sales to CBD: Column J, Row 2 = the sum of all the “Total to be Paid” values from the CBD vouchers from the current month Column I, Row 2 = the sum of the “Total margin” values from the CBD vouchers from the current month Column H, Row 2 = Column J, Row 2 minus Column I, Row 2				$2H = 2J - 2I$ Note that the operations in the Sales to CBD row go from right to left.

Steps	Actions	Notes
15	3. Total: Sum columns H, I and J	
16	Incentive for provider: Divide Ia by 2	Incentive = $Ia \div 2$ NOTE: The Incentive for providers comes only from SDP sales to clients.
17	Transport Margin: Divide Ia by 2 and add Ib	Transport Margin = $(Ia \div 2) + Ib$ NOTE: The Transport Margin includes 50% of the Margin from Sales to Clients plus 100% of the Margin realized from SDP sales to CBDs.

COST RECOVERY RECORD FOR SDP

SDP		LGA			STATE			YEAR		
REPORTING PERIOD		MONTH				YEAR				
N°	Product Name	Unit	Qty Sold	Unit Price	Sales Value	Supply Cost	Supply Value	Margin	Margin Value	Comments
			A	B	C	D	E	F	G	
1	Condom Female	Piece		1		0.7		0.3		
2	Condom Male	Piece		1		0.7		0.3		
3	Depo-Provera 150 mg inj.+ syringe	Vial		60		40		20		
4	Exluton/Microlut/Ovrette	Cycle		15		11		4		
5	IUCD	Piece		100		70		30		
6	Lo-Femenal	Cycle		15		11		4		
7	Microgynon	Cycle		15		11		4		
8	Noristerat 200 mg inj. + syringe	Ampoule		60		40		20		
9	Implanon Implant	Piece		800		600		200		
10	Jadelle Implant	Piece		800		600		200		
11	Gloves disposable latex medium	Pair		10		8		2		
TOTALS		Sales to Clients					Supply Value		Margin Value	

	H	I	J
	Supply Value	Margin Value	Total Funds Received
1. Sales to Clients		(1a)	
2. Sales to CBD		(1b)	
3. Total			
	Incentive for provider	(1a÷2)	
	Transport Margin	(1a÷2)+1b	

7.6 CASH BOOK.

Job Aid on Cash Book

Form	Definition	Purpose	Data items	Frequency of use	Users
Cash Book for CLMS	A form that collects information on receipts from sale of commodities and expenditure over a given period of time	To track cash receipts and expenditure as well as derive the balances (in cash and/or in Bank Account) for Re-Supply and Total Margin available at the end of any particular Review Period	Quantities of contraceptives sold Re-Supply Value Total Margin Expenses on re-supply of commodities Expenses from Margin Amount	Every month for SDPs Every 2 months for LGAs Every 3 months for State Stores Every 4 months for Central Contraceptive Warehouse (CCW)	SDPs LGA Stores State Stores CCW
How to fill in the Cash Book					
Steps	Actions	Notes			
1	Name of SDP; Name of LGA and Name of State: Enter the information that describes the location of the facility	For State Store , enter the name of the State For LGA Store , enter both the name of LGA and the name of the State For SDP , enter the name of the SDP, the name of the LGA as well as the name of the State			

2	<p>Period Covered: This refer the Review Period for which a particular Cash Book is being completed</p> <ul style="list-style-type: none"> ● Month: the month for which the Cash Book is being completed (for SDPs only), e.g. January ● Beginning Month: the first month of the Review Period (for Stores) ● Ending Month: the last month of the Review Period (for Stores) ● Year: i.e. year covering the Review Period 	<p>For SDP, the Cash Book is to be completed at the end of every month</p> <p>For LGA Store, the Cash Book is to be completed at the end of every two months</p> <p>For State Store, the Cash Book is to be completed at the end of every three months</p> <p>For the CCW, the Cash Book is to be completed at the end of every four months</p>
3	<p>Total Sales for this Period (A): Enter the total amount realized from sales of commodities for the Review</p> <p style="text-align: center;">Period under consideration</p> <ul style="list-style-type: none"> - For SDPs; this information can be collected from Row 3J (Total Funds Received) of the Cost Recovery Record for SDP. - For LGAs, States and CCW; this information can be collected from Total Sales Value, Column C of the Cost Recovery Record for each level 	<p>Note:</p> <p>For SDPs, this can be confirmed from the DCR by multiplying quantities of individual commodities “Sold to Clients” with their Unit Prices and adding the Total Amount to the “Total Paid” by CBDs from the CBD Vouchers</p> <p>For the CCW, State and LGA Stores, this can be confirmed from the Tally Card (Quantity Out Column) by multiplying quantities of individual commodities issued with their Unit Prices and then summing up to derive the Total Amount</p>
4	<p>Total Supply Value for this Period (A): This is the total amount required to re-purchase all the commodities sold in this Review Period and can be calculated using the “Supply Cost” on each level’s Cost Recovery Record. CBD Vouchers should be considered if calculating for an SDP.</p> <ul style="list-style-type: none"> - For SDPs; this information can be collected from Row 3H (Supply Value) of the Cost Recovery Record for SDP. - For LGAs, States and CCW; this information can be collected from Total Supply Value, Column C of the Cost Recovery Record for each level 	<p>Note:</p> <p>The steps on no. 4 above can be followed using “Supply Cost” for individual commodities at the various levels</p>

5	<p>Total Margin for the Period (Row A): This represents the amount available for transport and other logistics activities as well as incentives for providers if form is being completed at the SDP level.</p> <ul style="list-style-type: none"> - For SDPs, this is divided into (a) Transport Margin for this Period which can be taken from the Cost Recovery Record for SDP {Transport Margin-(1a /2) + 1b} <p>For the Stores, the Total Margin can be lifted from “Margin Value” in Column G of the Cost Recovery Record for LGA, State or CCW as the case may be</p>	<p>Note: The steps on no. 4 above can be repeated again using value for “Margin” for individual commodities at the various levels</p>
6	<p>Balance Brought Forward from Last Review Period (Row B): This is divided into Total Supply Value and Total Margin Value (for Stores) or Total Transport Margin (for SDPs) and both can be lifted from the corresponding boxes from Column E of the Cash Book for the last Review Period</p>	<p>Note: Column E of the Cash Book is the Balance Carried Down to the Next Period</p>
7	<p>Total Amount available for this Review Period (C): This represents the total sum of money available for use in the SDP whether as Re-Supply or Margin for the Review Period being considered. This is derived by adding the amounts available from the last Review Periods to the amounts generated in the current Review Period under consideration</p>	<p>$C = A + B$</p>
8	<p>Amount Spent in this Review Period (D): Enter the total amount used to purchase commodities in the box for Total Supply Value and enter the total amount spent on transport and other logistics activities in the box for Total Margin for the review period under consideration</p>	
9	<p>Amount Carried Forward to Next Review Period: This can be derived by deducting the amount in Row D from the amount in Row C for both Total Supply Value and Total Margin Value. These figures are to be transferred to the appropriate boxes in Row B, i.e. Balance Brought Forward from Last Review Period, of the next Review Period</p>	<p>$E = C - D$</p> <p>Note: The figures in Row E for the Last Review Period must Tally with the figures in the corresponding boxes in Row B of the Current Review Period being considered</p>

CASH BOOK FOR COST RECOVERY SCHEME FOR SDP				
NAME OF SDP				
NAME OF LGA			STATE	
PERIOD COVERED	MONTH			YEAR
TOTAL SALES FOR THIS PERIOD (=N=)	TOTAL SUPPLY VALUE FOR THIS PERIOD (=N=)		TRANSPORT MARGIN FOR THIS PERIOD (=N=)	INCENTIVE FOR PROVIDER(S) (=N=)
	A			
Balance Brought forward from Last Review Period	B			This space is to be blocked and nothing will be written on it.
Total Amount Available for this Review Period	C (A + B)			
Amount Spent in this Review Period	D			
Balance Carried Forward to Next Review Period	E (C – D)			

7.7: Supervision Checklist

Job Aid on Supervision Checklist

Form	Definition	Purpose	Data items	Frequency of use	Users
Supervision Checklist	A checklist for the supervision of performance on different logistics functions	To monitor logistics activities and supervise personnel on carrying out their logistics responsibilities.	Record keeping Storage conditions	Central Contraceptive Warehouse will be supervised twice a year State Stores will be supervised three times a year LGA Stores and SDPs twice a year	Central Contraceptive Warehouse State Stores LGA Stores Service Delivery Points (SDPs)
How to fill in the Supervision Checklist?					
Steps	Actions			Notes	
1	Choose the appropriate form (store or SDP) depending on the type of facility you will supervise				
2	Enter the location of the facility being supervised and the date the supervision activity is being carried out				
3	Enter the name of the officer in charge of the facility, the telephone number and email address, if available				
4	Personnel: A number of questions have been asked here, answer each question with a yes or no and comment as appropriate using the Comment Column				
5	CBDs Attached; SDPs Reporting and LGAs Reporting: List the CBDs attached to SDP, if an SDP is being supervised. If however, the LGA Store is being supervised, list the SDPs providing service in the LGA and if supervising the State Store, list the LGAs that have SDPs providing service			Note: For both LGA and State Stores answer “Yes or No” to the accompanying questions concerning reporting with the RIRF by SDPs and LGAs respectively	

6	<p>Commodities: Which commodities are usually managed at the facility being supervised? Tick “Yes or No” as appropriate, for the under listed commodity types to indicate whether or not the facility has been managing a given type. The supervisor should also answer the question on Stock Out and calculate the duration of Stock Out, if any, either in weeks or months</p> <p>It is important here to ask the officer in charge questions on commodities being managed and on Stock Out within a specified period of time</p>	<p>Note: If a facility has been managing a particular commodity type but at the time of visit the commodity had been used up, the supervisor should tick YES for that commodity type and treat it as a case of Stock Out. In this case supervisor should tick another YES under Stock Out</p>
7	<p>Availability of LMIS Tools at the Facility: Ascertain whether the LMIS forms that are normally used at the type of facility being supervised are available at the time of visit. Tick “Yes or No” as appropriate and if answer is YES count and write down the quantity available. Also indicate whether or not the available quantity would sufficient for the next Review Period</p>	<p>Note: Supervisor must sight each LMIS for before ticking YES</p>
8	<p>Use of LMIS Form in the Facility: Indicate whether the LMIS tools for facility being supervised are completed as required. Also are they completed correctly</p>	<p>Note: Use Comments Column to write down any observations on each question</p>
9	<p>Storage Conditions: Each question here addresses the conditions under which the commodities are being managed at the facility being supervised and a lot of visual checks/inspections must be made in order to answer each question correctly</p>	<p>Note: Use Comments Column to write down any observations on each question</p>
10	<p>Review of Tally Cards (For Stores-{LGA, State and CCW} only): The use of the Tally Cards for all commodities being managed at a given facility, regular and accuracy of completion of the Tally Cards are addressed here. Supervisor should carefully review each Tally Card and make some calculations before answering the questions</p>	<p>Note: Use Comments Column to write down any observations on each question</p>
11	<p>Calculations: Carefully review the entries in the FIRF of the facility being supervised to ascertain whether the key indices in the ordering process have been correctly calculated by the officer in charge. Answer each of the questions in line with the outcome of your own review</p>	<p>Note: If supervising the SDP, review the RIRF together with the DCR and Inventory Report on next page</p> <p>If supervising a Store, review the RIRF together with the DCR and Inventory Report on next page</p>
12	<p>Review of Income Generation Activities: Review relevant transactions records to ascertain whether information income, expenditure and funds available at the time of supervision visit are correct</p>	<p>Note: Relevant records include Cost Recovery Records, Cash Books, Tally Cards, RIRFs and DCRs (if SDP) as well as Note Books used for detailed cash takings</p>

13	<p>Inventory Report: Conduct physical count of each commodity type being managed in the facility being supervised and enter the result into column for Physical Count in the Inventory Report. Take the balance for each commodity type from the DCR (if SDP) or Tally Card (if Store) and enter it into the column for Quantity Calculated from DCR or Tally Card Balance in the Inventory Report Enter the difference (if any) in the column for “Difference”</p> <p>Using the DCR (for SDPs), calculate and record the Monthly Consumption Tally Card (for Stores) calculate and record the Monthly Issues in line with the Review Periods of LGAs, States and CCW</p>	<p>Note: Using the Monthly Consumptions or Issues perform simple arithmetic to determine AMC, Maximum Quantity and see if they tally with entries in the RIRF</p>
14	<p>Additional Comments or Observations: Write your additional comments and observations. You may also indicate interventions you made in the course of the supervision and make recommendations for further action(s) as appropriate</p>	
15	<p>Name, Signature and Date: The supervisee and a supervisor from each level of the CLMS, where applicable, should sign and date all completed copies of the Supervision Checklist for authenticity</p>	<p>Note: A copy of the completed Supervision Checklist must be left with the supervisee while a copy would be taken for each of the supervising levels for future reference and measurement of progress at the facility</p>

6	CBD Voucher				
7	Daily Consumption Record (DCR)				
8	Cost Recovery Record (CRR)				
9	Requisition, Issue & Report Form (RIRF)				
10	Cashbook				
11	Job Aids available for the CLMS tools				
12	Family Planning Register				
Use of CLMS tools in the SDP. Check the forms and ask questions to confirm skills of Service Provider.					
		Yes	No	Comment	
13	If CBD agents are functioning, is the CBD Voucher being filled?				
14	Does the Service Provider complete the DCR on a daily basis?				
15	Has the Service Provider completed the CRR for the last review period?				
16	Has the Service Provider completed the RIRF over the last review period?				
17	Does the Service Provider know how to aggregate the data on the RIRF?				
18	Has the Service Provider completed the FP register?				
19	Does the data on the FP Register tally with that on the DCR?				
20	Does the data on the DCR tally with that on the RIRF?				
21	Was an emergency order placed in the last review period?				
22	If yes, how many?				
23	If yes, what were the reasons for the emergency order?				
Storage Conditions					
		Yes	No	Comment	
24	Does the SDP have a separate store for contraceptives?				
25	If Yes, is the store secured?				
26	If No, where are the contraceptives kept?				
27	Are all the contraceptives stored & organized in a manner accessible for First-Expiry-First-Out (FEFO)?				
28	Are contraceptives placed on shelves or pallets?				
29	Are cartons stacked away from walls?				
30	Are the labels and expiry dates visible?				
31	Are damaged and expired commodities stored separately?				
32	Are the commodities in good condition (not crushed)?				
33	Is the storeroom well ventilated?				
34	Are all contraceptives protected from direct sunlight & fluorescent lights?				
35	Are all contraceptives protected from humidity?				
36	Are commodities stored at the appropriate				

	temperature?			
37	Is the store visually free from rodents and insects?			
38	Is a fire extinguisher or any item for ensuring fire safety available?			
Calculations				
		Yes	No	Comment (Reporting period of RIRF assessed)
39	Was stock on hand correctly calculated for all contraceptives?			
40	Was AMC correctly calculated for all contraceptives?			
41	Was Maximum Qty correctly calculated for all contraceptives?			
42	Was Quantity ordered correctly calculated for all contraceptives?			
43	Was Quantity supplied equal to Quantity Ordered for all contraceptives?			
Review of Income Generation Activities				
44.	Is the "Quantity Sold" for each of the contraceptives correctly calculated?			
45.	Is the Cost Recovery Record filled correctly for the last Review Period?			
46.	Is the Cash Book correctly filled for the Last Review Period?			
47.	Do figures of Receipts (Total Sales, Re-Supply Amount and Margin Amount) in the Cost Recovery Record correspond to figures in the Cash Book?			
48.	Are Income and Expenditure for the last Review Period balanced on the Cash Book?			
49.	What is the amount collected from sales over the last _____ months?			
50.	How much was spent for re-supply over this period?			
51.	How much was spent for other purpose over this period? (Indicate the use)			
52.	How much is at this time available for Re-Supply?			
53.	How much is at this moment available for Transport and Supervision?			

Use this form to take physical inventory of contraceptives on hand in the SDP. The inventory should be taken together with the Service Provider and other responsible person at the SDP.

INVENTORY REPORT

Product Name	Physical Quantity	Qty calculated from DCR	Difference	Monthly Consumption	
				Month 1	Month 2
1 Condom-Female					
2 Condom-Male					
3 Depo-Provera (150mg inj.+ syringe)					
4 Exluton/Microlut/Ovrette					
5 IUCD					
6 Lo-Femenal					
7 Microgynon					
8 Noristerat (200mg inj.+ syringe)					
9 Implanon Implant					
10 Jadelle Implant					
11 Disposable Gloves latex medium					

Additional Comments or Observations:

Service Provider Name: _____ Signature _____ Date _____

Name of Supervisor 1: _____ Signature _____ Date _____

Name of Supervisor 2: _____ Signature _____ Date _____

Name of Supervisor 3 _____ Signature _____ Date _____

8. Logistics System Monitoring and Supervision

Monitoring and supervision are necessary to ensure the effective and efficient operation of the contraceptive logistics system.

Logistics activities should be monitored on a regular basis to ensure that:

- ◆ Clients are getting the contraceptives they want when they need them;
- ◆ Planned logistics activities are being carried out according to schedule; and
- ◆ All records are correctly maintained and reports are submitted on time.

Logistics personnel should be supervised to:

- ◆ Ensure they have the knowledge and skills they need to effectively manage the logistics system;
- ◆ Identify performance weaknesses and to improve performance by providing immediate on-the-job training as needed; and
- ◆ Ensure that established logistics guidelines and procedures are being followed.

To have effective supervision, supervisors at the appropriate levels must have at least the same knowledge and skills as the people they supervise.

Reviewing records and reports, which often can be done as a desk exercise, can monitor most logistics activities. For example, by checking reports you can determine if a facility is maintaining adequate stock balances or if unusual quantities of contraceptives are expiring or lost.

On the other hand, effective supervision can only take place in the presence of the logistics personnel and at the SDP/store site. Supervisors should plan to spend time supervising, filling reports and verifying actions undertaken on last times recommendations as well as providing on-the-job training at each supervision visit.

On-the-job training is helping to improve staff's performance by demonstrating the correct way to do a task. Effective on-the-job training should take place as soon as a performance problem is identified.

8.1: Guidelines for Logistics Monitoring and Supervision

The following guidelines for supervisors at the appropriate levels of the system will help monitor logistics activities and provide the necessary supervision. Supervision of a store may take around a half-day work per visit, for an SDP around one to two hours should be sufficient for the supervision of logistics functions. This excludes the travel time and time required for logistics arrangements.

A supervision task list (Annex 5) will guide the supervisors in the preparation of the supervision, the actual supervision activities and the follow up

During the supervision visit, the team will prepare a supervision report on the spot leaving a copy with the supervised facility, keeping another copy for the monitoring team and providing a copy of the report to the reproductive health program.

The supervision report for stores and service delivery points will include different sections:

- ◆ The supervision checklist on the storage conditions, record keeping and supervision activities
- ◆ An evaluation of the dispensing/deliveries
- ◆ An evaluation of the workload, activities and cost recovery
- ◆ A manual inventory and monitoring shelf life (mainly for stores)

The report includes a summary of the most relevant findings and recommendations. The results and the follow up of these recommendations will be verified during the next supervision visit.

A standard supervision report form, described in section 7.7 is available in order to facilitate supervision reporting.

Supervision will be conducted using these standardised tools.

1. The Supervision Checklist
2. Feedback Report

9. Roles and Responsibilities

The Department of Family Health (DFH) will be in charge of the activities in the CLMS at the national level. These activities follow the main functions of the system.

Note: DFH refers to the department responsible for the clinical aspects of the population program of the FMOH.

9.1: Forecasting

Forecasting of contraceptive requirements is to be carried out by a forecasting committee of the DFH with inputs from stakeholders. The forecasting committee will include:

- The Director FH
- The Head of RH Division
- The Head Family Planning Branch
- Head Family Planning Logistics Unit
- Central Logisticians in charge of the six Health Zones
- The Central Warehouse Logistician

The CLMS Section will ensure the secretariat of the committee.

9.2: Procurement:

Procurement of contraceptives will be made based on the forecasts determined by the forecasting committee. The Family planning logistics unit of Family planning branch, RH Division Department of Family Health of the Federal Ministry of Health (FMOH) will arrange for procurement of required contraceptives. Funds available for procurement of contraceptives through the cost recovery system, the Government budgetary allocations as well as donor and

other sources will be mobilized to procure contraceptives using UNFPA procurement services. The Family planning logistics Unit, Family Planning branch of the DFH will liaise with UNFPA.

9.3: Clearing of Imported Contraceptives

The Family planning Logistics Unit of DFH will arrange for the clearing of imported contraceptives from the port of entry into the central contraceptive warehouse. Necessary arrangements will be made to obtain a duty free/exemption certificate from the Ministry of Foreign Affairs and NAFDAC for prompt clearing of contraceptives.

9.4: Warehousing and Inventory Control

All contraceptive commodities procured for the public sector will be stored in the Central Contraceptive Warehouse pending their distribution to the 36 states and the Federal Capital Territory (FCT). The Family Planning Logistics Unit, Family Planning Branch, RH Division of the DFH will be responsible for the storage and inventory management at the Central Contraceptive Warehouse.

The Department of Primary Health Care in the State Ministry of Health and the FCT will have responsibility for the storage and inventory control at the state level.

The Department of Primary Health Care in the Local Government Councils will be responsible for the storage and inventory management at the LGA level.

9.5: Transportation and Distribution

The Family Planning Logistics Unit, Family Planning Branch, RH Division of DFH is responsible for the transportation and distribution of contraceptive commodities from the central contraceptive warehouse to the 36 states and the FCT. Funding for transportation will come from government budgetary allocations, supplemented by the cost recovery system.

Local government councils are responsible for collecting their contraceptive supplies from the state stores while service delivery points (SDPs) will in turn collect their contraceptive commodities from the LGA stores.

9.6: MIS and Computerization:

The DFH will be computerized. The Family Planning Logistics Unit will be responsible for the collection and final analysis of the LMIS data at the national level. The analysed data will be forwarded to the appropriate government agency. Same will also be forwarded to Health Planning & Research of FMOH.

The Logistics/ MIS officers will be responsible for collection, collation and forwarding of data from the state, LGA and SDP levels to the higher level. They will also carry out minimum analysis to enable them to determine their required re-order quantities at regular intervals.

9.7: Monitoring and Supervision

The monitoring of the CLMS will be the responsibility of the Family Planning Logistics Unit, the Department of Hospital Services (DHS), Department of Food and Drug Services and other stakeholders including development partners. The Family Planning Logistics Unit will serve as the secretariat.

State level officers together with NPHCDA Zonal Technical Officers (ZTOs) will monitor activities at the LGA and SDP levels on a semi-annual basis.

Monitoring teams shall be responsible for the preparation and submission of monitoring and supervision reports as appropriate. Officers receiving the various monitoring and supervision reports shall have the responsibility for studying such report, giving feedback to the various teams as well as initiating appropriate interventions in response to the findings from the monitoring and supervision exercise.

ANNEXES

LIST OF ANNEXES

- 1. STORAGE CONDITIONS AND CONTRACEPTIVE QUALITY**
- 2. STORAGE GUIDELINES**
- 3. HOW TO AVOID PROBLEMS WITH CONTRACEPTIVE QUALITY**
- 4. JOB DESCRIPTION SUMMARY TABLE**
- 5. PROTOCOL FOR CONDUCTING SUPPORTIVE SUPERVISION**

Annex 1: Storage conditions and contraceptive quality

Type of Contraceptive	Required Storage Conditions	Shelf Life
Oral Contraceptives	Store away from direct sunlight in a cool, dry location.	5 years
Condoms	Below 40°C. No long exposure to high humidity, direct sunlight, fluorescent light, or ozone. Don't store near chemicals.	5 years
Diaphragms	Below 40°C. No long exposure to high humidity, extreme temperatures, ozone, or direct sunlight. Don't store near chemicals.	5 years
Injectables	Below 40°C. Away from direct sunlight. Store vials upright.	4 to 5 years
IUDs	Below 40°C. Protect from direct sunlight and excessive moisture.	7 years
Implanon Implants	Below 30°C. Dry location.	3-5 years
Jadelle Implants	Below 30°C. Dry location.	5 years
Spermicides	Between 15 and 30°C. No extreme fluctuations in temperature or humidity. Cans should be stored in upright position.	3 to 5 years

Annex 2: STORAGE GUIDELINES

AT MEDICAL STORES, PHARMACIES AND SDPs	
TASK:	Storing drugs, contraceptives and other medical supplies
COMPLETED BY:	Pharmacist-In-Charge, Pharmacy Technician/Assistant, Stores Clerk, etc.
PURPOSE:	To protect drugs, contraceptives and other medical supplies quality and package integrity while at the same time making them available for use.
WHEN TO PERFORM:	When drugs, contraceptives and other medical supplies are being stored
STORAGE GUIDELINES	NOTES
(1) Store drugs, contraceptive and other medical supplies separately from office supplies, insecticides, and chemicals.	Drugs, contraceptives and other medical supplies stored separately make them more accessible for distribution. Fumes from insecticides and chemicals may reduce shelf life.
(2) Secure drugs, contraceptives and other medical supplies from water damage.	Water can destroy drugs, contraceptives and other medical supplies or their packaging, making them unacceptable to clients. Repair leaks in storage area.
(3) Store drugs, contraceptives and other medical supplies in a dry, well-ventilated storage area out of direct sun light.	Heat and ultraviolet radiation from sunlight will reduce the shelf life of drugs, contraceptives and other medical supplies.
(4) Store latex products away from electric motors and fluorescent lights.	Electric motors and fluorescent lights produce ozone, which damages latex products.
(5) Clean and disinfect storeroom regularly.	A clean storeroom prevents pests from eating drugs, contraceptives and other medical supplies or their packaging.
(6) Stack cartons <ul style="list-style-type: none"> - at least 10 cm off the floor - 30 cm away from walls - no more than 25 m high. 	Proper stacking promotes air circulation and reduces possible damage from water or moisture. Use shelves or pallets when possible. Limiting stacking height will prevent crushing cartons at bottom of stack and reduce potential injury to personnel.
(7) Store drugs, contraceptive and other medical supplies upright in a manner accessible for FEFO distribution, counting, and general management.	FEFO or "first expiry, first out" is a distribution Procedure where drugs, contraceptives and other medical supplies which are older or which expire soonest are issued to other facilities or dispensed to clients before supplies.
(8) Arrange cartons with arrows upward and identification labels and expiry dates visible.	If shipping cartons do not show expiry dates, determine expiry date from manufacturing date. If outer carton does not have dates, look for date on inner boxes or units. Store cartons with arrows upward to avoid product damage inside. Write expiry dates on cartons in large numbers.
(9) Maintain controlled products in a locked area.	If such products are left in the open they can be stolen or misused.
(10) Store flammable products separately and take adequate precautions.	Flammable products can catch fire if left in the open or exposed to excessive heat.
(11) Separate damaged or expired drugs, contraceptives and other medical supplies.	Damaged or expired supplies take up valuable space and make FEFO distribution difficult. Damaged or expired products should never be given to clients.
(12) Ensure that fire safety equipment is available and accessible.	Working fire extinguishers or buckets of water or sand are appropriate. Fire extinguishers should be checked once a month to ensure they are in working condition.
(13) Ensure security.	It is important to secure drugs, contraceptives and other medical supplies from theft while still making them accessible to authorised personnel.

Annex 3: How to avoid problems with contraceptive quality

It is very important to make sure that the contraceptives are in good condition before they are distributed or are dispensed to users. Contraceptive quality should be checked at several points:

- when they arrive at the storage or service facility;
- immediately before they are dispensed to a contraceptive user;
- if they have been in storage for more than six months or if the storage conditions are poor (for example, high heat or humidity),
- when conducting a physical inventory,
- when the contraceptives are close to their expiration date,
- if the contraceptives show signs of damage.

When you are inspecting the contraceptives, look for the following warning signs.

CONTRACEPTIVE QUALITY WARNING SIGNS

Do Not Use or Distribute If:

Oral Contraceptives

- Pills are visibly damaged (broken, cracked, crumbled, discolored).
- The aluminum packaging for any of the pills is broken.
- The packet is missing any pills.
- There are signs of deterioration (brown spots, pill crushes easily).

Condoms

- Any condom packets in the batch are brittle or otherwise damaged.
- Any condom packets in the batch have yellowed.
- The seal of the condom packet is not intact.

Intrauterine devices (IUDs)

- The sterile packaging has been broken or perforated.
- Any of the product contents are missing from the package.

Note: The effectiveness of copper-bearing IUDs is not damaged if the copper darkens or tarnishes.

CONTRACEPTIVE QUALITY WARNING SIGNS

Do Not Use or Distribute If:

Injectables

- Solid material remains on the bottom of the vial even after vigorous shaking.
- The cap is no longer on the glass vial.

Note: If the contents of the vial have separated, shake the vial immediately before using. The solution must always look milky white, without solid material, to be used.

Implants

- The implant's sterile packaging is broken.
- One or more of the capsules is missing or discolored (not white).
- One or more of the capsules is broken or bent.

Spermicidal Jelly

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

Foaming Tablets

- The package has broken or missing tablets.
- The package is puffy (this indicates a moisture leak).
- The foil laminate has cracks.
- The tablets are discolored (they should be white).
- The tablets are soft, wet, damp, or crumble easily.

Diaphragms

- The package seal is damaged.
- The diaphragm looks dirty (only the service provider needs to check for this).
- The diaphragm shows holes or cracks when held up to a light (only the service provider needs to check for this).

If any products show any of these signs, you will need to examine a sample of the product for these warning signs, set aside the damaged products, and report the problem

Annex 4

JOB DESCRIPTION SUMMARY TABLE

Who	Actions	When
CBD Agent Or VHW	1. Distributes/sells contraceptives to clients in the community	During the Month
	2. Picks up contraceptive supplies from supervisor (e.g. SD provider) at the time of their monthly meeting (and when needed)	Monthly or when needed
	3. Receives <i>CBD Voucher</i> at each pick up of contraceptives.	
	4. Stores/cares for contraceptive supplies in accordance with guidelines.	
Who	Actions	When
Service Delivery Provider at the health facility	1. Distributes contraceptives to clients who come to the Health Centre and completes the <i>Daily Consumption Record</i> .	During the Month
	2. Maintains stock under appropriate storage conditions.	Monthly
	3. Meets with the CBD Agent once per month	
	4. Issues a <i>CBD Voucher</i> at each issue of contraceptives to a CBD Agent.	
	5. Supervises the CBD Agent and provides guidance and on-the-job training.	
	6. Fills the <i>Cost Recovery Record</i> after completing the DMC for the month	Bi-Monthly
	7. Using the information on the <i>Daily Consumption Record</i> , completes his or her portion of the <i>Requisition and Issue Form</i> .	
	8. Prepare Cost Recovery Funds from the margin to fund transport to LGA store and the funds of the re-supply part for the purchase of contraceptives.	
	9. Present the <i>Requisition and Issue Form</i> and the necessary funds covering the cost of the purchase at the LGA store.	
	10. Picks up contraceptive supplies form the LGA store and fills the <i>DCR</i> accordingly.	
Who	Actions	When
LGA store keeper (RH/FP coordinator)	1. Receives <i>Requisition and Issue Forms</i> and the funds for the purchases of contraceptives from each health facility.	During the month
	2. Ensures that <i>RIF</i> for supplies from the health facilities are filled and issued when the facilities come to collect them.	
	3. Maintain <i>Tally Cards</i> as at when supplies are received and issued	
	4. Aggregates the data provided in the reports for the entire LGA on the <i>Store Activity Report</i> and the <i>Store Distribution Report</i>	Quarterly
	5. Completes the <i>Requisition and Issue Form</i> .	
	6. Prepare Cost Recovery Funds from the margin to fund transport to the State store and the funds of the re-supply part for the purchase of contraceptives.	
	7. Submits order for contraceptives for the LGA using the <i>Requisition and Issue Form</i> .	
	8. Transmits the <i>Store Activity Report</i> and the <i>Store Distribution Report</i> to the State FP coordinator	
	9. Picks up stock from the State Store	
	10. Prepares and undertakes supervision visits of all SDP	Bi-annually
	11. Fills <i>Supervision Report Form</i> including the <i>Supervision checklist</i> , the <i>Inventory Report</i> , the <i>Consumption/Distribution Monitoring Form</i> during supervision.	
	12. Recalculates together with the Service Delivery Providers Minimum Stock Level Quantities using the <i>Consumption Monitoring Form</i>	
	13. Verify progress on recommendations of earlier supervision visits and prepare comments and recommendations at the end of the visit.	
	14. Plans and budgets bi-annual supervision visits.	Annually
	15. Review and prepare distribution schedule	

ANNEX 5: Protocol for Conducting Supportive Supervision Visits

Planning a Visit: At the planning stage, team members should meet to review the questions listed in the box and respond to them before setting out for the activity.			
Issues to Note		Yes	No
1	Do you have a copy of the SDP level Training Manual and Job-aids (for CBD, DCR, CRR and RIRF)?		
2	Have you reviewed the manuals including the LMIS forms?		
3	Do you have extra copies of LMIS forms with you (in case you have to give some to the State, LGA/SDP)?		
4	Do you have a copy of the Supervision Checklists (1 copy per facility to be visited) & copy of the supervision protocol?		
5	Do you have four copies of Feedback Report (to be filled in triplicate per facility) to provide feedback to the State, LGA and SDP beside the supervisor's copy		
6	Have you notified the State FP Coordinator of your visit and asked the her/him to make contact with the LGAs and SDPs?		

Before setting out to the field, the team should correct any questions answered as NO above.

Prior to arriving at the LGA: Before commencing work with the LGAs and the SDPs, meet with the State FP Coordinator, and constitute a team to visit the LGA s/SDPs. At the LGA or at the SDP ask the person in-charge to introduce you to the contact person. Inform the contact person of the aim of your visit before you commence work. At the end of the supervision exercise, give a copy of the feedback report to the LGA FP Supervisor (if visiting LGAs) and one to the SDP. Remember to provide them with words of encouragement and point out some of the tasks that they have done well before giving them a copy of the feedback form. Make sure to save a copy for yourself. If required, provide copies of the different LMIS forms to the LGAs/SDPs.

Follow the guidelines below to conduct supervision visit and to identify areas where the service provider needs additional technical assistance and On-the-Job Training (OJT).

(Supervisor should be filling in the Supervision Checklist as he/she goes through the steps below)

STEPS TO FOLLOW (SDPs)	CONDITIONS	ACTIONS TO BE TAKEN
At the Facility		
Collect all the forms/records that are supposed to be kept: <ul style="list-style-type: none"> • CBD Voucher if in use • Daily Consumption Record • Cost Recovery Record • Requisition, Issue and Report Form • Cash Book 		
<ul style="list-style-type: none"> • CBD Voucher {at the SDPs} 	<p>Start your review of the CBD Voucher if CBD program is in place.</p> <p>If entries are complete and correct for all CBD Vouchers, then, follow steps a-d:</p>	<p>a) Review all the CBD Vouchers and take note of your observations then go to the next step.</p> <p>b) Make sure all fields are correctly filled.</p> <p>c) For all the available CBD Vouchers, the quantity purchased and margin calculation should be complete and correct.</p> <p>(Total Cost = Unit Price * Quantity Purchased)</p> <p>(Total Margin = Quantity Purchased * Margin)</p> <p>Ask officer in charge to demonstrate</p>

		the process for filling the CBD voucher and ask her how she uses the data from the voucher. If the officer makes mistakes, make note of it and provide OJT.
	If data is not complete or correct then follow step a.	Assist the officer in charge to identify mistakes then go through the process of filling the form with her/him using the job-aid.
<ul style="list-style-type: none"> • Daily Consumption Record (DCR) {at SDPs} • Tally Card {at Stores} 	<p>Do a physical count to determine the stock on hand at the SDP (in the cupboard/drawer). Write your answer in the table on the checklist.</p> <p>If the Daily Consumption Record is complete then, follow steps a-g.</p>	<p>a) Check to see if there is consistency between the physical count and the balance on the DCR on the day of the visit?</p> <p>b) To calculate balance on the DCR on the day of the visit, add Column A plus Column B minus quantities sold on every working day minus quantities lost. $(\text{Col A} + \text{Col B}) - (\text{Quantity sold per day} + \text{Col F})$.</p> <p>Note: To get an accurate count, you may also have to verify with the daily register if any contraceptives have already been sold on the day of your visit.</p> <p>c) Review the record for the period covered to ensure that all sections are correctly filled (Check Column A, B, Quantity sold during the month, D & F).</p> <p>d) Check the math (calculations- Column C & E)</p> <p>e) If CBD are in place confirm if sales to CBDs for the period are recorded (Column D). Confirm the quantity sold to CBD for each method</p> <p>f) Use the clients register to determine the number of each commodity sold to clients on a daily basis and compare it with the entry made in the column labeled, 'quantity sold on every working day'.</p> <p>g) If losses are recorded (Column F), ensure that there are comments noted regarding this.</p> <p>For Stores check to see if the physical counts match the Tally Card balances. Deduct "Quantities Issued" from "Quantities Received" to cross check the balances.</p>
	If entries are correct then, follow step a.	Ask officer in charge to demonstrate how she/him arrived at the entries to assess understanding of the process

		of completion of the DCR.
	If entries are not correct, then follow steps a-c.	<p>a) Start by assessing if the officer in charge understands the process for the filling of the DCR/Tally Card by asking her to demonstrate the process.</p> <p>b) Identify any problems and provide OJT as needed.</p> <p>Work with the officer in charge to correct identified errors and provide other necessary technical support on the filling of the DCR/Tally Card.</p>
<ul style="list-style-type: none"> • Cost Recovery Record (CRR) {at both SDPs and Stores} 	If the form is complete then follow steps a-d.	<p>a) Review the record for completeness and accuracy. Note any errors.</p> <p>b) Review that quantity sold (Column A) on the CRR is the same as Quantity sold (Column E) in the DCR.</p> <p>c) Check the math (calculations- Column C, E & G)</p> <p>d) For SDPs, check calculations for the lower part of the record including columns H, I and J.</p>
	If the data on the CRR is correct then follow step a.	Ask officer in charge to demonstrate the process for filling the CRR. More importantly, let her/him demonstrate the process for calculating the lower part of the record including columns H, I and J (for SDPs)
	If the data on the CRR is not correct, then follow steps a-c:	<p>a) Ask the officer in charge to tell you when the record is supposed to be completed.</p> <p>b) Ask her/him to demonstrate the process for filling the form to ascertain her/him knowledge. Observe her/him and note any errors. Correct the errors, and provide OJT.</p> <p>c) Together complete the form with the officer in charge. Inform her/him of the need to complete the form on time as a fulfilment of one of the qualities of a good data.</p> <p>Note that calculations on the CRR for SDPs, LGA Stores and State Stores should be cross matched with figures on the corresponding Cash Books for the respective levels for accuracy.</p>
<ul style="list-style-type: none"> • Requisition, Issue & Report Form (RIRF) 	If the RIRF for the review period has been completed. If Yes, then follow steps a-h.	<p>a) Review the record for consistencies.</p> <p>b) Check if there are differences in the data recorded for Physical Counts and Stock-on-Hand columns. If there are differences note if the column on losses was completed and if comment has been recorded to explain the</p>

		<p>losses.</p> <p>c) Check the calculations</p> <p>d) Stock-on-Hand on the RIRF should equal to the Closing Balance for the ending month of the review period on the DCR or Tally Card</p> <p>e) Quantities Received during the last review period on the RIRF should equal to total Quantities Received during the same review period on the DCRs or Tally Cards.</p> <p>f) Stock Balance at the beginning of the review period on the RIRF should equal to the Beginning Balance on the DCR or Tally Card for the first month of the review period.</p> <p>Consumption for the last two months should be calculated from the last two months DCR or Tally Card using Issues data for appropriate number of months depending on the CLMS level involved.</p>
	<p>If the data on the RIRF is correct, then follow steps a-b.</p>	<p>a) Ask officer in charge to demonstrate how the entries are arrived at.</p> <p>b) Assess service provider's knowledge on the following & use the checklist to score:</p> <ul style="list-style-type: none"> • How to determine the AMC and Max quantity • How to calculate Order Quantity • How to determine if order should be made. <p>Note: If officer in charge is supposed to order and did not, ask why and give her/him the right information.</p>
	<p>If the data on the RIRF are not correct, then follow steps a-d.</p>	<p>a) Ask supervisee to demonstrate how to fill the RIRF. Then:</p> <p>b) Assess supervisee's knowledge on the following & use the checklist to score:</p> <ul style="list-style-type: none"> • How to calculate Order Quantity • How to process an Order <p>c) Make corrections and complete the RIRF for the period with the officer in charge using the job-aid. Provide additional explanation and help as necessary.</p>

ANNEX 5

Feedback Report

Period starting: ___ / ___ / ___ to ___ / ___ / ___ State: _____

Name of State FP Coordinator: _____

Number of LGA Stores Visited _____ Number of SDPs Visited _____
(Attach List of LGAs and SDPs supervised)

Discuss major observations made in the course of conducting the Supportive Supervision:

- *Start with commendations on positive things observed in the review of each LMIS Forms before pointing out areas where mistakes were made*
- *Be specific in terms of key logistics data omitted and errors in the completed LMIS Forms and indicate per cent number of facilities that were involved in each case*
- *Provide suggestions for solutions to the weaknesses identified while reviewing the LMIS Forms*

General Commendations

Availability of LMIS Forms

CBD Voucher

Identified errors:

Key Logistics Data Omitted on the Form:

Suggestions:

Daily Consumption Record

Identified errors:

Key Logistics Data Omitted on the form:

Suggestions:

Tally Card

Identified errors:

Key Logistics Data Omitted on the form:

Suggestions:

RIRF

Identified Errors:

Information Omitted on the form:

Suggestions:

Income Generation Activities

Cost Recovery

Identified errors:

Key Logistics Data Omitted on the form:

Suggestions:

Cash Book

Identified errors:

Key Logistics Data Omitted on the form:

Suggestions:

Separate Account in the Operation Cost Recovery?

Inventory Report

Differences between Physical Count and Tally Card or DCR Balances:

Stock Out at Facilities Supervised:

Suggestions:

Storage Conditions:

Adherence to Storage Guidelines:

Major Challenges:

Other Information:

Report Prepared by: 1. _____ Signature _____ Date _____

2. _____ Signature _____ Date _____

3. _____ Signature _____ Date _____

Distributions

Director, PHC

State FP Coordinator

LGA FP Supervisors

Note: For distribution, the feedback report for a state should be forwarded to the Director PHC who will thereafter distribute to others.