

Nigeria

Assessment of the Transportation System and Distribution Costs for Family Planning Commodities

Prepared for the Federal
Ministry of Health, Nigeria

Tim O'Hearn
Mike Healy

March 2003



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DELIVER

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Implemented by John Snow, Inc. (JSI), (contract no. HRN-C-00-00-00010-00), and subcontractors (Manoff Group, Program for Appropriate Technology in Health [PATH], Social Sectors Development Strategies, Inc., and Synaxis, Inc.), DELIVER strengthens the supply chains of health and family planning programs in developing countries to ensure the availability of critical health products for customers. DELIVER also provides technical support to USAID's central contraceptive procurement and management, and analysis of USAID's central commodity management information system (NEWVERN).

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Abstract

This report provides a detailed and comprehensive analysis of the costs for distributing family planning commodities in Nigeria. The distribution study analysis is intended for review by the Nigerian Federal Ministry of Health (FMOH), USAID/Nigeria, John Snow, Inc./DELIVER, and other key stakeholders involved in all aspects of family planning in Nigeria.

The report reviews the background information, that led to the family planning distribution cost study, and describes the study assessment process, study methodology, and presentation of six family planning distribution options. The report also addresses the estimated costs associated with each option and the study team's recommended options.



DELIVER

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Acronyms

AMC	average monthly consumption
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CLMS	contraceptive logistics management system
COC	combined oral contraceptive
CS	Central Stores
cu. mt.	cubic meter
DCDPA	Department of Community Development and Population Activities
DFID	Department for International Development
FMOH	Federal Ministry of Health
FPLM	Family Planning Logistics Management (project)
FP	family planning
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
JSI	John Snow, Inc.
LGA	local government area
LIAT	Logistics Indicators Assessment Tool
LMIS	logistics management information system
LSAT	Logistics System Assessment Tool
NPHCDA	National Primary Health Care Development Agency
NGO	nongovernmental organization
PHC	primary health care
POD	proof of delivery
PPFN	Planned Parenthood Federation of Nigeria
RH	reproductive health
RHCS	reproductive health commodity security
RIF	requisition information form
SDP	service delivery point
SFH	Society for Family Health/Population Services International
SMOH	State Ministry of Health
SOW	scope of work
SPARHCS	Strategic Pathway for Reproductive Health Commodity Security
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

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The authors of this report wish to acknowledge the contributions and support of the many partners who took the time to meet with the transportation assessment team, and to provide essential information, and their experiences relating to the distribution of family planning products in Nigeria. A few of the many people and organizations deserving special thanks include the entire staff at the Federal Ministry of Health in Abuja and Lagos. Their willingness to give countless hours of valuable input was instrumental in completing a successful transportation assessment.

Additionally, special thanks goes to the State Ministry of Health (SMOH), at all levels, the Centers for Disease Control and Prevention (CDC), local government areas (LGAs), and all the organizations who provided valuable insights into the family planning distribution system, and the SMOH staff who made available important information during the assessment team's field visits. Much of this report's findings and analysis is based on inputs by staff members from the Federal Ministry of Health (FMOH), Zonal and State Family Planning Stores, the SMOH, LGAs, and the managers and health care providers throughout our time in Nigeria.

An assessment of this scope involves inputs and contributions from so many people that it is nearly impossible to acknowledge all the names and organizations, and the assessment team would surely omit many unwittingly if we attempted to do so. There were many organizations and individuals that contributed to the assessment in many different ways, and we are sincerely grateful for the professional, and in-depth assistance received from all.

The views stated in this report are those of the authors, and do not necessarily reflect the views of the U.S. Agency for International Development, the Federal Ministry of Health, the State Ministry of Health, or the local government areas within Nigeria.

Executive Summary

In March 2003, the U.S. Agency for International Development (USAID)/Nigeria asked John Snow, Inc. (JSI)/DELIVER to assess the transportation system and conduct a distribution cost study for family planning commodities within Nigeria. The transportation study request was the result of a two-day stakeholders meeting conducted in October 2002, which involved the Federal Ministry of Health (FMOH)/Department of Community Development and Population Activities (DCDPA), National Primary Health Care Development Agency (NPHCDA), USAID/Nigeria, JSI/DELIVER, UNFPA, and other agencies and organizations. The primary focus of the meeting was to reach an agreement on the redesign of Nigeria's logistic system. The redesign transition will have significant implications for the whole system, including some budgetary considerations for the FMOH, as well as for nongovernmental organizations involved in family planning (FP). Considerable changes will take place in the roles and responsibilities of personnel throughout the different levels of the logistics system.

Nigeria is one of the largest countries in Africa and, by far, the most populated, which presents certain challenges for their transportation system and the distribution of FP products. Currently, there are 36 + 1 States (1 is the federal capital, Abuja) and approximately 13,000 PHC facilities, and of those primary health care (PHC) facilities, about 4,000 provide FP services (active FP service delivery points). Additionally, it is estimated that there are about 800 active FP sites at the State and LGA levels (clinics and hospitals).

Within this context, the study team developed key questions for analysis, as well as survey questionnaires for field visits (to be issued at the different levels within the distribution system). The assessment team also evaluated all relevant transportation issues, such as staffing, vehicle availability, capacity, maintenance and vehicle utilization, vehicle types, volume (for FP commodities), outsourcing, and other critical transportation issues. Although some of the key questions evolved during the study, the following questions were explored:

1. As proposed, is it feasible for the redesign plan to eliminate one or more levels from the current distribution process, and distribute contraceptive products from Central Stores (CS) down the supply chain to the service delivery points (SDP) level (CS to the State Stores, the State Stores to the LGAs, and the LGAs to the SDPs)?
2. Do the State Stores have the capacity (storage capacity) to integrate the redesign program with other vertical programs?
3. What is the cost (overall and incremental/marginal) under the proposed delivery system?
4. Is it possible to outsource transportation and/or distribution of products and supplies relating to the redesign plan?

After extensive consultation with key stakeholders and reviewing available records and data, as well as evaluating the survey questionnaires and the information gathered while conducting five field visits, the study team's results were presented to staff members of the FMOH/DCDPA.

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A total of six options were evaluated and presented, including—

- | | |
|-----------|--|
| Option A1 | The current FMOH/DCDPA proposal as described in the contraceptive logistics management system (CLMS) handbook. |
| Option A2 | The current FMOH/DCDPA proposal as described in the CLMS handbook with the resupply periods synchronized throughout the distribution supply chain. |
| Option B | Commodity flows as in option A2 but operating as a pass through (cross-dock) operation with delivery to each level of the system. |
| Option C | Similar to option B but with direct delivery from the State to the SDPs. |
| Option D | Direct delivery from the Central Store to LGAs and onward delivery from LGA to SDPs. |
| Option E | Direct delivery from Central Store to SDP by a third-party (private sector) parcel carrier (DHL, UPS, and FedEx). |

The main findings of the study were, with the exception of option E, that all options can be funded from a reasonable share of the planned margins from the cost recovery system. However, it must be firmly stated that these margins will only apply if the expected number of active SDPs and the average volume per SDP reflects that of the assumptions derived from the provisional Seed Kit distribution plan.

The potential for outsourcing FP supplies exist; however, due to time constraints permitted to conduct this assessment, only limited discussions were completed in private sector transportation, and these discussions were centered on three parcel carriers (UPS, FedEx, and DHL). There are however, obvious opportunities for the private sector to be involved in this system. Further investigation needs to be completed before involving the private sector in either of the recommended options.

General Recommendations

The study team recommends that either option B or C be adopted for the distribution of FP commodities. Option B most closely matches the supply chain as it relates to the CLMS handbook, but it introduces a positive delivery structure at all levels of the system. Option B removes the uncertainty of a collection process; it functions as a *pass through* (cross-dock) system. Under option B, stock is held at only two points within this system, either at the State or SDP level.

Option C departs from the supply chain of the CLMS handbook by introducing a direct delivery process from the State to the SDPs. Option C is more expensive than option B; however, the fact that a pickup truck can travel from the State to every active SDP, and because LGAs have SDPs in the vicinity for every LGA, provides a valuable opportunity for State FP staff. The State FP staff can accompany the delivery driver for monitoring and evaluation purposes at either the LGA level or the SDP level. Another advantage of option C is that it eliminates the need to use local rural transport for the final delivery. In the teams opinion, these benefits more than outweigh the moderate additional cost of implementing option C.

If option C is adopted, all transport costs are concentrated at the CS and State levels (as illustrated on the *Summary of Costs* table). Under this option, the LGAs or SDPs do not have transport costs. Therefore, using option C will require a redistribution of the Cost Recovery System margins. The margin needs to be allocated in proportion to the cost expected at each level.

Overall, while there is room for Nigeria to improve its distribution system, the FMOH has many knowledgeable and dedicated staff who are doing a high-quality job. They are committed to making the necessary improvements within this system. Nigeria has an opportunity to move forward in a positive way to establish a quality supply system that meet their country's needs.

Key Questions for Analysis

1. As proposed, is it feasible for the redesign plan to eliminate one or more levels of the current distribution process and distribute contraceptive products from Central Stores (CS) down to the SDP level (CS to State Stores, State Stores to local government area [LGAs], and LGAs to SDPs)?
2. Do the State Stores have the storage capacity to integrate the redesign program with other vertical programs?
3. What is the cost (overall and incremental/marginal) under the proposed delivery system?
4. Is it possible to outsource transportation and/or distribution of products and supplies relating to the redesign plan?

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active family planning SDPs in each state. The active family planning SDPs in each State have been categorized as—

- Primary Low
- Primary Medium
- Primary High.

The Seed Kits appropriate to each category have been defined as indicated in appendix D (size and volume). The Seed Kits provide sufficient FP commodities for approximately a four-month period. Following a comprehensive review of the expected quantities and the sizes of the Seed Kits demonstrate that the physical volume and weight of the Kits will be low (i.e., small parcels). It is intended that the redesign program pilot the contraceptive logistics management system (CLMS) in nine States, to provide these pilot states with Seed Kits at the beginning of the trial, and to resupply the SDPs in accordance with the CLMS at two-month intervals.

To achieve the goals and objectives of the transportation study, it was decided to use all relevant data collected (interviews, documents, and field visits), and to specifically base the study on the volume estimates contained in the provisional distribution of Seed Kits. The study team would also examine various options that would provide for the distribution of the required replenishment volumes.

Options Considered

To achieve regular and reliable distribution of family planning commodities in Nigeria, and to ensure availability at the SDP levels, the following six options were considered and evaluated, and presented to the FMOH in March 2003. See appendix E for a detailed discussion of each option.

Option A1	The current FMOH/DCDPA proposal as described (above and in appendix E) in the CLMS handbook.
Option A2	The current FMOH/DCDPA proposal as described in the CLMS handbook with the resupply periods synchronized throughout the distribution supply chain.
Option B	Commodity flows as in option A2, but operating as a pass through (cross-dock) operation with delivery to each level.
Option C	Similar to that of option B but with direct delivery from the State to the SDPs.
Option D	Direct delivery from the Central Store to LGAs and onward delivery from LGA to SDPs.
Option E	Direct delivery from the Central Store to the SDPs by a third-party (private sector) parcel carrier (DHL, UPS, and FedEx).

Options B, C, and D options are based on a *stockless* process at both the State and LGA levels.

Options B, C, and D are a basic three-step process:

1. Supply requests are initiated by the SDPs, followed by a monitoring and approval process by both the LGA and State—State FP staff then pass requests to the Central Store.
2. After reviewing the RIF, the Central Store picks and packs resupply consignments for the individual SDPs.
3. All consignments for SDPs in a particular State are delivered to the State, pre-packed, sealed, and labeled.

Depending on the option selected, the consignments would be onward delivered by one of three ways: the State to the LGA to the SDP, the State to the SDP, or the LGA to the SDP. This process resupplies each SDP on a two-month cycle without holding stock at the State or LGA Stores. Emergency stocks are then held at the SDP, ready for use in an urgent situation.

See appendix E for a detailed description of each option and the associated information flows plus an analysis of the advantages and disadvantages of each option.

VII. Recommended Options

The study team recommends that either option B or option C be adopted for implementation in Nigeria's FP distribution program. Option B most closely matches the supply chain in the contraceptive logistics management system handbook, but it introduces a positive delivery structure from all levels of the system. Option B removes the uncertainty of a collection process and also functions as a *pass through* system. Under option B, stock is held at only two points within this system. FP stock is held at either the State or SDP level. As mentioned earlier, appendix E provides an in-depth discussion (overview, advantages, and disadvantages) as it relates to option B. Also, appendix F offers a comprehensive overview of the process for the information and commodity flow for option B.

Option C departs from the supply chain of the CLMS handbook by introducing a direct delivery process from the State to the SDPs. Option C is more expensive than option B (see table 1). The fact that a pickup truck travels from the State to every active SDP, and because LGAs have SDPs in the vicinity of every LGA, provides a valuable opportunity for State FP staff. Under option C, the State FP staff is able to accompany the delivery driver for monitoring and evaluation purposes at either the LGA level or the SDP level. This option also eliminates the need to use local rural transport for the final delivery. In the team's opinion, these benefits more than outweigh the moderate additional cost of this option.

If option C is adopted by the FMOH, as seen in table 1, all the transport costs are concentrated at the Central Stores and State levels. There are no transport costs borne by the LGAs or SDPs. However, using option C will require a redistribution of the Cost Recovery System margins. Appendix E provides additional details of option C, and appendix F presents a comprehensive overview of the process for the information and commodity flow for option C.

Regardless of the option chosen, the study team recommends that the reordering process be modified to simplify the procedures for the SDP providers and to provide additional information to the State and LGA staff.

Appendix A
People Contacted

People Contacted

Organization and Name	Position
Federal Ministry of Health	
Dr. A. Dada	Family Planning In-Charge–Population Activities Contraceptives, FMOH/DCDPA
Ralph Olayele	Senior Program Officer, FMOH/DCDPA
Greg Izuwa	Senior Program Officer, FMOH/DCDPA
Y. Abdullahi	Senior Program Officer, FMOG/DCDPA
Musa Odiniya	Principal Program Officer (logistics) FMOH/DCDPA
Dr. Bose Adeniran	Chief Program Officer (services) FMOH/DCDPA, Lagos
Dr. Lawrence Anyanwu	Senior Health Planning Officer/Manager, Central Contraceptive Warehouse, FMOH/DCDPA
Ms. Pauline Aribisala	Assistant Chief Program Officer FMOH/DCDPA
Dr. M.S. Amaeshi	Director FMOH/DCDPA
Dr. Taiwo Avbayeru	Chief Program Officer, M&E Divisions, FMOH/DCDPA
Niger State	
Ms. Abigail Tsado	Acting Director Primary Health Care Department, Niger State
Ms. Azinab Aminu	Deputy FP Coordinator, Niger State MOH, Niger State
Ms. Hadiza Suleiman	Maternal Child Health/Family Planning (MCH/FP), Niger State
Abdullahi Abdul Bobi	Family Planning Stores Officer, Niger State
Fati Suleiman	Assistant Family Planning Stores Officer, Niger State
Dr. Abdul Saganuwan	Medical Officer In-charge, Agaie General Hospital, Niger State
Ms. Iyabo A. Usman	Matron In-charge, Agaie General Hospital, Niger State
Hajia Aishat Baba Yawo	FP Service Provider, Agaie MCH FP Clinic, Niger State
Ms. Jumai Ibrahim	FP Service Provider, Family Support Program, Niger State
Ms. Elizabeth Adams	Assistant Service Provider, Family Support Clinic, Niger State
Ms. E.A. Osgelle	Nursing Officer I, Federal Medical Center Family Planning Unit, Abia
Ahmed Liman Kwata	Director Primary Health Care, LGA Niger State
Abia State	
Ms. Sarah Onwuka	State Reproductive Health (RH) Coordinator, Abia
Francisca Kalu	RH Deputy Coordinator, Abia
Ms. E.A. Osgelle	Nursing Officer I, Federal medical Center Family Planning Unit
G.N. Odachi	Principal Nursing Officer In-Charge, Federal Medical Center Family Planning Unit
Ms. Flora C. Ichi	RH/FP Supervisor, Umuahia North LGA
Eunice Ukwa	RH/FP Provider–Senior Nursing Officer, Aribisala, Kalu
Rachel O. Onwukwe	Senior Community Health Technician, Aribisala, Kalu
Mrs. Chinaza V. Jorah	Community Health Extension Worker, Aribisala, Kalu
Dr. Abai A.A	Senior Medical Officer, Akahaba General Hospital
Mr. Helen Udeagha	In-Charge Principal Nursing Officer, Akahaba General Hospital
Mrs. Comfort O. Obasi	Assistant Chief Nursing Officer, Akahaba General Hospital
Mrs. C.N. Huonah	Principal Public Health Nursing Officer, Isiama Health Center
Mrs. F. E. Omoruyi	RH Supervisor, Ikpoba Okha LGA
Edo State	
Mr. B. I. Ukenye	Zone Logistics Officer, South South Zone
Benin City	
Dr. P. Equakun	Director PHC

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Organization and Name	Position
Dr. W. Imongan	State FP Coordinator
Mrs. S. D. Ojo-Edokpayi	RH Deputy Coordinator
Mrs. J. N. Agbonlahor	MIS Officer
Mrs. A. Aerefetalar	RH Supervisor, Esan West LGA
South West Zone	
Mrs. Oyesiji	Acting Zonal Coordinator, Zonal Store
Mr. K. Adebiji	Zonal Store Keeper
Bauchi State	
Mrs. M. Habib	Senior Stores Officer, Bauchi State
Salamatu Yisa	Assistant Maternal Child Health (MCH) Coordinator, Bauchi LGA
Mrs. Hafsat Abdullahi	Chief Health Sister, Family Planning Clinic
Mrs. Caroline Dogo	Chief Health Officer (CHO), Family Planning Clinic
Adamu Ahmed	Administration Officer/Logistics, Zonal Store
Ibrahim Bavangeri	Senior Stores Officer, Zonal Store
Alhaji Abubarka Usman	State Logistician
Ahmed Saleh	Director PHC, Dass LGA
Alhaja Hussaina Usman	FP Coordinator, Dass LGA
Mrs. Dinatu S. Abbas	Assistant Coordinator Health Education Women Affairs PHC
Mrs. Rebecca Y. Adamu	Assistant Chief Nursing Sister State Trainer for UNFPA
Addukardiri Mohammed Bunjang	Monitoring and Evaluation Officer PHC
Maryam Hashim	Senior Nursing Sister, Town Maternity Clinic
Dr. Augustine Atawodi	Medical Officer In-Charge, Town Maternity Clinic
Mrs. Ramatu Benjamin	Senior Nursing Sister, Wandu Maternity Clinic
PPFN	
Paul Gotus	Account Officer, PPFN, Bauchi
Private Carriers	
Seun Oyeleye	Service Center Coordinator, DHL
Kayode Bankole	Major Accounts Administrator, UPS
Ms. Grace	Accounts Representative, FedEx
USAID/Nigeria	
Foyin Oyebola	Program Manager RH, USAID-Nigeria
CDC	
Timothy Johnson, Dr.P.H, MSc.	Chief, Program Services and Evaluation Section, Division of Reproductive Health, CDC
CIDA	
Dr. Martin K. Osubor	Development Officer, Development Section, CIDA
US Embassy	
David Kasten	Assistant Regional Security Officer
JSI/DELIVER	
John Durgavich	Country Team Leader, JSI/DELIVER

Appendix B

Sample Questionnaire Forms and Worksheets

Interview Guide Used during Field Visits
March 3–21, 2003

Central Store Version

Inventory/Stock

How many family planning products do you stock?

Please complete a row in **Worksheet A** for each product stocked (Please treat different pack sizes of a product as a separate row)

Is your store dedicated to family planning products?

If not what other products are stored?

Approximately how much space is used for storing family planning products (Sq. Ms)?

Deliveries

How many points do you supply?

Please complete a row in **Worksheet B** for each supply point, please categorize each supply point in category column, e.g. Teaching Hospital, Zonal Store, State Store, State hospital, these names are examples only; please use the actual names recognized in Nigeria.

For each delivery point please complete a copy of **Worksheet C**

Delivery Resources

Do you have any delivery trucks available to you, if so how many?

If you have delivery trucks please complete a row in **Worksheet C** for each truck.

Delivery Costs

Do you have a transport/delivery budget?

If so, please provide a copy for fiscal 2002 or complete **Spreadsheet D**.

If not who pays your delivery costs?

All worksheets are also available as an Excel Spreadsheet

Process Time (please indicate in days or hours):

Incoming Stock

How long does it take you to receive a shipment?

How long does it take you to unpack and check each delivery?

How long does it take before new stock is available for dispatch?

Outgoing Stock

How long does it take you to process a typical delivery order?

How long does it take to pick and pack a typical order?

What is the major cause of delay?

What do you like about the current distribution system for family planning products?

Please describe the things that currently go wrong with the receiving and distribution process at CMS.

How could the current distribution system for family planning products be improved?

Interview Guide Used during Field Visits

March 3–21, 2003

Zonal, State and Local Government Stores version

Store Name:

Type of Store (Zonal, State, LGA)

Location:

Inventory/Stock

How frequently should you be resupplied with family planning products by CS, Zonal Store, State Store (mark as appropriate)?

In practice, how frequently are you actually resupplied?

How would you describe the availability of family planning products from your supply point?

Do you obtain supplies of family planning products from any other sources; if so from where?

How many family commodities do you stock?

Please complete a row in **Worksheet A** for each family planning product stocked (you do not need to complete the pack measurements (columns G to I)

(Please treat different pack sizes of a product as a separate row)

Is your store dedicated to family planning products?

If not what other products are stored?

Approximately how much space is used for storing family planning products (Sq. Mt.)?

Deliveries

How many points do you supply?

Please complete a row in **Worksheet B** for each supply point, please categorize each supply point in column B, e.g., State store, State hospital, Health Facility, these names are examples only; please use the names recognized in Nigeria.

For each supply point (or sample of supply points if you have been asked to provide data for a sample only) please complete a copy of **Worksheet B**.

Do you ever collect supplies?

If so, from which locations and how frequently?

Delivery/Collection Resources

Do you have any delivery trucks available to you, if so how many?

If you have delivery trucks please complete a row in **Worksheet C** for each truck.

What other products, if any, do you deliver with family planning products?

Delivery Costs

Do you have a transport/delivery budget?

If so, please provide a copy for fiscal 2002 or complete **Worksheet D**.

If not, who pays your delivery costs?

All worksheets are also available as an Excel Spreadsheet

Process Time (please indicate in days or hours):

Incoming Stock

How long does it take you to receive a shipment?

How long does it take you to unpack and check each delivery?

How long does it take before new stock is available for dispatch?

Outgoing Stock

How long does it take you to process a typical delivery order?

How long does it take to pick and pack a typical order?

What is the major cause of delay?

Do you have a computer available with MS Excel?
Access?

Enter Version

What do you like about the current distribution system for family planning products?

Please describe the things that currently go wrong with the receiving and distribution process at this store and other locations.

How could the current distribution system for family planning products be improved?

Worksheet A

Facility Name

Central Store

Date

Stocks

Pack Dimensions

Product	Product Code	Pack Qty	Qty in Stock	Qty within 6 months of expiry	Qty expired	Average Monthly Usage	Height in cms	Width in cms	Length in cms
Condoms female									
Condoms male									
Depo-Provera 150 mg									
Exluton/Ovrette									
IUCD									
Lo-Femenal/Duofem									
Microgynon									
Neogynon									
Neo-Sampooon									
Nordiol									
Noristerat 200 mg									
Norplant									
Postinor - 2									
Syringe disposable 2ml 21G									

Worksheet D

Budget - Fiscal 2002

Facility Name

State

Date	

	Example		Enter your Data Below	
	Budget	Actual	Budget	Actual
Fixed Costs				
Vehicle depreciation	16789800	16770000		
Licenses	45670	46500		
Insurance	567800	670000		
Staff Salaries				
Office costs				
Office equipment depreciation				
Telephones	n/a	n/a		
Electricity charges				
Variable Costs				
Driver salaries	1987000	2185700		
Driver allowances	496750	546425		
Driver overtime	198700	218570		
Vehicle repair and	1827120	1918476		
Fuel and oil	4567800	4796190		
Tires (if not included in R&M)	na			
Accident repairs	150000	255000		
Hired transport	456000	512000		

Appendix C
Sites Visited and Contacts

Sites Visited and Contacts

North Central		
Niger State	Niger State MOH, Minna	<ul style="list-style-type: none"> Ms. Abigail Tsado, Acting Director Primary Health Care Department Ms. Hadiza Suleiman, Maternal Child Health/Family Planning (MCH/FP)
	MOH FP Store, Minna	<ul style="list-style-type: none"> Ms. Hadiza Suleiman, Maternal Child Health/Family Planning (MCH/FP) Abdullahi Abdul Bobi, Family Planning Stores Officer Fati Suleiman, Assistant Family Planning Stores Officer
	Niger State Local Government Area (LGA), Agaie	<ul style="list-style-type: none"> Ahmed Liman Kwata, Director Primary Health Care LGA Staff, Agaie
	Niger State, Agaie General Hospital	<ul style="list-style-type: none"> Dr. Abdul Saganuwan, Medical Officer In-charge Ms. Iyabo A. Usman, Matron In-charge
	Niger State, Agaie MCH FP Clinic	<ul style="list-style-type: none"> Hajja Aishat Baba Yawo, FP Service Provider
	Niger State, Family Support Program Clinic and Paiko Model Clinic	<ul style="list-style-type: none"> Ms. Jumai Ibrahim, FP Service Provider Ms. Elizabeth Adams, Assistant Service Provider
South East		
Abia State	Abia State UNFPA/MOH, Umuahia	<ul style="list-style-type: none"> Ms. Sarah Onwuka, State Reproductive Health (RH) Coordinator Francisca Kalu, RH Deputy Coordinator
	<ul style="list-style-type: none"> Federal Medical Center Family Planing (FP) Unit, Umuahia 	<ul style="list-style-type: none"> Ms. E.A. Osgelle, Nursing Officer I G.N. Odachi, Principal Nursing Officer In-Charge
	<ul style="list-style-type: none"> Umuahia North Local Government Area (LGA) 	<ul style="list-style-type: none"> Ms. Flora C. Ichi, RH/FP Supervisor
	<ul style="list-style-type: none"> Urban Clinic, Umuahia North LGA 	<ul style="list-style-type: none"> Ms. Flora C. Ichi, RH/FP Supervisor Eunice Ukwu, RH/FP Provider-Senior Nursing Officer
	E.K. Pankume Health Center Abiriba, Ohafia LGA	<ul style="list-style-type: none"> Onwukwe Rachel O, Senior Community Health Technician Mrs. Chinaza V. Jorah, Community Health Extension Worker
	Akahaba General Hospital, Abiriba	<ul style="list-style-type: none"> Dr. Abai A.A., Senior Medical Officer Mr. Helen Udeagha, In-Charge Principal Nursing Officer Mrs. Comfort O. Obasi, Assistant Chief Nursing Officer
	Isiama Health Center	<ul style="list-style-type: none"> Mrs. C.N. Huonah, Principal Public Health Nursing Officer
North East		
Bauchi State	Bauchi Store, Bauchi	<ul style="list-style-type: none"> Mrs. M. Habib, Senior Stores Officer
	Bauchi LGA	<ul style="list-style-type: none"> Salamatu Yisa, Assistant Maternal Child Health (MCH) Coordinator
	Cofar Wase Family Planning Clinic, Bauchi	<ul style="list-style-type: none"> Mrs. Hafsat Abdullahi, Chief Health Sister
	Yelwa Domicilliary Clinic	<ul style="list-style-type: none"> Mrs. Caroline Dogo, Chief Health Officer (CHO)

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North East	Planned Parenthood Federation Of Nigeria (PPFN)	<ul style="list-style-type: none"> Paul Gotus, Account Officer, PPFN
	National Primary Health Care Development Zonal Headquarters NE MOH Bauchi	<ul style="list-style-type: none"> Adamu Ahmed, Administration Officer/Logistics Ibrahim Bavangeri, Senior Stores Officer Alhaji Abubarka Usman, State Logistician
	Dass LGA, Bauchi State	<ul style="list-style-type: none"> Ahmed Saleh, Director PHC Dass LGA Alhaja Hussaina Usman, FP Coordinator, Dass LGA Mrs. Dinatu S. Abbas, Assistant Coordinator Health Education Women Affairs PHC Mrs. Rebecca Y. Adamu, Assistant Chief Nursing Sister State Trainer for UNFPA Addukardiri Mohammed Bunjang, Monitoring and Evaluation Officer PHC
South South		
Edo State	Zonal Office	<ul style="list-style-type: none"> Mr. B. I. Ukenye, Zone Logistics Officer
	Benin City MOH	<ul style="list-style-type: none"> Dr. P. Equakun, Director PHC Dr. W. Imongan, State FP Coordinator Mrs. S. D. Ojo-Edokpayi, RH Deputy Coordinator Mrs. J. N. Agbonlahor, MIS Officer
	Esan West LGA	<ul style="list-style-type: none"> Mrs. A. Aerefetalar, RH Supervisor
	Ikpoba Okha LGA	<ul style="list-style-type: none"> Mrs. F. E. Omoruyi, RH Supervisor
South West		
Oyo State	South West Zonal Store	<ul style="list-style-type: none"> Mrs. Oyesiji, Acting Zonal Coordinator Mr. K. Adebisi, Zonal Store Keeper
	Oyo State MOH	<ul style="list-style-type: none"> Dr. F. Ogundiran, Director of PHC Dr. Mrs. O. Oyelakin, RH Coordinator Mrs. M. M. Ojediran, FP Coordinator Mrs. V. Odugbesaan, Logistics Officer

Appendix D

Seed Kits—Quantity, Volume, and Weight

