

**NURHI**

**Family Planning  
On-the-Job Training Curriculum**

**Course 3: CONTRACEPTIVE LOGISTICS  
MANAGEMENT TRAINING**

**FACILITATOR'S MANUAL**

**NOVEMBER 2012**

Produced by Nigerian Urban Reproductive Health Initiative (NURHI), a Bill and Melinda Gates Foundation funded project in Nigeria.

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## List of Abbreviations/Acronyms

### **Abbreviations/Acronyms**

|       |  |
|-------|--|
| AMC   | Average Monthly Consumption                        |
| ASK   | Attitudes, Skills and Knowledge                    |
| CBD   | Community Based Distribution                       |
| CLMS  | Commodity Logistics Management System              |
| CPR   | Contraceptive Prevalence Rate                      |
| CRR   | Cost Recovery Record                               |
| CS    | Commodity Security                                 |
| DCR   | Daily Consumption Record                           |
| ELC   | Experiential Learning Cycle                        |
| FEFO  | First Expired First Out                            |
| FIFO  | First In First Out                                 |
| FMOH  | Federal Ministry of Health                         |
| FP    | Family Planning                                    |
| IMNCH | Integrated Maternal, Newborn and Child Health      |
| LGA   | Local Government Area                              |
| LMIS  | Logistics Management Information Systems           |
| Max   | Maximum  |
| MDG   | Millennium Development Goal                        |
| MEC   | Medical Eligibility Criteria                       |
| Min   | Minimum  |
| MIS   | Management Information System                      |
| MNCH  | Maternal, Newborn and Child Health                 |
| NSF   | National Strategic Framework                       |
| NURHI | Nigeria Urban Reproductive Health Initiative       |
| OJT   | On the Job Training                                |
| RIRF  | Requisition, Issue and Report Form                 |
| SDP   | Service Delivery Point                             |
| SEM   | Social Ecology Model                               |
| SOH   | Stock on Hand                                      |
| USAID | United States Agency for International Development |

## ACKNOWLEDGMENT

The development of the Job Training curriculum has been recognised as another milestone in building the technical competence of the health workers in the provision of quality Family planning service. This achievement has been through the concerted effort of the Ministry and its technical partners.

The Federal Ministry of Health would like to extend its gratitude to individuals and organizations who contributed to the development of On the Job Training (OJT) curriculum for health workers in the provision of Family Planning services through **contraceptive logistics management system training**. The curriculum will continually strengthen the skills and capacity of health workers, most especially the Nurses/Midwives, who are the key healthcare providers at the grass root level.

I commend the support of our esteemed partners particularly Nigeria Urban Reproductive Health Initiative (NURHI) who provided technical support to Federal Ministry of Health in the development of the OJT Curriculum in line with the global concept of continuum of care.

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## FOREWORD

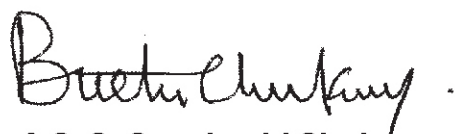
The Goal of achieving the health related Millennium Development Goals (MDGs 4, 5 & 6) may not be realized without family planning. Family planning plays a vital role in the health of the individual, family and also contributes significantly to the socio-economic development of a nation. In view of this, there is need to strengthen the health care system to ensure the provision of quality reproductive and family planning health care services across Nigeria. This is in tandem with the new global trends in family planning and reproductive health practice.

Providing quality family planning services to women, men and young people while ensuring that there are no barriers to accessing care is no doubt critical to reduction in maternal and child mortality, unplanned pregnancy, STDs and increasing awareness for child spacing. Thus, it is important that evidence-based information is given to family planning users to enable them make informed choices. Similarly, health providers need current information to facilitate provision of quality family planning services.

In response to this and in recognition of new global trends in family planning, the Federal Ministry of Health in collaboration with the Nigerian Urban Reproductive Health Initiative (NURHI), other development partners and NGOs developed On the Job training (OJT) curriculum for training the health workers on **contraceptive logistics management system services**. The document is developed in line with the recently updated National Training Manual on Family Planning for Physicians and Nurses/Midwives, the service protocols, the Performance Standards for family Planning services in Nigerian Hospitals and 2008 WHO Medical Eligibility Criteria (MEC) and the revised National hand book on Contraceptive logistics Management System.

This approach provides learning through classroom teaching integrated with practical demonstrations of skills by trainees through group exercises and practical experience at the service delivery points. Throughout the duration of the training, participants will be trained to acquire the knowledge, skills and attitudes that are needed to provide quality FP services.

This curriculum will improve *the* technical competence and confidence of health workers, contribute to increase access to quality family planning service provision and which ultimately will lead to increase contraceptive prevalence rate (CPR) within the country so as to achieve the health related MDGs 4, 5 & 6 by year 2015.



**Prof. C. O. Onyebuchi Chukwu**  
Honourable Minister of Health  
November, 2012

## **AKNOWLEDGED LIST OF CONTRIBUTORS**

This Family Planning On-the-Job Counselling Training Facilitators's Manual has relied heavily on international best practices and previous publications, especially the works of Engender Health and Johns Hopkins University Center for Communications, JHU/CCP.

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## INTRODUCTION TO THIS CURRICULUM

### 1. PROJECT OUTLINE

The Nigeria Urban Reproductive Health Initiative (NURHI) is a five-year project (2009-2014) funded by the Bill and Melinda Gates Foundation to reduce barriers to family planning (FP)/child spacing use and increase the contraceptive prevalence rate (CPR) in selected urban areas of Nigeria. The program brings together private and public sector resources to strengthen the delivery of family health services. NURHI aims to eliminate the supply and demand barriers to contraceptive use in order to significantly increase the CPR over the five-year life of the project in six selected urban cities in Nigeria. NURHI envisions a Nigeria where supply and demand barriers to contraceptive use are eliminated, particularly among the marginalized urban poor.

#### **NURHI has five objectives:**

1. Develop cost-effective interventions for integrating quality FP with maternal and newborn health, HIV and AIDS, post-partum and post-abortion care programs.
2. Improve the quality of FP services for the urban poor with emphasis on high volume clinical settings.
3. Test novel public-private partnerships and innovative private-sector approaches to increase access to and use of FP by the urban poor.
4. Develop interventions for creating demand for and sustaining use of contraceptives among marginalized urban populations.
5. Increase funding and financial mechanisms and a supportive policy environment for ensuring access to FP supplies and services for the urban poor.

#### **1.1 The situation of family planning in Nigeria**

Data from the 2008 edition of the Nigeria Demographic Health Survey provides a context to situate the need for focusing on-the-job-training (OJT) as an important strategy to reduce barriers to access to and utilization of FP services. Nigeria has a population of over 150 million with over half of these being in the reproductive age group of 15 to 49. The total fertility rate is 5.7% with unwanted pregnancy at 4%, and mistimed pregnancies at 7%. Although there are high levels of knowledge about FP (90% among men and 72% among women), 29% of the population has ever used a method. Current use for FP is 15% for all methods and 10% for modern methods. Nigeria currently has an unmet need of 20%. The role of the private sector in providing FP services is significant: 61% of the population source FP from the private sector of which patent medicine vendors and pharmacies account for about half of this figure. Public sector participation accounts for 23% of FP service provision.

The reality behind these statistics is about the many missed opportunities to help clients access and utilize FP services. Often, providers' attitudes to clients' informed voluntary choices still act as barriers to FP, and gender-inequitable social and cultural norms create further obstacles. The strategic role that FP and maternal, newborn and child health (MNCH) services play towards the Millennium Development Goals (MDGs) is often still not fully understood by health providers and the community at large, and this weakens efforts to address misconceptions and biases about FP.

OJT can play a very important role to address these issues and increase capacity of FP/MNCH services to minimize missed opportunities to access and use FP.



## 1.2 Addressing the national strategy and policy context

NURHI works in close collaboration with the Federal Ministry of Health (FMOH) and with State Health Ministries. Therefore this curriculum was designed to support and build on the strengths of existing service protocols and standards. In particular, the following documents were used to guide the design of the curriculum:

- The National Training Manual on Family Planning for Physicians and Nurses/Midwives.
- The National Family Planning/Reproductive Health Service Protocols.
- The Performance Standards for Family Planning Services in Nigerian Hospitals.
- The National Family Planning /Reproductive Health Policy Guidelines and Standards of Practice.
- The Streamlined Contraceptive Logistics Management System (CLMS, 2009) Participant's and Trainer's Guides.
- The USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.: USAID | DELIVER PROJECT.)
- The Integrated Maternal Newborn and Child Health (IMNCH) Strategy.
- The National Strategic Framework 2010-2015. Policy context and considerations for the development of the National Strategic Framework II (NSF II) 2010-2015.
- The Global HIV/AIDS Initiative Nigeria Technical Strategies.

## 2. CONCEPTUAL AND METHODOLOGICAL DESIGN OF THE OJT CURRICULUM

### 2.1 Overall goals of the curriculum

These are to contribute to:

- Strengthening the strategic role of FP/MNCH service provision in achieving the MDG, and especially goals 3, 4, 5, 6, and 7.
- Strengthening quality of FP/MNCH service provision in Nigeria, and especially in high volume sites in urban areas.
- Advancing provision of client-centred integrated FP/MNCH services, and especially in high volume sites in urban areas.
- Removing barriers to access to and use of FP and child-birth spacing methods.
- Increasing the contraceptive prevalence rate in Nigeria.

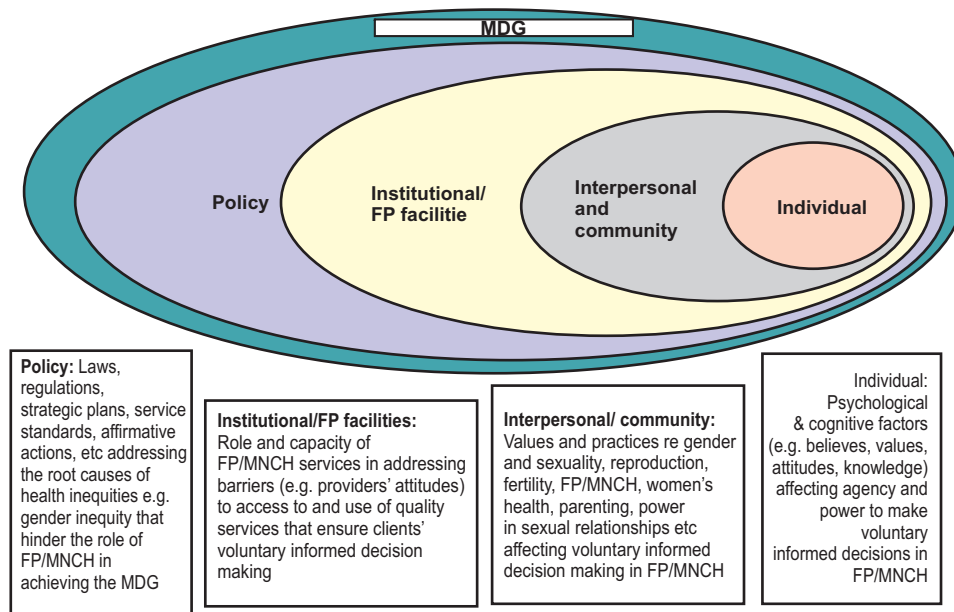
### 2.2 The Social Ecology Model as a design framework

This curriculum was designed mirroring the conceptual approach of NURHI, namely the social ecology model (SEM):

- The SEM provides a framework to analyse *the big picture* in various disciplines, including health.
- The SEM looks at how structural and individual factors inter-relate across key spheres of influence to influence health issues. These spheres of influence are: **individual, interpersonal, institutional and policy**. In the case of FP/MNCH services and programs in urban areas of Nigeria, NURHI applied the SEM to

analyse how the inter-relations of these spheres of influence affect the strategic role of FP/MNCH services and programs to achieve the MDGs.

Social Ecology of FP/MNCH in the context of achieving MDG in Nigeria



- **Individual sphere of influence:** In order to be able to access and use FP/MNCH services and make voluntary and informed decisions, individuals and couples need to develop an understanding of the issues that affect their lives and an ability to take action on those issues. In other words, they need to have **agency**. But the development and use of agency requires self-reflection, self-esteem, self-assurance, and a sense of self-worth as human beings regardless of any other label. These psychological and cognitive factors shape our perceptions and our individual identities, and impact the power we have (or perceive we have) to make informed and voluntary decisions that we can carry out and sustain without fear of negative repercussions, e.g. deciding how many children to have and their spacing.
- **Interpersonal and community sphere of influence:** Individual agency is developed in and affected by the social context in which people live. The interpersonal and community sphere is the primary social context that we get exposed to from very early on in our lives. Clearly, this sphere has a huge impact on how we develop self-reflection, self-esteem, self-assurance, and a sense of self-worth as human beings. This is the sphere of influence in which as individuals we have a first experience of what society expects of us as women and men, and the roles and opportunities that come with those expectations and norms. For example, beliefs that women should not have access to decision-making around their reproductive health or that “real men” should not be involved in caring for children may very negatively affect access to and use of FP/MNCH services for individual and couples and, in turn, undermine achieving the MDGs. The detrimental impact of such beliefs on the psychological and cognitive factors needed to develop agency for voluntary informed decision-making and health

seeking is very significant and very pervasive because it precludes access to a wide range of opportunities for human and social development. Unless the institutional and policy spheres act to redress this situation – for example through education and training of providers to support clients in making voluntary informed decisions and choices - inequities may become entrenched and turn into cultural features of a society. Thus any attempt to change such inequities may be easily labelled as an attack on “our culture” and inequities may be masked as moral righteousness. At the same time, those who face the brunt of inequity may find other ways to cope with their issues and needs, for example by turning to unqualified practitioners or to unsafe practices, or having to pay more (if they can afford it) to access services. Again and again, inequity breeds inequity and affects the most vulnerable.

- **Institutional/FP facilities sphere of influence:** This sphere of influence is connected to all the others by many interwoven threads. The family is perhaps the most obvious institution showing the impact of this sphere. Values, beliefs, attitudes, and social norms that affect the psychological and cognitive factors for voluntary informed decision-making and health seeking are first and foremost experienced in this context. From this perspective, the family really functions as the cornerstone of social ecology and plays a huge role in enhancing or hindering a supportive environment for equitable social development. Similarly, other institutions such as police, schools, media organizations, NGOs, religious groups, unions, political parties etc. all play an important role in shaping the social environment. The values and practices of these institutions greatly affect root causes of inequity, such as gender discrimination, denial of human rights, and stigma and discrimination, one way or the other. However, when change happens in one of these institutions, often there is a ripple effect over time especially if these institutions are elements of broader networks (such as in FP/MNCH) and if they can model change from within effectively, for example by championing and realizing equity. In health, this sphere of influence is paramount. Unless health institutions realize that they have a very significant effect on root causes of health problems simply by the values that they model (e.g. equity, respect of human rights and first and foremost the right to health, do no harm, ethical conduct, and accountability) they may continue to exclude many people from accessing life-saving information and services, and hindering the MDG.
- **Policy sphere of influence:** This sphere of influence is greatly affected by all the others and in turn affects the social ecology as a whole. In public health, we have come to realize the importance of informing policy development through research and evidence. However, in order to affect the social ecology of health problems, health policy must also be the result of meaningful engagement of the communities and groups that it aims to benefit (e.g. women and families). Most important, health policy should aim to address root causes of problems, i.e. the social determinants (factors) that contribute to create specific health patterns or unfair and avoidable difference among socially defined population groups, such as women of reproductive age. Therefore, health policy development and its implementation cannot be divorced from an equity and rights-based perspective, because these are the fundamental issues that determine access to information, services, research, resources (including decision-making for health seeking behaviours). In the SEM, effective policy development and implementation (intended as a broad term encompassing normative and guiding principles and actions) is one of the most important strategies for equitable social development and for promoting social inclusion and cohesiveness because it focuses on

addressing the social and system factors that undermine attaining the highest possible level of health and well-being, which is a human right as well as a social and individual outcome. At social level, this outcome requires the elimination of inequities in order to foster and maximize the development and sustainable use of agency and power for voluntary informed decisions for health seeking behaviours at individual level.

1. End poverty and hunger.
2. Achieve universal primary education.
3. **Promote gender equality and empower women.**
4. **Reduce child mortality.**
5. **Improve maternal health.**
6. **Combat HIV/AIDS, malaria and other diseases.**
7. **Ensure environmental sustainability.**
8. Develop a global partnership for development.

### **2.3 Contribution to strengthening the role of FP/MNCH in support of the MDGs**

By developing the curriculum through an analysis of the social ecology in which FP/MNCH services operate, this curriculum aims to contribute to strengthen the role of such services toward structural change, and specifically in achieving MDGs 3, 4, 5, 6, and 7:

*Many married women report having mistimed or unintended pregnancies or a desire to space or limit future pregnancies, but are not using modern contraceptive methods. Satisfying existing unmet FP need would help families achieve their desired family size, reduce total fertility, and, ultimately, slow population growth. In fact, to accelerate progress in achieving the MDGs, a new target was added under the maternal health goal (MDG 5) in 2007. The new target, 5b, calls for providing universal access to reproductive health services and includes the contraceptive prevalence rate and unmet need for family planning as key indicators for meeting this target. Source: USAID | HEALTH POLICY INITIATIVE, Task Order 1, 2009: Family Planning and the MDGs: Saving Lives, Saving Resources*

In order to contribute to strengthening the role of FP/MNCH in achieving the MDGs and broader social development aims, this curriculum focuses on strengthening providers' A-S-K to contribute to overcome health inequity and its causes, especially gender inequity and the inadequate empowerment of women.

### **2.4 Focus on competencies and performance improvement**

This curriculum is structured in three courses, namely:

1. OJT for FP counselling service provision.
2. OJT for FP clinical service provision.
3. OJT for contraceptive logistics management for FP service provision.

In the approach used in this curriculum, a core competency is defined as:

*Core competency: Units of attitudes-skills-and knowledge (ASK), which are essential to be achieved by a person (e.g. a FP/MNCH service provider) in order to provide quality services.*

The curriculum revolves around four cross-cutting core competencies, which are realized through clusters or units or A-S-K. These A-S-K clusters create synergy of the four competencies across the three courses:

| CORE COMPETENCIES  | SPECIFIC CLUSTERS OF A-S-K FOR EACH COURSE  |   |   |
|--|---|---|---|
|  | ILLUSTRATIVE COUNSELING COURSE A-S-K  | ILLUSTRATIVE CLINICAL COURSE A-S-K  | ILLUSTRATIVE LOGISTICS COURSE A-S-K   |
| <b>1. Effectively ensure client's voluntary informed decisions</b>         | Value and ensure clients' rights<br><br>Effectively enable clients to assess their reproductive goals and needs<br><br>Enable clients to choose most appropriate option for their circumstances<br><br>Develop clients' skills to implement choices and decisions | Value and ensure clients' rights<br><br>Effectively provide accurate and complete information in language that clients can understand<br><br>Provide services with privacy, dignity, and safety for clients                     | Value and ensure clients' rights<br><br>Value and ensure the six rights of CLMS<br><br>Effectively implement the key principles of CLMS                 |
| <b>2. Effectively enable access to and use of quality FP/MNCH services</b> | Perform effective IPCC skills<br><br>Value and promote gender equity<br><br>Manage attitudes effectively<br><br>Assess clients' additional reproductive and MNCH needs and refer appropriately  | Demonstrate and effectively use technical knowledge<br><br>Address misconceptions effectively<br><br>Assess clients' additional reproductive and MNCH needs and refer appropriately<br><br>Value and ensure reproductive rights | Collect and compile quality LMIS data<br><br>Effectively maintain the inventory control system<br><br>Ensure no stock-outs<br><br>Ensure no over-supply |



| CORE COMPETENCIES                                       | SPECIFIC CLUSTERS OF A-S-K FOR EACH COURSE  |   |  |
|---|---|---|--|
|   | ILLUSTRATIVE COUNSELING COURSE A-S-K  | ILLUSTRATIVE CLINICAL COURSE A-S-K  | ILLUSTRATIVE LOGISTICS COURSE A-S-K  |
| <b>3. Effectively provide quality reproductive care</b> | <p>Provide accurate and complete information in a language that clients can understand</p> <p>Provide effective client-centred FP/MNCH integrated counselling</p> <p>Address rumours and misconceptions effectively</p> | <p>Perform effectively and safely client assessment and screening</p> <p>Effectively implement medical eligibility criteria</p> <p>Effectively Address side effects</p> <p>Perform effective infection prevention</p> | <p>Effectively determine when to order supplies</p> <p>Effectively use different types of LMIS forms</p> <p>Effectively implement proper storage procedures</p> <p>Effectively conduct visual inspections for proper storage</p> |
| <b>4. Effectively provide referral and follow-up</b>    | <p>Implement protocols effectively</p> <p>Enable clients to identify and plan follow-up</p> <p>Provide effective follow-up as necessary</p>   | <p>Implement standards effectively</p> <p>Assess clients' additional reproductive and MNCH needs and refer appropriately</p>  | <p>Implement standards effectively</p> <p>Effectively support contraceptive and non-contraceptive forecasting</p>  |

In each course, the key A-S-K clusters are defined through the objectives of each session.

The core competencies and the A-S-K are aligned to the National Training Manual on Family Planning for Physicians and Nurses/Midwives, the National Family Planning/Reproductive Health Service Protocols, the Performance Standards for Family Planning Services in Nigerian Hospitals, and the Streamlined Contraceptive Logistics Management System (CLMS, 2009) Participant's and Trainer's Guides.

## 2.5 Focus on addressing gender inequity as a key barrier to ensuring the strategic role of FP/MNCH in achieving the MDGs

The four cross-cutting competencies that this curriculum focuses on are essential to strengthen the strategic role of FP/MNCH services in achieving the MDGs because each of the competencies and their synergy through the A-S-K clusters address key social ecology factors that impede access to and utilization of FP/MNCH.

The curriculum places particular emphasis on enabling health providers to explore in depth the role of gender inequity in undermining access to and utilization of FP/MNCH services, and how they can use this enhanced understanding to facilitate clients' problem-solving for informed voluntary decision making. Through this approach, health

providers can identify real life impacts of gender inequity on access to and utilization of FP/MNCH services and on quality of care. An important aspect of this learning process consists of enabling providers to explore how their own attitudes to gender and sexuality may reinforce barriers to FP/MNCH access and use, and how to re-orient their attitudes in support of clients' informed voluntary decision making.

The emphasis on addressing gender inequity runs across the three manuals of this curriculum:

- In the **counselling** training manual, it is realized through a focus on addressing the impact of gender inequity on quality of counselling as an essential pre-requisite to enable optimal access to and utilization of FP/MNCH services.
- In the **clinical** service provision training manual, it is realised through a focus on ensuring clients' reproductive goals, reproductive rights, and provision of client-centred quality care.
- In the **logistics** management training manual, it is addressed through a focus on skills for effective logistics management to ensure the strategic role of FP/MNCH services towards the MDGs.

In this way, the three manuals connect and reinforce learning opportunities to develop A-S-K clusters (i.e. the four cross-cutting competencies) in order to address gender inequity-related barriers to access to and utilization of FP/MNCH services.

## 2.6 Focus on FP/MNCH Integration

This curriculum emphasizes the development of A-S-K clusters that enable health providers to minimize missed opportunities thus helping clients access services and make voluntary informed decisions at any entry point of the FP/MNCH spectrum of services.

It is worth noting that the Master Trainers involved in the design of this curriculum developed a FP/MNCH Integration Framework through their knowledge and experience of the Nigerian clinical setting. This framework is used in the curriculum and applied to scenarios and case studies during the training to enhance skills for integrated service provisions and improved referrals. These analyses are in turn used to enable the participants to further reflect on the strategic role of FP/MNCH towards the MDGs.

## 2.7 Focus on effective clinical skills

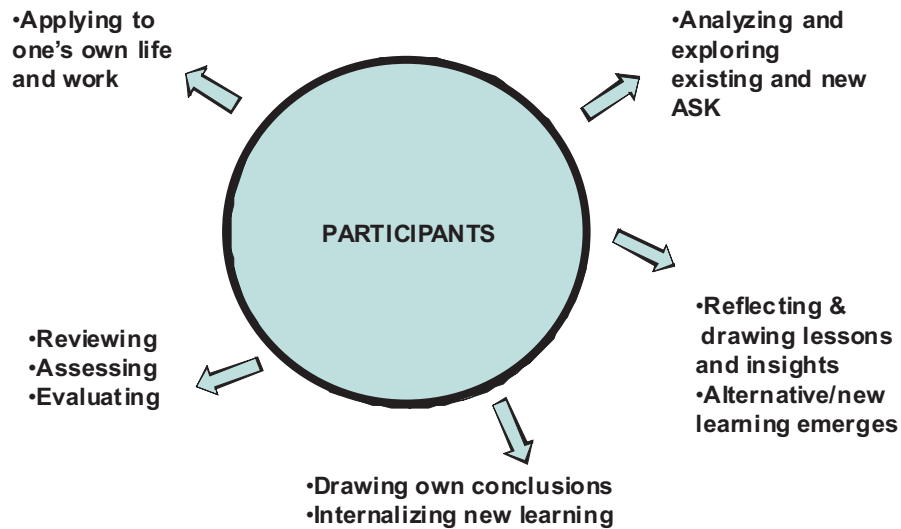
One of the important contributions to this curriculum to improve quality of care consists of its emphasis on developing effective skills to apply the Medical Eligibility Criteria (MEC) of the World Health Organisation. Both the counselling and the clinical service provision training manual contain sessions and materials to strengthen and apply knowledge and skills to use the MEC to facilitate clients' problem-solving and ensure their safe informed voluntary decisions.

## 2.8 Learner centred experiential focus

This curriculum adapts contemporary good practice models for learner-centred training, and namely the Experiential Learning Cycle (ELC). This model recognizes that participants and learners bring psychological and cognitive assets i.e. their existing attitudes-skills-knowledge (A-S-K) to the process. These assets, often informed by the participants' own experience of the issues being explored, are highly valued and

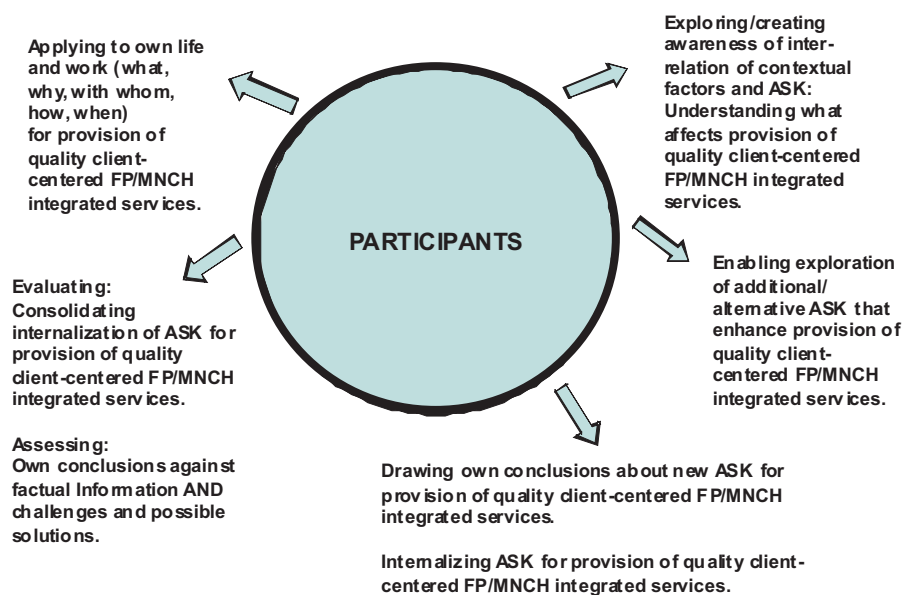
contribute to the wealth of knowledge from which the activities in the curriculum will draw:

### Experiential Learning Cycle: Theory Outline



In this curriculum, the application of the ELC focuses on developing assets that support effective counselling for client-centred FP/MNCH integrated service provision:

### Experiential Learning Cycle in this curriculum





The approach aims to foster the development of participants' insight, reflective thinking, problem-solving skills, and ownership of learning. In most activities, participants are encouraged to reflect on their own experiences and to draw from their real life issues either as a context for their reflection and problem-solving and/or to apply new insight and knowledge.

The curriculum creates connections and linkages across session topics by exploring key attitudes, skills, and knowledge (ASK) in different ways and perspectives by using a range of methodologies such as:

|               |               |                        |
|---------------|---------------|------------------------|
| story telling | case studies  | role plays             |
| group work    | buzz groups   | structured discussions |
| brainstorms   | presentations | values clarification   |

Teachable moments are created throughout the curriculum and are used to reinforce internalization of learning. Substantial time is allocated to skill-building through role plays.

The exploration of how individual and social factors interconnect in affecting both FP/MNCH and **provision of quality client-centred FP/MNCH integrated services** is a prominent theme in this curriculum and it is linked to developing ASK that support quality in service provision in order to contribute to address the structural factors of poor FP/MNCH.

The curriculum deliberately limits the use of power point presentations in order to focus on learner-centred experiential methodologies. Therefore a key aspect of this course is the active engagement of participants.

### 3. CURRICULUM DEVELOPMENT PROCESS

#### 3.1 How the conceptual and methodological approach led to identifying, testing, and finalizing competencies and A-S-K of the curriculum

The development process of this curriculum drew from the facility assessments and performance improvement plans previously conducted by NURHI. The facility assessments confirmed that a major challenge for both the public and the private sectors was to manage a situation characterized by countless training programs offered by many development partners. As a consequence, health providers from health facilities were often absent from work for relatively substantial periods of time.

Therefore, NURHI set out to design a curriculum that would help to overcome this situation by providing materials that could be used flexibly and in a tailored way to address specific capacity gaps identified at local level.

Through a capacity strengthening process for curriculum design, NURHI engaged a group of Nigerian master trainers, national experts, and external expert technical assistance to use the SEM as a planning framework to identify core competencies for this course.

This process was realized through the following activities:

The participants conducted a social ecology analysis of FP/MNCH to identify issues that may function as barriers for access to, and use of, these services. This analysis was placed in the context of the role of FP/MNCH in contributing to achieve relevant MDGs, especially goals 3 to 7. This enabled the participants to connect to the broader population and development discourse, which is acknowledged in the existing policy and service provision rationale, for example in the National Training Manual on Family Planning for Physicians and Nurses/Midwives. The participants were able to examine

how the social ecology issues that they had identified can create inequities affecting access to and use of FP/MNCH, and the potential detrimental effect on achieving the MDGs. In particular, the workshop focused on examining gender issues and their inter-relations with other social ecology factors to identify the impact on people's decision making and their lives, particularly FP/MNCH clients.

Using these analyses, the workshop identified key Attitudes-Skills-Knowledge (A-S-K) that should act as the building blocks for competencies developed using OJT. Participants explored how the concepts of competency and skill work in synergy to inform a training approach that aims to contribute to system strengthening and the achievement of strategic goals, such as the MDGs. Participants made these connections by exploring the role of competency-based OJT in achieving client-centred service provision in an integrated FP/MNCH approach. Through this analysis, the participants produced a tentative framework for provision of integrated FP/MNCH services in Nigeria. This framework has been incorporated in the counselling training manual of this curriculum.

The next step in curriculum design consisted of connecting the analysis about competencies and A-S-K to the National Training Manual on Family Planning for Physicians and Nurses/Midwives, the National Family Planning/Reproductive Health Service Protocols, the Performance Standards for Family Planning Services in Nigerian Hospitals, and the National Handbook Contraceptive Logistics Management System. The last step consisted of linking the technical content to training approaches and methodologies best suited to ensure effective transferring and retaining of A-S-K and, ultimately, core competencies. For this purpose, the participants explored learner-centred experiential training, its conceptual overview, and its application to training. The workshop also reviewed good practice materials used in Nigeria and internationally to prevent re-inventing the wheel and to ensure harmonization with Nigerian national standards.

The result of the workshop was the production of outlines for three FP training manuals: 1) Counselling; 2) Clinical; and, 3) Logistics Management.

### ***July 18-22, 2011: Curriculum review workshop and field test preparation with NURHI Master Trainers***

NURHI master trainers were invited to review the three draft manuals to assess the extent to which the materials addressed the outlines produced during the May 2011 curriculum design workshop. The master trainers contributed to address gaps and made additional recommendations for improving the materials. The trainers worked in teams (counselling, clinical, and logistics) and each team was responsible for organizing and conducting the field test of one of the manuals.

### ***Ilorin, July 23-31, 2011: Field test of the three manuals***

The field test was structured as three concurrent training workshops conducted by the same three teams of trainers who had reviewed the draft manuals. Each course had about 20 participants. The three concurrent workshops took place in Ilorin and the participants included FP providers from Ibadan and Ilorin health facilities. After the completion of the field test, the trainers participated in a final debriefing and identified the changes to be made to the manuals as a result of the field test.

### ***August-October 2011: Roll-out of draft curriculum***

This period was used to continue to test the draft manuals in order to gather more input from trainers and providers for the final revisions.

### ***October-November 2011: Updating draft curriculum***

This period was used to continue to update the draft manuals based on feedback from the field testing, preliminary roll-out of the first draft versions and other input gathered from trainers and providers.

### ***Abuja, 6-9 December 2011: Curriculum review with NURHI Master Trainers***

The three manuals were further revised during this workshop in which NURHI Master Trainers identified their final recommendations for changes to the manuals.

### ***12 December 2011: Stakeholders' meeting***

This was the final curriculum development activity in which key stakeholders provided their input and recommendations to finalize the materials.

## **4. MONITORING AND EVALUATION**

This curriculum does not require any parallel monitoring and evaluation system outside of what already exists. The curriculum has been designed to build on the strengths of existing standards and protocols and all the A-S-K clusters, i.e. the four core cross-cutting competencies, were identified as contributing to achieve existing performance standards. However, it is recommended to train supervisors in this curriculum in order to enable them to effectively monitor and evaluate the impact of this training on service provision.

## **5. TAKING RESPONSIBILITY FOR ONE'S OWN LEARNING**

This curriculum aims to achieve a balance of factual knowledge and knowledge for problem-solving in order to foster acquisition and retention of knowledge and skills. Therefore the activities focus on enabling participants to:

- Reflect critically on what they may already know e.g. How technically correct is their current knowledge? How well have they been applying it? How are their attitudes supporting or hindering them in ensuring optimal access to and use of FP/MNCH services?
- Analyse the important points of new knowledge being presented.
- Share reflections and insights to learn from each other and internalize (absorb) new or expanded knowledge and skills through the learning interactions.
- Apply their expanded or new knowledge to what they do, i.e. strengthening skills.
- Evaluate their learning through constructive peer-feedback.

Therefore the facilitators are not “knowledge banks” or the “know it all” experts. Facilitators, as the term suggests, have the fundamental role of enabling the participants' own learning, but the participants are expected to take full responsibility of their learning by actively contributing their thinking, reflections, analyses, practice and constructive feedback to each other.

## **6. ISSUES FOR FURTHER CONSIDERATION**

We acknowledge that there are important issues that require additional attention in OJT and sensitivity to specific socio-cultural factors. For example: providing services to clients with mental health conditions; addressing the specific needs of under-age wives; addressing specific legal aspects of FP provisions; etc. At the time of developing this curriculum, efforts were being undertaken by other development partners to produce

resources specifically focused on these issues. Therefore NURHI decided to prevent duplications by focusing this curriculum on key issues identified during the facility assessments.

## LETTER TO FACILITATORS

### 1. Duration and scheduling of the OJT courses

NURHI identified the challenge associated with pulling out providers for the stipulated statutory periods for FP trainings, including the refresher training, especially in the private sector. NURHI decided to address these issues in partnership with the Family Health Department of the Federal Ministry of Health. As a result, NURHI is proud to present the three courses contained in this curriculum, namely:

1. OJT Family Planning Counselling Training Manual
2. OJT Clinical Service Provision
3. OJT Contraceptive Logistics Management Training Manual

Based on the experience and recommendations of the curriculum design and field test process, it is recommended to schedule the three courses in the same order as they are listed above.

The Counselling and Clinical Service Provision courses run for six days each while the Contraceptive Logistics Management Course runs for four days. Thus the total time needed to implement the whole curriculum is 16 days as opposed to the time frames of six weeks or three weeks usually implemented in Nigeria in the past.

Although each course provides a sample training schedule organized by day, each of the three courses can be implemented flexibly as: 1) a program covering the entire duration of the course; 2) by scheduling the course in modules over a few weeks; or, 3) by selecting the sessions that address specific capacity gaps and organizing a training schedule accordingly.

The structure of the courses also allows choosing selectively which topics to focus on if managers and trainers assess that providers only require training on certain topics.

In order to ensure the effectiveness of the training methodology, it is recommended to ensure a minimum of six to eight participants during each course. Therefore facility managers are encouraged to plan cooperatively within their Local Government Area (LGA), and facilitators are encouraged to support these efforts.

### 2. How to use this curriculum effectively: before starting the courses

#### 2.1 Selecting facilitators

This curriculum requires facilitators who are conversant with the SEM and skilled in applying a learner-centred experiential cycle. The effective implementation of this curriculum also requires facilitators with knowledge and skills to address the topics in the three courses and their inter-relations. The pool of Master Trainers that participated in the development process of this curriculum can provide technical assistance and function as key resources to implement the curriculum as well as to train others as trainers.

## **2.2 Selecting participants and using the curriculum with different types of providers**

To ensure the effectiveness of the training methodology, a minimum of six to eight participants are required during each course. This is important to ensure the effectiveness of the methodology, which focuses on fostering the participants' reflective thinking and problem-solving skills. These skills are developed and internalized through activities that require learning interactions and practice of skills with others. Hence, it is recommended that facilitators and facility managers plan cooperatively within their LGA to ensure a minimum of six to eight participants for the learning interactions to be meaningful and effective.

This curriculum can be used flexibly with all the categories of providers identified in the National Family Planning /Reproductive Health Policy Guidelines and Standards of Practice. For example, it can be used to address gaps in capacity of Midwives/Family Planning Nurses CHOs who are newly qualified or who are experienced but require support around specific aspects of their capacity. Similarly, the curriculum can be used with all types of service providers identified by the National Family Planning /Reproductive Health Policy Guidelines and Standards of Practice as long as facilitators and managers identify which specific capacity gaps they want to address for which specific types of providers in relation to the functions of those providers. Once they know which capacity gaps they aim to address vis-à-vis the functions of the different types of providers, facilitators and their counterparts can select the sessions that best help address these issues and create a suitable training agenda.

## **2.3 Deciding how to use these materials with public and private sector providers**

These materials have been designed to help address the challenges that services and clients in both the public and private sectors face when health providers spend long periods of time to participate in training programs. The sessions in each of these manuals can be packaged flexibly in training agendas that can be delivered with minimal disruptions to the service schedules of public or private sector facilities. For example, the courses can be conducted either following the sample agendas provided in each manual or by focusing only on the specific sessions that address the capacity gaps identified. As previously explained, facilitators and managers need to work closely to identify which capacity gaps they want to address in order to select the most appropriate sessions and materials and develop their own training agenda.

## **2.4 A few essentials preparation tips**

- Read the facilitator's manual and all reference materials carefully, including the participant's handouts and the knowledge pack of each course. Consider the flow of topics, the structure of each course, and the training methodology of each activity so that you will know how to conduct the sessions, what you need for each activity, the key messages to convey, etc.
- Make sure that the training venue is appropriate for learner-centred experiential training activities, i.e. most of the sessions require the participants to move around the room to interact. Space is an important consideration. Noise is also an important consideration. Therefore whenever possible ensure that the training will not be disrupted by excessive outside noises.
- Make sure that the sessions are adapted to the local context if necessary.



- Prepare all handouts, flipcharts, cards, and other materials and supplies in advance. Each session of each manual identifies the materials that facilitators should prepare in advance. Read the sessions carefully as part of your preparation and identify any additional materials you may want to prepare. **Please note: the methodology used in this curriculum requires facilitators to distribute handouts at the appropriate time during sessions in order to avoid pre-empting participants' learning. This in turn requires effective planning by facilitators to ensure that all printing and photocopying is completed in advance of starting the sessions.**
- If co-facilitation is involved, facilitators should determine how the course will be managed with their co-facilitators. Be sure to discuss potentially disruptive situations. For example:
  - How to intervene if a facilitator forgets an important point during an exercise, presentation, or discussion.
  - How to manage participants who dominate discussions.
  - How to respond to participants who upset others by making negative comments.
  - How to alert each other if the pace of training is too fast or too slow.
  - How to alert each other when a presentation or exercise is running longer than its scheduled time.

### 3. How to use the curriculum effectively: during the courses

#### 3.1 Create a supportive learning environment

Many factors contribute to and affect the learning process. The facilitator's understanding of her/his role is a key factor. A learner-centred training requires facilitators to:

- Consider themselves equal to participants.
- Focus on enabling participants to use reflective thinking to develop insight, draw conclusions, and integrate new knowledge and skills into their lives.
- Understand that a facilitator's fundamental role is to ask useful questions at the right time and in the right way to foster creative thinking and problem-solving.

The manual provides sample questions for each activity that facilitators can use to achieve these purposes. Facilitators should also use participants' comments/observations/insights to formulate additional questions and expand reflection, analysis, and constructive feedback. Facilitators are encouraged to use their groups as a resource by inviting questions, enabling participants to answer each other's questions, and using participants' observations to link topics and issues.

Through behaviour and communication style, facilitators can create a positive, non-threatening, and inclusive environment. Facilitators are encouraged to apply learner-centred principles in adapting and implementing the curriculum materials to ensure a successful learning process.

In order to build trust and create a learner-centred environment, facilitators are encouraged to (see 3.2 to 3.17 below):

### 3.2 Create and maintain a nonthreatening environment

- Treat the participants with **respect** and **as equals**, and make sure that the participants treat each other with respect and equality.
- Maintain **confidentiality** if the participants share private information with you or each other.
- Make sure that **the physical environment helps to create a positive learning environment** (e.g. thoughtful seating arrangements, comfortable temperature, ventilation and light in the room, scheduling of breaks, and other arrangements as feasible).

### 3.3 Pay careful attention to communication

The flow of **information** during this course is important. When people are informed, they feel valued and an integral part of the team. When there is secrecy, they feel excluded or threatened. Communication should be as complete as possible and should convey messages of trust and mutual respect. Other suggestions:

- Use icebreaker activities at the beginning of the course and warm-up exercises after breaks to increase comfort.
- Read body language of the participants and listen to all ideas, and help participants reflect on whether their suggestions are relevant to the learning objectives that are to be achieved.
- Acknowledge and praise participants' ideas, and help them reflect on their relevance to the learning objectives.
- Avoid judging participants and their comments, and enable constructive peer feedback.
- Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
- Show the group that you enjoy working with them.
- If possible, spend time with the participants during breaks and meals so that you are able to communicate with them informally.
- Learn and use the participants' names.

### 3.4 Pay attention to the formulation of useful contracts

It is often standard practice to agree a set of “ground rules” with the participants at the beginning of the course to ensure useful and fair interactions. This curriculum suggests calling these agreements *contracts* in order to stress their importance in ensuring successful learning outcomes. Contracts play a very useful role if they are phrased in ways that help pre-empt or manage issues that may become potentially controversial or disruptive during the program.

Facilitators often feel that only the participants are entitled to suggest contracts. However, in a participatory learning process based on mutual respect, facilitators can also suggest contracts. For this course, facilitators may want to consider including the following:

- Mutual respect, including of diversity among participants e.g. ethnic, religious, geographic origin, marital status, seniority in the work place, etc.
- Taking responsibility for one's own learning, i.e. recognizing that a learner-centred experiential process requires the active contribution of each person.
- Recognizing that facilitators are not the source of all possible knowledge, i.e. accepting to be referred to other sources if the need arises.
- Committing to constructive feedback during interactions and throughout the course, and avoiding “blame games”.

### 3.5 Model correct behaviour

By showing trust in others and being reliable yourself. Remember that your actions are as important as your words. Make sure that there is consistency between the two.

### 3.6 Avoid “I'm right/you're wrong” debates

Unless it is necessary to provide correct factual and technical information, facilitators should not engage in “right/wrong” discussions and should help participants to avoid such situations. In fact, “right/wrong” deadlocks will undermine the methodology and the learning aims of this curriculum, which is primarily focused on developing participants' reflective thinking in order to internalize and retain learning.

### 3.7 Use definitions flexibly to foster reflective and “out of the box” thinking

Some sessions provide definitions of concepts or approaches, and facilitators are encouraged to be flexible in how they use them. Use definitions to encourage reflections and insight. Don't waste time dissecting words, but do use words in definitions to help participants reflect on the key issues that the definitions focus on.

### 3.8 Involve participants in course management if possible

***In order to foster participation and ownership of learning, consider introducing a “task roster.” Invite participants to volunteer to manage some aspect of the course by rotating responsibilities for tasks such as time keeping, energizers, ice-breakers, and daily feedback.***

### 3.9 Practice appropriate self-disclosure

When you share what you are thinking, people are more likely to trust you. However, revealing too much can be problematic, particularly in cultures in which it is not common to share feelings or inner thoughts. Keep the cultural context in mind when considering self-disclosure of opinions. Also always remember that you need to maintain a professional role and relationship with each participant. Excessive or inappropriate self-disclosure may jeopardize your professional role and relationship with the group and/or individual participants and may also create a conflict of interest.

### 3.10 Conduct daily debriefings of co-facilitators

If co-facilitation is involved, it is recommended to hold daily debriefings with your co-facilitators. Debriefings provide you and your colleagues with an opportunity to discuss aspects of the training that need improvement and to make adjustments to the training agenda or style.

Review the participants' daily evaluation (Appendix 3) to understand the opinions of participants. Below you will find sample questions for debrief discussions among facilitators (select only the most appropriate/useful for your team, or create your own):

- How well did we meet the objectives of our sessions today?
- What did we do today that promoted learning?
- What do we want to do differently tomorrow?
- How well did we handle problems that arose during the sessions today?



- How well are we working together? What do we need to improve?
- Which feedback issues from participants are the most important to address tomorrow?
- How thoroughly have we planned tomorrow's sessions? What are our roles in delivering the sessions? What needs clarification? Are all the supplies and logistics organized?

### **3.11 Address gender and sexual stereotyping**

This curriculum focuses on strengthening performance improvement to ensure the strategic role of FP/MNCH services in achieving the MDG. In order to achieve this aim, reducing barriers to access and use of such services is fundamental. Therefore helping to address gender inequity is of paramount importance because gender inequity is both a structural barrier to FP/MNCH optimal access and use as well as a social determinant of under-development.

This curriculum, and especially the counselling training course, addresses these issues as thoroughly as possible within the time limitations of OJT. The curriculum focuses specially on the inter-relations of gender, sexuality, power in relationships and FP/MNCH. Therefore, it is extremely important that facilitators are aware of their attitudes about these key content areas and ensure that their own personal values do not hinder participants' own reflective thinking.

Equally important, facilitators should be aware of participants' attitudes and beliefs and ensure that nobody attempts to impose their views on others.

Sometimes, agreeing to disagree is a strategy that facilitators may use if a discussion around these issues becomes too divisive. However, a more effective way is to help the participants reflect on how providers' attitudes to these issues may become barriers to access to and use of FP/MNCH services. Facilitators and participants are encouraged to put themselves in the shoes of clients who might experience judgmental or hostile attitudes because of gender or sexuality issues: how would they feel if they were those clients? What difficulty to access and use FP/MNCH services would they face as a result of providers' attitudes? How would such attitudes undermine achieving the MDGs? What can providers do to separate their own values from their professional and ethical duty to do no harm and to provide quality services to all clients? These questions may be more useful than agree to disagree in order to advance self-reflection and useful insights to improve performance. In addition, facilitators are encouraged to formulate and use contracts strategically, for example by having contracts that commit the participants to respect diversity in the group, including diversity of views and opinions.

Also, facilitators are encouraged to be sensitive to how gender and sexual stereotypes may be influenced by specific cultural beliefs and norms. It is never useful to blame "culture" as a whole for creating barriers to access and use of FP/MNCH. This is why the curriculum places such an emphasis on the inter-connections of gender and sexuality issues, because these are specific aspects of social and cultural systems, and not the systems as wholes.

In some socio-cultural contexts, facilitators or participants may tell jokes as energizers. It is fundamental that facilitators assess whether such jokes and stories may perpetuate sexual, gender, or ethnic stereotypes that may offend or alienate some of the participants or potential clients of FP/MNCH services. For example, some jokes may

generate or perpetuate stigmatizing and discriminatory attitudes about unmarried women who are sexually active, reinforce stigma and discrimination against commercial sex workers, or perpetuate perceptions of women as inferior to men. Particularly in the context of this curriculum, it is critical that facilitators pay attention to group dynamics that may reinforce inequitable power imbalances based on gender/sexual stereotypes and norms. This does not mean that facilitators bar or censure such jokes or stories. Rather, facilitators are encouraged to use them as materials to enable a reflection on the gender and sexual stereotypes that such jokes and stories communicate, and what attitudes they may contribute to perpetuate that hinder access to and use of FP/MNCH.

### 3.12 Conduct icebreakers and energizers

Facilitators are encouraged to use icebreakers and energizers that they are familiar with as well as to encourage the participants to volunteer what they have used in other workshops.

Icebreakers and energizers should aim not only to help participants maintain or revitalize their energy levels, but to build participants' confidence to interact openly. Facilitators are encouraged to use icebreakers and energizers that will make participants move around the room, use the space, and do things that require collaboration or team effort. Please be mindful of the recommendations about avoiding gender and sexual stereotyping discussed in the above sections.

### 3.13 Monitor participant progress during the training

It is important that the facilitators monitor the learning process and how/if participants learn and strengthen their skills. Facilitators are encouraged to:

- **Conduct** pre- and post- training assessments of participants in order to assess results at the end of the course. Use the pre-test and post-test questionnaires and answers provided in each manual.
- Evaluate participants' knowledge and skills during brainstorming, small group work, exercises, role-play, and discussions while the training is in progress. Correct misconception and provide correct factual information when necessary, and use the group as a resource to do this.
- Enable the participants to reflect on their learning. What questions you ask, how, and when, is the critical way of enabling participants to evaluate their learning. Also, reserve a few minutes before the end of each session to ask participants what they have learnt that is useful to improve their work.
- Conduct a formal evaluation at the end of each course to assess participants' perceptions of their learning through the training. This will help you identify changes to be made both to the training materials and your facilitation. The end-of-course evaluation allows participants to provide feedback about the usefulness of the training, the learning materials, the training methodologies used, the logistics of the training, and to assess facilitators' performance. Use the end-of-course evaluation guide provided for each course.

### 3.14 Use participant handouts

Participant's handouts are provided in most sessions of each of the manuals. **Please ensure that the distribution of these materials does not pre-empt participants' learning and reflective thinking.** Therefore it is important to acknowledge and discuss with the participants the following key points:

- Some participants may expect to receive all handouts at the beginning of the course, but if this happened the methodology of this curriculum would be undermined.
- The aim of the methodology is to foster participants' reflective thinking for problem-solving. Therefore this methodology is undermined by having access to knowledge for problem-solving before such problems are experienced during the training sessions.
- In this curriculum, handouts are resources to help participants consolidate their learning in their own time, and not to pre-empt it.
- When appropriate and useful, handouts will be distributed during training activities.
- Each session in each manual provides instructions as to when the distribution of each handout should happen. However, facilitators will use their own judgment to decide the most useful time to distribute these materials during training sessions.
- The title of each handout includes the session number and the activity in the session to which the handout refers to in order to help participants collate these materials in chronological order.

It is also important to emphasize the following messages:

- Most of the handouts in the three manuals can be used as job aids. Participants should take responsibility for collecting and collating the handouts they receive during the training in order to continue to use them as job aids or reference materials once they go back to their work places.
- Participants are also encouraged to use the handouts to share and explain to their peers and managers their learning from this curriculum.

Please also note that participants' handouts are useful materials for facilitators in preparing their sessions to review key points.

### **3.15 Use participant Knowledge Packs**

Each manual is accompanied by a participant's Knowledge Pack. The information contained in each Knowledge Pack is tailored to support the participants' learning during the courses, and not to pre-empt it, and this is why the Knowledge Packs are small and contain only essential information necessary prior to attending each course.

The purpose of the Knowledge Packs is not to duplicate what is contained in the handouts that participants receive during the training sessions. This is another reason why the knowledge packs are small.

The knowledge pack of each manual should be sent to the participants with the invitation letter to attend that specific course. Participants should be encouraged to read the Knowledge Pack before the course begins. It may be useful to explain in the invitation letter that the purpose of the knowledge pack is to provide essential additional information about the topics addressed in the training. However, as the course uses a learner-centred experiential approach, most of the information will be provided during the sessions through handouts.

### **3.16 Enable participants to collate and keep knowledge packs and handouts**

It is recommended to provide participants with a folder for each course to collect and collate the Knowledge Pack and the handouts. Ideally, the Knowledge Pack will also

contain the introduction to the curriculum. A practical way to help participants collate and organize these materials is to provide a folder with plastic sleeves in which the participants can insert the handouts session by session.

### **3.17 Limit use of projectors and slides**

This curriculum has been designed to minimize the need to use projectors and slides in order to avoid transforming the methodology into lecturing. However, facilitators are encouraged to use their judgment as to when additional visuals, such as power point presentations, may be useful. In any case, facilitators should avoid lecturing as much as possible because it will defy the skill transfer aim of the methodology used in this curriculum.

## **OJT FP CONTRACEPTIVE LOGISTICS MANAGEMENT TRAINING COURSE**

### **COURSE OBJECTIVES**

**By the end of the course, the participants will be able to:**

- Demonstrate effective attitudes, knowledge, and skills in contraceptive logistics management that ensure four core competencies of quality FP service provision, namely:
  - Effectively ensure client's voluntary informed decisions
  - Effectively enable access to and use of quality FP/MNCH services
  - Effectively provide quality reproductive care
  - Effectively provide referral and follow-up
- Explain the role of effective contraceptive logistics management to ensure access to and use of family planning services and the strategic role of these services in supporting social development goals such as the Millennium Development Goals.
- Demonstrate effective attitudes, knowledge, and skills to collect and report quality data for contraceptive logistics management.
- Demonstrate effective attitudes, knowledge, and skills for proper storage of commodities and supplies.
- Demonstrate effective attitudes, knowledge, and skills to support timely contraceptive forecasting and procurement.

## SUGGESTED SAMPLE COURSE SCHEDULE

**Please note:** Although a sample training schedule organized by day is provided below, this course can be implemented flexibly either as a program covering the entire duration of the course, or by scheduling the course in modules over a few weeks, or by selecting the sessions that address specific capacity gaps and organizing a training schedule accordingly.

### DAY 1

| Time                  | Session  | Activity/Notes |
|-----------------------|--|----------------|
| 15 minutes            | Registration and official opening remarks  |                |
| 1 hour and 45 minutes | SESSION 1: Climate setting and course overview   |                |
| <b>30 minutes</b>     | <b>BREAK</b>   |                |
| 1 hour and 30 minutes | SESSION 2: Defining key concepts of contraceptive logistics management system (CLMS)         |                |
| <b>1 hour</b>         | <b>LUNCH</b>   |                |
| 15 minutes            | Energizer  |                |
| 1 hour and 30 minutes | SESSION 3: The role of a logistics management information system (LMIS) in a logistics cycle |                |
| 15 minutes            | Participants' daily reflections  |                |
|                       | <b>BREAK</b>   |                |

## SUGGESTED COURSE SCHEDULE

### DAY 2

| Time                  | Session   | Activity/Notes |
|-----------------------|---|----------------|
| 30 minutes            | Day 1 Recap   |                |
| 1 hour and 30 minutes | SESSION 4: Inventory control  |                |
| <b>30 minutes</b>     | <b>BREAK</b>  |                |
| 1 hour and 15 minutes | SESSION 5: Determining when to order supplies   |                |
| 1 hour                | SESSION 6: Using different types of LMIS forms correctly: The Family Planning Register                  |                |
| <b>1 hour</b>         | <b>LUNCH</b>  |                |
| 15 minutes            | Energizer   |                |
| 1 hour                | SESSION 7: Using different types of LMIS forms correctly: The Community Based Distributor (CBD) Voucher |                |
| 15 minutes            | Participants' daily reflections   |                |
|                       | <b>BREAK</b>  |                |

## SUGGESTED COURSE SCHEDULE

### DAY 3

| Time                  | Session   | Activity/Notes |
|-----------------------|---|----------------|
| 30 minutes            | Day 2 Recap   |                |
| 1 hour                | SESSION 8: Using different types of LMIS forms correctly: The Daily Consumption Record (DCR)        |                |
| <b>30 minutes</b>     | <b>BREAK</b>  |                |
| 1 hour and 45 minutes | SESSION 9: Using different types of LMIS forms correctly: The Requisition, Issue Report Form (RIRF) |                |
| <b>1 hour</b>         | <b>LUNCH</b>  |                |
| 15 minutes            | Energizer   |                |
| 1 hour and 45 minutes | SESSION 10: Storage   |                |
| 15 minutes            | Participants' daily reflections   |                |
|                       | <b>BREAK</b>  |                |

## SUGGESTED COURSE SCHEDULE

### DAY 4

| Time                  | Session   | Activity/Notes |
|-----------------------|---|----------------|
| 30 minutes            | Day 3 Recap   |                |
| 1 hour and 30 minutes | SESSION 11: Conducting a visual inspection to ensure proper storage |                |
| <b>30 minutes</b>     | <b>BREAK</b>  |                |
| 1 hour and 30 minutes | SESSION 12: Contraceptive forecasting                               |                |
| <b>1 hour</b>         | <b>LUNCH</b>  |                |
| 15 minutes            | Energizer   |                |
| 2 hours               | SESSION 13: Supportive supervision                                  |                |
| 1 hour and 15 minutes | SESSION 14: Concluding the course                                   |                |
|                       | <b>BREAK</b>  |                |



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## **SESSION 1: Climate Setting and Course Overview**

### **Objectives**

By the end of the session, the participants will be able to:

- Explain how the course is organized and the approach that it is based on.
- Explain the objectives of the course.
- Self-assess their pre-course knowledge.

### **Total Session Time**

105 minutes (one hour and 45 minutes)

### **Materials**

- Flipcharts, markers, tape, name tags
- Flipchart "Session objectives"
- Flipchart "Course objectives"
- Flipchart "Task roster"
- Pre-titled flipcharts for the structured brainstorm in Activity 4
- Copies of course schedule /training agenda
- Copies of pre course self-assessment questionnaire
- LCD projector if available/necessary

### **Facilitator's Resources**

- Activity 4: Amina's case scenario.

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

This session welcomes the participants and provides them with an overview of the course methodological approach, its objectives and content. Participants will be able to get to know each other and to self-assess their pre-course knowledge.

### **Activity 1: Welcome, opening remarks, and self-introductions (25 minutes)**

- 1.1 After the initial brief welcome and opening remarks (five minutes maximum), explain that as in any workshop, introductions come first. This will be done in a game that will allow us to build a relaxed atmosphere and become more comfortable with the participatory and interactive approach of this course.
- 1.2 Ask the participants to organize their chairs in a circle. The facilitator stands in the middle and explains the rules of the game called "fruit salad". In this game, each participant will be a fruit. There should be at least two people who will have the same fruit name. For example, if there are six participants, the group may choose three fruits with two people named after each of the fruits.
- 1.3 The facilitator also chooses to be one of the fruits, e.g., banana, and starts walking inside the circle. As the facilitator walks, she/he says the following things about herself/himself:
  - Name, and where from.
  - Current job, and how long been doing it.
  - Favourite food.

At this point, the facilitator says “*And I like...*” completing the statement by calling out one of the other fruits used in the game, e.g. *mango*.

All the people who picked the fruit name *mango* have to get up from their chairs and run around the circle to find a new seat. The facilitator at this point can step outside and remove her/his chair. The person who is left without a seat will introduce herself/himself and call a new fruit name as the facilitator did, and so on, until everyone has introduced herself/himself.

Explain that:

- Participants cannot simply shift to the next chair. If someone does this, s/he will automatically become the one standing in the middle.
- If someone who has already been introduced ends up standing again, she/he will choose a person with the same fruit name, and that person will stand in the middle and continue the game.

- 1.4 After the introduction, give each person a piece of card or a name tag, and ask her/him to put his/her name on it and either fold the card in half and place it on the table or floor in front of him/her or pin it on his/her chest.

## **Activity 2: Establish the contracts for the course, and create a task roster (10 minutes)**

- 2.1 Explain that the group will agree on few ground rules – which we will call *contracts* in order to stress their binding role to guide the interactions during the whole course. We will use a brainstorm to generate an initial list of contracts. Encourage participants to suggest helpful rules.

- 2.2 Write participant responses on a flipchart.

### **Facilitator Tip**

In alternating colours, write down participants’ suggestions. Consider rewriting in positive terms as needed. For example, if a participant suggests “Do not be late,” consider rephrasing this as “Be on time.”

Some examples of useful contracts:

- Participate actively
- Respect each other's opinions/ideas
- Speak one at a time
- No session within session
- Put cell phone on vibrator mode/turn off
- Limit to minimum the use of cell phones during sessions, even if on vibrator mode
- Be supportive, not judgmental

- 2.3 After all of the suggestions are written down on the flipchart, ask the participants to commit to those contracts.

- 2.4 Post the flipchart with the contracts on the wall so that all of the participants can see it during the course. **Please note:** In order to enhance the effectiveness of contracts, facilitators are encouraged to type and print out the list of agreed contracts and distribute to participants.

2.5 Explain that you would like the participants to be actively involved in running the workshop. For this purpose you would like the participants to rotate responsibility for the following tasks every day:

- Time keeping/Information: Ensure that everyone is on time at the beginning of each day and after breaks.
- Energizers/ Icebreakers /Social welfare: Help maintain energy, especially at the start of each day, after lunch breaks and/or whenever energy levels appear to decrease.
- Daily evaluation and daily recap: At the end of each day the participants will be asked to fill in a simple feedback form to assess how useful the sessions were (see Appendix 3). One person or a pair will use the daily evaluation to prepare a 30-minute participatory activity that they will conduct the next morning. This 30-minute activity will aim to identify the key learning from the previous day and present a summary of the participants' feedback/evaluation.

Post a flipchart on the wall with a roster for these four groups and ask the participants to write their names on one of the task for each day of the course:

| COURSE DAY | TASK AND VOLUNTEERS |                          |                                 |
|------------|---------------------|--------------------------|---------------------------------|
|            | TIME KEEPING        | ENERGIZERS & ICEBREAKERS | DAILY EVALUATIONS & DAILY RECAP |
| Day 1      |                     |                          |                                 |
| Day 2      |                     |                          |                                 |
| Day 3      |                     |                          |                                 |
| Day 4      |                     |                          |                                 |
| Day 5      |                     |                          |                                 |
| Day 6      |                     |                          | Not required                    |

If necessary, suggest simple icebreakers and energizers and offer to work at the end of the day with the person/pair who will prepare the recap activity for the next day.

### Activity 3: Participant expectations and course objectives (10 minutes)

3.1 Ask participants to write their expectations on cards and to post them onto the expectation flipchart.

3.2 Gather and summarize participant responses on the flipchart.

3.3 Show the objectives of this course on flipchart and discuss how participants' expectations relate to the objectives. Help participants to identify which expectations are realistic and relevant to the objectives, and which ones may not be. Reach agreement on which expectations may have to be placed in brackets or erased because they are not directly relevant to the objectives of this course.

## Activity 4: Approach and methodology of the course (25 minutes)

4.1 Ask the participants if they have read the sections in the introduction to their knowledge pack that explain the course approach, i.e. its focus on addressing the social ecology of FP/MNCH, and on developing core competencies through learner-centred methodologies and reflective thinking. Briefly discuss:

- What did you find new or useful about the social ecology model?
- What did you find new or useful about the focus on four core cross-cutting competencies?
- What did you find new or useful about the learner-centred experiential cycle?

### **Note for Facilitators**

There is no need to write down responses on flipchart. These questions serve only an ice-breaking purpose to introduce the case study that you will use next. At this stage, spend only little time to elicit a few responses without delving into any in-depth discussion of these issues. However, make sure to review thoroughly the relevant sections in the participants' knowledge pack before the beginning of the course. Also please note that the same issues are addressed in the Introduction section in the Facilitator's manual.

4.2 Build on relevant participants' responses to explain that this course focuses on developing problem-solving skills to help clients make voluntary informed decisions about their reproductive needs and goals. Developing problem-solving skills requires that we put ourselves in clients' shoes to fully understand what factors can hinder their ability to overcome barriers for informed voluntary decision making. In this course, we do this by using learning methodologies that foster our reflective thinking, insight, and analyses that we then apply to our work. For example, we use case studies.

4.3 Distribute copies of the case study provided in the Facilitator's Resources section below. Review the case study with the group. Explain that we are going to explore this question (show on flipchart if necessary):

- What factors hindered Amina's access to and utilization of FP/MNCH services?

Explain that we are going to explore these factors at four different levels (post four flipcharts as follows):

| Individual / Personal | Interpersonal & Community | Institutional | Policy |
|-----------------------|---------------------------|---------------|--------|
|                       |                           |               |        |

Rapidly brainstorm factors for each of these dimensions.

4.4 When you have several factors on each flipchart, help the participants draw connections across the four levels. Pick a factor from the Individual level and one from another level e.g. Institutional, and ask:

- How do these factors interconnect to affect Amina's access to and use of FP/MNCH services?

Repeat the same process a few times by selecting factors from different levels, e.g. one from Interpersonal & Community and another from Institutional or Policy, and discuss the same question.

### **Note for Facilitators**

At the end of the discussion, please remember to highlight the following key messages:

- By identifying key factors and their connections across the four levels, the participants have conducted a rapid analysis of how the social environment affect a person's ability to access and utilize FP/MNCH services.
- The four levels that the participants analysed make up what we call the Social Ecology of FP service provision, i.e. the social environment in which FP services are situated.

(At this point you may want to refer the participants to the relevant section of the introduction to their knowledge pack in which the diagram of the Social Ecology Model is provided).

- Each of the levels is a sphere of influence, i.e. it both influences and is influenced by all the other spheres to create, maintain, or change such a social environment.
- This course is based on understanding the social ecology in which FP services are provided because the social ecology (the social environment) influences in many ways clients' ability to make voluntary informed decisions. As providers, we need to understand these factors in order to put ourselves in clients' shoes and help them develop solutions that meet their needs.

4.5 Ask the participants to work in pairs for five minutes. Give to each pair one of the following questions to discuss:

- How can the social ecology that you analysed in Amina's case study undermine the role of FP/MNCH service provision in contributing to the MDGs?
- How can an understanding of the social ecology factors help health providers reduce barriers to access to and utilization of FP/MNCH services for clients like Amina?

Invite the pairs to share and discuss.

4.6 Finally, help the participants reflect on the methodology that was used in this activity to foster their reflective thinking and insight. Discuss:

- In which ways did the methodology foster your own analysis and drawing conclusions?
- Now that you have begun to experience this methodology, what are the key differences with lecturing?

4.7 Conclude by emphasizing that this activity enabled the participants to define the Social Ecology Model that informs this course as well as identify key features of the learner-centred experiential methodology that will continue to be used in all the sessions.

### **Activity 5: Pre-course self-assessment (20 minutes)**

5.1 Briefly explain that the purpose of the pre-course self-assessment is to help participants and facilitators assess the usefulness of the course and which areas or topics may require more attention during the training.

5.2 Distribute the pre-test self-assessment questionnaires to participants and allow 20 minutes

for completion. Let them know when five minutes remain.

5.3 Inform the participants that they will be asked to complete a formal evaluation of the course at the end of the program.

### **Activity 6: Review of course schedule (15 minutes)**

6.1 Distribute and clarify the training schedule/agenda. Invite questions for clarification.

6.2 Explain any logistics for the course.

6.3 Thank participants for their active participation in this session and transition to Session 2.

## **Facilitator's Resources**

### **Activity 4: Amina's case scenario**

Amina, a 34 year old housewife, married to 55 year old Zacharia, who is a petty trader. At the time when we want you to imagine this story is unfolding, they already had six children (five girls and a boy) and were living in a one-room apartment with their children. Amina's last baby was three months old but her husband kept pressuring her to have sex. Amina felt that it was too early to start having sex again, but she was also afraid of saying no to sex with her husband for fear of possible consequences she may suffer, for example denial of domestic allowance and violence.

Amina had heard of FP, but had no specific knowledge of any method. She had also heard people complain about FP saying that the methods had many side effects that could cause death. She was also afraid of how family planning providers might judge her if she told them about the problems with her husband.

Although Amina really didn't want any more pregnancies, she was afraid to talk about it with her husband for fear of his reaction. She was very worried that he might accuse her of infidelity just because she could not face another pregnancy. And so she felt that she had no choice and started having sex with her husband again.

Just four months after the delivery of her last baby, she became pregnant again. Amina could not consider abortion even though her family did not have enough food and there was no money for health care. Six months into her pregnancy, Amina started to bleed and her husband took her to see a traditionalist herbalist who gave her some herbs. The bleeding did not stop and by the time Amina was eight months pregnant it had become severe. Zacharia borrowed some money from his neighbours to take Amina to a nearby health post since a general hospital was too far and they could not afford the expenses. The health worker at the health post had no knowledge to provide emergency obstetric care, and Amina died while they were trying to sort out what to do.



## **SESSION 2: Defining Key Concepts of Contraceptive Logistics Management System (CLMS)**

### **Objectives**

By the end of the session, the participants will be able to:

- Explain what contraceptive logistics management system means and key principles of CLMS.
- Explain the role of contraceptive logistics in ensuring effective delivery and quality of integrated FP/MNCH services.
- Identify the six rights of CLMS and how they relate to effective delivery and quality of integrated FP/MNCH services.

### **Total Session Time**

90 minutes (one hour and 30 minutes)

### **Materials**

- Flipcharts, markers, tape, post-it stickers
- Flipchart “Session Objectives”
- Flipchart “The six rights of logistics management and FP/MNCH services”, Activity 1
- Flipcharts for the CLMS key principles, Activity 2
- LCD projector if available/necessary

### **Facilitator's Resources**

- Activity 2 - CLMS Key Principles: Questionnaire Form

### **Handouts**

- Handout 1 – The Six “Rights” of a Logistics Management System
- Handout 2 – Key Principles Informing Our Approach to CLMS

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will review and expand their understanding of the fundamental concepts of CLMS and will be engaged in reflecting on the significance of CLMS in ensuring effective delivery and quality of integrated FP/MNCH health services.

### **Activity 1: What is a Logistic Management System? (45 minutes)**

- 1.1 Divide the participants in pairs and give to each pair one of the following scenarios to discuss:

Scenario 1: You are working for a company that sells stationary. What should be the key elements of the company's logistics management system to ensure that you can do your job effectively with the customers?

Scenario 2: You are working for a company that sells soft drinks to retailers. What should be the key elements of the company's logistics management system to ensure that you can do your job effectively with the customers?

**Scenario 3:** You are working as a waiter in a restaurant. What should be the key elements of the restaurant's logistics management system to ensure that you can do your job effectively with the customers?

- Pairs have five minutes to brainstorm their scenario on flipchart.
- Presentation and discussion (five minutes per pair).

- 1.2 Distribute Handout 1 and review it with the group to discuss similarities and differences with their brainstorm results. Use one of the scenarios, e.g. the restaurant, to discuss the following issues:
  - What would happen if the logistics system failed to provide the right goods, e.g. the foods that customers want?
  - What would happen if the system could not ensure the right quantities of the goods?
  - What would happen if the system could not ensure the right conditions, e.g. the freshness or the hygiene of the foods?
  - What would happen if the system could not ensure that the goods are delivered to the right place, e.g. if foods went missing or customers got other people's dishes?
  - What would happen if the system could not ensure that the goods are delivered at the right time, e.g. if the kitchen was too slow in preparing the orders?
  - What would happen if the system could not ensure that the goods were not delivered at the right cost, e.g. if the restaurant overcharged?
- 1.3 As the discussion unfolds, the participants will probably highlight how these issues may disrupt the business as well as creating negative perceptions among customers about the reliability and quality of the restaurant (or the company). Use what participants say about these issues to highlight how these key elements of a logistics system may impact delivery and quality of products and services in general.
- 1.4 Give to each person four post-it stickers (the colour is not important). The participants have five minutes to write their answers on the stickers to the questions that you will now show on a flipchart (two stickers per each question):

| The Six Rights of Logistics Management and FP/MNCH Services                     |  |
|---|--|
| 1. Provide one or two examples of how the six rights apply to FP/MNCH services: | 2. Identify at least two impacts on the effective delivery and quality of these services if the six rights are not realized: |

- 1.5 Invite the participants to place their stickers on the flipchart. Allow a few minutes for reading the responses. Discuss:
  - From your experience, which of the examples in column one have the greatest impact on effective delivery and quality of FP/MNCH services?
  - How do the issues in column two undermine the strategic role of FP/MNCH to contribute to social development goals such as the Millennium Development Goals?

As you facilitate the discussion, use the insights that participants provide to highlight how logistics management systems play a very important role to support the broader social development goals that FP/MNCH services are expected to contribute to.

## Activity 2: Key principles informing our approach to CLMS (40 minutes)

- 2.1 The discussion in Activity 1 highlighted the strategic importance of CLMS in ensuring that FP/MNCH services fulfil a broader socio-economic development role. In this activity, the participants will continue to reflect on these issues to identify the key principles on which CLMS should be based.
- 2.2 Post on the walls around the room the following flipcharts that you will have prepared:

|                |                         |                         |              |                                     |                  |
|----------------|-------------------------|-------------------------|--------------|-------------------------------------|------------------|
| No Stock Outs! | The Goal of Excellence! | Commodity Security (CS) | Data Quality | No Report, No Product, No Programme | Final Kilometre! |
|----------------|-------------------------|-------------------------|--------------|-------------------------------------|------------------|

- 2.3 Distribute the *CLMS Key principles: questionnaire form* (refer to the **Facilitator's Resources** section below) as well as six post-it stickers to each participant. Review the instructions on the form with the group and start the exercise.
- 2.4 Stop the exercise after 10 minutes maximum. Allow a few minutes for reading. Discuss:
- Which of the answers that you did not develop do you find very useful, and why?
  - Which answers would you like clarification about?
- 2.5 Distribute Handout 2 and review it with the group vis-à-vis the answers their developed.
- 2.6 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## **Facilitator's Resources**

### **Activity 2 - CLMS Key Principles: Questionnaire Form**

These are the key principles that inform our approach to CLMS:

**No Stock Outs!**

**The Goal of Excellence!**

**Commodity Security (CS)**

**Data Quality**

**No Report, No Product, No Programme**

**Final Kilometre!**

Let's develop our insights about what these principles mean. You have been given six post-it stickers. You will use one sticker per principle to write down what you think each principle means. To help you develop your insights, here are some hints:

**“No Stock Outs!”** Why should CLMS be informed by this principle? Why should a CLMS ensure that there are no stock outs?

**“The Goal of Excellence!”** What does an effective CLMS have to do with achieving excellence in FP/MNCH service provision?

**“Commodity Security (CS)”** What do you think this means in the context of an effective CLMS?

**“Data Quality”** Why do we need to collect good useful data to ensure that a CLMS is effective? What kind of data would be important?

**“No Report, No Product, No Programme”** Why should we be concerned with reporting about products in order to ensure an effective CLMS?

**“Final Kilometre!”** The **final kilometre** is your service delivery point (SDP). What do you have to do to make sure that commodities get to your site?

You have 10 minutes to write the answers on your stickers, without consulting with anyone else, and post them on the relevant flipcharts.

## ***Participant's Handouts***

### **Session 2: Handout 1, Activity 1 – The Six “Rights” of a Logistics Management System**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

#### **A Logistics Management System is a system that ensures:**

The **RIGHT** goods  
in the **RIGHT** quantities  
in the **RIGHT** condition  
delivered . . .  
to the **RIGHT** place  
at the **RIGHT** time  
for the **RIGHT** cost

**Therefore, the purpose of a logistics management system – including a contraceptive logistics management system (CLMS) is to serve customers by fulfilling the six rights above.**

#### **Why Do Logistics Systems Fail?**

Businesses often fail due to logistics problems that affect their ability to fulfil one or more of the six rights. A business that offers an excellent atmosphere and excellent customer service, but cannot meet the customer's need by fulfilling all six rights, will ultimately fail.

Most store owners understand that they must fulfil the six rights. They make every effort to ensure that their customers receive the products they expect when they want them at the price they are willing to pay. Satisfied customers in turn will want to return to the same store.

Think of a store where you shop frequently. Does the store *a/ways* meet the six rights? Does it offer the goods you want at the right price when you want or need them? If not, why do you shop there?

## **Participant's Handouts**

### **Session 2: Handout 2, Activity 2 – Key Principles Informing Our Approach to CLMS**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

1. **No Stock Outs!** In the past, some people have become used to stock outs. Sometimes it just seemed normal. But you cannot offer quality service if you do not have the testing and treatment products at your site. An effective CLMS enables you to avoid stock outs.
2. **The Goal of Excellence!** You cannot achieve excellence without products. Counselling alone is only half of the requirement. We all want to do the very best job that we can for our clients and this requires constant product availability.
3. **Commodity Security (CS).** Food security means having enough food for everybody. Commodity Security for contraceptives means having enough commodities so that all who want them can access them. The Federal Ministry of Health and the states have worked hard with international donors, and supplies have increased greatly. At the same time, demand is increasing.
4. **Data Quality.** What you need to do to make the system work and avoid stock outs is to have good data. The data are the numbers you keep on key forms in the system. Accurate, quality data will keep you supplied.
5. **“No Report, No Product, No Programme.”** Specialists in logistics say that if you have no product, you have no programme. In the CLMS, this means that if you don't send in your order form, called the RIRF, every two, three and four months for SDP, LGA and State stores respectively, you won't get supplies, and you are out of business. Therefore, if you don't have products available, you don't have a programme.
6. **“Final Kilometre.”** Officials have worked very hard with international organizations and NGOs to greatly increase the quantity of contraceptive commodities coming into Nigeria. However, these commodities are of no value unless they get all the way down the “final kilometre” to your site so that you get them to clients. You use the forms and place orders so that those products will come to you!

## **SESSION 3: The Role of a Logistics Management Information System (LMIS) in a Logistics Cycle**

### **Objectives**

By the end of the session, the participants will be able to:

- Explain what the logistic cycle is and its key components.
- Explain what *the Logistics Management Information System (LMIS) is and its significance to CLMS*.
- Identify four key attributes of quality data for the logistics cycle.
- Identify how the six rights of CLMS apply to data.

### **Total Session Time**

90 minutes (one hour and 30 minutes)

### **Materials**

- Flipcharts, markers, tape, post-it stickers, A4 size paper sheets
- Flipchart "Session Objectives"
- Flipchart "*A good data is that which is .....?*", Activity 2
- Flipcharts "*The six rights. How they apply to data*", Activity 2
- LCD projector if available/necessary

### **Handouts**

- Handout 1 – The Logistics Cycle. What does it mean?
- Handout 2 – The Logistics Cycle: Understanding Its Components.
- Handout 3 – The Logistics Management Information System (LMIS)
- Handout 4 – Key Points why LMIS is Important to the Effectiveness of CLMS
- Handout 5 – How the Six Rights Apply to Data

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will expand their knowledge and understanding of *the Logistics Management Information System (LMIS) and its significance to CLMS* in order to support effective delivery and quality of integrated FP/MNCH health services.

### **Activity 1: The Logistics Cycle. What does it mean? (35 minutes)**

#### **Steps:**

- 1.1 Ask the participants to recall the purpose of a CLMS. If they cannot, refer them to Handout 1 from Session 2 Activity 1.

In order to achieve its purpose, a CLMS has to be organized through a number of essential and interconnected activities. Over the years, logisticians have developed a systematic approach to describing the activities of a logistics system. They call it the *logistics cycle*. *Distribute Handout 1 of this session and review it with the group.*

- 1.2 In order to understand what the cycle actually means, invite the participants to stand in the middle of the room to play a CORRECT/INCORRECT quiz. Once they have formed a circle, distribute Handout 1 of this session (*The Logistics Cycle. What does*



*it mean?*) Review it briefly with the group explaining that the participants can refer to it while playing the quiz.

The facilitator reads a statement at a time from those provided below. If participants feel that the statement is **CORRECT**, they will move to one end of the room or to the opposite one if they feel that it is **INCORRECT**. The facilitator provides the correct answer before moving on to the next statement:

| Statements  | Correct/Incorrect   |
|---|---|
| Whether we work to select, procure, store, or distribute products, our ultimate goal should be to meet customer needs.  | <b>CORRECT.</b> The logistics system ensures customer service by fulfilling the six rights. Each activity in the logistics cycle, therefore, contributes to providing excellent customer service.   |
| In any logistics system, products must be selected. In a health logistics system, product selection may be the responsibility of a national or state body.                | <b>CORRECT.</b> The ability to select from among products is influenced by other elements of the logistics cycle. Perhaps the most important of these is the budget available to purchase the chosen products. For example, countries often choose generic drugs over name brands that may be more expensive. |
| After a country has selected the products it will make available to its people, the next steps are forecasting and procurement.   | <b>CORRECT.</b> After products are selected, the quantity required of each product must be determined and procured. Procurement may have several steps and may vary country by country.   |
| Inventory management means that after an item has been procured and received, it must be stored until the customer needs it.  | <b>INCORRECT.</b> After an item has been procured and received, it must be stored until the customer needs it, but in order to get it to the customer the cycle must also include effective <u>distribution</u> .   |
| In the logistics cycle, <i>quality monitoring</i> appears between each activity of the logistics cycle because it refers to quality monitoring of products at each stage. | <b>INCORRECT.</b> This refers not only to the quality of the product, but also to the quality of the work, e.g. data collection and reporting.  |
| Policies and Adaptability are outside the cycle because these issues influence it only indirectly.  | <b>INCORRECT.</b> Policies and Adaptability are two important forces, which strongly influence the logistics system.  |
| Government policies affect all elements of the logistics system. Logistics managers should keep up-to-date on current policies and carry them out as specified.           | <b>CORRECT.</b> Unless logistics managers keep up-to-date on current policies and carry them out as specified, the whole system may collapse. Also, there won't be quality data to decide how to change policies, if changes are needed.  |

|   |   |
|---|---|
| ADAPTABILITY is the logistics system's ability to successfully obtain the resources (either internal or external) that are necessary to address changes in demand.                    | <b>CORRECT.</b> For example, as demand increases, the logistics system needs more money to pay for fuel for extra deliveries, hire new warehouse workers, and train clinic personnel. The program's ability to meet these needs—its adaptability—will have an impact on the logistics system.   |
| PIPELINE means chain of storage facilities and transportation links through which supplies move from the manufacturer to the consumer.  | <b>CORRECT.</b> Including port facilities, central warehouse, regional warehouses, district warehouses, all SDPs, and transport vehicles.   |
| Not all staff members involved in logistics must make the six rights a top priority for a logistics system to work properly.  | <b>INCORRECT.</b> A logistics system can only work if well-trained and efficient staff place orders, move boxes, and provide goods to clients. Health programs must be organized to provide the appropriate resources (for example, supervision authority and technical knowledge) to complete logistics activities. Organization and staffing, therefore, are an important part of the cycle. Logistics staff must make the six rights a top priority for a logistics system to work properly. |
| In the logistics cycle, budgeting mostly affects product selection.   | <b>INCORRECT.</b> It affects product selection, the quantity of products procured, the amount of storage space available, and the number of staff working in logistics. Logistics activities must receive sufficient funding in the budget if the whole system is to operate effectively.   |
| Supervision of the logistics system keeps it running smoothly and helps anticipate needed changes.  | <b>CORRECT.</b> Effective supervision helps avoid problems or resolves them quickly before they grow into crises.   |
| Evaluation of the logistics system can help demonstrate the impact of the system on other elements.   | <b>CORRECT.</b>   |
| Adapted from: USAID   DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va. |   |

1.1 Explain that this exercise intentionally left out a discussion about the Logistics Management Information System (LMIS) because this issue will be explored in depth in the next activity. Distribute Handout 2, which contains the answers to the above exercise, and invite the participants to review it in their own time.

## Activity 2: The Logistics Management Information System (LMIS) and its significance to CLMS (55 minutes)

2.1 The logistics cycle clearly shows the central importance of information, i.e. of the Logistics Management Information System (LMIS). Information is really the motor of the whole cycle. Without information, the logistics system would not be able to run smoothly. We gather information about each activity in the system and analyse that information to coordinate future actions. For example, we gather information about inventory levels and consumption in order to know how much more of a product to procure.

In the next exercises, the participants will explore what an LMIS is, why it is so important to a CLMS, and what information should be collected.

2.2 Begin by brainstorming with the group:

- What's the difference between LMIS and other types of management information systems (MIS)?

Record a few responses. Provide the answer:

Logisticians added the word *logistics* to *management information system* (MIS) to create *logistics management information system* (LMIS). In this way, it is clear that the collection of data for logistics is a separate activity from the collection of data for other information systems, including Health Management Information Systems (HMISs). Logisticians emphasize the use of logistics data for making decisions about activities within the logistics cycle.

2.3 Participants work in pairs. They have three minutes to discuss:

- What is the purpose of a LMIS in a logistics cycle?  
Invite the pairs to share their answers. Stress that the **purpose of a LMIS in a logistics cycle is to collect, organize, and report data that will be used to make decisions.**

2.4 Brainstorm with the participants:

- If you were a logistics manager, what key issues would you need data about in order to make sound decisions for a smooth functioning of the logistics cycle?

Record responses on flipchart. Distribute Handout 3 and review section 3 with the group.

2.5 It is time to draw a connection between the LMIS and the CLMS. Obviously LMIS is very important for the overall effectiveness of a CLMS. Instructions: Ask:

- The participants to work in pairs (or individually, depending on the total number in your group) and have five minutes to identify at least three key points why LMIS is important to the effectiveness of CLMS.
- Each pair receives a blank A4 size paper sheet on which they will write their points.
- Stop the exercise after five minutes and ask the pairs to post their papers on the wall.
- Allow a few minutes for reading and facilitate a discussion using questions such as:
  - Which answers would you like clarification about?
  - Which of the answers that you did not develop feel correct, and why?

Distribute Handout 4 and review it with the group vis-à-vis their answers.

2.6 We have discussed how important information is in LMIS and why in turn this matters to CLMS. The bottom line is: Unless we have quality data, we cannot make informed decision to manage contraceptive logistics according to the six rights and, ultimately, serve the customers. But what are the attributes of data to ensure that we get quality data?

2.7 Show the following flipchart:

**Good data is that which is .....?**

Explain that there are four key attributes that ensure data is quality data. Give one post-it sticker to each participant. They will work individually and have five minutes to write on it four attributes that they believe ensure the quality of data. After five minutes, the participants will post their stickers on the flipchart. Facilitate a discussion:

- Which answers would you like clarification about?
- Which of the answers that you did not develop feel correct, and why?

Provide the solution and write it on the flipchart:

**Good data is that which is .....?**

- Accurate (no mistakes)
- Timely (compiled and submitted on time)
- Reliable (reflects the actual situation on ground)
- Complete (has all relevant information on any of the forms used in the course of collecting the data)

2.8 Explain that we will now explore the following scenarios with the participants to help them understand the meanings of the four attributes above. Ask:

- If an SDP reports AFTER it stocks out, can the LGA provide contraceptives at the right time, in the right place? So what was the problem with the SDP data? (Answer: **not timely**)
- If an SDP reports that it has no Noristerat when it actually has 100 vials, can the LGA know the right quantity to supply? What is the problem with the data? (Answer: **not reliable**)

2.9 In this final exercise, the participants will explore the following question:

**How do the Six Rights Apply to Data?**

Explain that by reflecting on this question, the participants will uncover important additional reasons why a good LMIS is so critically important to an effective CLMS. Instructions:

- The facilitator shows the following flipchart:

| The Six Rights   | How they Apply to Data |
|--|------------------------|
| The <b>RIGHT</b> goods<br>in the <b>RIGHT</b> quantities<br>in the <b>RIGHT</b> condition<br>delivered . . .<br>to the <b>RIGHT</b> place<br>at the <b>RIGHT</b> time<br>for the <b>RIGHT</b> cost |                        |

- The facilitator distributes randomly one strip of paper to each participant. Each strip of paper has an explanation that makes one of the rights applicable to data (it does not matter if more than one person receives the same explanation. Refer to Handout 5 for the explanations).
- The participants cannot consult with each other. They have three minutes to decide which 'explanation' applies to which 'right', and stick the strip of paper next to it.
- Once the paper strips have been posted, discuss:
  - Which answers would you like clarification about?
  - Which of the answers that you did not develop feel correct, and why?

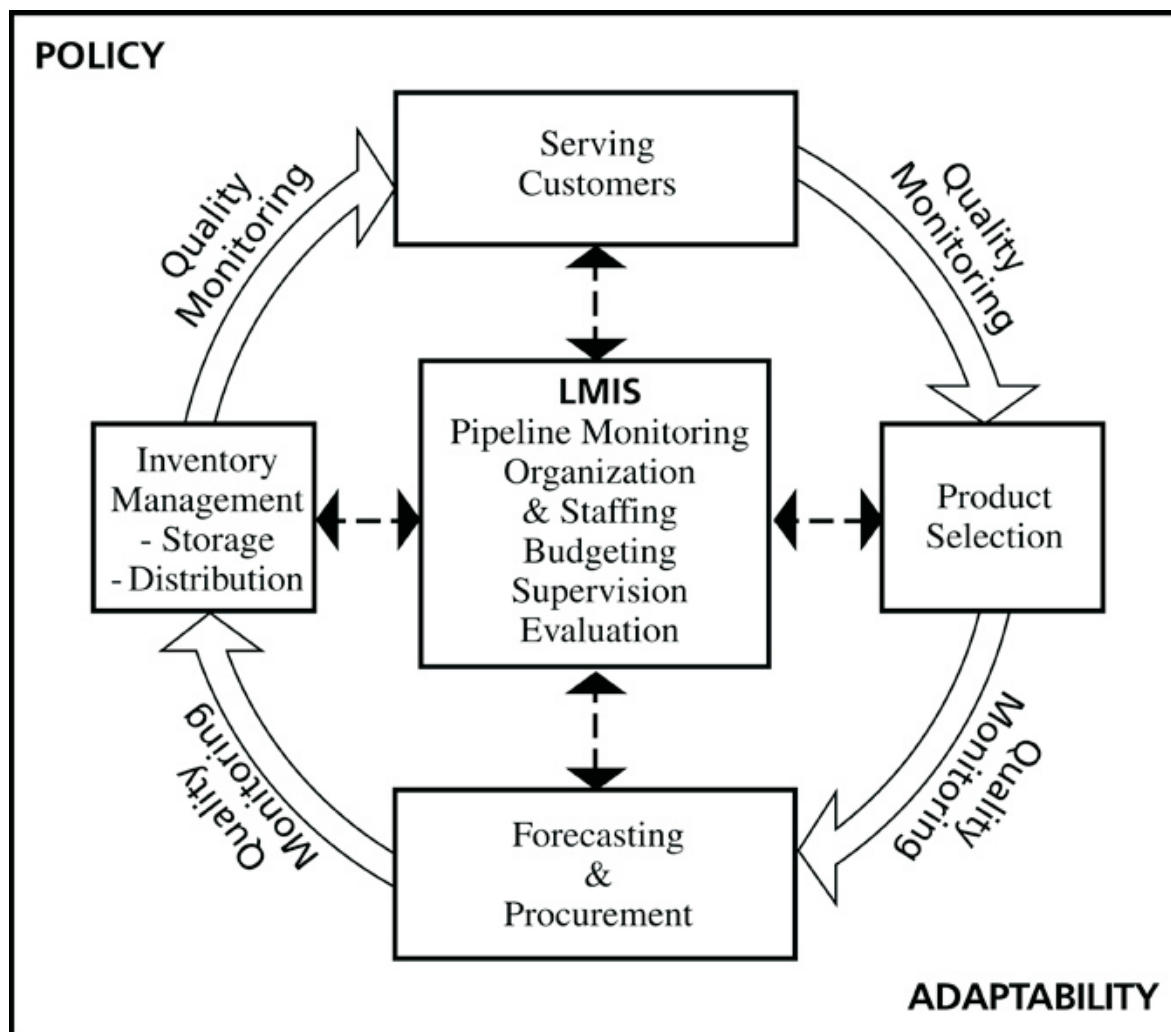
- Which of the answers do not appear to match the rights correctly, and why?
- 2.10 Distribute Handout 5 and review it with the group comparing it with the final arrangement of the explanations on the flipchart.
- 2.11 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Participant's Handouts

### Session 3: Handout 1, Activity 1 – The Logistics Cycle. What does it mean?

Source: USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.

Logistics management includes a number of activities that support the six rights. Over the years, logisticians have developed a systematic approach to describing the activities of a logistics system. They call it the *logistics cycle*:



The circular shape of the cycle indicates the interdependence of the various elements in the cycle. Each activity—serving customers, product selection, forecasting and procurement, and inventory management—depends on the others.

For example, product selection is based on serving customers. What would happen if, for medical reasons, we select a product that customers refuse to use? We would need to rethink our decision and order a product more acceptable to the customer. We would have to look for one that tastes better, is a different colour, or is packaged differently. This decision would, in turn, affect our procurement and storage, two other activities in the logistics cycle.



## Participant's Handouts

### Session 3: Handout 2, Activity 1 – The Logistics Cycle: Understanding Its Components.

Source: USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.

| Statements  | Correct/Incorrect   |
|---|---|
| Whether we work to select, procure, store, or distribute products, <b>our ultimate goal should be to meet customer needs.</b>   | <b>CORRECT.</b> The logistics system ensures customer service by fulfilling the six rights. Each activity in the logistics cycle, therefore, contributes to providing excellent customer service.   |
| In any logistics system, products must be selected. In a health logistics system, <b>product selection</b> may be the responsibility of a national or state body.         | <b>CORRECT.</b> The ability to select from among products is influenced by other elements of the logistics cycle. Perhaps the most important of these is the budget available to purchase the chosen products. For example, countries often choose generic drugs over name brands that may be more expensive. |
| After a country has selected the products it will make available to its people, the next steps are <b>forecasting and procurement.</b>                                    | <b>CORRECT.</b> After products are selected, the quantity required of each product must be determined and procured. Procurement may have several steps and may vary country by country.   |
| <b>Inventory management</b> means that after an item has been procured and received, it must be stored until the customer needs it.                                       | <b>INCORRECT.</b> After an item has been procured and received, it must be stored until the customer needs it, but in order to get it to the customer the cycle must also include effective <u>distribution</u> .   |
| In the logistics cycle, <b>quality monitoring</b> appears between each activity of the logistics cycle because it refers to quality monitoring of products at each stage. | <b>INCORRECT.</b> This refers not only to the quality of the product, but also to the quality of the work, e.g. data collection and reporting.  |
| <b>Policies and Adaptability</b> are outside the cycle because these issues influence it only indirectly.   | <b>INCORRECT.</b> Policies and Adaptability are two important forces, which strongly influence the logistics system.  |
| <b>Government policies</b> affect all elements of the logistics system. Logistics managers should keep up-to-date on current policies and carry them out as specified.    | <b>CORRECT.</b> Unless logistics managers keep up-to-date on current policies and carry them out as specified, the whole system may collapse. Also, there won't be quality data to decide how to change policies, if changes are needed.  |
| <b>Adaptability</b> is the logistics system's ability to successfully obtain the resources (either internal or external) that are necessary to address changes in demand. | <b>CORRECT.</b> For example, as demand increases, the logistics system needs more money to pay for fuel for extra deliveries, hire new warehouse workers, and train clinic personnel. The program's ability to meet these needs—its adaptability—will have an impact on the logistics system.                 |
| <b>Pipeline</b> means chain of storage facilities and transportation links through which supplies move from the manufacturer to the consumer.                             | <b>CORRECT.</b> Including port facilities, central warehouse, regional warehouses, district warehouses, all SDPs, and transport vehicles.   |



|   |   |
|---|---|
| Not all staff members involved in logistics must make the six rights a top priority for a logistics system to work properly.  | <b>INCORRECT.</b> A logistics system can only work if well-trained and efficient staff place orders, move boxes, and provide goods to clients. Health programs must be organized to provide the appropriate resources (for example, supervision authority and technical knowledge) to complete logistics activities. Organization and staffing, therefore, are an important part of the cycle. Logistics staff must make the six rights a top priority for a logistics system to work properly. |
| In the logistics cycle, <b>budgeting</b> mostly affects product selection.  | <b>INCORRECT.</b> It affects product selection, the quantity of products procured, the amount of storage space available, and the number of staff working in logistics. Logistics activities must receive sufficient funding in the budget if the whole system is to operate effectively.   |
| <b>Supervision</b> of the logistics system keeps it running smoothly and helps anticipate needed changes.   | <b>CORRECT.</b> Effective supervision helps avoid problems or resolves them quickly before they grow into crises.   |
| <b>Evaluation</b> of the logistics system can help demonstrate the impact of the system on other elements.  | <b>CORRECT.</b>   |
| Adapted from: USAID   DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va. |   |

## **Participant's Handouts**

### **Session 3: Handout 3, Activity 2 – The Logistics Management Information System (LMIS)**

Source: USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.

1. Logisticians added the word *logistics* to *management information system* (MIS) to create *logistics management information system* (LMIS). In this way, it is clear that the collection of data for logistics is a separate activity from the collection of data for other information systems, including health management information systems (HMIS). Logisticians emphasize the use of logistics data for making decisions about activities within the logistics cycle.
2. **Therefore, the purpose of a LMIS in a logistics cycle is to collect, organize, and report data that will be used to make decisions.**
3. If data are to be collected for decision making, we need to know how much data and what data to collect about what issues. For example:
  - How long will current supplies last? Do we need to order more supplies now?
  - Where are our supplies in the pipeline? Do we need to move supplies from higher to lower levels?
  - Where is consumption the highest? Do those facilities need more resources?
  - Are we experiencing losses from the system that require us to take action?
  - Are supplies flowing regularly through the pipeline? Do we need to adjust our pipeline to account for bottlenecks in the system?
  - Are any products about to expire? Should we take them out of the pipeline? Can we distribute them before they expire?

## ***Participant's Handouts***

### **Session 3: Handout 4, Activity 2 – Key Points why LMIS is Important to the Effectiveness of CLMS**

Source: USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.

LMIS contributes to the effectiveness of a CLMS by:

- Improving client services through product availability
- Improving program management through better reporting and analysis
- Identifying when supervisory action is required
- Ensuring accountability for the use of supplies purchased

Unless we have quality data, we cannot make informed decision to manage a CLMS according to the six rights and, ultimately, serve the customers.

## Participant's Handouts

### Session 3: Handout 5, Activity 2 – How the Six Rights Apply to Data

Source: USAID | DELIVER PROJECT, Task Order 1. 2009. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.

| The Six Rights          | How they Apply to Data   |
|-------------------------|--|
| The Right Goods         | The essential data items   |
| In the Right Quantities | Having all essential data from all facilities                              |
| In the Right Conditions | We have to be sure that the data are correct                               |
| To the Right Place      | The information must be where the decisions are made                       |
| At the Right Time       | In time to take action   |
| For the Right Cost      | We should not spend more to collect information than we spend on supplies! |

## SESSION 4: Inventory Control

### **Objectives**

By the end of the session, the participants will be able to:

- Explain what an inventory control system is.
- Explain key terminology used in inventory control.
- Explain the purpose and roles of inventory control in ensuring effectiveness of CLMS.

### **Total Session Time**

90 minutes (one hour and 30 minutes)

### **Materials**

- Flipcharts, markers, tape, post-it stickers, A4 size paper sheets
- Flipchart “Session Objectives”
- Flipchart “A good data is that which is .....?”, Activity 2
- Flipcharts “The six rights. How they apply to data”, Activity 2
- LCD projector if available/necessary

### **Facilitator's Resources**

- Activity 1: Possible Roles of an Inventory Control System in CLMS. Interview Form

### **Handouts**

- Handout 1 – The Roles of an Inventory Control System in CLMS

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will expand their knowledge and understanding of a very important element of the *CLMS*, namely *the inventory control system*.

### **Activity 1: The Inventory Control System. What is it? (50 minutes)**

- 1.1 Ask the participants to refer to Handout 1 from Session 3. The handout clearly shows that information is the motor of a CLMS and that is why LMIS has such a central position in a logistics cycle. As the diagram shows, LMIS is interconnected to all other components of the cycle, and in this session we are going to explore the importance of Inventory Management. For our purposes, we are going to focus on a very important element of inventory management, namely **inventory control**.
- 1.2 Ask the participants:
  - What type of inventory control systems are you familiar with outside of health?Invite a few responses. Explain that probably every one of us has used an inventory control system in our own private lives without realizing it. Let's consider what we might be doing when we need milk for our homes, for example, and think about the following questions:
  - How much fresh milk do we keep in the house?

- How often do we buy milk?
- What is the lowest quantity of milk we want to have before we buy more?
- How much milk do we want to have at any one time?
- Do we consume milk on a regular, steady basis, or does our use fluctuate?
- How many people in the house consume milk? Does this change?
- Are there any financial or other constraints to purchasing milk, such as limited available supply or limited transport?

1.3 The same questions would apply to an inventory control system within a CLMS. Obviously, we would be talking about contraceptives and not milk. Ask the participants to discuss in pairs for five minutes:

- What purpose does an inventory control systems fulfil in ensuring the effectiveness of a CLMS?

1.4 Invite the pairs to share their views. Show the following flipchart:

| Inventory Control in a CLMS  |
|--|
| <p><b>An inventory control system:</b></p> <ul style="list-style-type: none"> <li>• Informs the provider when to order or issue;</li> <li>• How much to order or issue; and,</li> <li>• How to maintain an appropriate stock level of all products to avoid shortages and oversupply.</li> </ul> |

1.5 In the next exercise, the participants will identify the roles that an inventory control system plays in ensuring the effectiveness of a CLMS. Instructions:

- Distribute the *Possible roles of an inventory control system in CLMS* form to each participant (refer to the **Facilitator's Resources** section below).
- Each participant must interview at least two-to-three other people using the form.
- After collecting the responses from peers, each participant will have three minutes to select the answers that she/he feels are correct. Participants may decide to select no answer if they feel that none of those they recorded is correct.
- The activity must be completed in 15 minutes maximum.
- Once the activity is completed, invite the participants to share the answers that they have selected and discuss their reasons for the selection.
- Finally, distribute Handout 1 and compare it with the answers that participants provided.

1.6 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

Ask the question below to at least two-to-three colleagues in the group and write down their answers. You will then spend a few minutes to decide which of the answers they provided is correct:

- ## Your Colleagues Answers

Colleague 2:

Colleague 3:



## ***Participant's Handouts***

### **Session 4: Handout 1, Activity 1 – The Roles of an Inventory Control System in CLMS**

In a CLMS, an inventory control system is used to:

- Determine when stock is ordered or issued, how much stock should be ordered or issued and to maintain appropriate stock levels of contraceptives to avoid shortages or oversupply.
- Determine levels, reporting and ordering cycle and maximum or minimum months of supply.
- Determine the average monthly consumption and months of stock.

An inventory control system for CLMS will have a Maximum and a Minimum stock set for each level in order to ensure that there is always adequate stock by maintaining the stock balance at the facility between Max and Min.

To illustrate an inventory control system, we can use the example of any household item, like milk. The people who buy the milk must have some idea of how much their families will consume over a period of time (consumption), which brand they prefer (product selection) and how long the milk will last before it spoils under the conditions in the household (storage, expiration, spoilage). They will know when they need to re-supply milk for their families' consumption. Obviously most households do not have a formal inventory control strategy, but the example helps us understand how inventory control works.

## **SESSION 5: Determining When to Order Supplies**

### **Objectives**

By the end of the session, the participants will be able to:

- Explain what a Maximum (Max) and a Minimum (Min) stock level mean.
- Explain what the Reporting and Ordering Cycle is.
- Explain the meaning of *stock on hand (SOH)* and *average monthly consumption (AMC)*.
- Calculate SOH, AMC, and months of stocks.
- Determine when to order supplies.

### **Total Session Time**

75 minutes (one hour and 15 minutes)

### **Materials**

- Flipcharts, markers, tape, A4 size paper sheets
- Flipchart "Session Objectives"
- Flipchart "*What is SOH/AMC*", Activity 1
- Flipcharts "*The six rights. How they apply to data*", Activity 2
- LCD projector if available/necessary

### **Handouts**

- Handout 1 – When and How to Order Supplies

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will practice how to determine when to order supplies. They will review key terms and apply the Reporting and Ordering Cycle table.

### **Activity 1: When and how to Order Supplies (60 minutes)**

- 1.1 Ask the participants to recall one of the last issues discussed in the previous session, namely that an inventory control system has a Maximum (Max) and a Minimum (Min) stock level set for each level. The participants will now work in pairs for five minutes to develop their definitions of Max and Min stock level. Give two blank A4 size papers to each pair on which they will write their definitions (one definition per paper).
- 1.2 Stop the pairs after five minutes and ask them to post their definitions on the wall. Briefly discuss similarities and differences, and distribute Handout 1 for comparison. Bring the participants' attention to the table in the handout that outlines the Reporting and Ordering Cycle. Discuss:
  - How many of you were aware of the Reporting and Ordering Cycle?
  - Is the Reporting and Ordering Cycle at your level being implemented according to this table? How is it working?
- 1.3 Ask the participants to put away the handout. They must not look at it during the next exercises.

The Reporting and Ordering cycle can work effectively only if we are able to make decision based on quality data, i.e. data that complies with those four key attributes that we discussed in a previous session. There are some simple ways to help us ensure that we use quality data. For example, let's imagine that we are working in a SDP. In order to be able to decide when to order supplies, first a SDP must know what its *stock on hand* (SOH also called *physical quantity*) is and what its *average monthly consumption* (AMC) is of the product it wants to order. Quickly brainstorm with the group:

| What is stock on hand (SOH/physical quantity)? | What is average monthly consumption (AMC)? |
|--|--|
|  |  |

Record responses on flipchart. Identify the correct responses. If the participants have not provided correct answers, write them on the flipchart.

| What is stock on hand (SOH /physical quantity)? | What is average monthly consumption (AMC)?                       |
|---|--|
| How much of a product we actually have          | How much of a product has been issued over the last two months/2 |

- 1.4 Ask the participants to continue to imagine that they are working at a SDP and explain (as you go through the explanations, write the figures on flipchart):
  - You have a box of male condoms. You count the pieces to find out that in fact there are 100 pieces. Therefore the SOH is 100.
  - During the last two months, your SDP has issued 25 condoms the first month and 35 condoms the second month. Therefore your AMC is:  $(25+35)/2=30$ .
  - Now you want to calculate the months of stock you have, i.e. how long a box of 100 condoms will last at your SDP based on your current AMC. You have to divide your SOH by your AMC:  $100/30=3.33$  this means you have just about three months of stock.
- 1.5 Now ask the participants:
  - If the SDP wanted to place an order to ensure the Maximum stock level, how many condoms should you order?

Explain that the formula to be used is (write it on flipchart):

**Order Quantity = Max – SOH (OR Max – Physical Quantity)**

Give the participants three minutes to do the calculations. Ask each participant to reveal her/his figure. Allow participants to discuss which figures are correct and why, and finally confirm the correct answer by explaining:

- We know from the Reporting and Ordering Cycle that Max is 4 AMC for SDP. Therefore, in this case, Max:  $4 \times 30 = 120$ .
- We apply the formula **Order Quantity = Max – SOH (OR Max – Physical Quantity)**. Therefore:  $120 - 100 = 20$ .

## Activity 2: Summarizing when to Order Supplies (15 minutes)

2.1 For this purpose, the participants will play a TRUE/FALSE game. *Invite the*

*participants to stand in the middle of the room to play the quiz.* The facilitator reads a statement at a time from those provided below. If participants feel that the statement is TRUE, they will move to one end of the room or to the opposite one if they feel that it is FALSE. The facilitator provides the correct answer before moving on to the next statement:

| Statements   | True/False   |
|--|--|
| The <b>Maximum stock level</b> is the level of stock above which inventory levels should not rise under normal conditions.         | <b>TRUE.</b>   |
| The max stock level is 4 Average Months of Consumption (AMC) for SDP, 5 AMC for LGA Store and 9 AMC for State Store.               | <b>FALSE.</b> The max stock level is 4 Average Months of Consumption (AMC) for SDP, 6 AMC for LGA Store and 8 AMC for State Store. |
| <b>SOH/physical quantity</b> is the quantity of a specific supply that you see in the facility.                                    | <b>FALSE.</b> It is the quantity of a specific supply that you have counted and you are sure you have in the facility.             |
| <b>Average monthly consumption (AMC)</b> is how much of a product has been issued over the last two months/2.                      | <b>TRUE.</b>   |
| We calculate how many months of stock we have by using this formula: MAX stock level/AMC.  | <b>FALSE.</b> We use this formula: SOH/AMC   |
| To place an order to ensure the Max stock level, we use this formula: Max-AMC.   | <b>FALSE.</b> We use this formula: Max – SOH (OR Max – Physical Quantity).   |
| The <b>Minimum</b> stock level is the level of stock at which actions to replenish inventory should occur under normal conditions. | <b>TRUE.</b>   |

- 2.2 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Participant's Handouts

### Session 5: Handout 1, Activity 1 – When and How to Order Supplies

#### Maximum Stock Level

The **Maximum** is the level of stock above which inventory levels should not rise under normal conditions. The maximum level is set as a number of months of stock (for example, the maximum level for SDP is 4 average months of consumption). The maximum level is a useful measure because it indicates how long supplies will last.

#### Minimum Stock Level

The **Minimum** stock level is the level of stock at which actions to replenish inventory should occur under normal conditions. As with the maximum, the minimum can be expressed as a level (for example, the *minimum level* may be one month of stock).

The re-ordering rule of the streamlined inventory control system is that all facilities should order according to the reporting and ordering cycle and to order stock as needed to reach the maximum level each and every reporting cycle.

Here are the reporting and ordering cycles and the max and min levels for each level.

|              | Reporting and Ordering Cycle | Minimum  | Maximum  |
|--------------|------------------------------|----------|----------|
| <b>State</b> | 4 months                     | 4 months | 8 months |
| <b>LGA</b>   | 3 months                     | 3 months | 6 months |
| <b>SDP</b>   | 2 months                     | 2 months | 4 months |
| <b>CBD</b>   | 1 month                      |          |          |

Note that Max, as stated in the above table, is 4 Average Months of Consumption (AMC) for SDP, 6 AMC for LGA Store and 8 AMC for State Store

#### What is stock on hand (SOH/physical quantity)?

How much of a product you actually have

#### What is average monthly consumption (AMC)?

How much of a product has been issued over the last two months/2

#### How do we calculate how many months of stock we have?

By using this formula:  $SOH/AMC$

- You have a box of male condoms. You count the pieces to find out that in fact there are 100 pieces. Therefore the SOH is 100.
- During the last two months, your SDP has issued 25 condoms the first month and 35 condoms the second month. Therefore your AMC is:  $(25+35)/2=30$ .
- Now you want to calculate **the months of stock you have**, i.e. how long a box of 100 condoms will last at your SDP based on your current AMC. You have to divide your SOH by your AMC:  $100/30=3.33$  this means you have just about 3 months of stock.

If the SDP wanted to place an order to ensure the Maximum stock level, how many condoms should you order?

- You know from the Reporting and Ordering Cycle that Max is 4 AMC for SDP. Therefore, in this case, Max:  $4 \times 30 = 120$ .

- You apply the formula **Order Quantity = Max – SOH (OR Max – Physical Quantity). Therefore: 120-100=20**

**Please note:**

When there is an outlying month in which there is either a significant stock out or a huge campaign that requires giving out large quantities of commodities for that one time, you use the consumption from the two closest “normal” months to calculate the AMC, leaving out the outlier.

For example, if your facility was stocked out of a commodity for the whole of December, when calculating your AMC in January you ignore December and use the previous two months in which supply was available i.e. October and November.

## **SESSION 6: Using Different Types of LMIS Forms Correctly: The Family Planning Register**

### **Objectives**

By the end of the session, the participants will be able to:

- Use accurately and correctly the Family Planning Register.

### **Total Session Time**

60 minutes (one hour)

### **Materials**

- Flipcharts, markers, tape, post-it stickers
- Flipchart “Session Objectives”
- Flipchart “*Quality data is/How does the FP Register help providers collect data that fulfil the attributes of quality data?*” Activity 1
- Sufficient copies of the Family Planning Register form
- LCD projector if available/necessary

### **Handouts**

- Handout 1 – Blank Family Planning Register
- Handout 2 – Pre-completed Family Planning Register

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will practice how to use accurately and correctly the Family Planning Register.

### **Activity 1: Using the Family Planning Register (60 minutes)**

- 1.1 In this session we are going to practice using different types of LMIS forms used for generating data concerning FP activities at all levels. Clearly the correct and accurate use of these forms is essential to ensure that the LMIS contributes to an effective logistics cycle.
- 1.2 Ask the participants which LMIS forms they are familiar with. Stress that LMIS forms include:
  - Family Planning Register.
  - Daily Consumption Record.
  - Community Based Distributor Voucher (CBD Voucher).
  - Requisition, Issue and Report Form.
- 1.3 We will start our practice by focusing on the Family Planning Register. Ask the participants to quickly discuss in pairs:
  - What is the Family Planning Register, and what is its purpose?  
Elicit responses. Distribute copies of the Family Planning Register and stress that:
    - Alongside the CBD Voucher, the Family Planning Register is a major source of



reliable data on consumption at the SDP level.

- Family Planning Register plays a crucial role in assuring contraceptive data quality. It is kept at the SDP and commonly called the Facility Register as it also records other information in addition to contraceptive dispensing.

#### 1.4 Show the following flipchart:

| Quality data is: | How does the Family Planning Register help providers collect data that fulfil the attributes of quality data? |
|------------------|---|
| Accurate         |   |
| Timely           |   |
| Reliable         |   |
| Complete         |   |

- Each participant receives four post-it stickers. For each of the four attributes of quality data, the participants will write one short sentence to explain how the Family Planning Register helps providers collect data that fulfils that attribute.
- The exercise must be completed in five minutes.
- The participants post their stickers. Discuss:
  - What has been your experience in using the Family Planning Register? What challenges have you faced, if any, and Family Planning have you overcome them?
  - How has the data collected through the FP Register helped your facility to improve its logistics management? What can still be improved in how the Family Planning Register is being used at your facility?

#### 1.5 Distribute blank copies of the Family Planning Register (Handout 1). Ask participants to study the document silently for five minutes. Then review the following questions:

1. Who fills in the Family Planning Register? \_\_\_\_\_ answer \_\_\_\_\_ (Service Provider)
2. What is the form used for? \_\_\_\_\_ answer \_\_\_\_\_ (For recording sales of contraceptives and exact quantities sold)
3. From what other document would the SDP draw data in order to complete the Family Planning Register? \_\_\_\_\_ answer \_\_\_\_\_ (No other document; it is a "primary" document).

#### 1.6 Display the pre-completed copy of the Family Planning Register (Handout 2) and proceed to explain all fields of the register.

Ask if any participants have questions. Process the questions and any comments and then close the activity.

#### 1.7 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

1. NAME OF HEALTH FACILITY \_\_\_\_\_ 2. WARD \_\_\_\_\_ 3. LGA \_\_\_\_\_ 4. STATE \_\_\_\_\_ 5. Month/Year \_\_\_\_\_ 6. SDP \_\_\_\_\_

[illegible]

**Key** \*\* NA = New Acceptor RV = Revisit QTY = Quantity given SDP = Service Delivery Point  
 \*\*\*\* IUD = Intrauterine Device IJ = Injectable IP = Implant OR = Oral Pills SR = Surgical Referral (STER) MR = Medical Referral  
 Natural Methods include rhythm or calendar method, ovulation mucus method, symptothermal method and lactational amenorrhoeal method.

I = Referred-in  
 U = Referred-out

N=Noristerat  
 D=Depo Provera  
 NG=Norigynon

20. Name of reporting officer \_\_\_\_\_

21. Designation \_\_\_\_\_

22. Signature \_\_\_\_\_

23. Date \_\_\_\_\_

## ***Participant's Handouts***

### **Session 6: Handout 2, Activity 1 – Pre-completed Family Planning Register**

## **SESSION 7: Using Different Types of LMIS forms Correctly: The Community Based Distributor (CBD) Voucher**

### **Objectives**

By the end of the session, the participants will be able to:

- Use accurately and correctly the Community Based Distributor Voucher (CBD Voucher)

### **Total Session Time**

60 minutes (one hour)

### **Materials**

- Flipcharts, markers, tape, post-it stickers
- Flipchart "Session Objectives"
- Sufficient copies of all the handouts
- LCD projector if available/necessary

### **Handouts**

- Handout 1 – Blank CBD Voucher
- Handout 2 - CBD Voucher Job Aid

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will practice how to use accurately and correctly the CBD Voucher.

### **Activity 1: Using the Community Based Distributor Voucher (60 minutes)**

- 1.1 We continue to practice using different types of LMIS forms used for generating data concerning FP activities at all levels. In this session we will focus on the Community Based Distributor Voucher (CBD Voucher).
- 1.2 Explain that starting from the highest level, at the central, state and LGA level, record keeping is done using the tally cards and the cost recovery records. At the SDP level, records are kept using the daily consumption record, the CBD voucher and the cost recovery record. Each level is managing funds using cash books to account for income and expenses, but at this point the funds fall under the facility's accounting system which is not directly integrated with the LMIS.

#### ***Note for Facilitators***

Emphasize the importance of keeping records up-to-date and available where they are used; SDP (DCR). Also that record must be kept safe from damage (water, fire etc.)

- 1.3 Depending on the total number in your group, participants can work individually, in pairs, or in small teams of three:
  - Distribute Handout 1 (the blank CBD Voucher), and Handout 2 (the CBD Voucher Job Aid).

Explain that apart from provision of FP services in the clinics, Community Based Distributors (CBD) have also been trained to bring contraceptives, especially the non-prescriptive methods to the door steps of clients in their communities.

The source of contraceptives for the CBD agents is the SDP. During each interaction when the service provider issue out contraceptives to the agent, the CBD voucher is completed. The voucher serves as a receipt for the quantity of contraceptives issued out and the amount of money received.

Ask the participants to answer the following questions:

1. Who is responsible for filling the CBD voucher?

Answer: \_\_\_\_\_ (Service Provider)

2. How often is the voucher supposed to be filled?

Answer: \_\_\_\_\_ (Each time Commodity is sold to the CBD agent)

- 1.4 After reviewing the questions, explain that you are going to fill in the CBD Voucher and that the participants will help you do it. For each cell you complete on the CBD Voucher, ask a different participant to tell you what goes into the cell from the instructions on the Job Aid.

**Data:**

*Mrs. Talatu Dan-Lami, a CBD agent bought 100 pieces of male condom; 25 cycles of Lo-femenal and 30 cycles of Microgynon on the 23<sup>rd</sup> September, 2005 from Aisha Abdulkareem who is the service provider working at the Sherada Clinic.*

Review the answers on the CBD Voucher:

1. What is the total cost of the commodities purchased? \_\_\_\_\_ answer\_ (N800.00)
2. What is the total margin? \_\_\_\_\_ answer\_\_\_\_\_ (N125.00)

- 1.5 In the next exercise, the participants will work individually:

- Give participants a blank CBD Voucher and the short narrative below that contains information they need to complete the CBD voucher. Have them work individually for up to 10 minutes to complete the form and calculate the totals and margins. Encourage them to refer to the job aid if they have questions. Circulate among the participants and be prepared to offer assistance –but do not do the exercise for them:

Hajiya Aisha Abubakar, a CBD agent bought 10 pieces of female condom, 10 pieces of male condom, eight cycles of Exluton and 18 cycles of Microgynon on 3<sup>rd</sup> September 2005 from Lami Dauda who is the service provider working at Sherada Clinic.

## Answers:

| CBD VOUCHER  |       |                    |                       |            |                     |              |  |
|--|-------|--------------------|-----------------------|------------|---------------------|--------------|--|
| Date:  |       | 3 September 2005   |                       |            |                     |              |  |
| Name of CBD agent:   |       |                    | Hajiya Aisha Abubakar |            |                     |              |  |
| Product Name   | Unit  | Quantity Purchased | Unit Price            | Total Cost | Margin              | Total Margin |  |
| 1 Condom Female  | Piece | 10                 | 0.85                  | 8.50       | 0.15                | 1.50         |  |
| 2 Condom Male  | Piece | 10                 | 0.85                  | 8.50       | 0.15                | 1.50         |  |
| 3 Exluton  | Cycle | 8                  | 13                    | 104.00     | 2                   | 16.00        |  |
| 4 Lo-Femenal   | Cycle |                    | 13                    |            | 2                   |              |  |
| 5 Microgynon   | Cycle | 18                 | 13                    | 234.00     | 2                   | 36.00        |  |
|  |       |                    |                       |            |                     |              |  |
|  |       |                    |                       |            |                     |              |  |
|  |       |                    |                       |            |                     |              |  |
| <b>Total to be Paid</b>  |       |                    |                       | 355.00     | <b>Total Margin</b> | 55.00        |  |
| Received from <b>Hajiya Aisha Abubakar</b>                             |       |                    |                       |            |                     |              |  |
| The Sum of <b>Three Hundred and Fifty- five</b> Naira <b>zero</b> Kobo |       |                    |                       |            |                     |              |  |
|  | Naira | 355                | Kobo                  | 0          |                     |              |  |
| Issuer's Signature <b>Lami Dauda</b>                                   |       |                    |                       |            |                     |              |  |

**Important: Ask the participants to keep the completed CBD Vouchers because they will need them in the next session.**

### 1.6 Debrief the participants by asking:

- What were the main problems you encountered in completing the CBD Voucher? Were you able to use the job aid to help you fill in the form? If no, why not?
- Did you have all of the necessary data? How could you tell if the voucher is accurate/complete?
- Did you encounter any problems with the job aid? What were the most confusing instructions? How would you make the job aid less confusing?
- Did you encounter any problems with the exercise itself? Where did you find the data you needed?
- Did you encounter any problems with the forms? If yes, what was most confusing? If the form was not self-explanatory, how would you improve it?

### 1.7 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Participant's Handouts

### Session 7: Handout 1, Activity 1 – Blank CBD Voucher

Source: Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System. Participant Guide with Exercises

|                                   |             |                           |                   |                   |                     |                     |
|-----------------------------------|-------------|---------------------------|-------------------|-------------------|---------------------|---------------------|
| <b>Date:</b>                      |             |                           |                   |                   |                     |                     |
| <b>Name of CBD agent:</b>         |             |                           |                   |                   |                     |                     |
| <b>Product Name</b>               | <b>Unit</b> | <b>Quantity Purchased</b> | <b>Unit Price</b> | <b>Total Cost</b> | <b>Margin</b>       | <b>Total margin</b> |
| 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                   |                     |
|                                   |             |                           |                   |                   |                     |                     |
|                                   |             |                           |                   |                   |                     |                     |
|                                   |             |                           |                   |                   |                     |                     |
| <b>Total to be Paid</b>           |             |                           |                   |                   | <b>Total Margin</b> |                     |
| Received from _____               |             |                           |                   |                   |                     |                     |
| The Sum of _____ Naira _____ Kobo |             |                           |                   |                   |                     |                     |
| Naira                             |             |                           | Kobo              |                   |                     |                     |
| Issuer's Signature _____          |             |                           |                   |                   |                     |                     |



## Participant's Handouts

### Session 7: Handout 2, Activity 1 – CBD Voucher Job Aid

Source: Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System. Participant Guide with Exercises

| 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 from the sale of these items | Quantity issued (sold) to CBDs<br><br>Cash receipts | Every time products are sold to CBD<br><br>Every month the quantities purchased by CBD agents are summed to complete column D of the Daily Consumption Record | Service Delivery Points (SDPs) |
| <b>How to fill in CBD Voucher?</b> |  |  |   |   |                                |
| Steps                              | Actions  |  |   | Notes   |                                |
| 1                                  | <b>Date:</b> Enter the date that the products are being issued to the CBD Agent  |  |   |   |                                |
| 2                                  | <b>CBD Agent Name:</b> Enter the name of the CBD agent   |  |   |   |                                |
| 3                                  | <b>Quantity Purchased:</b> Enter the quantity purchased by the CBD agent   |  |   |   |                                |
| 4                                  | <b>Unit Price and Margin:</b> Pre-printed on the form  |  |   |   |                                |
| 5                                  | <b>Total Cost and Total Margin:</b> 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                                  | <b>Total to be paid and Total Margin:</b> Enter the sum of the total cost of each product and the sum of the total margin for each product.  |  |   |   |                                |
| 7                                  | <b>Received from:</b> Enter the name of the CBD agent  |  |   |   |                                |
| 8                                  | <b>The sum of:</b> Write in the sum of the amount paid   |  |   |   |                                |
| 9                                  | <b>Issuer's Signature:</b> Sign the voucher and give the original to the CBD agent and keep a copy   |  |   |   |                                |

## **SESSION 8: Using Different Types of LMIS forms Correctly: The Daily Consumption Record (DCR)**

### **Objectives**

By the end of the session, the participants will be able to:

- Use accurately and correctly the Daily Consumption Record.

### **Total Session Time**

60 minutes (one hour)

### **Materials**

- Flipcharts, markers, tape, post-it stickers
- Flipchart "Session Objectives"
- Partially completed DCR form, Activity 1
- Sufficient copies of all the handouts
- LCD projector if available/necessary

### **Handouts**

- Handout 1 – Blank DCR form
- Handout 2 – DCR Job Aid

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will practice how to use accurately and correctly the Daily Consumption Record.

### **Activity 1: Using the Daily Consumption Record (60 minutes)**

- 1.1 We continue to practice using different types of LMIS forms used for generating data concerning FP activities at all levels. In this session we will focus on the Daily Consumption Record.
- 1.2 In the next exercise, the participants will review the DCR:
  - Distribute Handout 1 (blank DCR) and Handout 2 (DCR Job Aid).
  - Ask the following questions:
1. **Whose responsibility is to fill the daily consumption record?**  
Answer: Service Providers.
2. **Where is the data recorded on the Daily Consumption Record obtained?**  
Answer: from the clinic's daily register or exercise book (Consumption), from CBD Vouchers (Consumption), from physical counts and observation (Beginning Balance, Losses).
3. **How often should the form be filled?**  
Answer: Daily, summarized monthly with CBD Vouchers.

**Please note: Ensure that by now you have used no more than 20 minutes of the total session time.**

- 1.3 The participants will now practice filling in the DCR. Explain to the participants that you are going to fill in the CBD Voucher and that the participants will help you do it. For each cell you complete on the CBD Voucher, ask a different participant to tell you what goes into the cell from the instructions on the Job Aid.
- 1.4 In the next exercise, the participants will work in pairs:
  - Distribute to each pair a partially completed DCR with a table of data to input (you will have prepared these before starting the session), and ask the participants to use the completed CBD vouchers from the previous session. Have them work in pairs to complete the form and do end of month calculations (10 minutes). Encourage them to refer to the job aid if they have questions. Circulate among the participants and be prepared to offer assistance –but do not do the exercise for them.
- 1.5 Debrief the participants by discussing:
  - What were the main problems you encountered in completing the DCR? Were you able to use the job aid to help you fill in the form? If no, why?
  - Did you have all of the necessary data? How could you tell if the DCR is accurate/complete?
  - Did you encounter any problems with the job aid? What were the most confusing instructions? How would you make the job aid less confusing?
  - Did you encounter any problems with the exercise itself? Where did you find the data you needed?
  - Did you encounter any problems with the forms? If yes, what was most confusing? If the form was not self-explanatory, how would you improve it?
  - If you are the service provider in charge of FP activities at Sherada Clinic, what concerns would you raise with the LGA RH Coordinator when you make your re-supply visit in March?

**Important: Ask the participants to keep the completed DCRs because they will need them in the next session.**

- 1.6 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

*Participant's Handouts*

**Session 8: Handout 1, Activity 1 – Blank DCR form**

Source: Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System. Participant Guide with Exercises

| DAILY CONSUMPTION RECORD           |         |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   | YEAR                  |  |          |  |
|------------------------------------|---------|-----------|-----------|--------------------------|---|---|----|----|----|----|----|-----------|--------|-------|----------|---------------|---|-----------------------|--|----------|--|
| LGA                                |         |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   | MONTH                 |  | SDP      |  |
| Quantity sold on every working day |         |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   | Quantity sold monthly |  | Comments |  |
| 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 |   |                       |  |          |  |
|                                    |         | A         | B         | Q1+Q2+Q3+.....Q22+Q23= C |   |   |    |    |    |    |    |           | C      | D     | E        | F             | G |                       |  |          |  |
|                                    |         |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Condom Female                      | Piece   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Condom Male                        | Piece   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Depo-Provera 150 mg inj. Syringe   | Vial    |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Exluton/Microlut/Ovrette           | Cycle   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| IUCD                               | Piece   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Lo-Femenal                         | Cycle   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Microgynon                         | Cycle   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Noristerat 200 mg inj. + syringe   | Ampoule |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Implanon Implant                   | Piece   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Jadelle Implant                    | Piece   |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |
| Gloves disposable latex medium     | Pair    |           |           |                          |   |   |    |    |    |    |    |           |        |       |          |               |   |                       |  |          |  |

### Participant's Handouts

## Session 8: Handout 2, Activity 1 –DCR Job Aid

Source: Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System. Participant Guide with Exercises

| 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<br><br>Quantity Received<br><br>Quantity sold to clients on a daily basis<br><br>Quantity sold to CBDs on a monthly basis<br><br>Quantity Lost | Daily<br><br>Monthly summary<br><br>Every two months, data from the Daily Consumption Records from two months are used to complete the RIRF. | Service delivery points (SDPs) |
| How to fill in the Daily Consumption Record? |   |   |  |  |                                |

| Steps | Actions   | Notes  |
|-------|---|--|
| 1     | <b>Record the month and year</b>  |  |
| 2     | <b>Record the State and LGA and SDP name</b>  |  |
| 3     | <b>Beginning balance:</b> 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     | <b>Quantity received:</b> 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     | <b>Quantity sold 1 through 23:</b> 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     | <b>Quantity sold client:</b> Sum the quantity sold each day for each product and enter it in column C.  | $C = Q1 + Q2 + \dots + Q21 + Q23$  |
| 7     | <b>Quantity sold CBD:</b> Sum the quantity dispensed to CBD agents from the CBD vouchers from the current month and enter the sum in column D.                              |  |
| 8     | <b>Quantity sold during the month:</b> 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     | <b>Quantity lost during the month:</b> 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.<br>$G = A + B - (E + F)$ |
| 10    | <b>Closing balance:</b> Enter the closing balance by adding the beginning balance to the quantity received minus the quantity sold during the month minus the quantity lost |  |
| 11    | <b>Comments:</b> 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.                                 |

## **SESSION 9: Using Correctly Different Types of LMIS Forms: The Requisition, Issue and Report Form (RIRF)**

### **Objectives**

By the end of the session, the participants will be able to:

- Use accurately and correctly the Requisition, Issue and Report form.

### **Total Session Time**

105 minutes (1 hour and 45 minutes)

### **Materials**

- Flipcharts, markers, tape, post-it stickers
- Flipchart "Session Objectives"
- Sufficient copies of all the handouts
- LCD projector if available/necessary

### **Facilitator's Resources**

- Activity 2: RIRF Interview Questions

### **Handouts**

- Handout 1 – Blank RIRF
- Handout 2 – RIRF Job Aid

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will practice how to use accurately and correctly the Requisition, Issue and Report form.

### **Activity 1: Reviewing the Requisition, Issue and Report form (20 minutes)**

- 1.1 We continue to practice using different types of LMIS forms used for generating data concerning family planning activities at all levels. In this session we will focus on the Requisition, Issue and Report Form (RIRF).
- 1.2 In the next exercise, the participants will review the RIRF. The participants work in pairs. Distribute Handout 1 (blank RIRF) and Handout 2 (the RIRF Job Aid):
  - Show the discussion questions below on flipchart (not the answers, obviously).
  1. What is the form used for? \_\_\_\_answer\_\_\_\_ (For Requisition, Issuing and Reporting)
  2. Which level is responsible for filling this form? \_\_\_\_answer\_\_\_\_ (SDP=Service Delivery Point; LGA = LGA Stores and state stores )
  3. How often is the form supposed to be filled? \_\_\_\_answer\_\_\_\_ (SDP=Every two months; LGA = Every three months; State= Every four months)

### **Activity 2: Filling in the Requisition, Issue and Report form (85 minutes/one hour and 25 minutes)**

- 2.1 Make sure that the participants have blank copies of the RIRF. Explain that you are



going to fill in the Requisition, Issue and Report Form and that the participants will help you do it. Have one participant follow with the job aid, and give another participant the data set (Daily Consumption Records from the DCR exercise and completed CBD Vouchers from previous sessions). For each cell you complete on the RIRF, ask a different participant to tell you what goes into the cell from the instructions on the Job Aid.

- 2.2 The participants will now work individually:
  - Distribute blank RIRFs and instruct the participants to use the completed DCRs from Session 8.
  - Have them work individually to complete the form and calculate order quantities based on the data. Encourage them to refer to the job aid if they have questions. Circulate among the participants and be prepared to offer assistance – but do not do the exercise for them.
  - Finally check their work and address any mistakes by asking other participants to make the corrections before you provide the solution.
- 2.3 In the next exercise, the participants will spot errors:
  - Provide participants with a completed copy of a RIRF for Sherada Clinic.
  - Ask them to work in pairs to identify any errors (10 minutes).
  - Get the pairs to compare their results and provide the solution.
- 2.4 Distribute the RIRF Interview Questions (refer to the **Facilitator's Resources** section below) to each participant and facilitate the exercise. Once the interviews are completed, invite different participants to share different responses that they collected, and discuss.
- 2.5 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Facilitator's Resources

### Activity 2: RIRF Interview Questions

You have 15 minutes to interview at least one person (two if possible) using the questions below. Write down their answers in the spaces provided:

| Questions   | Respondent 1 | Respondent 2 |
|---|--------------|--------------|
| If you are a service provider, what are some of the issues that you would raise about the RIRF?   |              |              |
| How would you use the information?  |              |              |
| How would it tie into other records kept at the SDP?  |              |              |
| What is different about the RIRF as compared to the CBD Voucher, and the DCR?   |              |              |
| What were the main problems you encountered in completing the RIRF?   |              |              |
| Did you have all of the necessary data?   |              |              |
| How could you tell if the RIRF is accurate/complete? Were you able to use the job aid to help you fill in the form? If no, why not?             |              |              |
| Did you encounter any problems with the Job Aid? What were the most confusing instructions? How would you make the job aid less confusing?      |              |              |
| Did you encounter any problems with the exercise itself? Where did you find the data you needed?  |              |              |
| Did you encounter any problems with the forms? If yes, what was most confusing? If the form was not self-explanatory, how would you improve it? |              |              |

## Participant's Handouts

### Session 9: Handout 1, Activity 2 – Blank RIRF

Source: Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System.  
Participant Guide with Exercises

| 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                       |       |  |  |
| iv               | 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<br>A+B-(C+D) | Physical Count | AMC<br>C • 2 | Max Qty<br>G • 4 | Order Quantity<br>H - F | Unit Price | Value item ordered<br>I x K | To Be completed by the supplier. |                         |       |  |  |
|                  |                                  |  |  |                             |        |                            |                |              |                  |                         |            |                             | Qty Supplied                     | Value Supplied<br>M x K |       |  |  |
| 1                | Condom Female                    |  |  |                             |        |                            |                |              |                  |                         | Piece      | 0.70                        |                                  |                         |       |  |  |
| 2                | Condom Male                      |  |  |                             |        |                            |                |              |                  |                         | Piece      | 0.70                        |                                  |                         |       |  |  |
| 3                | Depo-Provera 150 mg inj+ syringe |  |  |                             |        |                            |                |              |                  |                         | Vial       | 40                          |                                  |                         |       |  |  |
| 4                | Exluton                          |  |  |                             |        |                            |                |              |                  |                         | 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         |                  |                         |            |                             |                                  |                         |       |  |  |
| Authorized by    |                                  | Date   |  |                             |        | Supplied by                |                | 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

## Participant's Handouts

### Session 9: Handout 2, Activity 2 – RIRF Job Aid

Source: Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System.  
Participant Guide with Exercises

| 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.<br><br>To provide information on quantities dispensed losses and availability of stock at the SDP. | Consumption<br><br>Physical Count<br><br>Losses<br><br>Quantity ordered<br><br>Quantity issued<br><br>Value of Commodities Ordered<br><br>Value of Commodities Issued | Every two months | Service delivery points<br><br>COPIES:<br><br>Original – SDP<br><br>1 <sup>st</sup> Copy – LGA<br><br>2 <sup>nd</sup> Copy – State<br><br>3 <sup>rd</sup> Copy – Central |
| <b>How to fill in the requisition, issue and report form?</b>   |   |  |   |                  |  |
| 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     | <b>Reporting Period</b><br>Starting Month<br>Ending Month<br>Year | Enter the Starting Month of the Reporting Period, e.g., January<br>Enter the Ending Month of the Reporting Period, e.g., February<br>Enter the Year of the Reporting Period, e.g., 2006 |
| 2     | <b>SDP Name</b><br><br><b>LGA</b><br><br><b>State</b>             | Enter the name of the SDP.<br><br>Enter the name of the SDP's LGA.<br><br>Enter the name of the SDP's State.  |

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

| Steps | Actions  | Notes  |
|-------|--|--|
| 3     | <b>Stock balance at the beginning of the two months (Column A)</b> | When you start a new form, stock balance at the beginning of the two months (A) must always be equal to Physical Count (F) from the preceding reporting period's RIRF.   |
| 4     | <b>Quantities received during the last two months (Column B)</b>   | Quantities received during the last two 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     | <b>Consumption over the past two months (Column C)</b>             | Equal to the sum of Quantities Sold/Month (Column E) of the <b>Daily Consumption Records</b> 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     | <b>Losses (Column D)</b>   | Equal to the sum of Quantity Lost (Column F) of the <b>Daily Consumption Records</b> 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     | <b>Stock on Hand (Column E)</b>                                    | <p>Stock on Hand (Column E) is a calculated value used for monitoring purposes, calculated as follows</p> $E = A + B - (C + D)$ <p>This should be equal to the Close Balance (Column G) of the <b>Daily Consumption Record</b> from the month immediately preceding the report (e.g., if you are reporting on March 1, the immediately preceding month is February).</p> |
| 8     | <b>Physical Count (Column F)</b>                                   | At the end of the two-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     | <b>Average monthly Consumption (AMC, Column G)</b>                 | <p>AMC = Consumption over the past two months (Column C) divided by two.</p> $G = C \div 2$  |



|    |   |  |
|----|---|--|
| 10 | <b>Maximum Quantity (Column H)</b>      | <p>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.</p> <p><b>H = G x 4</b></p>   |
| 11 | <b>Order Quantity (Column I)</b>        | <p>The Order Quantity is equal to the Maximum Quantity (Column H) less the Physical Count (Column F).</p> <p><b>I = H – F</b></p>  |
| 12 | <b>Value of item ordered (Column L)</b> | <p>Multiply the Order Quantity (Column I) by the Unit Price in Column K to calculate the Value of item ordered (Column L).</p> <p><b>L = I x K</b></p> <p>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 <b>TOTAL</b>.</p> |

| 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><b>N = M x K</b></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 <b>TOTAL</b>.</p> <p>The payment made by the service provider should reflect the value of the commodities received (sum of Column N) and <b>NOT</b> 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 |             | Notes  |
|-----------------|-------------|--|
| Steps           | Actions     |  |
| 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    |
| "ISSUE" Section |             |  |

| "COMMENTS" Section |          | Notes  |
|--------------------|----------|--|
| Steps              | Actions  |  |
| 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. |

## **SESSION 10: Storage**

### **Objectives**

By the end of the session, the participants will be able to:

- Explain the importance of proper storage for the effectiveness of a logistics cycle.
- Identify proper storage procedures.

### **Total Session Time**

90 minutes (one hour and 30 minutes)

### **Materials**

- Flipcharts, markers, tape, A4 size paper sheets
- Flipchart "Session Objectives"
- Sufficient copies of the Storage Rapid Questionnaire Form, Activity 1
- LCD projector if available/necessary

### **Facilitator's Resources**

- Activity 1 – Storage Rapid Questionnaire Form

### **Handouts**

- Handout 1 – Storage in a Logistics Cycle
- Handout 2 – Proper Storage Procedures

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will expand their understanding the importance of storage in a logistics cycle. They will explore what proper storage procedures are and why they matter.

### **Activity 1: Why do we have to care about storage in a logistics cycle? (40 minutes)**

1.1 Distribute the *Storage Rapid Questionnaire Form* to each participant (refer to the **Facilitator's Resources** section below for the form):

- Participants will have 20 minutes to interview as many other people in the group as they can.
- Once the time for the interviews has expired, the participants will have five minutes to individually review their forms and select the answers that they feel are correct.
- Each participant has three minutes to present one of the answers she/he has selected as correct and explain why.
- Finally the facilitator distributes Handout 1 and compares its content with the results of the interviews.

### **Activity 2: Proper storage procedures (45 minutes)**

2.1 Rapidly brainstorm with the participants:

- Why are proper storage procedures important to ensure effectiveness of a logistics cycle?

Record responses on flipchart; discuss and stress the following messages:

- Proper storage procedures can help ensure that only high quality products are issued by a storage facility.
- When all levels of the pipeline follow these procedures, customers can be assured that the same high quality product has been put in their hands.
- Warehouse managers can evaluate how well their warehouse is performing against these procedures and look for ways to improve storage quality.

- 2.2 In the next exercise, the participants will identify what proper storage procedures actually are:
- Working in pairs, the participants will have 20 minutes to identify at least 10 essential storage procedures and list them on blank A4 size paper sheets.
  - Once the 20 minutes elapse, all pairs will post their papers on the wall.
  - Allow a few minutes for reading. Discuss:
    - Which procedures that other pairs have identified are new to you?
    - Which procedures do you feel that are not essential, and why?
  - Distribute Handout 2 and review it with the group highlighting similarities and differences with the results produced by the pair work. Discuss:
    - Which of the procedures in the Handout 2 are most challenges to implement in your facilities, and why?
    - What could your facility do to improve how these procedures are implemented?
- 2.3 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Facilitator's Resources

### Activity 1 – Storage Rapid Questionnaire Form

#### Instructions:

- You have 20 minutes to interview at least three other participants.
- Once the time for the interviews has expired, you will have five minutes to review the responses you collected on your form and select the answers that you feel are correct.
- You will have three minutes to present one of the answers you selected as correct and explain why you think it is a correct answer.
- Finally the facilitator will distribute Handout 1 to compare its content with the results of the interviews.

| Questions   | Respondent 1 | Respondent 2 | Respondent 3 |
|---|--------------|--------------|--------------|
| Is storage a basic aspect of warehousing?                                     |              |              |              |
| Why a logistics manager should ensure quantity and packaging of products?     |              |              |              |
| Why a logistics manager should prevent to store damaged or expired products?  |              |              |              |
| Name at least two reasons why safe storage procedures are important.          |              |              |              |
| Why proper storage procedures are important for meeting the needs of clients? |              |              |              |

## ***Participant's Handouts***

### **Session 10: Handout 1, Activity 1 – Storage in a Logistics Cycle**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

- Storage is a basic part of warehousing.
- Warehousing and storage are more than just shelving products. To have viable product available for distribution, a warehouse manager must ensure the quantity of a product and its packaging.
- Excessive quantities of damaged and expired goods could mean that some products will not be available to customers.
- All products require procedures for safe storage that maximize their shelf life and make them readily available for distribution.
- Contraceptives and essential drugs must be stored and distributed in a way that ensures they are received by customers in good condition and in time to be used before their expiration date.



## Session 10: Handout 2, Activity 2 – Proper Storage Procedures

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

- Proper storage procedures can help ensure that only high quality products are issued by a storage facility.
- When all levels of the pipeline follow these procedures, customers can be assured that the same high quality product has been put in their hands.
- Warehouse managers can evaluate how well their warehouse is performing against these procedures and look for ways to improve storage quality.

| Storage Procedures   | Why This Procedure Is Important  |
|--|--|
| Clean and disinfect storeroom regularly.   | Rodents and insects (e.g., termites and roaches) eat oral contraceptives and their packaging. If you clean and disinfect your storeroom (and keep food and drink out), pests are less attracted to storage areas. If possible, a regular schedule for extermination will also help eliminate pests. If rodents are a serious problem, cats may be an inexpensive, nontoxic alternative to traps or poisons.  |
| Store supplies in a dry, well-lit, well-ventilated storeroom out of direct sunlight.               | Extreme heat and exposure to direct sunlight can degrade contraceptives and essential drugs and dramatically shorten shelf life. If warehouse temperatures rise above 104 degrees F (40°C), the latex in condoms, for example, can begin to break down. If exposed to heat for a long time, condoms may expire well before their stated shelf life. Although air conditioning is an ideal means of controlling the temperature, it is expensive; alternatives include ceiling fans and forced ventilation.<br><br>Direct sunlight is also a danger, as it raises the temperature of a product. To avoid this, store products in their original shipping cartons and shade the interior of the storeroom from sunlight. At lower levels, store products in the inner boxes (i.e., those that came inside the cartons) and leave medicines in their dark-coloured or opaque bottles. |
| Secure storeroom from water penetration.   | Water can destroy both supplies and their packaging. Even if a product itself is not damaged by water, damaged packaging makes the product unacceptable to the customer. Repair leaky roofs and windows. To avoid water damage from moisture that seeps through walls and floors, stack supplies off the floor on pallets at least 10 cm (4 in) high and 30 cm (1 ft) away from walls.   |
| Ensure that fire safety equipment is available and accessible and personnel are trained to use it. | Stopping a fire before it spreads can save thousands of dollars of supplies and the storage space itself. Have the right equipment available; water douses wood and paper fires but will not work on electrical or chemical fires. Place appropriate, well-maintained fire extinguishers throughout the storage facility (especially near doors). If extinguishers are not available, use buckets of sand. No matter which method you use, train your staff in the use of the available fire safety equipment.   |

|  |  |
|--|--|
| Store condoms and other latex products away from electric motors and fluorescent lights.   | Latex products, such as condoms and gloves, can be damaged if they are directly exposed to fluorescent lights and electric motors. Electric motors and fluorescent lights create a chemical called ozone that can rapidly deteriorate condoms. Condoms and gloves stored in their proper packaging (i.e., boxes and cartons) will not be affected by limited exposure to ozone. Whenever possible, keep condoms and gloves in their paper boxes and cartons. If this is not possible, move them away from lights and motors.   |
| Maintain cold storage, including a cold chain, for commodities that require it.  | <p>Narcotics and other controlled substances are dangerous when misused and may be stolen for sale on the black market. Like many other drugs, contraceptives can be sold on the black market as well. For this reason, stock managers should ensure that all stock movement is authorized.</p> <p>Limit access to the storeroom and track the movement of products. To deter thieves, lock the storeroom and limit access to persons other than the storekeeper and assistants. Access must not, however, prevent appropriate distribution. For this reason, always have several sets of keys—one for the warehouse manager, one for the assistant, and a spare set in the office of the medical officer in charge. Additionally, by keeping inventory records up-to-date, managers can ensure that both incoming and outgoing stock matches documentation. Physical inventories should be conducted regularly to verify recorded amounts.</p>  |
| Store flammable products separately from other products. Take appropriate safety precautions.  | Some medical procedures use flammable products. Bottled gas or kerosene powers refrigerators; alcohol is used in sterilization; and mineral spirits power Bunsen burners. Store these highly flammable products away from other products and near a fire extinguisher.   |
| Stack cartons at least 10 cm (4 in) off the floor, 30 cm (1 ft) away from the walls and other stacks, and not more than 2.5 m (8 ft) high. | <p>Pallets keep products off the floor so they are less susceptible to pest, water, and dirt damage. By keeping pallets 30 cm (1 ft) away from the walls and from each other, you promote air circulation and facilitate the movement of stock, cleaning, and inspection. If storekeepers can walk around the stacks, they are more likely to be able to follow other good storage practices (sweeping, reading labels, and first-to-expire, first-out [FEFO]).</p> <p>For larger warehouses, pallets are frequently more efficient than shelving for storing products. Pallets reduce the amount of unpacking for storage and repacking for delivery, facilitate shipment in lot sizes, are cheaper to construct, and hold more stock for the space they occupy. Stack cartons not more than 2.5 m (8 ft) high, whether or not you use pallets. This is the highest that products can be stacked without crushing the cartons at the bottom. Stacking products at a stable height of less than 2.5 m reduces the possibility of injury to warehouse personnel.</p> <p>At lower levels, where pallets are inappropriate, shelving is an excellent way to store contraceptives. Metal shelving is preferred because wood shelving may attract termites.</p> |
| Store medical supplies away from insecticides, chemicals, old files, office supplies, and other materials.                                 | Exposure to insecticides and other chemicals may affect the shelf life of medical supplies. Old files and office supplies, although not a direct hazard, may get in the way and reduce space for medical supplies or make them less accessible. Keep medical supplies in a separate area to make them readily accessible.  |

|  |   |
|--|---|
| Arrange cartons so that arrows point up. Ensure that identification labels, expiry dates, and manufacturing dates are clearly visible. | It is essential that goods that are the first to expire are also the first products issued (FEFO) (regardless of when they arrive at the storage facility). If shipping cartons do not show the manufacture or expiration dates, or if this information is difficult to read, use a marker to rewrite the dates on the cartons in large, easy-to-read letters and numbers. Items should always be stored according to the manufacturer's instructions on the carton. This includes paying attention to the direction of the arrows on the boxes; storing cartons upside down, for example, can affect the usability of Depo-Provera.  |
| Store supplies in a manner accessible for FEFO, counting, and general management.  | <p>In addition to having visible expiration or manufacture dates, store products so that the first to expire are the easiest to reach. This will ensure that the first product to expire is the first out (FEFO). Unfortunately, some warehouses base shipping on the date they received a product, rather than the manufacture or expiration date, often called <i>first-in, first-out</i> (FIFO). FIFO, a common practice, works well in most cases, but managing by expiration date (FEFO) ensures that the oldest products leave the warehouse first. You should confirm that FEFO is being followed every time you take a physical inventory.</p> <p>At the SDP, old stock should be moved or <i>rotated</i> to the front of the shelf, with new stock placed at the back of the shelf. By rotating stock so that the first stock to expire is the most accessible, staff can ensure that the first stock to be issued is the stock that is accessible.</p> <p>The goal is to get the product to the customer, not to have it expire on the shelves.</p> |
| Separate and dispose of damaged or expired products immediately.   | Shipping expired products down the pipeline is a costly mistake. Not only do clinics (or worse, customers) receive unusable products, but also money and resources are wasted in the shipping, storing, and handling of unusable products as well. To avoid this, designate a part of the warehouse for damaged and expired goods. If possible, quickly dispose of them. Check policies for destruction. Donors and governments usually have specific guidelines for disposing of damaged or expired products.  |

## **SESSION 11: Conducting a Visual Inspection to Ensure Proper Storage**

### **Objectives**

By the end of the session, the participants will be able to:

- Explain what a visual inspection is and when it should be conducted.
- Identify the most frequent contraceptive quality problems and what to do about it.
- Explain the importance of proper storage space.

### **Total Session Time**

90 minutes (one hour and 30 minutes)

### **Materials**

- Flipcharts, markers, tape, A4 size paper sheets
- Flipchart “Session Objectives”
- Sufficient copies of the *Storage Rapid Questionnaire Form*, Activity 1
- LCD projector if available/necessary

### **Facilitator's Resources**

- Activity 2: What would you look for during a visual inspection?

### **Handouts**

- Handout 1 – What is a Visual Inspection and When to Conduct it?
- Handout 2 – Common Contraceptive Quality Problems
- Handout 3 – Storage Space

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

#### ***Note for Facilitators***

**Facilitators should try to organize a visual inspection to practice what has been learnt in this session.**

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will continue to expand their understanding the importance of storage in a logistics cycle. They will explore when to conduct a visual inspection as part of proper storage procedures and what to look for during the inspection.

## Activity 1: What is a visual inspection and when to conduct it? (25 minutes)

- 1.1 Explain that proper storage procedures we discussed in the previous session provide a checklist that can be used to conduct visual inspections of supplies/products. Ask the participants to quickly discuss in pairs:
  - What is the purpose of a visual inspection?

Invite the pairs to share and stress the following message:

*The purpose of a visual inspection is to examine products and their packaging by eye to look for obvious problems with product quality.*

- 1.2 Brainstorm with the group:
  - When should we conduct a visual inspection?

Record responses on flipchart; distribute Handout 1 and stress the following points if the participants did not identify them during the brainstorm:

### **We conduct a visual inspection when:**

- We receive products from the manufacturer (usually occurs at the central level).
- Our warehouse or clinic receives supplies.
- We conduct a physical inventory.
- We receive complaints from lower levels or customers.
- Our supplies are about to expire.
- Our supplies show signs of damage.

## Activity 2: What to look for during a visual inspection of supplies/products (60 minutes)

- 2.1 In the next exercise, the participants will identify what they should look for when conducting a visual inspection:

- Initially the participants work individually. Each person receives a copy of the *What would you look for during a visual inspection?* form provided in the **Facilitator's Resources** section below. They will have 15 minutes to complete the exercise following the instructions on the form.
- The facilitator stops the form completion after 15 minutes even if not all of the participants have completed it. Each participant will now share and compare with another person for 10 minutes. Participants can modify their entries in the form if they feel that they receive useful suggestions from others.
- The facilitator distributes Handout 2 and reviews it with the group comparing with the responses developed by the participants.

- 2.2 Ensuring effective use of storage space is also an important aspect of proper storage. Ask the participants if they know how to calculate storage space, i.e. if they know the formula. Invite these participants to write it on a flipchart and explain it. If the explanation is correct, confirm it and congratulate the participant/s. If incorrect, thank the participant/s for their active participation, and distribute and review Handout 3.

- 2.3 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Facilitator's Resources

### Activity 2: What would you look for during a visual inspection?

Not all the items listed in the “*What to look for*” column match the answers in the “*What to do about it*” column. You have 15 minutes to decide on the correct matching by giving the same number (starting from one) to the items that match in the two columns.

| Common Contraceptive Quality Problems: What to Look for   | What to Do About It  |
|---|--|
| Information on boxes or cartons is illegible.   | Discard any damaged items and distribute the remainder as normal.  |
| Water-damaged cartons.  | Ensure that lot number, manufacturer's name, and product storage requirements are recorded on bin cards and storage labels. If expiration dates are not visible, open outer carton and check dates on inner boxes. If expiration dates are not visible on inner boxes, check individual units. Use a large marker to write the expiration date on unmarked boxes and cartons.  |
| Dirty, torn, or otherwise damaged boxes.  | Check expiration date on cycle or carton. If expired, destroy according to established procedures. If within the shelf life, check to see if any storage history is available. If ideal conditions probably have been followed, remove any broken or crumbled cycles/tablets. Remove any dried-out or discoloured condoms and condoms with broken packaging. Destroy these as appropriate. Distribute remainder as normal. |
| Damage to packaging (tears, perforations, water or oil stains, or other damage) and products (such as broken or crumbled pills or tablets or torn packets of condoms or IUDs).                      | Check inner boxes or products and write on outside of box; distribute normally. If information is illegible due to exposure to water or chemicals, thoroughly inspect product for damage. If you are unsure that no damage has occurred, quarantine supplies for testing or destruction.   |
| Oral contraceptives and spermicidal tablets: Changes in colour of pills or crumbling under pressure of a finger.<br><br>Condoms: Lubricant has dried or changed colour and/or the condom is broken. | Check the product visually for mechanical damage. Remove any damaged products and destroy according to established procedures. Distribute the rest as normal.  |
| Missing products or empty boxes.  | This may indicate pilferage, removal by upper level, or removal by a donor for testing. Notify upper level about missing stock.  |
| Products found outside the warehouse or clinic.   | Open box and check contents. If contents all have the same product and the same expiration date (and lot number, if possible), write information on outer box. If contents are mixed, separate and repackage according to product type, brand, expiration date, and lot number. Visually check for damage. Remove any damaged products and destroy according to established procedures. Distribute the rest as normal.     |

|   |   |
|---|---|
| Cartons unlabelled with the date of manufacture or expiration on outer and inner packaging. | Visually inspect all products. Remove any product that appears damaged or unacceptable. For condoms, if packaging is intact, distribute as normal. IUDs probably will need to be destroyed, as the package is susceptible to water and moisture damage. Distribute Depo-Provera as usual, if the vials are intact, labels are legible, and hypodermics are sealed (if not, hypodermics can be re-sterilized). Remove damaged pills and foaming tablets and destroy according to established procedures. Distribute Norplant® if the packages are sealed and sterilize the insertion tool (trocar). In all cases, repack the products before distributing. |
| Contents not identified on multiple unit cartons.   | All such products will almost certainly have been affected by the elements. Any product left outside for almost any amount of time will probably be damaged from moisture, rain, direct sunlight, and/or pests and should be destroyed according to established procedures.   |
| Cartons with holes and/or frayed edges.   | Unlike torn or dirty cartons, holes or frayed edges may be the result, not of handling, but rather of pests. Check boxes for signs of termite damage and rats, which are attracted to pills. Inspect inner boxes and products for mechanical damage, remove any damaged products, and destroy them according to established procedures. Distribute the remainder as normal.   |



## ***Participant's Handouts***

### **Session 11: Handout 1, Activity 1 – What is a Visual Inspection and When to Conduct it?**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

*The purpose of a visual inspection is to examine products and their packaging by eye to look for obvious problems with product quality.*

| <b>We conduct a visual inspection when:</b>   |
|---|
| <ul style="list-style-type: none"><li>• We receive products from the manufacturer (usually occurs at the central level).</li><li>• Our warehouse or clinic receives supplies.</li><li>• We conduct a physical inventory.</li><li>• We receive complaints from lower levels or customers.</li><li>• Our supplies are about to expire.</li><li>• Our supplies show signs of damage.</li></ul> |



## Participant's Handouts

### Session 11: Handout 2, Activity 2 – Common Contraceptive Quality Problems

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

Products suffer two basic types of damage during shipping and storage: **mechanical** and **chemical**. **Mechanical damage** is caused by physical stresses, such as crushing or tearing when loading, off-loading, or stacking cartons or inner boxes. This kind of damage is usually limited to crushed or torn parts. Chemical damage is more difficult to detect and is usually not obvious during visual inspection. Laboratory testing is required. Generally, mechanically damaged items are removed from stocks, and the balance of the box or carton is distributed as normal.

**Chemically damaged** items should be removed from inventory, and all like items (i.e., from the same lot) should also be removed from inventory and destroyed.

| What to Look for   | What to Do About It  |
|--|--|
| Damage to packaging (tears, perforations, water or oil stains, or other damage) and products (such as broken or crumbled pills or tablets or torn packets of condoms or IUDs).                         | Discard any damaged items and distribute the remainder as normal.  |
| Cartons unlabelled with the date of manufacture or expiration on outer and inner packaging.  | Ensure that lot number, manufacturer's name, and product storage requirements are recorded on bin cards and storage labels. If expiration dates are not visible, open outer carton and check dates on inner boxes. If expiration dates are not visible on inner boxes, check individual units. Use a large marker to write the expiration date on unmarked boxes and cartons.  |
| Oral contraceptives and spermicidal tablets:<br>Changes in colour of pills or crumbling under pressure of a finger.<br><br>Condoms: Lubricant has dried or changed colour and/or the condom is broken. | Check expiration date on cycle or carton. If expired, destroy according to established procedures. If within the shelf life, check to see if any storage history is available. If ideal conditions probably have been followed, remove any broken or crumbled cycles/tablets. Remove any dried-out or discoloured condoms and condoms with broken packaging. Destroy these as appropriate. Distribute remainder as normal. |
| Information on boxes or cartons is illegible.  | Check inner boxes or products and write on outside of box; distribute normally. If information is illegible due to exposure to water or chemicals, thoroughly inspect product for damage. If you are unsure that no damage has occurred, quarantine supplies for testing or destruction.   |
| Dirty, torn, or otherwise damaged boxes.   | Check the product visually for mechanical damage. Remove any damaged products and destroy according to established procedures. Distribute the rest as normal.  |

|   |   |
|---|---|
| Missing products or empty boxes.                  | This may indicate pilferage, removal by upper level, or removal by a donor for testing. Notify upper level about missing stock.   |
| Contents not identified on multiple unit cartons. | Open box and check contents. If contents all have the same product and the same expiration date (and lot number, if possible), write information on outer box. If contents are mixed, separate and repackage according to product type, brand, expiration date, and lot number. Visually check for damage. Remove any damaged products and destroy according to established procedures. Distribute the rest as normal.  |
| Water-damaged cartons.                            | Visually inspect all products. Remove any product that appears damaged or unacceptable. For condoms, if packaging is intact, distribute as normal. IUDs probably will need to be destroyed, as the package is susceptible to water and moisture damage. Distribute Depo-Provera as usual, if the vials are intact, labels are legible, and hypodermics are sealed (if not, hypodermics can be re-sterilized). Remove damaged pills and foaming tablets and destroy according to established procedures. Distribute Norplant® if the packages are sealed and sterilize the insertion tool (trocar). In all cases, repack the products before distributing. |
| Products found outside the warehouse or clinic.   | All such products will almost certainly have been affected by the elements. Any product left outside for almost any amount of time will probably be damaged from moisture, rain, direct sunlight, and/or pests and should be destroyed according to established procedures.   |
| Cartons with holes and/or frayed edges.           | Unlike torn or dirty cartons, holes or frayed edges may be the result, not of handling, but rather of pests. Check boxes for signs of termite damage and rats, which are attracted to pills. Inspect inner boxes and products for mechanical damage, remove any damaged products, and destroy them according to established procedures. Distribute the remainder as normal.   |

## ***Participant's Handouts***

### **Session 11: Handout 3, Activity 2 – Storage Space**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

Proper storage includes the effective use of storage space. If too much space goes unused, a storeroom is underused and money is wasted. On the other hand, if products are crammed into too little space, they may be damaged because good storage procedures are harder to follow. Thus, warehouse managers must learn how to calculate the space needed to store incoming shipments and how to calculate overall storage requirements for the warehouse.

- Your calculations begin with the total number of units of the product you need to store.
- If you are calculating space for a single shipment, use the number of units in that shipment.
- If you are calculating space requirements for the entire quantity of a product that you need to be able to keep in your store, use: **max stock level x AMC**.
- If you are making a long-term plan for your storage needs, you must use the largest quantity you might need to store during the period of your plan—i.e. **max stock level x largest AMC** program planners have forecast.

## SESSION 12: Contraceptive Forecasting

### **Objectives**

By the end of the session, the participants will be able to:

- Explain what contraceptive forecasting is and its purpose.
- Identify the relevance of forecasting to the six rights of CLMS.
- Identify the most important data sources for contraceptive forecasting.
- Identify differences between contraceptive and non-contraceptive forecasts.

### **Total Session Time**

90 minutes (one hour and 30 minutes)

### **Materials**

- Flipcharts, markers, tape, A4 size paper sheets
- Flipchart “Session Objectives”
- Sufficient copies of the *Storage Rapid Questionnaire Form*, Activity 1
- LCD projector if available/necessary

### **Handouts**

- Handout 1 – Contraceptive Forecasting
- Handout 2 – Data Sources for Contraceptive Forecasting
- Handout 3 – Forecasting for Non-Contraceptive Products

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will expand their understanding of contraceptive forecasting and will focus on identifying key types of data that are necessary for effective forecasting.

### **Activity 1: Contraceptive forecasting and its role in the logistics cycle (40 minutes)**

1.1 Divide the participants in two teams. They will have five minutes to brainstorm the following questions:

- What is contraceptive forecasting?
- What is its purpose?

Compare and discuss the results of the brainstorms and stress the following points if the participant did not identify them:

- Contraceptive forecasting is about identifying longer-term trends in usage in order to procure appropriately.
- Therefore, the purpose of contraceptive forecasting is *to estimate the quantities of each product that a program will dispense to users for a specific period of time in the future.*

- 1.1 Stress that forecasting is often done by logistics managers, management information system (MIS) managers, demographic specialists and program managers.

Donors, other program managers involved in similar activities and consultants may also be part of the process.

Forecasting is an essential activity because of its enormous impact on the entire logistics system's ability to fulfil all six rights and this is what the participants will explore in the next exercise:

- Show the following flipchart:

| <b>The Six Rights</b>   | <b>How Does Forecasting Contribute to Ensure Each Right?</b>               |
|-------------------------|--|
| The Right Goods         | The essential data items   |
| In the Right Quantities | Having all essential data from all facilities                              |
| In the Right Conditions | We have to be sure that the data are correct                               |
| To the Right Place      | The information must be where the decisions are made                       |
| At the Right Time       | In time to take action   |
| For the Right Cost      | We should not spend more to collect information than we spend on supplies! |

- Give six post-it stickers to each participant to write one answer per each of the six rights.
- Participants have 10 minutes to complete the activity and post their stickers.
- Discuss the results with the group while reviewing Handout 1 with them.

## **Activity 2: identifying data sources for contraceptive forecasting (45 minutes)**

- 2.1 The participants work in pairs:
- They have 10 minutes to identify and list on an A4 paper sheet the sources of data that they believe should be used for informing contraceptive forecasting.
  - Pairs post their papers on the wall. Each pair briefly explains their rationale for identifying their data sources.
  - Distribute Handout 2 and discuss and compare it with the results of the pair work.
- 2.2 Explain that while we pay attention to forecasting for contraceptive products, we also know that we need to forecast for non-contraceptive items. Rapidly brainstorm with the participants:
- What are the most important differences between forecasts for contraceptive and forecasts for non-contraceptives?

Record responses on flipchart; provide the following examples to explain the differences:

- Contraceptives are often in full supply - contraceptives are purchased to make them available to anyone who wants them, drugs however are often in short supply.
- Contraceptives have only one use, many drugs especially antibiotics have several uses.
- Contraceptives have a relatively long shelf life - four to five years or more depending on the product, most essential drugs have shorter shelf life.
- Contraceptives are often donated products but countries purchase most of their essential drugs.
- Contraceptives are relatively stable products requiring minimal storage precautions; most vaccines however, must be stored according to cold chain procedures.
- The usage rate for contraceptives (CPR) is usually relatively steady, usage rates for essential drugs, however, may vary wildly due to epidemics and seasonal influences.

- 2.3 Obviously forecasting is finalized to procurement of contraceptives. Explain that in this course we do not expand on procurement because in Nigeria procurement of the commodities is carried out at federal level in collaboration with donor agencies.
- 2.4 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Participant's Handouts

### Session 12: Handout 1, Activity 1 – Contraceptive Forecasting

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

- Contraceptive forecasting is about identifying longer-term trends in usage in order to procure appropriately.
- Therefore, the purpose of contraceptive forecasting is *to estimate the quantities of each product that a program will dispense to users for a specific period of time in the future.*

| The Six Rights          | How Does Forecasting Contribute to Ensure Each Right?    |
|-------------------------|--|
| The Right Goods         | The types of contraceptives that the clients really want |
| In the Right Quantities | Preventing oversupplies or stock outs                    |
| In the Right Conditions | Contraceptives with no quality problems                  |
| To the Right Place      | At the sites where clients can access them               |
| At the Right Time       | Ensuring smooth procurement                              |
| For the Right Cost      | Selecting the products that match quality and price      |

## ***Participant's Handouts***

### **Session 12: Handout 2, Activity 2 – Data Sources for Contraceptive Forecasting**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

It is most appropriate to use consumption data from the SDPs for decision-making. In forecasting, however, it is necessary to use data from several different sources, the most relevant are:

1. Logistics data: include dispensed-to-user data from SDP when not available, issue data from the same level can be used.
2. Service statistics include all data collected about clients and their visits to SDPs.
3. Demographic data includes information about populations such as number of women of reproductive age and the percentage of women receiving contraceptives from the public versus the private sector.



## ***Participant's Handouts***

### **Session 12: Handout 3, Activity 2 – Forecasting for Non-Contraceptive Products**

Adapted from: USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

#### **Examples of how contraceptive forecasting differs from no-contraceptive forecasting:**

- Contraceptives are often in full supply - contraceptives are purchased to make them available to anyone who wants them, drugs however are often in short supply.
- Contraceptives have only one use, many drugs especially antibiotics have several uses.
- Contraceptives have a relatively long shelf life - four to five years or more depending on the product, most essential drugs have shorter shelf life.
- Contraceptives are often donated products but countries purchase most of their essential drugs.
- Contraceptives are relatively stable products requiring minimal storage precautions; most vaccines however, must be stored according to cold chain procedures.
- The usage rate for contraceptives (CPR) is usually relatively steady, usage rates for essential drugs, however, may vary wildly due to epidemics and seasonal influences.

## SESSION 13: Supportive Supervision

### Objectives

By the end of the session, the participants will be able to:

- Identify and explain the principles of supportive supervision.
- Explain how supportive supervision contributes to FP commodity security.
- Use accurately and effectively the CLMS supportive supervision checklist.

### Total Session Time

120 minutes (two hours)

### Materials

- Flipcharts, markers, tape, A4 size paper sheets
- Flipchart “Session Objectives”
- Sufficient copies of the *Accurate and correct use of the CLMS supervisory checklist interview form*, Activity 2
- LCD projector if available/necessary

### Facilitator's Resources

- Activity 2: Accurate and correct use of the CLMS supervisory checklist interview form

### Handouts

- Handout 1 – Ten Principles of Supportive Supervision
- Handout 2 – Supportive Supervision
- Handout 3 – CLMS Supportive Supervision Checklist

### Advanced Preparation

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### Introduction to the Session (5 minutes)

Introduce and review the session objectives (show them on flipchart or slide).

In this session, the participants will review and expand their understanding of Supportive Supervision and especially how it contributes to FP contraceptive security.

### **Activity 1: Supportive Supervision key principles (55 minutes)**

- 1.1 Acknowledge that probably most of the participants are familiar with supportive supervision. In this session, we will focus on reviewing key concepts about supportive supervision and we will aim to identify the relevance of supportive supervision to FP contraceptive security, which is a very important goal of an effective CLMS.
- 1.2 Ask the participants to work individually:
  - Each participant receives an A4 blank paper sheet. Ask them to divide the sheet in the following way:

|                              |                                |
|------------------------------|--------------------------------|
| <b>Supportive supervisor</b> | <b>Unsupportive supervisor</b> |
|------------------------------|--------------------------------|

- Ask the participants to draw from their personal experiences to think of a supportive supervisor and of an unsupportive supervisor that they have worked with in their lives. What key characteristics each of them had? They will have 10 minutes to write them down in bullet points in the corresponding section of their papers.
  - Stop the activity after 10 minutes and invite the participants to post their papers on the wall. Allow a few minutes for reading. Discuss:
    - What are the key characteristics of a supportive supervisor that are repeated most frequently in your lists?
    - How would these characteristics be important when applied to a FP setting? In which ways a supervisor displaying these characteristics would better ensure the effectiveness of a CLMS?
    - How do these characteristics relate to the six rights? In other words, how would a supervision style based on these characteristics enhance the six rights?
- 1.3 Ask the participants to continue to stand in front of the papers on the wall and distribute and review Handout 1. Discuss:
- Which of these principles are reflected in the characteristics of a supportive supervisor that you identified?
  - How important do you think personal honesty (of both staff and supervisors) is in order to realize these principles? Why?
  - How important do you think communication skills are in order to realize these principles? Why?
  - What are the main challenges to realize these principles where you work?
  - What can you do to overcome these challenges?
- 1.4 Ask the participants to work in pairs to produce a simple definition of supportive supervision (five minutes). Once all the flipcharts are posted, distribute Handout 2 and compare and discuss similarities and differences with the participants' definitions.
- 1.5 Make a transition into the next activity by explaining that it will focus on reviewing a key tool to implement supportive supervision.

### **Activity 2: Accurate and correct use of the CLMS supervisory checklist (60 minutes)**

- 2.1 Acknowledge that maybe some of the participants are familiar with the CLMS supervisory checklist. In the next exercise, the participants will have an opportunity to check and expand their knowledge of this important tool.
- 2.2 Distribute to each participant the “Accurate and correct use of the CLMS supervisory checklist interview form” (refer to the **Facilitator's Resources** section below). Review the instructions on the form and start the exercise.
- 2.3 Once the time for interviewing is elapsed, participants will have five minutes to work individually and select the answers from their forms that they feel are correct. Facilitating a discussion in which the participants share the answers they have selected and explain why they believe those answers are correct.
- 2.4 Distribute Handout 4 and compare with the answers selected by the participants. Discuss:

- What are the main challenges to implement this checklist where you work?
- What can be done to overcome these challenges?

2.5 Reserve the last five minutes for evaluating the session. Show again the session objectives and discuss how each objective has been achieved by asking the participants to identify specific learning they take away from the entire session for each objective.

## Facilitator's Resources

### Activity 2: Accurate and correct use of the CLMS supervisory checklist interview form

You have 25 minutes to interview two other people. Write down their answers. You will then have five more minutes to decide which answers you believe are correct and present them to the group.

| Questions: According to the CLMS checklist...   | Respondent 1 | Respondent 2 |
|---|--------------|--------------|
| ...If a service provider does not keep records of commodities in the cupboard/drawer, what action should be taken?  |              |              |
| ... The Physical Stock should be equal to the record in the register. If these do not match, what action should be taken?   |              |              |
| ... For all the available CBD Vouchers the entry must be complete and correct in terms of quantity purchased and the margin calculation.<br><br>If entries are complete and correct for all CBD Voucher, what action should be taken? |              |              |
| ...If the entries in the CBD Voucher are not correct, what action should be taken?  |              |              |
| ...If the RIRF has been completed, what action should be taken?   |              |              |

## ***Participant's Handouts***

### **Session 13: Handout 1, Activity 1 – Ten Principles of Supportive Supervision**

1. Be a colleague.
2. Listen more than you speak.
3. Use two-way communication.
4. Assume they know more.
5. Bring good news.
6. Look for the good first.
7. Don't take away responsibility.
8. Focus on priorities.
9. Don't let lack of resources stop you.
10. Leave with agreements.

## ***Participant's Handouts***

### **Session 13: Handout 2, Activity 1 – Supportive Supervision**

Supportive supervision - also called facilitative supervision - is an approach to supervision that emphasizes:

- Mentoring.
- Joint problem solving.
- Two-way communication between a supervisor and those being supervised.

In order to facilitate change and improvement and to encourage staff to solve problems, supervisors must have the solid technical knowledge and skills needed to perform a task, know how to access additional support as needed, and have time to meet with the staff they supervise.

Therefore supportive supervision does not mean just being very nice to people and ignoring problems and negative things.

Supportive supervision is positive, but it is also very clear and honest, even about difficult topics. This means supervisors have to be skilful in communication.

Supportive supervision aims to improve quality and impact of services. Research shows that supportive supervision achieves these aims better than other systems of supervision.

## Participant's Handouts

### Session 13: Handout 3, Activity 2 – CLMS Supportive Supervision Checklist

#### Steps to Follow in Supportive Supervision

| Steps to Follow at The Facility   | Conditions  | Actions to be Taken  |
|---|---|--|
| <b>Step 1:</b><br>Ask service provider if she keeps records of commodities in the cupboard/drawer.  | If Yes, <b>THEN</b>   | <b>CONTINUE WITH STEP 2</b>  |
|   | If No, <b>THEN</b>  | Assist service provider to develop a simple format for keeping stock.<br><br>Using note book (FP Register). Then <b>CONTINUE WITH STEP 3.</b>                          |
| <b>Step 2:</b><br>Collect and check the FP register   | The Physical Stock should be equal to the record in the register. If these match, then continue with step 3. If there are discrepancies then: | Ask service providers if there are withdrawal from the cupboard/drawers that are not recorded. Update the stock after cross-checking with her, then proceed to step 3. |
| <b>Step 3:</b><br>Collect all the forms/records that are supposed to be kept: <ul style="list-style-type: none"> <li>• CBD Voucher if in use</li> <li>• Daily Consumption Record</li> <li>• Cost Recovery Record</li> <li>• Requisition, issue and report form</li> </ul> |   | Start your review of the forms with the CBD Voucher if CBD program is in place.  |



|                                       |   |   |
|---------------------------------------|---|---|
| <b>CBD Voucher</b>                    | <p>For all the available CBD Vouchers the entry must be complete and correct in terms of quantity purchased and the margin calculation.</p> <p>If entries are complete and correct for all CBD Vouchers, <b>then</b>:</p> | <p>Review all the CBD Vouchers and make note of your observations then go to the next step.</p> <p>Ask service provider to demonstrate the process for filling the CBD Voucher and ask her questions on how she uses the data from the Voucher. <b>Then</b>, start the review of the Daily Consumption Record (DCR).</p>  |
| <b>Daily Consumption Record (DCR)</b> | <p>Check if the daily consumption record is updated. Record your finding on the checklist. If yes then:</p> <p>If DCR is not in use find out the reason and complete the checklist</p>                                    | <ol style="list-style-type: none"> <li>Review the record for the period covered to ensure that all sections are correctly filled.</li> <li>Check the calculations</li> <li>If CBD are in place confirm if sales to CBD for the period are recorded.</li> </ol> <p>Confirm the quantity sold to CBD for each method.</p> <ol style="list-style-type: none"> <li>Use the client's registered to determine the number of each commodity sold to clients on daily basis and compare with the entry made.</li> <li>If losses are recorded ensure that there is a comment on this</li> <li>Compare the closing balance with stock on hand for each method.</li> </ol> |
|                                       | <p>If entries are correct:</p>  | <p>Ask supervisee to demonstrate how she arrived at the entries and understanding the process of completing the DCR. If the provider demonstrates good knowledge of the process, start to review the Cost Recovery Record (CRR).</p> <p>If provider have problem filling the form provide technical assistance through OJT to the service provider, then, start to review the CRR.</p>  |

|  |   |  |
|--|---|--|
|  | If entries are not correct:   | <p>Start by assessing if the service provider understands the process of filling the DCR by asking them to demonstrate the process.</p> <p>Identify the problems and provide OJT. Work with the service provider to correct identified errors and provide other necessary technical support on the filling of the DCR. Then review the Cost Recovery Record</p>        |
| <b>Cost Recovery Record (CRR)</b>                | <p>At the time of the supervision, the service provider should have completed this record. If the form has been completed then:</p> <p>If the entries are correct then:</p> | <p>Ask service provider to demonstrate the process for filling the CRR. What is key here is to demonstrate the process for calculating the lower part of the record including columns H,I and J.</p> <p>Link these columns to calculations in columns A-G.</p>   |
|  | If CRR not yet completed Then:  | <p>Ask the service provider to tell you when record is supposed to be completed.</p> <p>Ask them to demonstrate the process of filling the form to ascertain their knowledge and skills. Observe them and note any error. Correct the error then:</p> <p>Together complete the form with the service provider. Then review the Requisition, Issue and Report Form.</p> |
| <b>Requisition, Issue and Report Form (RIRF)</b> | Note if the RIRF has been completed. If yes, then:  | <ol style="list-style-type: none"> <li>Review the record for consistencies</li> <li>Check if there are differences in the data recorded for physical counts and stock-on-hand columns.</li> <li>If there are differences note if the column on losses was completed and if comment made explained the losses.</li> <li>Check the calculations</li> </ol>               |

|  |   |   |
|--|---|---|
|  | <p>If the following conditions are fulfilled:</p> <ul style="list-style-type: none"> <li>• Beginning balance must be equal to closing balance on the DCR <ul style="list-style-type: none"> <li>○ Consumption for the last two months must have been calculated from the last two months DCR</li> </ul> </li> </ul> | <p>Ask supervisee to demonstrate how to calculate the entries</p> <p>Assess supervisee knowledge on the following and use the checklist to score:</p> <ul style="list-style-type: none"> <li>• How to determine the AMC and Max quantity</li> <li>• How to calculate order quantity</li> <li>• How to determine if order should be made</li> </ul> <p>NOTE: If service provider is supposed to order and did not, ask why and give them the right information.</p>  |
|  | <p>If the above identified conditions are not fulfilled then:</p>   | <p>Ask supervisee to demonstrate how to fill the RIRF, then;</p> <p>Assess supervisee knowledge on the following &amp; use the checklist to score:</p> <ul style="list-style-type: none"> <li>• How to calculate order quantity</li> <li>• How to process an order</li> </ul> <p>Make corrections using the job aids then:</p> <p>Complete the RIRF for the period with the service provider using the job aid to provide technical assistance and explanation.</p> |

## **SESSION 14: Concluding the Course**

### **Objectives**

By the end of the session, the participants will be able to:

- Self-assess their course learning.
- Identify doable steps to integrate their learning into their work practice.
- Evaluate the course.

### **Total Session Time**

75 minutes (one hour and 15 minutes)

### **Materials**

- Flipcharts, markers, tape
- Flipchart “Session objectives”
- Sufficient copies of the self-assessment tool
- Sufficient copies of the Individual Action Plan tool
- Sufficient copies of the end of course evaluation form

### **Advanced Preparation**

Read carefully the session plan and prepare all materials in advance, as per the detailed instructions in the activities below.

### ***Note for Facilitators***

Facilitators should distribute the Individual Action Plan Form the day before conducting this session and ask the participants to complete it before the next day. Therefore, participants will be expected to come to this session with their individual action plans already developed.

### **Introduction to the Session (5 minutes)**

Introduce and review the session objectives (show them on flipchart or slide).

This is the last session of the course. It provides an opportunity for the participants to self-assess what they have learnt through the course, to develop their individual action plans, and to evaluate the course to enable improvements and revisions for the future use of the program.

### **Activity 1: Post Course Self-Assessment (20 minutes)**

- 1.1 Distribute blank copies of the same form that was used for the self-assessment at the beginning of the course. Remind the participants to use the same personal identification code that they used for the initial self-assessment. The facilitator/s will compile the pre and post self-assessment scores during Activity 2 and 3 in order to return both forms to each participant by the end of the session.

### **Activity 2: Individual Action Plans (25 minutes)**

- 2.1 Distribute the Individual Action Plan form to each participant (see the **Facilitator's resources** section below):
  - Participants have 15 minutes to complete the form.
  - Next, they will mingle and share their ideas with as many other participants as time permits.
  - Finally, the facilitator invites each participant to share publicly at least one action step from her/his plan.

### **Activity 3: End of Course Evaluation (25 minutes)**

- 3.1 Distribute the end of course evaluation form to each participant and allow 15 minutes for completion.
- 3.2 Finally, invite the participants to sit in circle and give them an opportunity to express their final thoughts about the course. Conclude by thanking the participants, and distribute the certificate of participation if they have been planned by the organizers.

## **APPENDIX 1: PRE AND POST COURSE PARTICIPANT'S SELF-ASSESSMENT QUESTIONNAIRE**

Dear Participant,

This questionnaire aims to help you self-assess your learning in this course. You will be given the same form at the end of the course and you will be able to see how much you have learnt.

Nobody except you will know that these are your answers. Simply create your own PIC (personal identification code), just like a password or a bank pin. You can use letters, numbers, or a combination of letters and numbers, for example A1R. The most important thing is that you will find a way to remember your PIC because you will have to use it again when you fill in this questionnaire at the end of the course. Please make sure to write your PIC somewhere safe where you will be able to find it when you need it at the end of the course.

**PIC:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **QUESTIONS:**

**1. What are the six rights of logistics management?**

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**2. The key principle of a logistic management system is to (please write it):**

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**3. Write the principle of CLMS missing from this list:**

No stock outs  
The goal of excellence  
Commodity security  
No Report, No Product, No Programme  
Final kilometre

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4. **What is missing in this definition of the purpose of LMIS? Please write it in the space provided:**

The purpose of a LMIS in a logistics cycle is to *collect, organize, and*

\_\_\_\_\_ *data that will be used to make decisions.*

5. **Please write the characteristic of good data missing from this definition:**

Good data is that which is Accurate (no mistakes), Timely (compiled and submitted on time), Reliable (reflects the actual situation on ground), and

6. **Which of the following purposes of inventory control is correct?**

- a. Determine when stock is ordered or issued, how much stock should be ordered or issued and to maintain appropriate stock levels of contraceptives to avoid shortages or oversupply.
- b. Determine levels, reporting and ordering cycle and maximum or minimum months of supply.
- c. Determine the average monthly consumption and months of stock.
- d. All of the above

7. **Define the maximum stock level:**

\_\_\_\_\_

8. **Define the minimum stock level:**

\_\_\_\_\_

9. **Define stock on hand:**

\_\_\_\_\_

10. **Define monthly average consumption:**

\_\_\_\_\_

11. **What is the formula to calculate how many months of stock we have?**

\_\_\_\_\_

**12. What is the FP Register Form used for?**

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**13. From what other document would the SDP draw data in order to complete the FP Register?**

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**14. How often is the CBD voucher supposed to be filled?**

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**15. List all the sources from which the data recorded on the Daily Consumption Record obtained:**

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**16. How often is the RIRF supposed to be filled?**

SDP: \_\_\_\_\_

LGA: \_\_\_\_\_

State: \_\_\_\_\_

**17. Define the purpose of a visual inspection:**

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**18. Define the purpose of contraceptive forecasting:**

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## APPENDIX 2: KEYS FOR THE PRE AND POST COURSE PARTICIPANT'S SELF-ASSESSMENT QUESTIONNAIRE.

**1. What are the six rights of logistics management?**

The **RIGHT** goods  
in the **RIGHT** quantities  
in the **RIGHT** condition  
delivered . . .  
to the **RIGHT** place  
at the **RIGHT** time  
for the **RIGHT** cost

**2. The key principle of a logistic management system is to (please write it):**  
To serve customers by fulfilling the six rights of logistics management.

**3. Write the principle of CLMS missing from this list:**

No stock outs  
The goal of excellence  
Commodity security  
**Data quality**  
No Report, No Product, No Programme  
Final kilometre

**4. What is missing in this definition of the purpose of LMIS? Please write it in the space provided:**

The purpose of a LMIS in a logistics cycle is to collect, organize, and **report** data that will be used to make decisions.

**5. Please write the characteristic of good data missing from this definition:**

Good data is that which is Accurate (no mistakes), Timely (compiled and submitted on time), Reliable (reflects the actual situation on ground), and **Complete** (has all relevant information on any of the forms used in the course of collecting the data)

**6. Which of the following purposes of inventory control is correct?**

- a. Determine when stock is ordered or issued, how much stock should be ordered or issued and to maintain appropriate stock levels of contraceptives to avoid shortages or oversupply.
- b. Determine Levels, reporting and ordering cycle and maximum or minimum months of supply.
- c. Determine the average monthly consumption and months of stock.
- d. **All of the above**

**7. Define the maximum stock level:**

It is the level of stock above which inventory levels should not rise under normal conditions

**8. Define the minimum stock level:**

It is the level of stock at which actions to replenish inventory should occur under normal conditions.

**9. Define stock on hand:**

How much of a product we actually have.

**10. Define monthly average consumption:**

How much of a product has been issued over the last two months/2.

**11. What is the formula to calculate how many months of stock we have?**

SOH/AMC

**12. What is the FP Register Form used for?**

To record sales of contraceptives and exact quantities sold.

**13. From what other document would the SDP draw data in order to complete the FP Register?**

No other document; it is a “primary” document.

**14. How often is the CBD voucher supposed to be filled?**

Each time commodity is sold to the CBD agent.

**15. List all the sources from which the data recorded on the Daily Consumption Record obtained:**

The clinic's daily register or exercise book (Consumption), the CBD Vouchers (Consumption), the physical counts and observation (Beginning Balance, Losses).

**16. How often is the RIRF supposed to be filled?**

SDP: Every 2 months

LGA: Every 3 months

State: Every 4 months

**17. Define the purpose of a visual inspection:**

To examine products and their packaging by eye to look for obvious problems with product quality.

**18. Define the purpose of contraceptive forecasting:**

*To estimate the quantities of each product that a program will dispense to users for a specific period of time in the future.*

## APPENDIX 3: PARTICIPANT'S DAILY EVALUATION AND REFLECTION FORM

Day of course: \_\_\_\_\_ Date: \_\_\_\_\_

1. How much did you benefit from today's sessions?

Very much \_\_\_\_\_

Much \_\_\_\_\_

Not much \_\_\_\_\_

2. What are the most important things you learned from today's sessions? Why?

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3. What action do you plan to take to apply to your work the ASK (attitudes-knowledge-skills) you learned today?

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4. What should be improved for the next days? How?

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Other comments:

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## APPENDIX 4: PARTICIPANT'S FP LOGISTICS MANAGEMENT TRAINING END OF COURSE EVALUATION FORM

Please do not write your name on this form.

Duration of your course (how many days): \_\_\_\_\_

Dates of your course: \_\_\_\_\_

Venue: \_\_\_\_\_

### 1. Relevance of the topics covered in regards to your needs

5                      4                      3                      2                      1

.....  
very relevant    relevant    fairly relevant    not relevant    no opinion

If no opinion, comment.....

### 2. Organization of topics covered

5                      4                      3                      2                      1

.....  
very well    organized    fairly organized    poorly organised    No opinion

If no opinion, comment.....

### 3. Quality of topics presented by facilitators

5                      4                      3                      2                      1

.....  
very well    well    fairly    poorly    no opinion  
presented    presented    presented    presented

If no opinion, comment.....

### 4. To what extent have the topics covered helped you to master the required skills?

5                      4                      3                      2                      1

.....  
very well    well    fairly well    poorly    no opinion  
mastered    mastered    mastered

If no opinion, comment.....

**5. How applicable is the new knowledge/skills gained from the course to your professional activities and responsibilities?**

5                      4                      3                      2                      1

.....

very                  applicable                  fairly                  not                  no opinion

applicable                  applicable                  applicable

If no opinion, comment.....

**6. How would you rate the course duration?**

5                      4                      3                      2                      1

.....

too long                  adequate                  fair                  too short                  no opinion

If no opinion, comment.....

**7. How would you rate the course's organization in terms of?**

|  | <b>Excellent</b> | <b>Good</b> | <b>Fair</b> | <b>No Opinion</b> | <b>Poor</b> |
|--|------------------|-------------|-------------|-------------------|-------------|
| (a) Selection of session topics                    | 5                | 4           | 3           | 2                 | 1           |
| (b) Training methods/techniques                    | 5                | 4           | 3           | 2                 | 1           |
| (c) Documents support (hand out/reading materials) | 5                | 4           | 3           | 2                 | 1           |
| (d) Course facilitation                            | 5                | 4           | 3           | 2                 | 1           |
| (e) Logistics                                      | 5                | 4           | 3           | 2                 | 1           |
| (f) Venue  | 5                | 4           | 3           | 2                 | 1           |
| (g) Others (specify):                              | 5                | 4           | 3           | 2                 | 1           |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thanks!

## APPENDIX 5: INDIVIDUAL ACTION PLAN FORM

Dear Participant,

You are now almost at the end of your participation in this course. We would like to give you an opportunity to think of specific actions you will take to bring your learning from this course into your work. We also hope that you will use this form as an additional tool to help you assess your performance in the future.

Thank you!

| #  | Specific action to be taken | Reason for selecting this action | Time – by when this action will be implemented | Indicator |
|----|-----------------------------|----------------------------------|--|-----------|
| 1  |                             |                                  |  |           |
| 2  |                             |                                  |  |           |
| 3  |                             |                                  |  |           |
| 4  |                             |                                  |  |           |
| 5  |                             |                                  |  |           |
| 6  |                             |                                  |  |           |
| 7  |                             |                                  |  |           |
| 8  |                             |                                  |  |           |
| 9  |                             |                                  |  |           |
| 10 |                             |                                  |  |           |

What opportunities and resources (people, materials, management support, extra skills, etc.) do you have that will help you implement your action plan?

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What barriers might impede implementation?

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How will you overcome these barriers?

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What resources (people, materials, management support, extra skills, etc.) will you need to complete the implementation of your action plan?

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Any other comments?

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## **References**

USAID | HEALTH POLICY INITIATIVE, Task Order 1, 2009: Family Planning and the MDGs: Saving Lives, Saving Resources

USAID | DELIVER PROJECT, Task Order 1, 2009: The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs. Arlington, Va.

USAID | DELIVER PROJECT Federal Ministry of Nigeria, 2009: Streamlined Contraceptive Logistics Management System. Participant Guide with Exercises





# Family Planning

On-the-Job Training Curriculum

## COURSE 3 CONTRACEPTIVE LOGISTICS MANAGEMENT TRAINING

*Facilitator's Manual*

November 2012

