



**MINISTRY OF HEALTH**

**SDP CONTRACEPTIVES  
CONSUMPTION DATA REPORT  
AND  
REQUEST FORM**

## **WHEN TO COMPLETE AND HOW TO SUBMIT THE SDP CONTRACEPTIVES CONSUMPTION DATA REPORT AND REQUEST FORM**

THE SDP CONTRACEPTIVES CONSUMPTION DATA REPORT AND REQUEST FORM (SDP CDRR) MUST BE COMPLETED BY ALL SERVICE DELIVERY POINTS (SDPs) AT THE CLOSE OF THE LAST DAY OF THE MONTH.

Note: The Month lasts from the first to the last day of each month.

### **SDPs:**

1. Send the original and duplicate copies to the District Public Health Nurse (DPHN) / District RH Coordinator (DRHC) for verification.
2. If you collect your contraceptives from the District Store, you must take with you the verified duplicate copy of the report so that the Store-man knows how much stock you require for re-supply.
3. The triplicate copy is left in the CDRR booklet at the SDP level.

## HOW DO YOU COMPLETE THE SDP CONTRACEPTIVE CONSUMPTION DATA REPORT & REQUEST FORM?

Use the following instructions to complete the SDP Contraceptive Consumption Data Report & Request Form for Service delivery points. This form is completed by the Health Facility In-Charge or the Family Planning Service Provider at the Health facility. Prior to completing the Contraceptive Consumption Data Report, the person doing the report should conduct a **physical inventory** of the contraceptives.

Note: This report should be delivered to the DPHN's /DRHC's office no later than the **5<sup>th</sup> day of the month**.

### INSTRUCTIONS FOR COMPLETING THE MONTHLY REPORT

1. **Province:** Write the name of the province where the Service delivery point is located.
2. **District:** Write the name of the district where the Service delivery point is located.
3. **Full SDP Name:** Write the full name of the Service delivery point.
4. **SDP No:** Write the Service Delivery Point (SDP) number assigned to this SDP by the Division of Reproductive Health.
5. **Facility Type:** Put a tick (✓) mark in the correct  to indicate the facility type for the Service delivery point.
6. **Agency:** Put a tick (✓) mark in the appropriate  to indicate the organization running the Service Delivery Point.
7. **Reporting Period:** Write the 1<sup>st</sup> day (date in full) and the last day (date in full) of the **month** you are reporting for i.e. the 1<sup>st</sup> day and the last day covered by this report e.g. 1<sup>st</sup> of January 2010 to 31<sup>st</sup> of January 2010.
8. **Beginning Balance (COLUMN):** Record the quantity of every contraceptive listed in the Monthly Report that is on hand at the Service delivery point at the beginning of the month. For those items where there is nil stock, write "NIL".

Note that the quantity is counted in CYCLES for PILLS and STANDARD DAYS METHOD BEADS, VIALS for INJECTABLES, PIECES for MALE and FEMALE CONDOMS, SETS for IUCDs and IMPLANTS, and DOSES for EMERGENCY CONTRACEPTIVE PILLS.

Note that the *beginning balance of the current month* is always the same as the *ending balance from the previous month*.

9. **Received This Month (COLUMN):** Record the total quantity of each contraceptive received from official sources during the month. This can be obtained from the Inventory control cards / Bin cards where you record all receipts for the facility.

10. **Dispensed (COLUMN):** From the Daily Activity Register, record the total quantity of each contraceptive that has been dispensed to clients during the month.
11. **Losses (COLUMN):** Record the quantity of any contraceptive that expired, was stolen, used for demonstration, damaged or any other loss at this facility within the reporting Month. Explain the losses in the “Comments” section.
12. **Adjustments (COLUMN):** Record the quantity of any contraceptive that has been withdrawn from this facility or given to other facilities at the same level and any contraceptives received from any other source other than through the official system. Also record any excess contraceptives discovered in a physical count. Any Adjustment *increasing* the SDP’s stock level is indicated preceded by a +ve while that which *reduces* the SDP’s stock level is indicated preceded by a –ve sign. Explain the adjustments in the “Comments” section.
13. **Ending Balance (COLUMN):** At the end of every month, conduct a physical count of each contraceptive, and enter the quantity as the “Ending balance”.

Transfer the physical count balance to your inventory control cards / bin cards and then to the “Beginning Balance” column of the *next* monthly report.

14. **Quantity Requested (COLUMN):** To calculate the Quantity to order for each contraceptive, multiply the number in the “Dispensed” column by 3, and then subtract the “Ending Balance”.

(This gives you the quantity requested to top up to a 3 month “MAXIMUM” stock.)

For example: If the number of male condoms dispensed in the month is 3,000 pieces and the Ending balance from your physical count is 2,000, what is the “Quantity Requested”?

ANSWER:  $(3,000 \times 3) - 2,000 = 9,000 - 2,000 = 7,000$

(Quantity dispensed this month)      (to give 3 months “Maximum stock”)      (Ending balance)      Quantity to order

15. **SERVICE STATISTICS:** For each Contraceptive Method, record the following
  - a) **“New Clients”:** These are clients taking this method for the very first time in their lives.
  - b) **“Revisits”:** These are clients not taking this method for the very first time in their lives, i.e. they have been using this method. They could have moved to another method earlier and are now back to this method. **NOTE:** Only record revisits where *actual contraceptive issue* took place and **NOT** those who came only for check-up.
  - c) **“Change of Method From”:** Record the total number of clients within this month who have changed from this particular method to another contraceptive method.

- d) **“Change of Method To”**: Record the total number of clients within this month who have changed from any other contraceptive method to this particular one.

**“New Clients”** and **“Revisits”**: Fill in the total number of New Clients and Revisit Clients seen during the month from the Daily Activity Register (*indicate only those who are actually issued with contraceptives. Do not include those who came only for check-up*). If more than one page of the FP Daily Activity Register (DAR) has been filled during the month, be sure to total across all the filled pages for that month.

16. **“Sterilization: Males / Females / Referrals”**: Fill in the number of clients for Sterilization and Sterilization Referrals for the month from your FP Daily Activity Register.
17. **“Natural FP Counseling”** and **“Natural FP Referrals”**: Fill in the number of Natural FP clients counseled and Natural FP Referrals for the month from your FP Daily Activity Register.
18. **“HIV Counseling and Testing (C&T)”**:
- **Counseled and Tested on site**: Fill in the number of clients counseled and tested on HIV during the month
  - **Referred for Counselling and Testing**: Fill in the number of clients referred by the facility for counseling and testing on HIV during the month
  - **Known HIV Status**: On the column labeled **1**, fill in the number of clients who tested positive, while in the column labeled **2** fill in the number of clients who tested negative during the month.
19. **“Cases for Emergency Pills”**: Record the total number of cases who were given Emergency Contraceptive Pills during the month at the facility.
20. **“Comments (Logistics & Clinical)”**: Explain any losses or adjustments and write any other important comments.
21. **“Submitted by”**, **“Signature”**, **“Designation”** and **“Date”**: Write the Name and Designation of the person completing the report in CAPITAL LETTERS, then sign and date the report.
22. **“DPHN/DRHC’s verification signature”**: Required on the duplicate copy before collecting contraceptives from the District store.

**MINISTRY OF HEALTH  
SDP CONTRACEPTIVES CONSUMPTION  
DATA REPORT AND REQUEST FORM**

**ORIGINAL**

Province: \_\_\_\_\_ District: \_\_\_\_\_

Full SDP Name: \_\_\_\_\_ SDP No.: \_\_\_\_\_

Facility Type: Dispensary  H/C  SDH  DH  PGH  Referral & Training Hosp.

Agency: GOK  Mission  NGO  Private

Reporting Month: \_\_\_\_\_ Beginning \_\_\_\_\_ 20\_\_\_\_ Ending \_\_\_\_\_ 20\_\_\_\_

Contraceptive	Beginning Balance	Received This Month	Dispensed	Losses	Adjustments	Ending Balance	Quantity Requested
Combined Oral contraceptive Pills							
Progestin only pills							
Injectables							
Implants							
Emergency Contraceptive pills							
IUCDs							
Male Condoms							
Female Condoms							
Standard Days Method Cycle Beads							
Others							

SERVICE STATISTICS (Indicate only the number of Clients issued with Contraceptives)				
	New Clients	Revisits	Change of method	
			from	to
Combined oral contraceptive Pills				
Progestin only pills				
Injectables				
Implants				
IUCDs				
Male Condoms				
Female Condoms				
Standard Days Method (SDM)				
Others				

  

New Clients		Natural FP Counseling	
Revisits		Natural FP Referrals	

  

HIV COUNSELLING AND TESTING			
Counseled & Tested	Referred for Counseling & Testing	Known HIV Status	
		1	2

  

Sterilization	
Males	
Females	
Referrals	

  

Cases for Emergency Pills

**Comments: (Logistics & Clinical)** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Name**

**Signature**

**Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MINISTRY OF HEALTH  
SDP CONTRACEPTIVES CONSUMPTION  
DATA REPORT AND REQUEST FORM**

*DUPLICATE*

Province: \_\_\_\_\_ District: \_\_\_\_\_

Full SDP Name: \_\_\_\_\_ SDP No.: \_\_\_\_\_

Facility Type: Dispensary  H/C  SDH  DH  PGH  Referral & Training Hosp.

Agency: GOK  Mission  NGO  Private

Reporting Month: \_\_\_\_\_ Beginning \_\_\_\_\_ 20\_\_\_\_ Ending \_\_\_\_\_ 20\_\_\_\_

Contraceptive	Beginning Balance	Received This Month	Dispensed	Losses	Adjustments	Ending Balance	Quantity Requested
Combined Oral contraceptive Pills							
Progestin only pills							
Injectables							
Implants							
Emergency Contraceptive pills							
IUCDs							
Male Condoms							
Female Condoms							
Standard Days Method Cycle Beads							
Others							

SERVICE STATISTICS (Indicate only the number of <i>Clients issued with Contraceptives</i> )				
	New Clients	Revisits	Change of method	
			from	to
Combined oral contraceptive Pills				
Progestin only pills				
Injectables				
Implants				
IUCDs				
Male Condoms				
Female Condoms				
Standard Days Method (SDM)				
Others				

  

New Clients		Natural FP Counseling	
Revisits		Natural FP Referrals	

  

HIV COUNSELLING AND TESTING			
Counseled & Tested	Referred for Counseling & Testing	Known HIV Status	
		1	2

  

Sterilization	
Males	
Females	
Referrals	

  

Cases for Emergency Pills

**Comments: (Logistics & Clinical)** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Name**

**Signature**

**Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MINISTRY OF HEALTH  
SDP CONTRACEPTIVES CONSUMPTION  
DATA REPORT AND REQUEST FORM**

**TRIPLICATE**

Province: \_\_\_\_\_ District: \_\_\_\_\_

Full SDP Name: \_\_\_\_\_ SDP No.: \_\_\_\_\_

Facility Type: Dispensary  H/C  SDH  DH  PGH  Referral & Training Hosp.

Agency: GOK  Mission  NGO  Private

Reporting Month: \_\_\_\_\_ Beginning \_\_\_\_\_ 20\_\_\_\_ Ending \_\_\_\_\_ 20\_\_\_\_

Contraceptive	Beginning Balance	Received This Month	Dispensed	Losses	Adjustments	Ending Balance	Quantity Requested
Combined Oral contraceptive Pills							
Progestin only pills							
Injectables							
Implants							
Emergency Contraceptive pills							
IUCDs							
Male Condoms							
Female Condoms							
Standard Days Method Cycle Beads							
Others							

SERVICE STATISTICS (Indicate only the number of <i>Clients issued with Contraceptives</i> )				
	New Clients	Revisits	Change of method	
			from	to
Combined oral contraceptive Pills				
Progestin only pills				
Injectables				
Implants				
IUCDs				
Male Condoms				
Female Condoms				
Standard Days Method (SDM)				
Others				

New Clients		Natural FP Counseling	
Revisits		Natural FP Referrals	

HIV COUNSELLING AND TESTING			
Counseled & Tested	Referred for Counseling & Testing	Known HIV Status	
		1	2

Sterilization	
Males	
Females	
Referrals	

Cases for Emergency Pills

**Comments: (Logistics & Clinical)** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Name**

**Signature**

**Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_