Pocket Guide to Managing Contraceptive Supplies

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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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PREFACE

The *Pocket Guide to Managing Contraceptive Supplies* addresses one of the most important components of any program that provides family planning services—the logistics system that manages the delivery, quality, and storage of contraceptive supplies. These supplies are essential; without them, family planning services cannot be provided.

This guide is for the staff of family planning or health clinics who manage contraceptive supplies and for the supervisor who oversees these logistics activities. This booklet is not a complete logistics text; its purpose is to be a quick reference for logistics formulas and principles to help you manage your supplies (both contraceptives and other commodities) correctly and efficiently.

Part I of this Pocket Guide is a reference for staff in clinics and warehouses and for their supervisors. It explains the basic principles of logistics, how to keep appropriate levels of contraceptive supplies on hand, good warehouse practices to follow, how to use logistics data, and common logistics problems and their solutions.

Part II is for supervisors. It discusses the principles of supervision and contains a questionnaire for supervisors to use during supervisory visits to assess logistics activities. Clinic staff can also use the questionnaire to informally evaluate their logistics system.

If you would like a complete textbook on how to manage contraceptive supplies, you can obtain a free copy of the *Family Planning Logistics Guidelines* by contacting:

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Additional copies of this Pocket Guide can also be obtained from this address.

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INTRODUCTION

What Does Contraceptive Logistics Mean?

The contraceptive logistics system is a vitally important part of any program that provides family planning services. It is the system that is responsible for getting the contraceptives from the manufacturer to the family planning client. It encompasses a number of activities along the way, such as transporting and storing the contraceptives, maintaining adequate supply levels, and keeping records. If the logistics system is not working well, service delivery sites will not have the contraceptive supplies their clients need.

The purpose of a contraceptive logistics system is to get the

right ***quantities*** of the
right ***contraceptives*** to the
right ***places*** at the
right ***time*** in the
right ***condition*** at the
right ***cost***.

In other words, the staff who manage contraceptive supplies need to determine

how much (quantity and cost)
of ***what*** (contraceptive) needs to go
where (what location)
when and
how to get it there in good condition

To provide family planning clients with good contraceptive services, you must make sure that you have

- The right amount of supplies on hand (not too many, not too few).
- Contraceptives of good quality (not expired, not damaged).
- A full selection of the contraceptive methods that your program offers and clients request.

Brief Logistics Glossary

The following logistics terms are used in this guide.

Contraceptive method: A category of contraceptive, such as oral contraceptives, intrauterine devices (IUDs), injectable contraceptives, and condoms.

Contraceptive product: The method and brand name of a contraceptive. Different brands of the same contraceptive method are considered to be separate products. For example, Lo-Femenal® and Microgynon® are different brands of combined oral contraceptive pills, and are separate contraceptive products.

Dispense (to user): To provide a contraceptive or other item to its ultimate user (the client). A service provider dispenses contraceptives to a family planning user at a clinic or other outlet.

Dispensed-to-user data: The number of units of a product (usually a specific brand or contraceptive method) provided to clients of family planning services (contraceptive users) over a specified time period.

Issue: To provide a contraceptive or other item to a storage or service delivery facility. A storage facility issues supplies either to an outlet or to another storage facility (but not to a user).

Lead time: The interval between the time that supplies are ordered (or allocated) and when they are received and available for use.

Outlet or service delivery point: A clinic or other site where contraceptives are dispensed to users.

Review period or order interval: The routine interval between reviews of stock levels to determine whether an order should be placed, or between regularly scheduled orders of supplies.

Stockout: When an outlet or storage facility has no stock on hand of a particular item.

PART I

Managing Contraceptive Supplies

To properly manage any activity, including contraceptive supplies, a manager must

- Get the necessary information.
- Analyze it.
- Decide what to do.
- Act!

For example, a manager in a family planning clinic could receive a report on the number of cycles of pills dispensed to users in the most recent quarter, calculate the average monthly consumption and notice that it has increased since the last report, analyze how long current supplies of pills will last, find that supplies will run out before the next scheduled shipment, and place an emergency order for pills or borrow some from another facility.

Essential Logistics Data

The person in charge of managing contraceptive supplies at the service delivery site needs to have the following information about each contraceptive product used at the outlet.

- **Stock on hand:** What is the quantity of usable product on hand? (Sources of information: stock cards and physical inventory)
- **Rate of consumption:** What quantity is being dispensed to users each month, on average? (Sources of information: the daily activity register or monthly or quarterly reports)
- **Losses and adjustments:** What quantity of supplies is being lost in the system, and why? (Sources of information: stock cards or other inventory records)

The Stock Card

Each contraceptive product (each brand of each method) in the storage area should have a Stock Card. This card provides essential information on the quantities of stock on hand of that product, any losses or adjustments to the inventory, and lead time. It is sometimes called an Inventory Control Card or, when kept with the supplies, a Bin Card.

The purpose of the stock card is to provide an up-to-date record of all transactions (the quantities of that product that have been received and issued or otherwise disposed of) and the amount currently in stock.

Use the stock card in the following situations:

- *Every time stock is added to the shelf or removed from the shelf.* Enter the date and the amount on the stock card, and calculate the new balance on hand.
- *Whenever a physical inventory is conducted.* The quantity found during the inventory should be written on the stock card. Any difference between the physical count and the calculated balance should be noted in the Loss/ Adjustment column and explained in the Remarks column.
- *Whenever supplies are lost* (such as due to damage or expiration) or there are any other adjustments to the stock quantity such as samples taken to test the quality.

Lead times can be calculated for each product by counting the number of days between the date the order was placed (if the outlet places orders) and the date the supply arrives and is available for use. Both dates should be noted on the stock card.

The card on the next page is just an example. Stock cards can record other important information in addition to that shown in the example, such as the price, source, and expiration date of the contraceptive.

Stock Card

Product: *Combined orals—Lo-Femenal*
Warehouse Location: *Aisle A Row 1*
Stock Number: *47201*

Maximum Stock Level: *4 months*
Minimum Stock Level: *2 months*
Unit of Packing: *100 cycles per box*

Maximum Quantity: *1,360 cycles*
Minimum Quanity: *680 cycles*
Most Recent AMC: *340 (6/98)*

Date	Requisition and Issue		Quantity				Balance on Hand	Remarks
	Voucher Number	From/To	Requested	Received	Issued	Loss/ Adjust		
6/10/98							*880*	*Balance brought forward*
6/15	*322*	*To Dr P*			*200*		*680*	
7/2	*323*	*To Reg Warehs*	*700*					
7/6	*324*	*To Nurse S*			*100*		*580*	
7/10	*323*	*Fr RW*		*700*			*1,280*	

Filling Out the Stock Card

Product should include both the contraceptive method and the brand.

Warehouse location describes where in the storage facility this product is kept (this is needed only if the storage area is large).

Stock number is the number assigned to the product by either the manufacturer or the central warehouse (this may not be necessary in some systems).

Maximum stock level and Minimum stock level refer to the highest and lowest levels that should be maintained for this product at this outlet, expressed as months of supply (the Maximum/Minimum inventory control system is explained on page 13).

Unit of packing is the number of individual pieces contained in the standard package for this product.

Maximum quantity and Minimum quantity are the highest and lowest quantities that should be on hand for this product at this outlet, at current rates of use. The stock levels are multiplied by the Average Monthly Consumption (AMC) to get these quantities (explained on page 16). Write these quantities in pencil, as you must recalculate them regularly. Always express quantities as individual pieces, not as larger units such as boxes or cartons.

Date refers to the date of the transaction being recorded. The date is used to calculate average lead time.

The ***Requisition and Issue Voucher number*** column records the number on the voucher used for the transaction.

From/To indicates where the supplies are arriving from or to whom or to what facility they are being issued.

The ***Quantity Requested, Received, and Issued*** columns are used whenever this contraceptive is ordered/requested, received from the warehouse, or issued from the storage area. Record the amount and date (and voucher number if necessary).

The ***Loss/Adjustment*** column is used to record any non-standard changes to the inventory, such as damaged or expired contraceptives removed from stock, a correction after a physical count, or quantities removed to conduct quality testing.

The ***Balance on Hand*** should be calculated whenever any stock is added or removed. Compare the new total with the maximum and minimum quantities at the top of the card. When a physical count is done, enter the number counted in this column.

The ***Remarks*** column should be used to explain entries in the Loss/Adjustment column and any other needed clarifications.

The Daily Activity Register

The Daily Activity Register records information on every client who comes to the family planning outlet, what contraceptive product she or he received (by method and brand), and how many units were dispensed to this client.

The data in the daily activity register are summarized in monthly or quarterly reports. This dispensed-to-user information is the best kind to use for logistics calculations, because it shows exactly what quantities are being dispensed to users and the rate of consumption (how many units per month).

A daily activity register can be a big sheet of paper or a book. An example is on the next page. The register should collect the following information:

- Date
- Name of client
- Client number (assigned by the program)
- Client type (new client or revisit) if your program tracks clients this way
- Number of units of contraceptives (e.g., cycles of pills, individual condoms, doses of injectable contraceptive) dispensed at this visit, by
  - ✗ Method of contraception (Oral contraceptive, IUD, injectable, Norplant®, condom, foaming tablet, referral for sterilization)
  - ✗ Brand of contraceptive (for example, Oral—Lo-Femenal® and Microgynon®; IUD—Copper T and Multiload)

The daily activity register can also collect other client-specific data your program needs for management and planning. In the example here, the register is used to track referrals for sterilization and natural family planning.

DAILY ACTIVITY REGISTER

Clinic name: Month: Year:

Date	Client name	Client number	Client Type	Quantity of Contraceptives Dispensed at this Visit												Referrals
				Combined Oral Contraceptives			Progestin-Only Orals	Injectables		IUDs			Condoms	Foaming Tablets	Sterilization	Natural Family Plan.
				Microgynon	Lo-Femenal	Eugynon	Ovrette	Microlut	Depo-Provera	Noristerat	Copper T	Multiload	Nova T			
			New													
			Revisit													
			New													
			Revisit													
			New													
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			New													
			Revisit													
Totals this page:																

The Requisition and Issue Voucher

In facilities that order their supplies, the ***Requisition and Issue Voucher*** (RIV) is used to place an order for supplies and as a receipt when the supplies are delivered. It is signed at each step of the ordering and delivery process.

The RIV should have one original and three copies. One copy should be kept by the person placing the order when the order is placed; a second by the person preparing the shipment; a third by the person receiving the order; and the final copy is returned to the person who shipped the order, as assurance that the shipment arrived. Some programs may wish to have an additional copy for approving officials.

In push or allocation systems where stock transactions are initiated by higher-level facilities, an ***Issue Voucher*** is used instead. This form is completed in quadruplicate by the issuing warehouse, which keeps one copy as a record of shipments in process. Three copies accompany the supplies; one copy is kept by the receiving facility, one is kept by the shipper, and the remaining copy is returned to the warehouse as proof of receipt.

REQUISITION AND ISSUE VOUCHER

Voucher No: _____

Date: _____ **Ship to:** _____
_____
_____

Requisition			Issue		
Article	**Quantity on Hand**	**Quantity Requested**	**Shipped**	**Received**	**Remarks**

REQUISITION
Requested by: _____ Date: _____
Approved by: _____ Date: _____

ISSUE
Approved by: _____ Date: _____
Shipped by: _____ Date: _____

RECEIPT
Received by: _____ Date: _____

ISSUE VOUCHER

Issue Voucher Number: _____

Date: _____ **Ship to:** _____

_____

_____

Serial number	Article	Quantity Issued		Remarks
		Shipped	Received	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Approved by: _____ Date: _____

Shipped by: _____ Date: _____

Received by: _____ Date: _____

The Maximum/Minimum Inventory Control System

Using a Maximum/Minimum (Max/Min) inventory control system will help you to prevent both over-stocking (which leads to wasted contraceptives) and shortages or stockouts of contraceptive supplies. A Max/Min system makes sure that the amount of stock on hand is always between established maximum and minimum levels.[1]

In this system, each organizational level of the program is assigned maximum and minimum levels for its supplies. Maximum and minimum ***levels*** are expressed in number of months of supply. For example, a clinic might be required to keep a maximum of four months' worth of supplies on hand of all products and a minimum of one month; a regional warehouse might have a maximum of six months and a minimum of three.

To find out the maximum and minimum ***quantities*** for each contraceptive product, multiply the level by that product's Average Monthly Consumption.

The ***Average Monthly Consumption*** (AMC) is equivalent to one month's supply. It is usually the monthly average of the quantity of that product that has been dispensed to users during the past 3 months. (The information on the quantities dispensed is taken from the daily activity register or summary reports of dispensed-to-user data.)

$$\textbf{Average Monthly Consumption} = \frac{\text{Quantity dispensed in 3 months}}{3}$$

1. The system described here is called a forced ordering system in which all products are ordered on a fixed schedule. To read about other variations of the Max/Min inventory control system, please see the *Family Planning Logistics Guidelines.*

However, if the amount dispensed has been erratic and has not followed a general trend, then the average should be calculated based on the most recent 6 months.

The AMC must be calculated separately for each contraceptive product (method and brand). The AMC should be recalculated regularly, either every time you place an order or on a monthly or quarterly basis.

Worksheet for Calculating Average Monthly Consumption (AMC)

Three-month average

+		Amount dispensed three months ago
+		Two months ago
+		Last month
Total	=	
÷ 3	=	= Average Monthly Consumption

Six-month average

+		Amount dispensed six months ago
+		Five months ago
+		Four months ago
+		Three months ago
+		Two months ago
+		Last month
Total	**=**	
÷ 6	=	= Average Monthly Consumption

Setting Maximum and Minimum Levels

In some family planning programs, maximum and minimum levels are set for all facilities by the central office. If your program does not have an established policy, you may wish to set your own. The instructions here are for a forced ordering pull system, in which outlets order their supplies on a regular schedule. Other systems would set maximum and minimum levels somewhat differently.

To set maximum and minimum levels, follow these steps:

- Calculate your ***Average Lead Time*** by looking at past records of orders and deliveries on the stock cards or copies of the requisition and issue voucher and taking the average. If there are very large variations in lead time in your system, it is safer to use the longest lead time rather than the average.
- Determine the ***Safety Stock***, which is expressed in months and should be equal to at least half the time between regular orders (called the Order Interval or Review Period) or regular deliveries. If there are usually great fluctuations in demand during the year or if deliveries are unreliable, then the safety stock should be set higher.

The ***Minimum Stock Level*** is equal to safety stock (in months of supply) plus average lead time (in months).

Safety Stock (in months)	+	Lead Time (in months)	=	**Minimum Stock Level**

Worksheet for Calculating Minimum Stock Level

Safety Stock (in months)	+	Lead Time (in months)	=	**Minimum Stock Level**
	+		=	

To get the ***Maximum Stock Level***, add the order interval or review period to the Minimum Stock Level.

Minimum Stock (in months)	+	Order Interval Stock (in months)	=	**Maximum Stock Level**

Worksheet for Calculating Maximum Stock Level				
Minimum Stock (in months)	+	Order Interval Stock (in months)	=	**Maximum Stock Level**
	+		=	

Calculating Maximum and Minimum Quantities

The maximum and minimum stock levels (in months) are multiplied by the AMC to get the maximum and minimum quantities.

Maximum stock level (months)	×	AMC	=	**Maximum quantity (number)**
Minimum stock level (months)	×	AMC	=	**Minimum quantity (number)**

Worksheet for Calculating Maximum and Minimum Quantities				
	Maximum stock level			Minimum stock level
×	× Average Monthly Consumption		×	× Average Monthly Consumption
=	= **Maximum Quantity**		=	= **Minimum Quantity**

Whenever you recalculate the AMC, you should also recalculate the maximum and minimum quantities and note the new numbers on the stock card.

Whenever contraceptive supplies are received or issued and the quantities are entered on the stock card, you should compare the new balance on hand with the maximum and minimum quantities. If supplies for any contraceptive commodity fall below the minimum level, ask yourself the following questions.

- Was this an exceptional circumstance, or is demand for that contraceptive generally increasing? If so, recalculate the AMC.
- Are resupplies late in arriving? If so, find out why and whether the problem can be corrected. If not, increase the safety stock level.

Assessing Your Supply Status

To make sure your supplies are adequate, do the following calculation for each of your contraceptive products.

Stock on Hand	÷	AMC	=	**Months of Supply on Hand**

This calculation will tell you how long your current supply will last if consumption stays at the current rate. If the months of supply on hand are less than the time remaining before your next delivery of supplies, then you may need to arrange for an emergency delivery.

Worksheet for Calculating Months of Supply on Hand

Stock on Hand	÷	AMC	=	**Months of Supply on Hand**
	÷		=	

The following is an example of months of supply on hand for four contraceptive products.

Product	Stock on Hand	÷ AMC	Months of Supply
Lo-Femenal® Combined Orals	470 cycles	180	2.6
Ovrette® Progestin-Only Orals	320 cycles	45	7.1
Blue & Gold Condoms	1,200 condoms	420	2.9
Depo-Provera®	520 vials	92	5.7

Ordering Supplies

Whenever you are ready to order supplies, you should recalculate the AMC with the most recent figures and recalculate the maximum and minimum quantities.

To order supplies (from a warehouse) or issue supplies (to an outlet), use the following formula for each contraceptive product:

Maximum Quantity	–	Stock on Hand	–	Stock on Order	=	**Order Quantity**

Worksheet for Calculating Order Quantity	
	Maximum Quantity
–	– Stock on Hand
=	= (Subtotal)
–	– Quantity already on order (but not received)
=	= **Quantity to order**

Following Good Warehousing Practices

Proper warehousing means storing supplies so that products are always available, accessible, and in good condition.

To make sure contraceptives are not damaged while they are being stored, follow the guidelines below. Outlets that dispense few contraceptives may keep their supplies on a shelf or in a cabinet rather than in a storeroom, but the same principles apply.

GUIDELINES FOR PROPER STORAGE

Clean and disinfect the storage area regularly.

Store contraceptives in a dry, well-lit, and well-ventilated storage area out of direct sunlight.

Make sure no water can leak into the storage area.

Make sure fire safety equipment is available and accessible.

Store cartons of condoms away from electric motors and fluorescent lights.

Stack cartons of contraceptives at least 10 centimeters (4 inches) off the floor, 30 centimeters (1 foot) away from the walls and from other stacks, and no more than 2.5 meters (8 feet) high.

Arrange the cartons so that the identification labels and expiration dates or manufacturing dates are visible.

Store contraceptives in a manner accessible for First-to-Expire, First-Out distribution (described next), for counting (such as during an inventory), and for general management.

Store contraceptives separately, away from insecticides, chemicals, old files, office supplies, and other materials.

Separate and dispose of damaged or expired contraceptives without delay, according to local and donor regulations.

Assure proper security.

First-to-Expire, First-Out (FEFO)

To make sure contraceptives do not expire before they are dispensed, follow the First-to-Expire, First-Out policy, known as ***FEFO***. The idea behind this system is to always use the oldest stock first.

- When cartons of contraceptives arrive, *clearly mark each carton with the date of expiration*, as described in the following section.
- *Stack the cartons by date* so that the older supplies are on top of or in front of the newer supplies and can be reached most easily.
- *Issue the oldest supplies first*, making sure that they are not near or past their expiration date.

When Contraceptive Supplies Arrive

When contraceptive supplies arrive, follow these procedures:

- *Look for their date of expiration.* If the box is marked with the date of manufacture instead, calculate the expiration date by adding the shelf life (given in the table on the next page) to the manufacture date.
- *Write the expiration date on the box* in large letters and numbers.
- *Think about the expiration date,* and make sure there is enough time left before expiration to allow for some storage both by the program and (if pills, condoms, or spermicides) by the client before the products are used. If the expiration date is too close, return the product to the supplier to prevent dispensing expired contraceptives by mistake.
- *Check the cartons for any damage* before you open them. If there is any damage, you will need to examine the contents carefully. You should also make a note on the stock card and the requisition and issue voucher that these items arrived damaged.
- *Check a few of the contraceptives* to make sure they are in good condition and not damaged. (See "How to Check Contraceptive Quality" later in this section for more details.)

Shelf Life and Storage Conditions

If stored under proper conditions, contraceptives will remain effective for a number of years after their manufacture; this period is known as their shelf life. Contraceptives should be stored under the conditions described in the table below to have their full shelf life.

Type of Contraceptive	Required Storage Conditions	Shelf Life
Oral Contraceptives	Store away from direct sunlight in a cool, dry location.	5 years
Condoms	Below 40°C. No long exposure to high humidity, direct sunlight, or ozone. Don't store near chemicals.	3–5 years
IUDs	15–30°C. Protect from direct sunlight and excessive moisture.	7 years
Spermicides	15–30°C. No extreme fluctuations in temperature or humidity.	3–5 years (5 years for USAID-donated, 3 years for others)
Norplant®	Below 30°C. Dry location.	5 years
Injectable	15–30°C. Away from direct sunlight. Store vials upright.	4–5 years (4 years for USAID-donated, 5 years for others)

Information on the product packaging supersedes the information in this table.

When to Check Contraceptive Quality

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

- When contraceptive supplies arrive, the staff in charge of managing supplies should examine both the outer box and the inner boxes for signs of damage.
- The staff who dispense contraceptives should check them before dispensing them.
- If the supplies are in good condition on arrival and are dispensed within 6 months, they should not have to be checked again unless there is an unusual situation, such as flood damage.
- If the supplies remain in storage longer than 6 months or if the storage conditions are poor (for example, high heat or humidity), they should be checked periodically.

How to Check Contraceptive Quality

The following steps will help you conduct a thorough check:

- When contraceptive supplies arrive or when conducting a routine inspection, take a random sample from one or two of the cartons. It is important that the sample be taken from throughout the carton, not just one section. For example, take an inner box from the top, bottom, and one or more of the sides of the carton.
- From each of these inner boxes, select one or two individual product units (e.g., IUDs or pill packets).
- Inspect their quality and record the findings.
- When the inspection is complete, make certain to return each unit to the inner box from which it came.
- Return all inner boxes to the carton.
- Date and initial the carton and note that it has been inspected.

Contraceptives are produced in ***lots*** or groups. For example, 500,000 condoms are produced at one time; they are all in one lot and all have the same lot number. Each lot has its own unique lot number. If supplies of a contraceptive have more than one lot number, be sure to take a sample from each lot. Be sure to record the lot number with your findings.

When you are inspecting the contraceptives, look for the following warning signs and reject any products that show these signs:

CONTRACEPTIVE QUALITY WARNING SIGNS

Do Not Use or Distribute If:

Oral Contraceptives

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

Condoms

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

IUDs

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

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

Injectables

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

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

CONTRACEPTIVE QUALITY WARNING SIGNS — CONTINUED
Do Not Use or Distribute If:
Implants ■ The implant's sterile packaging is broken. ■ One or more of the capsules is missing or discolored (not white). ■ One or more of the capsules is broken or bent.
Spermicidal Jelly ■ The jelly tube is wrinkled or leaking. ■ The applicator cannot easily be screwed onto the top of the tube.
Foaming Tablets ■ The package has broken or missing tablets. ■ The package is puffy (this indicates a moisture leak). ■ The foil laminate has cracks. ■ The tablets are discolored (they should be white). ■ The tablets are soft, wet, damp, or crumble easily.
Diaphragms ■ The package seal is damaged. ■ The diaphragm looks dirty (only the service provider needs to check for this). ■ The diaphragm shows holes or cracks when held up to a light (only the service provider needs to check for this).

Problems with Contraceptive Quality

If you detect a problem with a contraceptive when receiving supplies, doing a periodic random check, dispensing a contraceptive, or through documented complaints by clients, then the contraceptives in that box or lot number should be more thoroughly examined. Take a sample (as described earlier in How to Check Contraceptive Quality) and see if other units also have the problem.

If the defective contraceptive that was found initially seems to be the only one with a defect, dispense the rest to clients, but be even more alert than usual to problems or complaints.

If others in the box have problems, mark the box "Potentially defective" and set it aside where it will not be used. Report the problem to your supervisor. Make sure to include the following information in your report:

CONTRACEPTIVE QUALITY PROBLEMS REPORT

- Product
- Brand
- Lot number(s)
- Manufacturer
- Donor or provider
- Nature of complaint or problem
- Source(s) of complaint or information
- Number of complaints
- Transportation history
- Storage history

If it is determined that the contraceptives are defective, they should be disposed of according to government and donor regulations.

Managing Complaints about Contraceptives

All complaints from clients about contraceptives should be taken seriously. Not only is the health of the clients extremely important, but so is their confidence in the contraceptive. If clients doubt the quality of the contraceptives, they probably will not use them and may lose faith in the program's services.

Whenever there is a complaint from a client, collect the following information and write it down:

- Date of the complaint
- Product
- Brand
- Formulation or type
- Lot number
- Nature of the complaint

You will need this information later if you submit a report to your supervisor, as described above.

Try to determine whether the complaint is actually due to a quality problem. For example, a provider may complain that the copper IUDs are discolored or that the injectable solution has separated, but in fact they are still effective and safe to use.

Sometimes a so-called problem is not really a problem with the product but rather reflects a lack of knowledge by the client or provider. This situation can be handled by providing correct information and some reassurance.

If complaints are due to an identified or suspected quality problem (e.g., pills crumbling, condoms breaking), look at some more samples of that brand and lot for more evidence of the problem. If other units from that lot also have the problem, remove that supply from use, document the problem, and report it to your supervisor.

If supplies from one lot have a quality problem and you also have supplies from other lots, inspect samples from those lots as well.

Whenever there is a problem with quality, try to determine the reason for it. Were the supplies stored inappropriately? Are they known to have suffered poor conditions during transport? Were they nearing expiration when they arrived? If the cause is something that can be prevented in the future, make sure to take steps to correct it.

Remember, clients must receive contraceptives of good quality and they must be satisfied with the contraceptives they receive. Take every complaint, and every suggestion, seriously.

Conducting a Physical Inventory

A physical inventory is a count of all the contraceptives in stock. Its purposes are to:

- Verify that the quantity on the shelves is the same as the quantity listed in the stock-keeping records.
- Correct the records if necessary.
- Determine how many items of stock are not usable due to damage, loss, or expiration and remove them.
- Identify any corrective actions that need to be taken to ensure that contraceptives are safely and effectively received, stored, and accounted for.
- Provide an opportunity to organize the storeroom.

Staff should conduct an inventory at least once a year. Inventories should be conducted more often if there are many discrepancies between the actual balances on hand and the balances listed on the stock cards or if the outlet is small. Small outlets would not have to follow as formal a process as the one described next, but staff should frequently check the actual amounts on hand against the stock card.

To conduct an inventory in a facility with a substantial supply of contraceptives:

- *Choose a date in advance*, and set a cutoff date several days earlier. The inventory should include only contraceptives that are received or shipped before that date. Any contraceptives received after the cutoff date should be set aside (and not entered into the records) until after the inventory.
- *Prepare the inventory area.* Make sure that all stock records are up to date, cartons are neatly stacked so that all commodities are readily accessible, and any partial (open) cartons are visible and not concealed under full cartons.
- *Arrange for staff to be present* the day of the inventory if cartons will need to be moved and restacked.

To be accurate, two people should do separate physical counts and then compare them. If the two counts are not the same, a recount should be made of the items in question until the cause of the discrepancy is discovered.

Develop a clear procedure to record the count:

- Begin at one end of the aisle and work to the other end before starting the next aisle (if your storage area is that large).
- Go from the top of the shelves to the bottom. Do not skip any stacks or rows.
- Record all counts in single units (i.e., numbers of cycles of pills, numbers of condoms) rather than cartons or boxes because the quantity of their contents varies. Be sure to count the actual quantities in partial (open) cartons.
- If the same contraceptive method has different brands or formulations, count and record each brand or formulation separately.
- If any supplies are damaged or expired, record this information on a separate sheet specifically for damages and expiration. Remove these supplies from the stock.

The staff conducting the inventory should also look for any contraceptives that are due to expire shortly, and record the expiration date and the quantity of those contraceptives.

When the physical inventory is complete, compare the physical count for each item with the amount on the stock card. If there are any discrepancies, you will have to try to find the cause. Discrepancies could be caused by:

- Miscount during the current inventory or a previous inventory.
- Items previously removed from inventory or received into inventory but not recorded on the stock cards.
- Missing a carton during the inventory.
- Damaged or expired contraceptives recorded on a separate sheet but not deducted from the balance on the stock card.
- Items not in their proper place.
- Theft.

Record the reasons for any discrepancies on the physical inventory form.

When the inventory and stock card amounts have been reconciled, do the following:

- Record the amounts on the stock cards and write "Physical Inventory" in the remarks column.
- If the inventory amount is different from the calculated amount, note in the remarks column that you are making a correction, for example, "Corrected by physical count" or "Found expired during inventory."

The inventory record form should be signed and dated by the person(s) who performed the inventory and the manager in charge of supplies. The form should be filed as a permanent record.

In larger warehouses that handle many products, this complete physical inventory process may be disruptive if the facility is very busy. It is always best to choose the least busy time of year or quarter to take a complete physical inventory.

An alternative method is ***cycle counting*** or ***continuous physical inventory***. With this method, one or a few products are counted at a time each day, week, or month, rather than closing down the warehouse and counting everything on the same day. The sampling procedure might be simple (for example, count one product during the first week of each month, so that everything is counted at least once per year), or more targeted (count all expensive or fast-moving items twice per year, and count the rest only once). Cycle counting strategies require more thought, but are less disruptive to routine warehouse operations.

PHYSICAL INVENTORY

Program: _____ **Warehouse/Location:** _____

Product	Lot No. or Bin No.	Expiration Date	Balance on Hand	Balance on Stock Cards	Discrepancy	Comments

Comments:

Signature: _____ Signature: _____ Signature: _____

Title: _____ Title: _____ Title: _____

Date: _____ Date: _____ Date: _____

Warehouse Space Requirements

If the demand for contraceptives is growing and your storage space is already near capacity, you may have to arrange for more storage space.

To calculate the amount of storage space that will be needed, do the following:

- Pick a date in the future (however far ahead you are planning).
- For each contraceptive, estimate what the Average Monthly Consumption (AMC) will be at that time if current trends continue. (See the next section on Forecasting for how to do this.)
- For each contraceptive, multiply the maximum stock level by its estimated AMC to see how many units of each contraceptive will need to be stored.
- Use the following formula to calculate the total storage space for each contraceptive product:

Calculating Storage Space Requirements

Number of cycles/units to be stored	÷	Number of cycles/units per carton	=	Number of cartons
Number of cartons	×	Carton size (volume)	=	Storage space required

This will give you the volume of storage space required in cubic feet or meters. After calculating the space needed for each contraceptive product, add them together.

If your calculations are for a large supply of contraceptives, you must remember that cartons should be stacked no more than 2.5 meters high, so you need to divide by 2.5 to determine the minimum required floor space in square meters. Then, to allow room for aisles (if your storage facility is that large), handling, and ventilation, you should at least double the floor space. Finally, take the square root of this figure to calculate the length and width of the room you will need, or calculate another length-by-width combination. Use the following formulas, information, and worksheet for your calculations.

Storage space required	÷	2.5	=	Floor space
Floor space	×	2	=	Total space required
$\sqrt{}$ Total space required			=	Length and width of floor space

Carton sizes (volumes) for USAID-donated contraceptives		
Condoms (6,000 units)	0.11 meters^3	3.7 feet^3
Oral contraceptives (1,200 cycles)	0.04 meters^3	1.3 feet^3
IUDs (200 IUDs)	0.04 meters^3	1.3 feet^3
Injectable (Depo-Provera®) (400 vials)	0.04 meters^3	1.3 feet^3
Vaginal foaming tablets (4800 tablets)	0.05 meters^3	1.6 feet^3

Worksheet for Calculating Storage Space

		Quantity of units
÷		÷ How many units per carton
×		× Volume of cartons (in cubic meters)
+		+ Add together volume of all contraceptive products
÷	2.5	÷ Height limit of stacks (2.5 meters)
=		= Square meters of floor space to be taken up by boxes
	× 2	× 2 for handling space, room for aisles
=		= Total square meters
	√	Take the square root
=	×	= Length × Width of floor space

Using Logistics Data

Forecasting

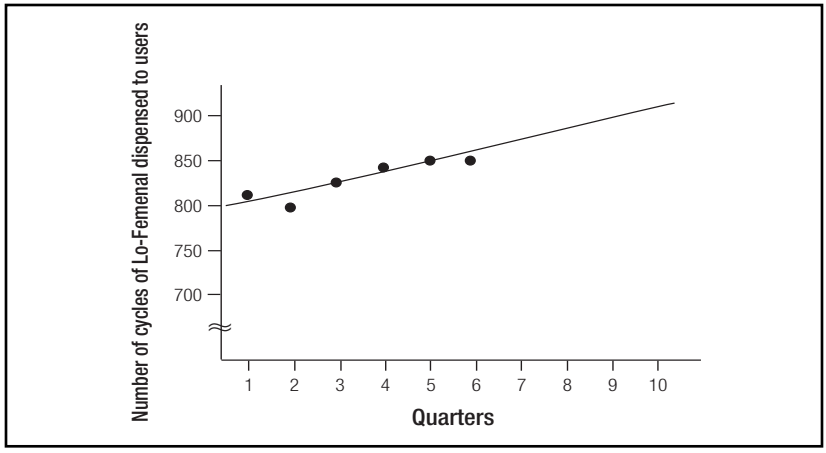
You may find it useful to analyze your data on contraceptives dispensed to users to look for trends and to make a forecast to plan ahead. Although official contraceptive forecasting for a family planning program is usually done at the central level, outlet staff can benefit from doing their own forecast, particularly if demand is changing. Even if you don't do a complete forecast, it can be useful to examine trends in contraceptive use. Increasing demand for contraceptives could mean that the outlet may have to arrange for more contraceptive storage space or more service delivery space, hire more service providers, or make other adjustments.

To do a simple outlet-level forecast, follow these steps for each contraceptive method (and for each brand or formulation if you dispense more than one):

- Collect all your data on the number of contraceptives dispensed to users (for example, 810 cycles of Lo-Femenal® dispensed in Quarter 1, 792 dispensed in Quarter 2, etc.)
- The more data you have, the more accurate a picture you will have. If you are doing a forecast by year, try to have at least 3 years of past data; if you are doing a quarterly forecast, have at least 6 quarters of data.
- For each contraceptive, plot on a graph the amount that was dispensed to users for each time period (year or quarter).
- See if you can detect a trend. (If you are doing a quarterly forecast, you may see a seasonal trend.)
- If you see a basically linear trend (i.e., when the points are connected, they form a fairly straight line), continue the line in that same direction into the future, up to the point for which you are making the forecast.

- Look at the date in the future for which you are making the forecast, and see where the projected line intersects it. If you are looking at quarterly data, this point refers to the amount to be used in one quarter; if annual data, the amount used in one year.

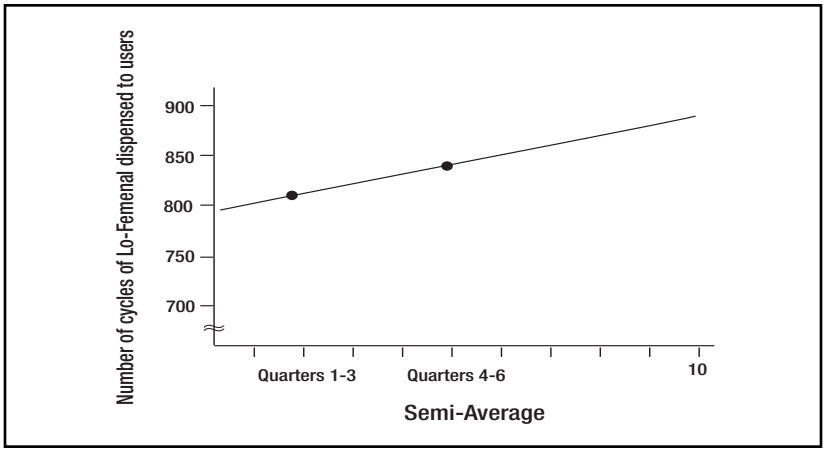
The following figure shows a forecast based on six quarters' worth of data.



The figure indicates that by the tenth quarter, the outlet may be using almost 900 cycles of Lo-Femenal® per quarter.

Unfortunately, dispensed-to-user data rarely fall neatly into straight lines. If there is no linear trend, use the ***semi-average*** technique:

- Divide the data into two equal time periods and calculate the average for each period.
- Plot these two points on the chart, connect them with a line, and continue that line to the right.



This figure also indicates that by the tenth quarter, the outlet may be using almost 900 cycles of Lo-Femenal® per quarter.

With any of these techniques, you must also consider what factors might cause a change in the lines' directions. Future demand could be affected by current or future events, such as campaigns advocating more long-lasting contraceptive methods, an increase in condom use for HIV prevention, or new providers offering contraceptives or services. Looking to the past, if the program experienced any stockouts, then use of the stocked-out contraceptives would have been lower than actual demand. In this case, you may wish to estimate what use would have been if there had been enough supplies, and use that figure instead.

The farther into the future a forecast is made, the less accurate it is likely to be, so you must do new forecasts periodically.

Once you make a forecast, keep it and refer to it. Your estimate of future use is just a guess; you have to monitor the actual use to see how accurate your estimate was. If there is a significant difference from your estimate, try to figure out why. What could you have known that you didn't know? What happened that you might have anticipated? What happened that you couldn't have anticipated? Is the discrepancy large enough that you may need to modify your forecast and future orders?

Couple-Years of Protection

Couple-Years of Protection (CYP) is a tool for looking at data on the quantities of contraceptives that have been dispensed and estimating how many clients (or couples) those contraceptives served. CYP is sometimes used to evaluate a program or to set targets. It can also be used to analyze a clinic or program's method mix.

CYP translates products into people; if one couple would need 4 doses of injectable contraceptive in a year, then 8 doses of injectable dispensed are equivalent to two couples, or two CYPs.

Family planning outlets may wish to take their dispensed-to-user logistics data (i.e., how many of each kind of contraceptive were dispensed in a year) and estimate how many CYPs were provided. Standard CYP calculations are presented in the table on the next page; they allow for conditions such as lost and damaged supplies and early removal of IUDs and implants. Your program may wish to use different conversion factors based on local practices or conditions if you have accurate data on usage rates.

How to Calculate Couple-Years of Protection (CYPs)		
Contraceptive Method	**Factor**	**Description**
Pills (cycles)	÷ 15	15 cycles per couple per year
Condoms (pieces/units)	÷ 120	120 units per couple per year
IUDs (pieces/units)	× 3.5	On average provides 3.5 years of protection
Injectables (vials/doses) Depo-Provera® Noristerat®	 ÷ 4 ÷ 6	 4 units per couple per year 6 units per couple per year
Norplant® (units)	× 3.5	On average provides 3.5 years of protection
Sterilization (procedures)	× 10 (Asia, Latin Am.) or 8 (Africa, Near East)	On average provides 10 or 8 years of protection

In the example below, a clinic has taken its dispensed-to-user data for the previous year and analyzed its method mix.

Contraceptive method	Units dispensed	CYPs	% method mix
Oral Contraceptives	750	50	24.4
Condoms	3,000	25	12.2
IUDs	16	56	27.4
Injectable (Depo®)	144	36	17.6
Norplant®	5	17.5	8.6
Sterilization	2	20	9.8
Totals		204.5	100

CYPs can also translate people into products; if you have an estimate of how many people you will serve, you can calculate how many contraceptives you will need. To do this, use the numerical factors in the table on the previous page, but for pills, condoms, and injectables multiply the factor instead of dividing. For example, if you plan to provide 100 couples with pills, multiply 100 by 15. For IUDs and Norplant®, no multiplication is necessary because the number of couples becoming acceptors of these methods is the same as the number of IUDs or Norplant® sets that would be required for that year.

Common Logistics Problems, Probable Causes, Possible Solutions

The following table presents five common logistics problems along with their probable causes and possible solutions.

Problem	Probable Causes	Possible Solutions
Undersupply	Poor forecasting	Improve the data used for forecasting.
	Inaccurate or incomplete counts of products on hand	Review inventory control procedures (i.e., record keeping and inventories).
	Seasonal increase in product use	Adjust order amounts or issue amounts for seasonal variation.
Oversupply	Poor forecasting	Improve the data used for forecasting.
	Inaccurate or incomplete counts of products on hand	Review inventory control procedures (i.e., record keeping and inventories).
	Seasonal decline in product use	Adjust order amounts or issue amounts for seasonal variation.
	Decline in use due to client preference	Train staff to deal with side effects and rumors, or adjust forecasts if trend continues.
	Same product is now available from other sources	Improve coordination with other programs; investigate why clients use other sources.
Damaged Stock	Improper handling	Give feedback to warehouse staff; increase supervision to improve handling procedures.
	Improper storage	Review policies on proper storage of supplies; increase supervision of storage; repair or renovate storage facilities; reduce product exposure to light, water, chemicals, and pests.

Problem	Probable Causes	Possible Solutions
Expired Stock	Oversupply	(See solutions for oversupply, above)
	Failure to use oldest product first	Use First-to-Expire/First-Out procedures; improve warehousing practices.
	Accepting products at or near expiration date	Implement a policy that products must have a minimum shelf life remaining when they are received.
	Not used because of deterioration of packaging	Improve storage procedures; use damaged items for training; implement policy not to receive damaged products.
Stock Records Disagree with Physical Inventory	Incorrectly recorded receipts and issues or faulty arithmetic	Take greater care in recording entries and in computations; simplify forms and records; conduct refresher training for staff; obtain calculators.
	Tardy entries of transactions	Encourage prompt entries and checking of all transactions.
	Use of improper accounting units	Implement policy that everyone uses the same units (e.g., cycles of pills, not cartons).
	Failure to conduct physical inventories frequently enough	Ensure that inventories are conducted periodically.
	Same product stored in different locations	Consolidate all of the same product in one location.
	Theft, pilferage	Improve security.

PART II

Supervising Supply Management

This section is intended for the person who supervises the staff responsible for managing contraceptive supplies. In addition, logistics staff can use this section to informally evaluate their logistics system.

Principles of Supervision

Good supervision is essential to a well-run family planning program. A supervisor's primary job is to guide and support staff so they can perform their tasks well. The supervisor must make sure that staff have the knowledge and skills to carry out their logistics activities; this can mean providing on-the-job training if an employee's skills need improvement.

It is extremely important for a supervisor to notice and comment on things that are being properly managed as well as to solve problems.

A supervisor's tasks are to:

- Praise and reinforce good work.
- Support employees by helping them get what they need to do their jobs well.
- Work with staff to resolve problems.
- Identify staff training needs.
- Train staff in the necessary skills, or arrange for training.
- Follow up on problems and requests.
- Motivate staff and remind them of the principles and goals of the family planning program.
- Ensure that established logistics guidelines and procedures are known and followed.

Conducting a Site Visit

When a supervisor visits a service delivery site, the contraceptive logistics system is one of the aspects of the program that should be examined. The supervisor can use all or some of the following questions, grouped by category, to check whether the logistics system is operating properly.

Any "No" answer indicates a problem that should be addressed.

Inventory Management

	Yes	No
Record keeping:		
Are the inventory records up to date? (Check the stock cards/inventory control records to see how recently they have been used.)	☐	☐
Are the inventory records accurate? (Do they agree with what's on the shelves?)	☐	☐
Is the arithmetic correct?	☐	☐
Are complete records kept of the quantities of contraceptives dispensed to users?	☐	☐
Do the calculated quantities on the stock cards generally agree with the inventory quantities?	☐	☐
Stock levels:		
Are the stock levels for each contraceptive between the minimum and maximum levels?	☐	☐
Has the Average Monthly Consumption been calculated recently and accurately?	☐	☐
Has the outlet successfully avoided stockouts?	☐	☐

	Yes	No
Quality assurance:		
Is there a system for performing quality checks to ensure that contraceptives are usable?	☐	☐
Are contraceptives checked for quality immediately before they are dispensed to users?	☐	☐
Are all reported problems documented?	☐	☐
Physical inventory:		
Is a physical inventory conducted at least once a year? (In a small facility it should be every one to two months.)	☐	☐
Ordering:		
If the outlet orders its supplies, are orders placed on time in order to maintain inventories between the set maximum and minimum levels?	☐	☐
Are the quantities to order calculated correctly?	☐	☐
Reporting:		
Are reports submitted on time?	☐	☐
Are any reports missing in the last six months?	☐	☐
Are reports filled out correctly?	☐	☐
Is the information in the reports accurate?	☐	☐

	Yes	No
Disposal:		
Is there an annual survey of expired or damaged contraceptives, or physical inventories when unusable contraceptives are set aside?	☐	☐
Are damaged or expired contraceptives removed and disposed of according to program guidelines?	☐	☐
Materials:		
Is there a logistics or supply manual available to the staff?	☐	☐
Is there an adequate supply of the correct forms for reporting and ordering?	☐	☐

Storage Conditions

Properly stacked supplies:		
Are cartons stacked no more than 2.5 meters high?	☐	☐
Are stacks off the floor (on pallets or shelves)?	☐	☐
Are stacks away from the wall?	☐	☐
Is there adequate space (at least 30 centimeters/1 foot) between stacks?	☐	☐

	Yes	No
Organization:		
Are the most frequently used commodities stored in an easily accessible place?	☐	☐
Are the contraceptives stored separately by method and product?	☐	☐
Are the unusable contraceptives stored away from the usable ones?	☐	☐
Preventing expiration:		
Are the boxes clearly marked with expiration dates?	☐	☐
Are the boxes arranged according to FEFO? (Are the commodities that will expire first kept in front or in a more readily accessible location?)	☐	☐
Temperature:		
Is the temperature of the storage area below 40°C?	☐	☐
Ventilation:		
Are there fans or a ventilation system to circulate air throughout the storage area during hot weather?	☐	☐
Dryness:		
Are the floors and walls dry?	☐	☐
Are roofs, windows, and doorways without leaks?	☐	☐

	Yes	No
Work space:		
Is there sufficient storage space for all the needed commodities?	☐	☐
Is the storage area large enough to allow for distributing, receiving, and checking supplies?	☐	☐
Lighting:		
Is there sufficient light to read product identification marks and labels easily?	☐	☐
Are contraceptives protected from direct sunlight and fluorescent light?	☐	☐
Cleanliness:		
Is the storage area clean, tidy, and free of dust?	☐	☐
Orderliness:		
Are only contraceptives and other necessary supplies kept in the contraceptive storage area? (Chemicals should be kept away from contraceptive supplies, and the area should not be cluttered with broken medical equipment, old files and materials, and other objects.)	☐	☐
Preventing damage:		
Are open condom cartons kept away from electric motors, fluorescent lights, and heat?	☐	☐

	Yes	No
Pest-free:		
Are storage areas free from signs of pests and rodents (live or dead insects, insect eggs, cartons that show signs of chewing or boring)?	☐	☐
Security and safety:		
Is there a security system that limits access to the storage area?	☐	☐
If the storage area has doors and windows, are they secured?	☐	☐
Are fire extinguishers readily accessible?	☐	☐
Access:		
Is an authorized person with a key available during all service hours so that clinic staff can get supplies when they need them?	☐	☐

If you answered NO to any of the questions above, then the situation needs to be corrected. Remember that a manager's job is to: search out the necessary information, analyze it, decide in consultation with staff what actions need to be taken, and then act.

If there is a problem, begin by talking with the employees and ask them the reason (or reasons) for the problem. Then work with them to develop a solution.

If you find a problem on one visit and work with the staff to identify a solution, you should check that situation again on the next visit to see if things are going well or more assistance is needed.

In addition to asking the questions above, a supervisor must consider the following situations:

- Has there been a change in demand lately? (Look at the trend in Average Monthly Consumption)
- Have there been any shortages or stockouts? (If so, identify the cause)
- Have there been any problems in getting supplies (such as delays and insufficient quantities sent)?
- What is the rate of loss of commodities in the system (i.e., loss due to expiration, damage, disappearance, etc.)? Is this rate so high that it constitutes a problem?
- What are all the logistics activities that have been well managed lately?

Contraceptive Supply Manual

A manual that describes how the contraceptive supplies system is organized and managed is an essential tool for both the clinic worker and the supervisor. Both new and experienced staff need to be able to look up logistics procedures.

The contraceptive supply manual should describe how to:

- Properly store all contraceptives.
- Calculate the AMC and maximum and minimum quantities.
- Order supplies (regular orders and emergency orders) if the facility orders its own supplies.

The manual should also contain the following:

- The Max/Min levels to be maintained.
- The schedule of ordering and delivery.
- All the forms used in the clinic and instructions for filling them out.
- Supervisory tools, instructions, and guidelines.
- Job descriptions for the person(s) in charge of managing supplies.

Such a manual would usually be produced by the program's central office. If one does not exist, the supervisor should call upon the central office to produce one.

RESOURCES FOR FURTHER INFORMATION

Available from the Assistant Director for Health Policy and Communications, Division of Reproductive Health, Centers for Disease Control and Prevention, Mail Stop K-20, 4770 Buford Highway, NE, Atlanta, GA 30341-3717 USA Phone: (770) 488-5200 Fax: (770) 488-5374 Web site: http://www.cdc.gov/nccdphp/drh

Family Planning Logistics Guidelines, Centers for Disease Control and Prevention and the Family Planning Logistics Management Project, John Snow, Inc. December 1993. Spanish edition, *Guías Logísticas Para Programas de Planificación Familiar,* June 1996.

Available from the Family Planning Logistics Management project, John Snow, Inc., 1616 North Fort Myers Drive, 11th Floor, Arlington, VA 22209 USA Phone: (703) 528-7474 Fax: (703) 528-7480 Web Site: http//www.jsi.com/intl/fplm

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The *Pocket Guide to Managing Contraceptive Supplies* is for one of the most important people in any clinic or outlet that provides family planning services—the person who is in charge of managing the supply of contraceptives.

This brief guide to contraceptive supply management provides easy-to-use information on

- How to keep the right amount of supplies in stock
- How to store contraceptives properly
- How to order the correct amount of supplies
- How to make sure the contraceptives are of good quality

The Pocket Guide also contains these helpful practical tools:

- worksheets for calculation
- sample supply management forms
- step-by-step instructions