



## **SERVICE DELIVERY POINT CONTRACEPTIVES CONSUMPTION DATA REPORT AND REQUEST FORM**

### **INSTRUCTIONS FOR COMPLETION AND SUBMISSION:**

This form must be completed by all service delivery points at the close of the last day of the month.

- The reporting month lasts from the first to the last day of each month.
- This report should be delivered to the district health office (or other location, as designated) no later than the 5th day of the month.

### **INSTRUCTIONS FOR SERVICE DELIVERY POINTS:**

- Send the original form to the district health office, for the attention of the district pharmacist.
- Send a duplicate copy to the district health office, for the attention of other relevant staff (for example, the district public health nurse).
- If you collect your contraceptives from the district store, contact the district pharmacist for re-supply.
- Keep a triplicate copy at the service delivery point.

### **HOW DO YOU COMPLETE THIS FORM?**

Use the following instructions to complete the form. This form should be completed by the health facility in-charge, or the family planning service provider at the health facility. Prior to completing the form, the person preparing the report should conduct a physical inventory of the contraceptives.

### **INSTRUCTIONS FOR COMPLETING THE MONTHLY REPORT:**

1. **Province:** Write the name of the province where the service delivery point is located.
2. **County:** Write the name of the county where the service delivery point is located.
3. **District:** Write the name of the district where the service delivery point is located.
4. **Service delivery point:** Write the full name of the service delivery point.
5. **Master facility number:** Write the master facility list number (or other identification).
6. **Facility type:** Put a tick ( ✓ ) mark to indicate the facility type for the service delivery point.
7. **Agency:** Put a tick ( ✓ ) mark to indicate the organization running the service delivery point.
8. **Reporting period:** Write the 1st day (date in full) and the last day (date in full) of the reporting month (for example, 1st of January 2017 to 31st of January 2017).
9. **Beginning Balance (COLUMN):** Record the quantity of every contraceptive listed in the monthly report on hand at the service delivery point at the beginning of the month. For those items where there is no stock, write "NIL."



Note that the quantity is counted in **cycles** (for pills), **vials** (for injectables), **pieces** (for male condoms, female condoms, and cycle beads), **sets** (for IUDs and implants – both 1- and 2-rod), 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.

10. **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.
11. **Dispensed (COLUMN):** From the daily activity register, record the total quantity of each contraceptive that has been dispensed to clients during the month.
12. **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.
13. **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 store's stock level is indicated in the column for positive adjustments while that which reduces the store's stock level is indicated in the column for negative adjustments. Explain adjustments in the "comments" section.
14. **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.
15. **Quantity requested (COLUMN):** To calculate the quantity to order for each contraceptive, multiply the number in the "dispensed" column by 6, and then subtract the "ending balance."

(This gives you the quantity requested to top up to a 6 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:**  $(3,000 \times 6) - 2,000 = 18,000 - 2,000 = 16,000$

(quantity dispensed this month)      (to give 6 months "maximum stock")      (ending balance)      (quantity to order)



**16. 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. In other words, they have already used 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 a 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* contraceptives. Do not include those who came only for check-up). If more than one page of the daily activity register has been filled during the month, be sure to total across all the filled pages for that month.

**17. "Sterilization: males/females/referrals":** Fill in the number of clients for sterilization and sterilization referrals for the month from your daily activity register.

**18. "Natural family planning counseling" and "natural family planning referrals":** Fill in the number of natural family planning clients counseled and natural family planning referrals for the month from your daily activity register.

**19. "HIV counseling and testing":**

- a. Counseled and tested on site: Fill in the number of clients counseled and tested on HIV during the month
- b. Referred for counseling and testing: Fill in the number of clients referred by the facility for counseling and testing on HIV during the month.
- c. 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.

**20. "Cases for emergency pills":** Record the total number of cases who were given emergency contraceptive pills during the month at the facility.

**21. "Comments (logistics & clinical)":** Explain any losses or adjustments and write any other important comments.

**22. "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.



**SERVICE DELIVERY POINT CONTRACEPTIVES CONSUMPTION  
DATA REPORT AND REQUEST FORM**

Province: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_  
 Service delivery point: \_\_\_\_\_ Master facility number: \_\_\_\_\_

**Facility type:**     Dispensary    Health center    Sub-district hospital    District hospital    Provincial gen. hospital    Referral hospital

**Agency:**         Government     Faith-based         Non-governmental         Private

**Reporting month:** \_\_\_\_\_ Beginning: \_\_\_\_\_ 20\_\_ Ending: \_\_\_\_\_ 20\_\_

Contraceptive	Beginning balance	Received this mo.	Dispensed	Losses	Adjustments		Ending balance	Quantity Requested
					Positive	Negative		
Combined oral contraceptive pills								
Progestin only pills								
Injectables								
Implants (1-rod)								
Implants (2-rod)								
Emergency cont. pills								
IUDs								
Male condoms								
Fem. condoms								
Cycle beads								
Others								
<b>SERVICE STATISTICS (Indicate only clients issued contraceptives)</b>					New clients		Natural counseling	
Contraceptive	New clients	Revisits	Change of method		Revisits		Natural referrals	
			From	To				
Combined oral cont. pills								
Progestin only pills								
Injectables								
Implants (1-rod)								
Implants (2-rod)								
Emergency cont. pills								
IUDs								
Male condoms								
Fem. condoms								
Cycle beads								
					<b>HIV COUNSELING AND TESTING</b>			
					Counseled and Tested	Referred	Known HIV status	
					<b>Sterilization</b>			
					Males			
					Females			
					Referrals			
					<b>Cases for Emergency pills</b>			

**Comments (logistics and clinical):** \_\_\_\_\_  
 \_\_\_\_\_

**Submitted by (name):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

This form was adapted from the Kenya Urban Reproductive Health Contraceptive Data Requesting and Reporting Tool.