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YEMEN SITUATION ANALYSIS

ASSESSMENT OF THE CONTRACEPTIVE LOGISTIC SYSTEM IN 5 GOVERNORATES



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ASSESSMENT OF THE CONTRACEPTIVE LOGISTIC SYSTEM IN 5 GOVERNORATES

*Survey Data Interpretation and Discussion of the Contraceptive
Logistics System in Amran, Marib, Shabwah, Sa'adah, and Al-Jawf*

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], and Crown Agents Consultancy, 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 management of USAID's central contraceptive management information system.

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Abstract

Recognizing that sound and functional logistics systems will ensure the continuous availability of reproductive health commodities, the Ministry of Public Health and Population and its partners intend to further develop Yemen's contraceptive management logistics system. A logistics situation survey was conducted in all governorates to assess the strengths and challenges of the system, offering inputs to help guide strategies and identify opportunities for improvement.

To improve the consistency and quality of data collection nationwide, UNFPA, USAID / DELIVER, GTZ, and the Ministry of Public Health and Population partnered to develop and implement this activity. Trained local representatives collected qualitative and quantitative data nationwide using a standardized tool. This document includes analysis and finding for only the 5 governorates which USAID assists, namely Amran, Marib, Shabwah, Sa'adah, and Al-Jawf. Seventy-six facilities were visited in these governorates.

A number of strengths and weaknesses were identified on topics ranging from Human Resources supporting the system to Supply Chain Management activities. Recommendations are presented, providing input for key improvements for the central policymaking level, the central warehouse, and governorate level activities.

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ACRONYMS

CLMS	Contraceptive Logistics Management System
DHO	District Health Office
FP	Family Planning
GHO	Governorate Health Office
HC	Health Center
HF	Health Facility
HU	Health Unit
IUD	Intrauterine Device
MPH&P	Ministry of Public Health and Population
RH	Reproductive Health
TST	Training Support Teams
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VFT	Vaginal Foaming Tablets
YFHS	Yemeni Family Health Survey
YG-RHP	Yemen German Reproductive Health Program

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EXECUTIVE SUMMARY

The Ministry of Public Health and Population (MPH&P) and its partners believe that functional logistics systems will help ensure the continuous availability of reproductive health (RH) commodities in Yemen. To better understand the current status of these systems, significant thought and resources have been devoted to the evaluation and analysis of the current contraceptive logistics management system.

To develop clear and comparable findings, the MPH&P, GTZ, UNFPA, and USAID worked closely together to develop survey tools to be implemented nationwide. The group primarily focused on identifying the strengths and weaknesses of the current logistics system, looking for problem areas and other findings that could inform strategic recommendations, as well as provide baseline data for key performance indicators. Although the survey was conducted countrywide, this report focuses only on the governorates in which USAID has activities, including Amran, Marib, Shabwah, Sa'adah, and Al-Jawf.

For this study, four-person teams conducted structured interviews at seventy six facilities that provide reproductive health and family planning services in rural, semi-urban, and urban areas. Each team included staff from the Governorate Health Office (GHO) RH Training Support Teams and the GHO Medical Supply Directorate. Interviewers posed closed- and open-ended questions to a total of 111 contraceptive logistics staffers working at GHO warehouses, District Health Office (DHO) warehouses, district hospital warehouses, health centers, and health units.

Retention and job satisfaction were found to be generally quite high across the five governorates. In these areas, nearly 70 percent (69.7 percent) of the staff interviewed answered being satisfied regarding their professional interest. Staffers were found to have remained in any one post for an average of 4.6 years.

One key challenge involves knowledge about contraceptive logistics, with 68.4 percent of staffers interviewed reporting insufficient contraceptive logistics knowledge for meeting their daily work requirements. Only about half of the health personnel receiving, ordering, and storing contraceptives reported receiving specific training related to the tasks mentioned; the main beneficiaries from logistics training were in charge of RH at the GHO and DHO levels. At the sites visited, supervisory visits seemed to be quite limited and the national manual for contraceptive logistics was often not available for reference. These findings and strong retention rates suggest an opportunity for future training that focuses on (1) training service providers and (2) ensuring that GHO/DHO management staff is able to pass on their knowledge to lower level facility staff and receives the necessary resources to do so. Findings suggest that training needs and requirements likely vary between governorates.

The majority of facilities visited regularly submit routine reports either quarterly or monthly. Report formats and content are currently not standardized, which limits one's ability to use facility data for logistics purposes (e.g. monitor pipeline, inform forecasting). At the time of the visit, none of the facilities had 100 percent availability of the full mix of contraceptive methods—not surprising given the stockouts of certain contraceptives at the GHO level. Availability was the most problematic at the peripheral health centers and health units. Where data was available, contraceptive stockout durations ranged from 12 to 16 days.

Although knowledge of basic issues of physical storage was satisfactory, researchers identified gaps in knowledge about basic stock management (e.g. FEFO, labeling of cartons, etc.). In addition, approximately 85 percent of the health facilities reportedly determine their own order quantities, even though survey results showed that 46.1 percent of surveyed staff did not know how to calculate their contraceptive needs. Quality control procedures also proved difficult for staffers, and systematic quality

control is not generally practiced. The lack of consistent use of standard receipt and order forms poses additional store management challenges.

Along with strengths, such as retention, the study revealed aspects of the contraceptive logistics system that could be significantly improved. Knowledge sharing is one key way to improve the system; examples include widely disseminating a clear, well-supported, nationwide contraceptive logistics policy and distributing an updated version of the contraceptive logistics manual to all facilities in every governorate. System participants at all levels could also benefit from the compilation, analysis, and dissemination of findings from all current studies, noting regional differences and shared recommendations. It is important to identify training needs, particularly at the lower levels, and ensure that needed forms, products, and supplies are available. Unifying reporting forms, registers, and systems could help make the data collected more useful in informing logistics decisions.

Expert leaders from the central warehouse are essential for actively managing the supply, regulations, and distribution of contraceptives. Key focal areas include ensuring appropriate forecasting and procurement, appropriate central storage, regular supply and supervision of GHO warehouses, and clear communication about policies relating to public contraceptives (e.g. not for public sale).

To address chronic challenges at the governorate level, it is very important that realistic plans are developed for distributing commodities from the district level to all functioning health services, that necessary funds are provided to support these plans, and that quarterly supervisory visits are undertaken. Improvements in the regular supply systems in governorates would help avoid stockouts in districts. Governorates should revisit storage and quality control at the district level, implementing improvements to previously deficient areas of the system. In addition to commodity availability, governorates should also be aware of the availability of needed forms and registers at the district level, as well as any skills gaps, and address them appropriately to help facilitate movement of contraceptives through each level of the system.

INTRODUCTION

BACKGROUND

The Ministry of Public Health and Population (MPH&P) and its partners have recognized that sound and functional logistics systems will ensure the continuous availability of reproductive health (RH) commodities. As a result, increased attention and resources have been put forth to help evaluate and analyze the current contraceptive logistics management system (CLMS) in Yemen.

Current utilization of modern and traditional family planning methods is 40.8% in the urban areas and 17.6% in the rural areas. Use of modern family planning methods is 27% in the urban areas and 9.2% in the rural areas.¹

The unmet reproductive need in Yemen is estimated to be 50.9% of currently married women aged 15-49. Statistics from the MPH&P Reproductive Health Directorate suggest that provision of modern family planning methods is increasing. Early in 2005, for example, 45% of the health facilities were providing reproductive health services (89% of the general hospitals, 72% of the health centers and 34% of the health units). The MPH&P also showed that with the increase in demand, family planning service is becoming constrained by the lack of trained female providers. FP service provision is further constrained by insufficient and irregular supply of contraceptives to the health facilities.

Family planning service delivery interventions are guided by the National Population Strategy which the government of Yemen adopted in August 1991 to address its national economic development targets. The improvement of the social and economic status of Yemeni women through education and health interventions was central to this strategy. In October 1991, a Population Action Plan was developed to guide the implementation of the strategy. In July 1992, the government established an inter-ministerial National Population Council as the coordinating and supervising body for the implementation of the national population strategy. Under the national population strategy in Yemen, utilization of family planning methods is to increase from 13.4% to 35%.

The national population strategy identifies a number of interventions for achieving increased family planning utilization, including:

- Extending family planning services into all health facilities within Yemen (90% of the health facilities to provide quality reproductive health services by the end of 2010)
- Expanding the mix of contraceptive methods available to clients
- Improving the family planning logistic system.
- Providing qualified service providers to service delivery points and strengthening supervision.
- Providing routine refresher training for services providers and training for midwives in order to ensure quality service and expanded coverage
- Strengthening of social marketing program
- Expanding health education and awareness within the community to increase demand for family planning methods

¹ YFHS 2004

- Conducting studies and researches for improving the quality of the service

To support these interventions, the MPH&P and its partners (USAID, UNFPA, GTZ)² conducted a national logistics “Situation Analysis” survey. The “Situation Analysis” exercise was conducted in a total of 15 Governorates, which covered approximately 130 facilities. The DELIVER team surveyed 3 of the 5 focus USAID governorates (Al-Jawf, Sa’adah and Shabwah). GTZ agreed to conduct survey activities in the remaining two USAID governorates (Amran & Marib) because they were also working in these governorates. This report includes the survey results from all five USAID governorates: those surveyed by GTZ and USAID.

This close collaboration on this survey stands as an example of the commitment of the government of Yemen and its development partners in working together to support reproductive health services and contraceptive logistics system improvement.

² Partners: United States Aid for International Development (USAID), United Nations Population Fund (UNFPA), and the German Technical Cooperation (GTZ)

ASSESSMENT OBJECTIVES

In keeping with the National Population Policy, and in an effort to reduce the number of stock outs and increase the overall availability of contraceptives the primary focus of the study was to identify the strengths and weaknesses relating to the current logistics system, and to identify specific problem areas and to suggest recommendations and strategies that will help promote improvement of the contraceptive logistics management system (CLMS) for five USAID focus governorates. The assessment will also serve to provide baseline information on key performance indicators as discussed later in this document.

STUDY DESIGN

METHODOLOGY AND STUDY DESIGN

A cross-sectional descriptive study was conducted in the 5 USAID target governorates. Data was collected through semi-structured interviews consisting of both closed and open questions (See Annex 1). The survey was implemented by small local research teams selected from their respective governorates.

COMPOSITION OF ASSESSMENT TEAMS

The survey assessment teams were composed of four members, two individuals from the Governorate Health Office (GHO) Reproductive Health (RH) Training Support Teams (TST), and two people from the GHO Medical Supply Directorate. Within the four member team, one member served as the supervisor and 3 individuals administered the survey tool. In addition, the MPH&P identified two individuals who served as the assessment coordinators, conducting “spot” checks on the survey teams, and collecting the survey tools upon completion of the exercise.

UNFPA and DELIVER conducted a two-day intensive workshop to introduce and train 37 participants on the “Situation Analysis” survey instrument. The survey teams also completed a pre-test exercise in Sana’a before their field activity began. Following the pre-test, the survey teams were asked to identify their respective assessment sample, and finalize their field action plan for the implementation of the survey. The workshop participants tested and adjusted the survey tool before departing the workshop.

SURVEY TARGET POPULATION AND ASSESSMENT SETTING

The study targeted contraceptive logistics staff working at Governorate Health Office (GHO) warehouses, District Health Office (DHO) warehouses, District hospital warehouses, Health Centers, and Health Units within each selected governorate.

SAMPLING METHODOLOGY

The selection of facilities was guided by the decision to assess only facilities involved in RH/FP services. The survey teams took a random sample of facilities providing RH/FP services stratified by urban, semi-urban and rural classifications. A total of 76 facilities were identified and visited by the survey teams.

CHALLENGES TO DATA COLLECTION

The process of data collection in the target governorates clearly highlighted certain challenges, which included the following:

- Coordination between the teams and the DHO’s
- Communication with the facilities to inform them in advance of the assessment
- Translation of the survey questions into Arabic
- Comprehension of logistics terms and concepts both by survey team members and surveyed personnel
- Record-keeping at the service delivery point level.
- Training resources for survey personnel

The participants felt strongly that the training time was too short. As a result, some survey teams faced a number of difficulties in dealing with certain assessment questions.

At this point, it is important to note that the data collection process in the Al-Jawf Governorate was completely different than that in the other targeted areas. The Al-Jawf governorate is a special situation due to continuous conflict among the different tribes, as well as the difficult geography. Within this Governorate, it is very difficult and unsafe to travel between districts.

TECHNICAL DESIGN AND ANALYSIS

The “Situation Analysis” tool was developed in a collaborative effort among the key partners (MPH&P, GTZ, UNFPA and USAID) Assessment data was collected through a semi-structured questionnaire divided into 11 parts as shown below.

Table 1: Sections and Content of the Assessment Tool

	Topic	Key areas of interest
1	Site Identification	<ol style="list-style-type: none"> 1. Questionnaire Number. 2. Governorate name. 3. District name. 4. Facility name. 5. Facility type. 6. Name of interviewee. 7. Post of interviewee. 8. Interviewer name
2	Site Staffing	<ol style="list-style-type: none"> 1. Title and duration of working of the staff at the facility 2. Training received related to contraceptive logistics tasks 3. Staff satisfaction 4. Career path
3	Order quantities and requested supplies	<ol style="list-style-type: none"> 1. Source of contraceptives supply 2. Mechanism of supply 3. Timing of order placement 4. Response to order 5. Timing of fixed allocation 6. Decision making on requested quantities 7. Knowledge of calculation needed quantities of contraceptives 8. Source of data for calculating contraceptives needs
4	Communicating with the supply source and transport of contraceptives	<ol style="list-style-type: none"> 1. Physical sources of supply for the contraceptives 2. Communication type for sending the order of contraceptive 3. Delivery methods of contraceptives 4. Means of transportation used in delivering of contraceptives 5. Suggestion(s) alternatives of current way of transportation 6. Factors affecting the transportation of the contraceptives
5	Storage	<ol style="list-style-type: none"> 1. Knowledge and skills of the interviewee staff member working at visited facility 2. Basic tasks of the staff member in charge for storage 3. Storage conditions 4. Products conditions

6	Stock Management	<ol style="list-style-type: none"> 1. Product availability for contraceptives 2. Stock record accuracy 3. Contraceptive consumption 4. Periods of out of stock 5. Knowledge of terms related to contraceptive logistics
7	Quality Control	<ol style="list-style-type: none"> 1. Systematic check on the quality of contraceptives received from the supply point 2. Documentation of the check results 3. Awareness of the signs of damaged contraceptives 4. Action taken in case of damaged contraceptives in the store
8	Analysis of Records, Forecasting and Reporting	<ol style="list-style-type: none"> 1. Responsibility for ordering/forecasting contraceptive needs? 2. Skills in ordering/forecasting contraceptive needs 3. Frequency of reports on contraceptives logistics 4. Content of reports
9	Complaints	<ol style="list-style-type: none"> 1. Reporting complaints 2. Documentation (validation) of complaints 3. Dealing or managing complaints 4. Contraceptives side effect
10	Supervision	<ol style="list-style-type: none"> 1. Frequency of Supervision 2. Type of supervisors 3. Availability of manuals
11	Overall Assessment by Researcher	<ol style="list-style-type: none"> 1. Researcher overall assessment of the facility and the knowledge of the staff met 2. Researcher recommended for training in contraceptive logistics?

FINDINGS AND DISCUSSION OF DATA

SAMPLE CHARACTERISTICS

Throughout the five USAID focus Governorates, seventy-six facilities were visited and assessed. The sample within each governorate was proportional to the total number of facilities within that governorate. The greatest number of facilities visited (25) were located in Amran Governorate because it has the largest number of facilities among the five governorates studied. The smallest number of facilities surveyed was in Al-Jawf.

DISTRIBUTION AND TYPE OF FACILITIES SURVEYED BY GOVERNORATE

Sampling was determined by the GHO teams. Types of facilities visited included GHO, DHO, District Hospital and Health Center. Due to time constraints, geographical and political considerations, the survey teams were not able to visit the following facilities:

- District warehouse in Shabwah
- District hospital warehouse in Al-Jawf
- Peripheral health centers in Marib, Sa'adah and Al-Jawf

The following table provides detailed information about the types and numbers of facilities visited in each Governorate.

Table 2: Type of surveyed facilities according to governorates

Facility type	Governorate Name					Total
	<i>Amran</i>	<i>Marib</i>	<i>Shabwah</i>	<i>Sa'adah</i>	<i>Al- Jawf</i>	
GHO Warehouse	1	1	1	1	1	5
District Warehouse	8	4	0	1	1	14
District Hospital Warehouse	3	5	7	5	0	20
Main Health Center	7	1	3	4	2	17
Peripheral Health Center	1	0	4	0	0	5
Health Unit	5	1	0	4	5	15
Total	25	12	15	15	9	76

HUMAN RESOURCES WORKING IN CONTRACEPTIVE LOGISTICS

Type of staff

The survey team conducted interviews with 111 facility staff. The interviewees mainly involved RH staff from the various levels of the system. A complete list of the number of people interviewed and the facility level they represented can be seen in table 3.

Table 3: Category and number of family planning logistic working staff

Staff Category	Facility Type						Total
	<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District Hospital Warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>	
GHO RH Director	4						4
GHO RH Supply Individual	2						2
GHO Store keeper	1						1
DHO RH Individual		9	8	7			24
DHO RH supply Individual		1					1
DHO Store keeper			1	2			3
HF Director			1	1	2	1	5
RH Individual at HF		2	13	9	4	15	43
Dispenser	1	1	5	4	3	1	15
Store keeper				2	2	1	5
Others Individuals	1	5	1			1	8
Total	9	18	29	25	11	19	111

Staff Turnover

In general, staff turnover does not appear to be a problem in the five Governorates. The average duration of staff, in any one post, was found to be 4.6 years. The longest duration of employment was in Amran, at 19 years. The shortest duration of employment was in Shabwah and Al-Jawf Governorates 0.3 years (see Table 4 for details). The primary reasons given for the short duration of employment in Al-Jawf and Shabwah were unstable tribal conditions, high rates of illiteracy and mandatory placement of health service staff in Governorates outside their primary residence.

These insights into staff turnover have practical implications for government investments. For example, in training, the relative stability of staff in one place may make modular trainings a promising option. By

comparison, in governorates with high staff turnover rates, trainings of longer duration covering many topic areas and issues simultaneously may be required.

Table 4: Average Number of Years in Service for FP Logistic Staff by Governorate

Governorate	Mean	Minimum	Maximum
Amran	6.1	.30	19.00
Marib	3.4	1.00	10.00
Shabwah	5.2	.30	15.00
Sa'adah	4.2	.50	10.00
Al- Jawf	1.3	.30	3.00
Total	4.6	.30	19.00

Job Satisfaction and Career Plans

Staff job satisfaction within the working environment appears to be high in most Governorates (72.4%). The highest results were recorded in Marib, and lowest were in Sa'adah.

Overall, nearly seventy percent (69.7%) of the staff interviewed answered being satisfied regarding their professional interest in those governorates surveyed, the largest percentage of staff unsatisfied with their professional was found in Shabwah (53.3%). Interestingly to note, the lowest degree of satisfaction regarding professional interest related to tasks in the field of contraceptive logistics and was found among persons in charge of contraceptive supply at other (peripheral) health centers' district warehouses. In part, this is due to some of the DHO's dual responsibilities as both an RH service provider and as the dispenser responsible for family planning methods to the clients of the district's HFs.

From the perspective of unsatisfied interviewees, complaints include

- Issues related to the physical infrastructure such as the inadequate buildings, lack of running water and/or electricity, lack of equipment, insufficient storage space and equipment
- Insufficient staffing
- Issues related to service management and budgets or minimal budgets for supervision and running costs
- Lack of incentives
- Insufficient reporting from lower levels of the system and “uncooperative” managers and superiors
- Unavailability of contraceptives (repeated stock outs)
- Long distances from residence of the staff and their workplace, and
- Lack of funds for transport

Professional development tracks appear to be available for about one third of the personnel interviewed. In Marib, 58.3% of staff felt positive about their professional development. Only 20% and 28% for staff in Amran and Sa'adah respectively felt that a “career path” is open to them. In Shabwah and Al-Jawf Governorates nearly no one felt positive about their “career path”. It should be noted here that this question was particularly difficult to communicate both to the interviewers during training and to the interviewees during the survey because “professional development” and “career path” are Western

concepts somewhat alien in the Yemeni culture. Spot checks on the survey teams during the assessment confirmed that all teams experienced difficulties with this question.

In contrast to the relatively high levels of general job satisfaction, 68.4% of all staff interviewed felt that their knowledge related to contraceptive logistics was insufficient to deal with the daily work required. This self-assessment of interviewees suggests that training might be an appropriate intervention to increase motivation and improve the logistics system performance. It also would correspond to an expressed need among service providers.

Training on Contraceptive Logistic Tasks

According to the survey results, about half of the health personnel receiving, ordering and storing contraceptives have received specific training related to the tasks mentioned. The main beneficiaries from logistics training were staff in charge of RH at the GHO and DHO levels. Health Facility Directors were rarely involved in this type of training.

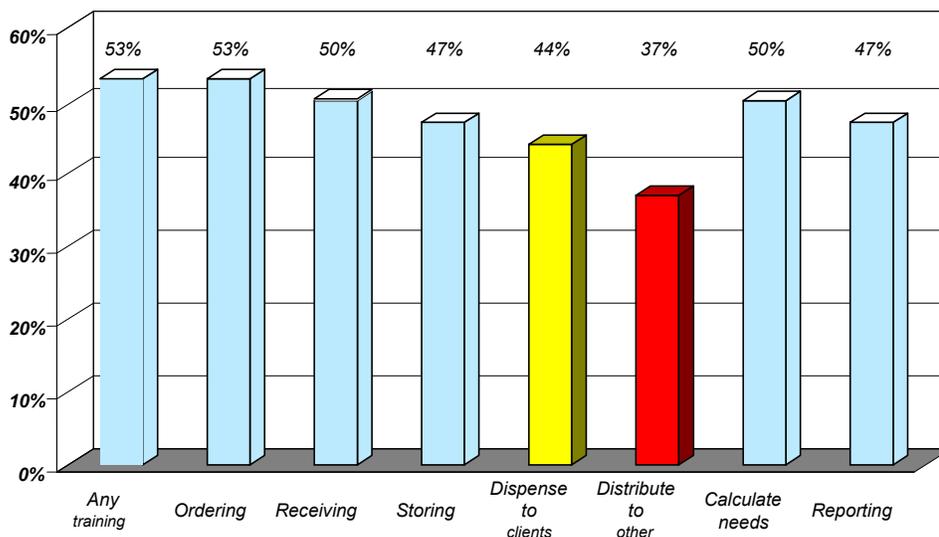
Only 44.3% of all staff involved in dispensing contraceptives to clients have ever received any kind of training related to this task. Again, the personnel in management positions (in charge) from the GHO and District hospital warehouses were the beneficiaries of the training. Staff in charge of RH tasks at Health Facility (54.5%) and dispensaries (86.8%) did not receive training.

In addition, over two-thirds of staffers who have the first contact with clients and ensure direct access of contraceptives to clients were not trained. Based on these findings, it was suggested that future training should focus on: (1) Training service providers and (2) Ensuring that GHO/DHO management staff is able to pass on their knowledge to lower level facility staff and receives the necessary resources to do so.

Data analysis also suggests that the training needs and requirements will be distinctive according to the different Governorates.

Regarding the content of trainings, relatively little attention has been given to logistics. Dispensing contraceptives to clients and distributing contraceptives to other facilities got the least attention (44% and 37% of training content, respectively).

Figure 1: Content of Training (Percentage of interviewees who have received training on respective subjects)



Knowledge and Skills

Survey results for staff regarding knowledge on calculating contraceptive needs showed that 46.1% did not know how to calculate their needs for contraceptives. However, 53.5% of people interviewed used their facility's consumption data for calculation and 18.4% of staff used data related to population such as the target population, and the number of pregnant women in their catchments area.

When asked to describe the process of calculating contraceptive reorder quantities, no individual could give the correct answer, and only 25% knew the correct data items and sources of data of need for calculating reorder quantities.

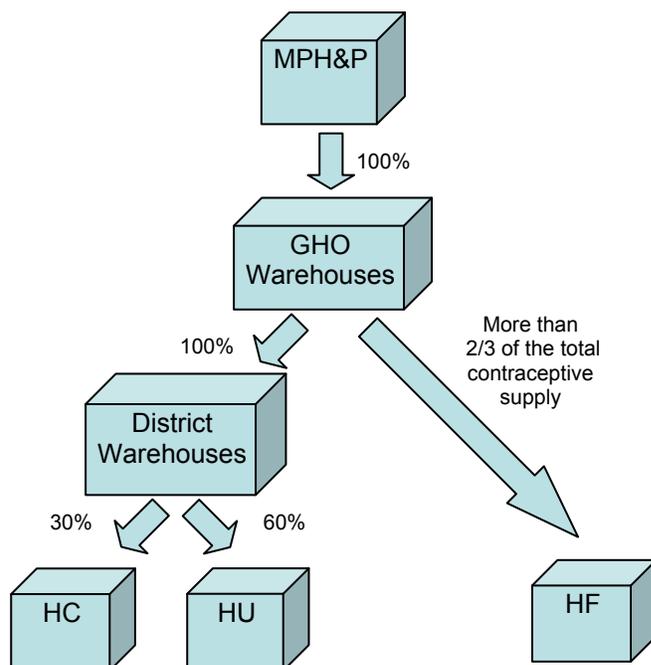
According to the survey analysis, roughly 85% of the health facilities determine their own order quantities.

DISTRIBUTION CHAIN (CURRENT SITUATION)

Contraceptive Order and Distribution

All of the GHO and district warehouses visited receive their contraceptive supplies from Ministry of Public Health and Population (Central level). Seventy (70%) percent of district hospitals receive RH supplies from the GHO, and a smaller amount (30%) from DHO. The majority of health centers receive their supply from the GHOs. 60% of Health Units get their supply from DHO and the remaining 40% receives supply from GHO. These data clearly reflect that there is no hierarchical distribution for contraceptives. Figure 2 provides a summary of these commodity flows.

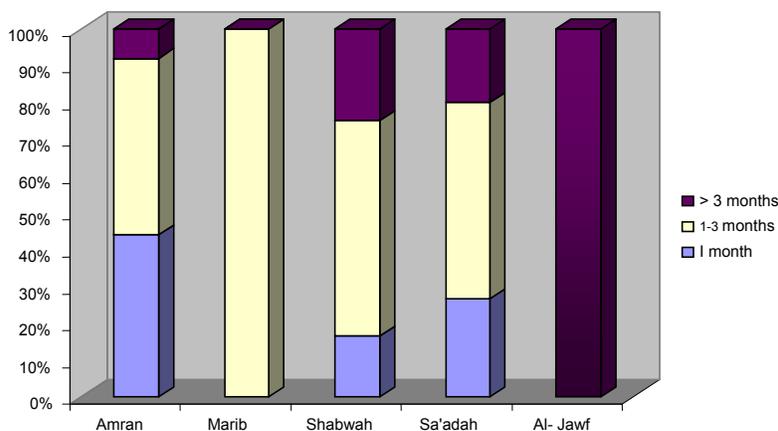
Figure 2: Commodity Flow within the Yemeni Public Sector System



This study clearly demonstrated that the Yemeni contraceptive inventory control system is a requisition system at its heart: 91% of all facilities receive contraceptives based on the placement of an order to their supplier. Among the facilities visited, fixed monthly rationing of contraceptives is practiced only in Al-Jawf governorate.

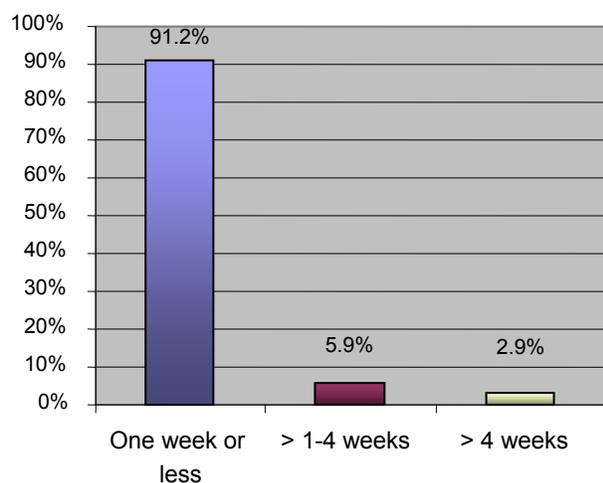
There is no fixed order period or ordering schedule in any governorate. 60% of the facilities visited place orders every 3 months while 26.2% of facilities place more than one order per month. In Amran, the largest governorate in the sample, 13.8% of the facilities place orders more than three months apart. District warehouses tend to place frequent orders as well, often more than one order per month.

Figure 3: Monthly Order Intervals



91.2% of facilities receive response to orders within less than a week and 5.9% receive response between 1 and 4 weeks. In facilities that experience longer delays, these can be linked to lack of funds for transportation combined with the fact that staff generally have to travel in person to supply point to get the contractive re-supply. Transportation, therefore, is largely dependant on the facilities resources. There is almost no central support for distribution.

Figure 4: Order Response Time



Communication Method When Ordering Contraceptives

In the majority of facilities visited (85.5%), when an order is placed for contraceptives, a staff member from the requesting facility will travel to the supply point to pick up the commodities. As can be seen in Table 5, below, personal visits are the principal mode of communication with very few alternatives.

Table 5: Communication Method When Ordering Contraceptives

Method	Percent	Cumulative Percent
Staff goes in person	85.5%	85.5%
Phone	2.6%	88.2%
Fax	2.6%	90.8%
Other	9.2%	100.0%
Total	100.0%	

Transportation of Commodities

As discussed earlier, generally the person requesting the contraceptives also has to transport the requested supply from the distribution point. Survey results showed this in more than 84.2% of sites. Regular distribution by the supplier is rare. All GHO warehouses receive their re-supply of contraceptives from the Central level by providing their own means of transportation.

Table 6: Transport of Contraceptives

Distribution	Percent	Cumulative Percent
Facility picks up their own re-supply	84.2%	84.2%
Supplier delivers to the facility	10.5%	94.7%
Some other form of delivery	5.3%	100.0%
Total	100.0%	

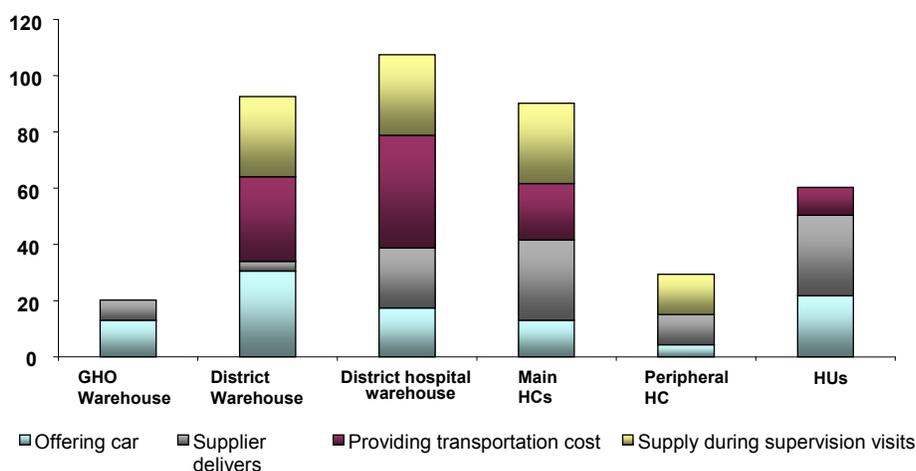
Transportation of contraceptives generally involves the facility renting a car for picking up commodities (75%). Cars for this purpose are rarely available at the facility level (only in 8 facilities). GHO warehouses may have their own car (Amran, Shabwah and Sa'adah) or not (Marib and Al-Jawf). Cars are also available at District Hospitals in Amran and Marib. Means of contraceptive transportation are summarized in table 7, below.

Table 7: Means of Transportation of Contraceptives from the Supply Point

	Mode of transport								Total	
	Facility Car		Bus		Rent a car		Other		Count	Row %
	Count	Row %	Count	Row %	Count	Row %	Count	Row %		
Amran	2	8.0%	0	0%	19	76.0%	4	16.0%	25	100%
Marib	1	8.3%	0	0%	8	66.7%	3	25.0%	12	100%
Shabwah	1	6.7%	0	0%	11	73.3%	3	20.0%	15	100%
Sa'adah	4	26.7%	1	6.7%	10	66.7%	0	0%	15	100%
Al- Jawf	0	0%	0	0%	9	100.0%	0	0%	9	100%
Total	8	10.5%	1	1.3%	57	75.0%	10	13.2%	76	100%

There is no agreement as to whether transportation should be by delivery or pick-up. More than 40% of the interviewees would prefer if the suppliers of commodities would deliver the contraceptives and 7 (6.3%) interviewees recommend obtaining commodities during regular supervision visits. 33.8% of the respondents would prefer to offer their own transportation 14.7% suggested receiving transportation cost allocations on a regular basis.

Figure 5: Preferred Method of Delivery of Contraceptives (by facility type)

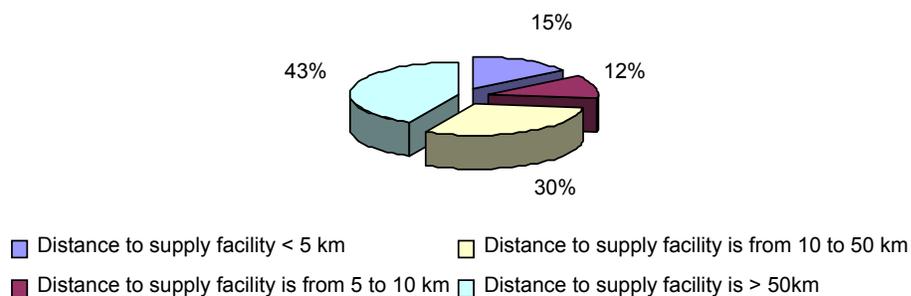


Transport, Distance, Road Conditions and Cost:

Almost all staff, at every level, has knowledge about road conditions in their area of responsibility, as well as the time needed for transportation of commodities and the road variations throughout the seasons. Staffers at 65 facilities were also able to provide realistic estimations about transportation costs.

About 40% of the facilities visited are further than 50 km from their supply source.

Figure 6: Distance from the Supply Facility



Of the 65 facilities that provided a transport cost estimate, the average cost per round trip from supplier to the facility was 4,750 YR. Facilities that could not provide an estimate are excluded from this calculation. Excluding the costs of transport from MOPHP to the GHO warehouse, the average cost for a facility would amount to 4,400 YR per round trip. Even though actual costs vary considerably among governorates, this cost calculating exercise clearly indicates that ensuring regular supply with contraceptives 2 or four times per year to all facilities would be a financially feasible and potentially sustainable option.

Table 8: Mean Cost of Transportation from Supplier to Facility by Facility Type

Facility Type	Mean Cost (YR)	N
GHO Warehouse	12,233	3
District Warehouse	5,515	13
District hospital warehouse	2,820	15
Main Health Center	4,613	15
Peripheral Health Center	4,200	5
Health Unit	4,886	14
Total	4,758	65

Table 9: Mean Cost of Transportation from Supplier to Facility by Governorate

Governorate Name	Mean Cost (YR)	N
Amran	3,495	21
Marib	3,840	10
Shabwah	4,454	13
Sa'adah	3,969	13
Al- Jawf	11,000	8
Total	4,758	65

Storage

For the most part, fundamental storage guidelines and storage procedures are not practiced. Only eight (8) facilities visited used First Expiry/First Out (FEFO). The survey results show that 94.7% (72) of the facilities do not apply FEFO correctly, and did not know the concept or its application.

In addition to the above, in assessing the current storage facilities, major problems exist such as improper lighting, lack of electricity, and water leakage. The detailed table of current storage conditions per Governorate follows.

Table 10: Current Storage Conditions According to Facility Type

		Facility Type					
		<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District Hospital Warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>
Daily register of the temperature	Yes			1			
	No	5	14	19	16	5	15
Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?	Yes	2	6	9	3		4
	No	3	7	11	13	5	11
Is the store-in-charge aware of maximum	Yes	2	2	5	1		1
	No	3	11	15	15	5	14

temperatures encountered in the store?							
Is the stock register kept inside or outside of the storage area	Inside	4	8	7	9	1	5
	Outside		2	2			1
	No Records	1	3	10	7	4	9
Is it clean and free of debris?	Yes	5	11	17	11	5	9
	No		2	1	3		3
Indicator of infestation by insects or rodents?	Yes	3	3	11	5	4	6
	No	2	10	8	9	1	6
Evidence of water leakage	Yes	4	3	12	6	4	6
	No	1	10	7	8	1	6
Is there any ventilation facility	Yes	4	6	15	9	4	7
	No	1	7	4	5	1	5
Is there an electricity supply to the store?	Yes	5	10	17	10	5	8
	No		2	2	4		4
Are there tube lights or other lighting facilities?	Yes	4	6	9	7	1	2
	No	1	7	10	7	4	10
Is there more than one access door?	Yes	2		2	1		5
	No	3	13	17	13	5	7
Is the store locked when the facility is closed?	Yes	5	12	18	13	5	8
	No		1	1	1		4
How many persons are keeping the store key?	One	3	13	17	11	5	11
	>1	2	1	2	3		1
Is there any means to fight fire?	Yes		1	1			
	No	5	12	18	14	5	12
Are there any cupboards or store shelves?	Yes	3	9	16	11	5	6
	No	2	4	3	3		6
Are the commodities in the store properly stacked (off the ground by 10 cm)	Yes	4	9	9	4	1	3
	No	1	4	3	9	2	4
Are the commodities in the store with space (30 cm) between the walls and the stacks?	Yes	3	9	7	3	2	1
	No	2	4	5	10	2	5
Are the commodities in the store with labeled and expiry dates visible and cartons upright?	Yes	3	5	7	1		1
	No	2	8	5	12	3	5
Are there any expired contraceptives in stock now? Give name(s) of product(s) and expiry date(s)	Yes	1		1	1		1
	No	4	14	19	15	5	14

Stock records

Differences in stock record and physical counts were prevalent in (96.1%) almost all facilities visited. (Facilities with correct records were identified in Marib (GHO warehouse and one district warehouse), in Sa'adah one main health center. Staff from those facilities might be further assessed to join the team of trainers for future quality improvement tasks.

In order to test whether staff was actively managing their stock and store commodities in a systematic way, staff was asked to locate units of Microgynon (as an example of any contraceptive commodity). While almost 83.1% of staff interviewed was able to locate Microgynon units in their facility, 4.6% of staff interviewed was not able to do so in their own facility (no such problems in Marib and Sa'adah). During the situational analysis, Microgynon was not available at all in 1 district warehouse and in one main health center. Half of all staff in charge of storage were able to give the exact amount of Microgynon currently available from the records (correct or error less than 10 cycles).

Table 11: Management of the stock and store commodities

Governorate	Ask the staff member responsible for storage to locate all units of "Microgynon" and record how the task was carried out								Totals	
	Easily located units		Located all units with difficulty or following prompting		Could not locate all units		Microgynon is not available		Count	Col %
	Count	Col %	Count	Col %	Count	Col %	Count	Col %		
Amran	19	82.6%	1	4.3%	1	4.3%	2	8.7%	23	100%
Marib	10	83.3%	2	16.7%					12	100%
Shabwah	11	84.6%	1	7.7%	1	7.7%			13	100%
Sa'adah	13	86.7%	2	13.3%					15	100%
Al- Jawf	1	50.0%			1	50.0%			2	100%
Total	54	83.1%	6	9.2%	3	4.6%	2	3.1%	65	100%

Quality control

Only 38.2% of facilities can provide evidence (records) of systematic quality checks of products (see Table 12). While Amran presents regular check ups, no evidence was found in Marib and Shabwah Governorate for such check ups. However the usefulness of such checkups is not certain since only one quarter of those facilities who do the quality checks send the results to the higher supply level.

The value of quality checks is further limited by the fact that less than 4% of staff interviewed is able to quote signs of damage for the different contraceptive products (see Table 13). Almost all interviewees suggested specific actions to take if products were found damaged or expired. The suggested actions from their responses included “stop dispensing products to the clients”, “destroy the products and prepare a record documenting the loss” and “send the products back to the supplier (see Table 14). No unified protocol exists.

Table 12: Quality control for the contraceptive products

Governorate	Record of examining medical items				If yes, Is it documented in writing to the higher authorities?			
	Yes		No		Yes		No	
	Count	Col %	Count	Col %	Count	Col %	Count	Col %
Amran	8	32.0%	17	68.0%	8	100%		
Marib	3	25.0%	9	75.0%			3	100%
Shabwah	2	13.3%	13	86.7%			2	100%
Sa'adah	14	93.3%	1	6.7%	1	7.1%	13	92.9%
Al- Jawf	2	22.2%	7	77.8%	1	50.0%	1	50.0%
Total	29	38.2%	47	61.8%	10	34.5%	19	65.5%

Table 13: Knowledge of Signs of Damage for the Different Contraceptive Products

Knowledge Level	Frequency	Percent	Valid Percent	Cumulative Percent
Have enough knowledge	3	3.9	3.9	3.9
Don't have enough knowledge	35	46.1	46.1	50.0
Don't Know	38	50.0	50.0	100.0
Total	76	100.0	100.0	

Table 14: Course of action the facility manger takes if there are any damaged contraceptives in the store

	Frequency	Percent	Cumulative Percent
Record minutes documenting loss	14	18.4%	18.4%
Send products back to district	6	7.9%	26.3%
Send products back to GHO	17	22.4%	48.7%
Destroy the products	5	6.6%	55.3%
Inform supervisor	9	11.8%	67.1%
No history of damaged or expired contraceptives	21	27.6%	94.7%
Stop dispensing products to the clients	4	5.3%	100%
Total	76	100%	

Existence of expired products

Expired contraceptive products at the survey time were found only in 2 facilities at Shabwah governorate (GHO warehouse and one district warehouse) and one health center and one health unite at Sa'adah governorate.

Table 15: Existence of expired products

Governorate	Are there any expired contraceptives in stock now?	
	Yes	No
Amran		25
Marib		12
Shabwah	2	13
Sa'adah	2	13
Al- Jawf		9
Total	4	72

AVAILABILITY OF COMMODITIES

Products available at the time of visit

Oral Contraceptives (Microgynon) were available in one third of facilities at the time of visit. However, performance varied by governorate. Oral contraceptives were available in all visited facilities of Marib governorate and only 9.1% of facilities in Al-Jawf.

Table 16: Oral Contraceptives available at time of visit

Governorate	Oral Contraceptives Available at time of visit
Amran	80.0%
Marib	100.0%
Shabwah	71.4%
Sa'adah	73.3%
Al- Jawf	9.1%

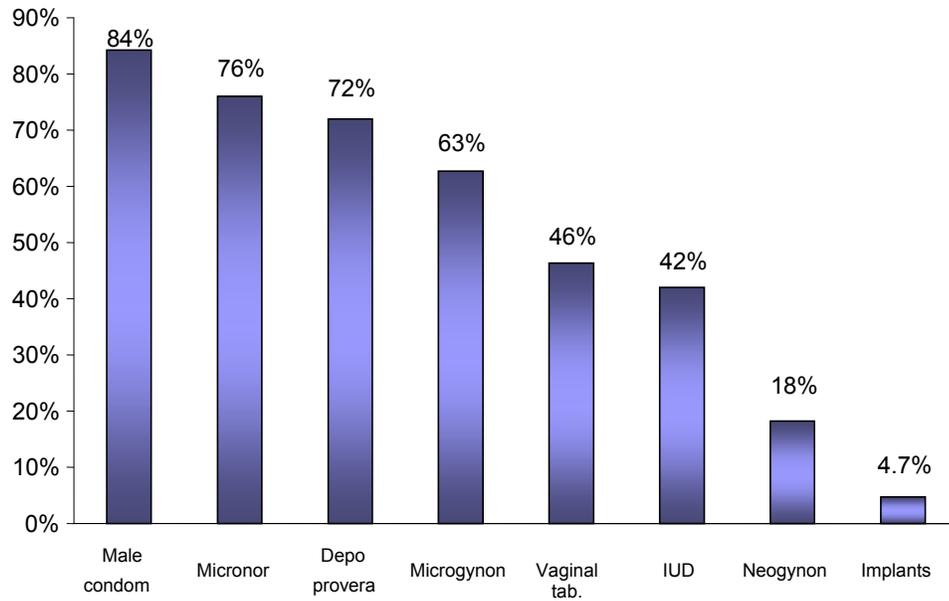
Intrauterine devices (IUDs) were available in all (5) GHO warehouses, 50% of district warehouses and 68% of district hospital warehouses. 30% of main health centers stocked IUDs. Vaginal foaming tablets (VFTs) were available in 4 GHO warehouses but were not available in the Amran GHO warehouse. VFTs were available at the time of visit in 28.6% of health centers and health units.

Depo-Provera was available in all visited GHO warehouses and in 78.6% of the visited district warehouses and one third of district hospital warehouses. They were also available in 60% of visited health units.

Implants were not available in 4 Governorates visited facilities because they don't have the specialist staff to insert implants. Implants were available at Shabwah GHO warehouse,

Male condoms were widely available.

Figure 7: Percent of facilities with contraceptive available at time of visit



■

Table 17: Availability of contraceptive methods per facility type

			Facility type						Total
			GHO Warehouse	District Warehouse	District hospital warehouse	Main Health Center	Peripheral Health Center	Health Unit	
Availability of Microgynon	available	Count	4	11	13	9	1	9	47
		Col %	80%	78.6%	68.4%	52.9%	20%	60%	62.7%
	not available	Count	1	3	6	8	4	6	28
		Col %	20%	21.4%	31.6%	47.1%	80%	40%	37.3%
Availability of Micronor	available	Count	4	12	17	11	2	11	57
		Col %	80%	85.7%	89.5%	64.7%	40%	73.3%	76%
	not available	Count	1	2	2	6	3	4	18
		Col %	20%	14.3%	10.5%	35.3%	60%	26.7%	24.0%
Availability of Vaginal tab.	available	Count	4	4	9	5	0	9	31
		Col %	80%	28.6%	56.3%	33.3%	0%	60%	46.3%
	not available	Count	1	10	7	10	2	6	36
		Col %	20%	71.4%	43.8%	66.7%	100%	40%	53.7%
Availability of IUD	available	Count	5	6	11	4	0	1	27
		Col %	100%	42.9%	68.8%	30.8%	0%	6.7%	41.5%
	not available	Count	0	8	5	9	2	14	38
		Col %	0%	57.1%	31.3%	69.2%	100%	93.3%	58.5%
Availability of Depo provera	available	Count	5	11	11	11	2	9	49
		Col %	100%	78.6%	64.7%	73.3%	100%	60%	72.1%
	not available	Count	0	3	6	4	0	6	19
		Col %	0%	21.4%	35.3%	26.7%	0%	40%	27.9%
Availability of implants	available	Count	1	0	2	0	0	0	3
		Col %	20%	0%	13.3%	0%	0%	0%	4.7%
	not available	Count	4	14	13	13	2	15	61
		Col %	80%	100%	86.7%	100.0%	100%	100%	95.3%
Availability of Male condom	available	Count	5	12	14	15	1	12	59
		Col %	100%	85.7%	82.4%	93.8%	33.3%	80.0%	84.3%
	not available	Count	0	2	3	1	2	3	11
		Col %	0%	14.3%	17.6%	6.3%	66.7%	20.0%	15.7%
Availability of Neogynon	available	Count	1	4	6		0	1	12
		Col %	20%	28.6%	37.5%	0%	0%	6.7%	18.2%
	not available	Count	4	10	10	15	1	14	54
		Col %	80%	71.4%	62.5%	100.0%	100%	93.3%	81.8%

Stock outs

Stock outs over the last six months were observed only in Amran Governorate, for Microgynon (mean 16 days) and Micronor (14 days) only, Depo provera (14 days) and for male condom (12 days).

There was no data for stock out of Al-Jawf governorate

Table 18: Mean days of stock out in last 6 months

Governorate name		Microgynon stock out	Micronor stock out	V tab stock out	IUD stock out	Depo Provera stock out	Male condom stock out
Amran	Mean	16	14	.0	.0	14	12
	N	25	24	2	8	24	24
Marib	Mean	.0	.0	.0	.0	.0	.0
	N	12	12	7	9	10	9
Shabwah	Mean	.0	.0	.0	.0	.0	.0
	N	9	10	3	2	1	3
Sa'adah	Mean	.0	.0	.0	.0	.0	.0
	N	15	15	11	5	15	12
Al-Jawf		No data	No data	No data	No data	No data	No data

REPORTING AND SUPERVISION

Reporting frequency and content of contraceptive logistic reports

Most visited facilities are reporting contraceptive logistics data (93.4%). 36.6% prepare quarterly reports (mostly the GHO warehouses), and 63.4% of facilities prepare monthly reports. In Marib and Al-Jawf governorates quarterly reporting is more typical. Reporting contraceptive logistics data does not seem to be linked to routine ordering particularly where reporting intervals are 3 months or longer.

Table 19: Type of report on contraceptive logistics

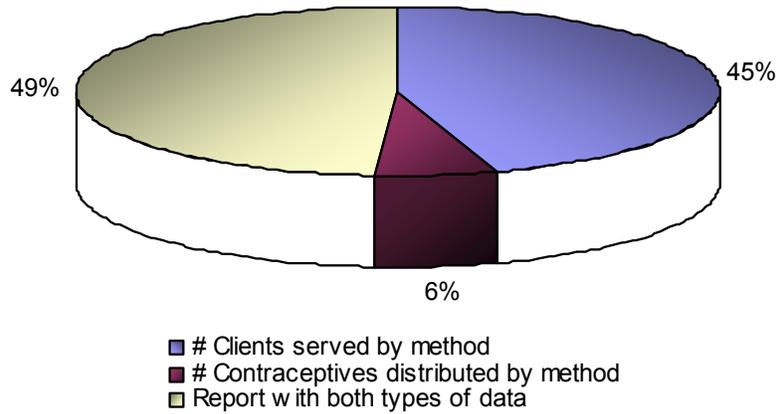
Period	Frequency	Percent	Valid Percent	Cumulative Percent
Monthly	45	59.2%	63.4%	63.4%
Quarterly	26	34.2%	36.6%	100%
Total	71	93.4%	100%	
No report	5	6.6%		
Total	76	100%		

Table 20: Type of report by facility type

		Type of reports on contraceptives logistics		Total
		Monthly	Quarterly	
GHO Warehouse	Count		5	5
	Col %		100%	100%
District Warehouse	Count	9	5	14
	Col %	64.3%	35.7%	100%
District hospital warehouse	Count	9	8	17
	Col %	52.9%	47.1%	100%
Main Health Center	Count	11	5	16
	Col %	68.8%	31.3%	100%
Peripheral Health Center	Count	5		5
	Col %	100%		100%
Health Unit	Count	11	3	14
	Col %	78.6%	21.4%	100%
Total	Count	45	26	71
	Col %	63.4%	36.6%	100%

48.9% of the reports submitted contain information about the number of clients by method and the number of commodities distributed. The broad majority of interviewees had never heard the word CYP: only five persons knew this term and only one of them knew how to calculate this indicator.

Figure 8: Contraceptive Logistic Data type

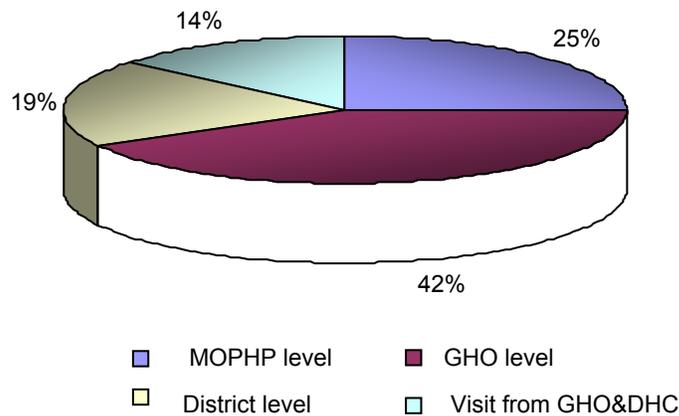


Supervision

Only 47.4% of all facilities visited have ever received a supervision visit with logistics management content. Responses varied considerably between Governorates: In Marib and Sa'adah around 80% of facilities have received supervision specific to contraceptive logistics, but facilities in Amran, and Shabwah reported little logistics management supervision. Only two governorates supervised their health units: Sa'adah and Al-Jawf.

Supervision is very weak. Of the 36 facilities which received any supervision, 8 facilities received supervision through the central level from the RH office of the MOPHP. 15 facilities (all in Marib governorate) reported having received a visit from Regional level staff, either the GHO RH director or GHO TST member. Only seven facilities reported having received a visit from a DHO officer such as the DHO RH responsible or the DHO RH supply responsible.

Figure 9: Percent of Supervision Visits by Level of Responsibility



Among the 36 facilities that had supervision during the last 6 months, 33 facilities received 4 or more visits, a finding that may also point to deficiencies in efficient planning and use of resources.

The assessment results support the observation that there is little supervision planning and that supervision is conducted on an ad hoc basis or in conjunction with other unrelated tasks. Facilities and service providers receive little supervision, especially at health units, and do not benefit from the support of their superiors for contraceptive logistics.

It is further worth noting that central level needs to increase the frequency of support visits to GHOs in order to maintain minimum levels of quality and to understand needs and issues at the governorate level.

Table 21: Number and percents of supervision visits done last 6 months per facility type

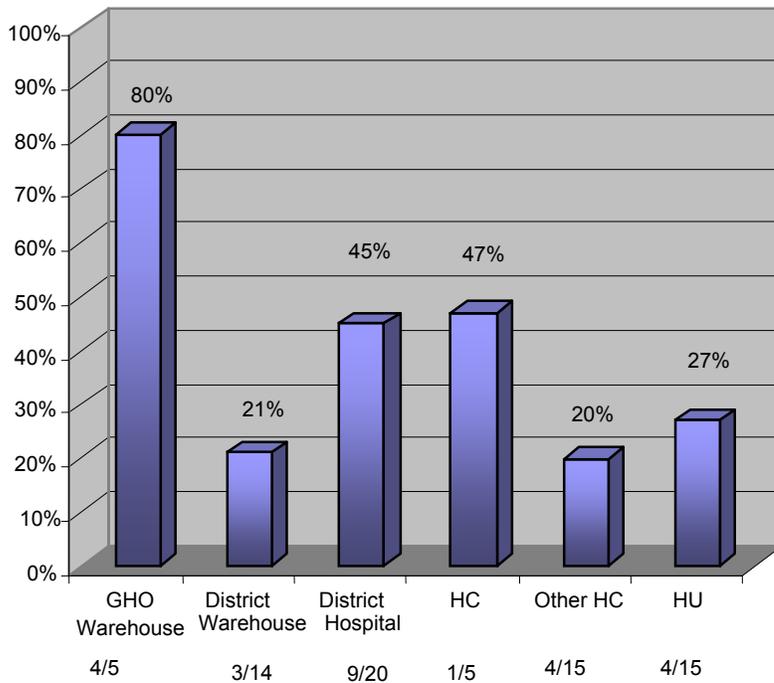
		GHO RH director	DHO RH responsible	DHO RH supply responsible	RH GHO TST	RH Supply responsible of MOPHP	GHO RH director & DHO RH responsible	
GHO Warehouse	Count					2		2
	Col %					100%		100%
	Row %					22.2%		5.6%
District Warehouse	Count	4			1	1		6
	Col %	66.7%			16.7%	16.7%		100%
	Row %	57.1%			12.5%	11.1%		16.7%
District hospital warehouse	Count	3	1		2	2	3	11
	Col %	27.3%	9.1%		18.2%	18.2%	27.3%	100%
	Row %	42.9%	20%		25.0%	22.2%	60%	30.6%
Main Health Center	Count		3		3	2		8
	Col %		37.5%		37.5%	25%		100%
	Row %		60%		37.5%	22.2%		22.2%
Peripheral Health Center	Count		1			1		2
	Col %		50%			50%		100%
	Row %		20%			11.1%		5.6%
Health Unit	Count			2	2	1	2	7
	Col %			28.6%	28.6%	14.3%	28.6%	100%
	Row %			100%	25%	11.1%	40%	19.4%
Total Count		7	5	2	8	9	5	36
Col %		19.4%	13.9%	5.6%	22.2%	25%	13.9%	100%
Row %		100%	100%	100%	100%	100%	100%	100%

Contraceptive Supply Manual

The training Manual on Contraceptives Logistic System is available in 38.2% of visited facilities, the manual is available in four out of five GHO warehouses.

The family planning logistics manual was unknown to about 50% of the persons in charge of contraceptive storage interviewed. The majority of the family planning service providers (about 60% in this study) have not yet been introduced to it.

Figure 10: Visited Facilities with Available Copy of Contraceptive Logistics Manual



CONCLUSION

The present Data reveals the following:

Human resources working in contraceptive logistics

GHO warehouses are understaffed; most have only one staff member who is required to do all logistic tasks (ordering, receiving, storing, dispensing). Staff is largely stable in their workplace, which is seen to be a favorable condition for investing in training and indicates that staff should be knowledgeable about specifics of their working environment.

In general, the staff is satisfied with their work, but only 50% of health personnel have received specific training related to the task. Training does not appear to have been effective in raising staff knowledge and skills regarding contraceptive logistics. Staff ability to calculate need, place orders, maintain stocks and ensure minimal storage requirements is weak.

Supply chain management

Staff has good experience and had good knowledge about some practical aspects of delivering contraceptives to their facility. They can give a reasonable estimation for costs of transportation of contraceptives from the supply facility to their facilities and they are completely aware of the various circumstances that may affect the process of transporting the contraceptives.

The proper supply chain model as defined in the logistic system manual is not implemented. The main weaknesses include too frequent and inaccurate orders. Staffers do not know how to calculate reorder quantity and contraceptive order quantities tend to be personal estimations.

Nearly all facilities including GHO warehouses are going personally to request and transport contraceptives. This consumes a lot of time and cost especially when we know that there is a limited number of staff (one or two per facility) working on FP logistics. That means that staff must be absent from work two to three days per month in order to request and transport contraceptives which is clearly unacceptable.

Storage and Stock Management

Knowledge of some basic issues of physical storage was satisfactory. However, knowledge about basic stock management (e.g. FEFO, labeling of cartons etc.) was highly deficient. Staff was equally found unable to do simple quality control procedures and generally systematic quality control is not practiced.

Lack of a consistent use of standard receipt and order forms poses additional challenges for store management.

Contraceptive Availability

At GHO level the whole contraceptive mix necessary for the District health System was not 100% available. Not surprisingly, none of the visited facilities had the full contraceptive method mix at the time of the visit. Availability was worse at the peripheral health centers and Health Units. Implants are not widely available because they are not yet considered standard elements of the contraceptive mix and few providers are trained to insert and remove them.

Contraceptive stock out durations (where they could be measured) ranged from 12 to 16 days. Amran seemed to deal with the most stock outs. Al Jawf had no data.

Reporting

Routine reporting was introduced many years ago, and the majority of interviewees regularly report. However, one serious constraint is that the format and content of the reports is not standardized. Due to this, the little data available is of little use for pipeline monitoring, forecasting and other logistics functions.

Supervision

Supervision is random and unplanned and the roles of MOPHP and district personnel as supervisors of facilities and service providers are ill-defined. Health units do not benefit from support of their superiors in terms of contraceptive logistics.

It is further worth noting that central level needs to increase the frequency of support visits to GHOs in order to maintain minimum levels of quality and to understand needs and issues in a decentralized system that theoretically should be empowering Governorates and Districts.

Supervision is highly deficient in several aspects:

If supervision is conducted, it is usually undertaken by the GHO level to the facility, the DHOs do not assume this responsibility (for a variety of reasons) to provide guidance to service providers/managers/store keepers and they equally miss the opportunity to steer and correct problems within their Districts.

Most of the facilities do not receive any supervision at all, while some facilities receive an excessive number of visits

Governorate warehouses do not receive supervision from the central level.

The national manual for contraceptive logistics is not generally available and even where it is available; it is not used as a reference document.

RECOMMENDATION

Based on assessment results, to facilitate adequate supply, the following series of measures are recommended:

At central policy level (Ministry and Partners)

The contraceptive logistics policy needs to be nationwide, clear, well disseminated and supported by the appropriate tools and mechanisms; essential steps are:

- Survey results of all current studies should be brought together and summarized in view of
 - Differences between regions or specific settings
 - Shared policy recommendations
- The manual for contraceptive logistics needs to be updated, reprinted and distributed to all facilities in the country
- Registers, forms and the system of reporting needs to be unified; sufficient quantities of printed tools need to be printed, distributed

At central warehouse level

Regulation, supply and distribution must be actively managed by the experts in charge of the central warehouse focusing on

- Appropriate central storage
- Appropriate forecasting, procurement (including safety stocks to meet the most probably increasing need) based on a suitably (simple!) computerized system
- Regular supply to the Governorates including supervision of the GHO warehouses
- All public contraceptives need to be clearly labeled “not for sale” and the public must be informed about the policy

At Governorate Level

Ensuring a hierarchical and regular supply system in the Governorates by

- Sharing the results of the SA with the GHOs to raise awareness off the challenges and opportunities
- Enabling governorates to deliver appropriate quantities of contraceptives to their districts in order to overcome the shortage of working staff repeated and stock-outs
- Ensuring appropriate storage in districts in order to address deficiencies in storing and quality control
- Developing realistic distribution plans from the districts to ALL functioning health services and providing the necessary funds for distribution and regular supervision on a quarterly basis in order to overcome the currently prevailing unsystematic supply and wasted staff time and resources
- ensuring that staff at all levels have appropriate registers and forms, as well as the appropriate skills to apply them, and to make appropriate quarterly orders in order to overcome the lack of capacity and facilitate management of contraceptive logistics at all levels

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ANNEX 1:

DETAILED RESULTS OF SKILLS AND PRACTICE OF STORAGE PER GOVERNORATE

Al- Jawf

		Facility type					
		<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District Hospital warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>
Daily register of the temperature	Yes						
	No	1	1		2		5
Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?	Yes						
	No	1	1		2		5
Is the store-in-charge aware of maximum temperatures encountered in the store?	Yes						
	No	1	1		2		5
Is the stock register kept inside or outside of the storage area?	Inside						
	Outside						1
	No records	1	1		2		4
Is it clean and free of debris?	Yes	1	1				3
	No				1		2
Indicator of infestation by insects or rodents?	Yes	1	1				3
	No				1		2
Evidence of water leakage	Yes	1	1		1		3
	No						2
Is there any ventilation facility	Yes	1	1		1		2
	No						3
Is there an electricity supply to the store?	Yes	1	1		1		5
	No						
Are there tube lights or other lighting facilities?	Yes	1	1				1
	No				1		4
Is there more than one access door?	Yes						3
	No	1	1		1		2
Is the store locked when the facility is closed?	Yes	1	1		1		4
	No						1
How many persons are keeping the store key?	One	1	1		1		5
	> 1						

Is there any means to fight fire?	Yes						
	No	1	1		1		5
Are there any cupboards or store shelves?	Yes	1	1				3
	No				1		2
Are the commodities in the store properly stacked (off the ground by 10 cm	Yes	1	1				1
	No				1		
Are the commodities in the store with space (30 cm) between the walls and the stacks?	Yes	1					
	No		1		1		
Are the commodities in the store with labeled and expiry dates visible and cartons upright?	Yes	1	1				
	No				1		
Are there any expired contraceptives in stock now? Give name(s) of product(s) and expiry date(s)	Yes						
	No	1	1		2		5

Amran

		Facility type					
		<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District hospital warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>
Daily register of the temperature	Yes						
	No	1	8	3	7	1	5
Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?	Yes		2	1	1		
	No	1	5	2	6	1	5
Is the store-in-charge aware of maximum temperatures encountered in the store?	Yes						
	No	1	7	3	7	1	5
Is the stock register kept inside or outside of the storage area?	Inside	1	6	3	7	1	5
	Outside		1				
	No records						
Is it clean and free of debris?	Yes	1	5	2	5	1	5
	No		2	1	2		
Indicator of infestation by insects or rodents?	Yes	1	1	1			3
	No		6	2	7	1	2
Evidence of water leakage	Yes	1		2			2
	No		7	1	7	1	3
Is there any ventilation facility	Yes	1	1	2	4		3
	No		6	1	3	1	2
Is there an electricity supply to the store?	Yes	1	5	2	5	1	1
	No		1	1	2		4
Are there tube lights or other lighting facilities?	Yes	1	2	2	4	1	
	No		5	1	3		5
Is there more than one access door?	Yes	1		1			1
	No		7	2	7	1	4
Is the store locked when the facility is closed?	Yes	1	6	3	6	1	3
	No		1		1		2
How many persons are keeping the store key?	One	1	7	3	6	1	5
	> 1		1		1		

Is there any means to fight fire?	Yes						
	No	1	7	3	7	1	5
Are there any cupboards or store shelves?	Yes		5	1	5	1	3
	No	1	2	2	2		2
Are the commodities in the store properly stacked (off the ground by 10 cm	Yes	1	5	2	3	1	1
	No		2	1	4		4
Are the commodities in the store with space (30 cm) between the walls and the stacks?	Yes		5	2	2	1	1
	No	1	2	1	5		4
Are the commodities in the store with labeled and expiry dates visible and cartons upright?	Yes						
	No	1	7	3	7	1	5
Are there any expired contraceptives in stock now? Give name(s) of product(s) and expiry date(s)	Yes						
	No	1	8	3	6	1	5

Marib

		Facility type					
		<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District hospital warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>
Daily register of the temperature	Yes						
	No	1	4	5	1		1
Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?	Yes		4	4	1		1
	No	1		1			
Is the store-in-charge aware of maximum temperatures encountered in the store?	Yes		2	4	1		1
	No	1	2	1			
Is the stock register kept inside or outside of the storage area?	Inside	1	2	3	1		
	Outside		1	1			
	No records		1	1			1
Is it clean and free of debris?	Yes	1	4	5	1		1
	No						
Indicator of infestation by insects or rodents?	Yes						
	No	1	4	5	1		1
Evidence of water leakage	Yes		1				
	No	1	3	5	1		1
Is there any ventilation facility	Yes	1	3	4	1		1
	No		1	1			
Is there an electricity supply to the store?	Yes	1	3	4			1
	No		1	1	1		
Are there tube lights or other lighting facilities?	Yes	1	2	3			1
	No		2	2	1		
Is there more than one access door?	Yes				1		
	No	1	4	5			1
Is the store locked when the facility is closed?	Yes	1	4	4	1		
	No			1			1
How many persons are keeping the store key?	One		4	5	1		1
	> 1	1					

Is there any means to fight fire?	Yes		1	1			
	No	1	3	4	1		1
Are there any cupboards or store shelves?	Yes	1	3	5	1		
	No		1				1
Are the commodities in the store properly stacked (off the ground by 10 cm	Yes	1	2	3			1
	No		2	2	1		
Are the commodities in the store with space (30 cm) between the walls and the stacks?	Yes	1	3	3			
	No		1	2	1		1
Are the commodities in the store with labeled and expiry dates visible and cartons upright?	Yes	1	4	5	1		1
	No						
Are there any expired contraceptives in stock now? Give name(s) of product(s) and expiry date(s)	Yes						
	No	1	4	5	1		1

Sa'adah

		Facility type					
		<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District hospital warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>
Daily register of the temperature	Yes			1			
	No	1	1	4	3		4
Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?	Yes	1		3	1		3
	No		1	2	2		1
Is the store-in-charge aware of maximum temperatures encountered in the store?	Yes	1					
	No		1	5	3		4
Is the stock register kept inside or outside of the storage area?	Inside	1		1			
	Outside			1			
	No records		1	3	3		4
Is it clean and free of debris?	Yes	1	1	4	3		
	No						1
Indicator of infestation by insects or rodents?	Yes		1	4	3		
	No	1					1
Evidence of water leakage	Yes	1	1	4	3		1
	No						
Is there any ventilation facility	Yes		1	3	1		1
	No	1		1	2		
Is there an electricity supply to the store?	Yes	1	1	4	3		1
	No						
Are there tube lights or other lighting facilities?	Yes	1	1	4	3		
	No						1
Is there more than one access door?	Yes	1					1
	No		1	4	3		
Is the store locked when the facility is closed?	Yes	1	1	4	3		1
	No						
How many persons are keeping the store key?	One	1	1	3	2		
	> 1			1	1		1

Is there any means to fight fire?	Yes						
	No	1	1	4	3		1
Are there any cupboards or store shelves?	Yes			4	3		
	No	1	1				1
Are the commodities in the store properly stacked (off the ground by 10 cm)	Yes	1	1	4	1		
	No				2		
Are the commodities in the store with space (30 cm) between the walls and the stacks?	Yes	1	1	2	1		
	No			2	2		
Are the commodities in the store with labeled and expiry dates visible and cartons upright?	Yes	1		2			
	No		1	2	3		
Are there any expired contraceptives in stock now? Give name(s) of product(s) and expiry date(s)	Yes				1		1
	No	1	1	5	3		3

Shabwah

		Facility type					
		<i>GHO Warehouse</i>	<i>District Warehouse</i>	<i>District hospital warehouse</i>	<i>Main Health Center</i>	<i>Peripheral Health Center</i>	<i>Health Unit</i>
Daily register of the temperature	Yes						
	No	1		7	3	4	
Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?	Yes	1		1			
	No			6	3	4	
Is the store-in-charge aware of maximum temperatures encountered in the store?	Yes	1		1			
	No			6	3	4	
Is the stock register kept inside or outside of the storage area?	Inside	1			1		
	Outside						
	No records			6	2	4	
Is it clean and free of debris?	Yes	1		6	2	4	
	No						
Indicator of infestation by insects or rodents?	Yes	1		6	2	4	
	No			1			
Evidence of water leakage	Yes	1		6	2	4	
	No			1			
Is there any ventilation facility	Yes	1		6	2	4	
	No			1			
Is there an electricity supply to the store?	Yes	1		7	1	4	
	No				1		
Are there tube lights or other lighting facilities?	Yes						
	No	1		7	2	4	
Is there more than one access door?	Yes			1			
	No	1		6	2	4	
Is the store locked when the facility is closed?	Yes	1		7	2	4	
	No						
How many persons are keeping the store key?	One			6	1	4	
	> 1	1		1	1		

Is there any means to fight fire?	Yes						
	No	1		7	2	4	
Are there any cupboards or store shelves?	Yes	1		6	2	4	
	No			1			
Are the commodities in the store properly stacked (off the ground by 10 cm)	Yes						
	No	1			1	2	
Are the commodities in the store with space (30 cm) between the walls and the stacks?	Yes					1	
	No	1			1	2	
Are the commodities in the store with labeled and expiry dates visible and cartons upright?	Yes						
	No	1			1	2	
Are there any expired contraceptives in stock now? Give name(s) of product(s) and expiry date(s)	Yes	1		1			
	No			6	3	4	

ANNEX 2:

QUESTIONNAIRE/SURVEY TOOL: FAMILY PLANNING LOGISTICS SITUATIONAL ANALYSIS

Family Planning Logistics Situational Analysis¹

Background

Governorates requested YG-RHP Local Subsidies in order to analyze the contraceptives logistics in their Governorate with a view to designing appropriate strategies for improvement including infrastructure and training. This questionnaire should be applied by small teams selected at Governorate and/or District level at the GHO Warehouse, the Districts, and selected health Facilities. Sampling should be done from a qualitative perspective, that is the number of facilities should be determined by the experience of the GHO-Team in view of showing the scope of problems, rather than determining absolute quantities.

المقدمة

تقدمت مكاتب الصحة بالمحافظات إلى البرنامج اليمني الألماني للصحة الإنجابية بطلب دعم محلي لتقييم نظام الإمداد للوسائل الحديثة لتنظيم الأسرة في محافظاتهما مع الوضع بعين الاعتبار وضع استراتيجيات ملائمة للتحسين تشمل البنية التحتية والتدريب.

هذا الاستبيان يجب أن ينفذ بواسطة فرق مصغرة يتم اختيارها من مكاتب الصحة أو المديريات على مستوى مخزن مكتب الصحة بالمحافظة ومخازن المديريات ومخازن المرافق الصحية المختارة. العينة يجب أن تؤخذ باعتبار النوعية بما معناه أن عدد المرافق الصحية يجب أن يحدد بناء على خبرات فريق مكتب الصحة بالمحافظة وذلك من منطلق إظهار نطاق المشكلة وليس تحديد كميات مطلقة.

الجزء الأول: بيانات الموقع

Part One: Site Identification

Governorate _____

المحافظة _____

District _____

المديرية _____

[] District Health Management Team functioning

[] فريق الإدارة الصحية بالمديرية يعمل

[] District Health Management Team NOT functioning

[] فريق الإدارة الصحية بالمديرية لا يعمل

[] GHO Warehouse
(Warehouse Responsible)

[] مخزن مكتب الصحة والسكان بالمحافظة
(مسئول/مسئولة المخزن)

[] District Warehouse
(Warehouse Responsible)

[] مخزن مكتب الصحة بالمديرية
(مسئول/مسئولة المخزن)

[] Health Centre at the Centre
(RH Responsible)

[] المركز صحي في المركز
(مسئول/مسئولة الصحة الإنجابية)

[] Other health Centre
(RH Responsible)

[] مركز صحي آخر
(مسئول/مسئولة الصحة الإنجابية)

[] Health Unit
(HU Worker)

[] وحدة صحية
(عامل/عاملة الوحدة الصحية)

2.2. List of staff who are responsible for carrying out the logistic tasks listed below

هل تلقى أي تدريب مرتبط بمهمة الإمداد المسندة إليه		المسئول من أعضاء الكادر	مهمة الإمداد
Has ever received any training related to the logistic task		Responsible staff member	Logistic Task
لا	نعم، اذكر التاريخ		طلب وسائل تنظيم الأسرة Ordering contraceptives
no	Yes, add date		استلام وسائل تنظيم الأسرة Receiving contraceptives
			تخزين وسائل تنظيم الأسرة Storing contraceptives
			صرف وسائل تنظيم الأسرة للزبائن Dispensing contraceptives to clients
			صرف وسائل تنظيم الأسرة لمواقع أخرى Issuing contraceptives to other sites
			حساب الاحتياجات من الوسائل Calculating needs
			إعداد ورفع تقارير الإمداد بوسائل تنظيم الأسرة Reporting on contraceptive logistics
			طلب وسائل تنظيم الأسرة Ordering contraceptives

2-3: وجه السؤال للشخص المسئول: هل أنت راضي/راضية عن بيئة عملك وعن مستوى اهتماماتك ومعارفك المهنية؟ أكتب الإجابة في الفراغ التالي:

2.3. Ask the person responsible: Are you satisfied with your working environment, level of knowledge and professional interest? Write your answer in the box below:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

2-4: حدد ما إذا كان هنالك "تدرج مهني" (رؤية واضحة عن التطور المهني) لهذا الفرد

2.4. Determine if there is a "career path" (clear perspective for professional development) for this individual.

[] نعم, هنالك "تدرج مهني", أذكره _____

[] Yes, there is a "career path", specify _____

[] لا

[] No

الجزء الثالث: تحديد كمية الطلب وطلب الإمداد

Part Three: Determining order quantities and requesting supplies

3-1: ما هي مصادر الإمداد التي تحصل منها على الوسائل الحديثة لتنظيم الأسرة (اختر الإجابة المناسبة من التالي):

3.1. What are your sources of supply for contraceptives (please tick as appropriate)

[] وزارة الصحة العامة والسكان

[] Ministry of Public Health

[] جمعية رعاية الأسرة اليمنية

[] Yemen Family Care Association

[] أخرى, أذكرها _____

[] other, name: _____

3-2: هل يتلقى المرفق الوسائل الحديثة لتنظيم الأسرة: (اختر الإجابة المناسبة من التالي):

3.2. Does the facility receive contraceptives: (please tick as appropriate)

(أ) [] بناء على طلب مقدم من قبل مرفقك/مخزنك؟

ما الفترة الفاصلة بين تقديمك لطلب وآخر؟ _____

ما هي الفترة الزمنية بين تقديم الطلب ووصول الوسائل الحديثة لتنظيم الأسرة؟

حدد إجابتك بذكر عدد الأسابيع _____

a) [] based on the placement of an order from your facility/warehouse?

How often do you place an order _____

How long does it take between the time the order is sent

and the time when the contraceptives arrive, express your answer in weeks _____

(ب) [] وفقا لقرار صادر عن جهة الإمداد؟

كل كم يتم استلام الوسائل الحديثة لتنظيم الأسرة؟ _____

b) [] According to a decision from the supply point?

How often contraceptives are received? _____

3-3: من الذي يقرر حجم المخزون الذي سوف يتلقاه المرفق؟ أختار الإجابة المناسبة من التالي:-

3.3. Who decides how much stock the facility will receive? (Please tick as appropriate)

[] عضو في اللجنة الصحية للمرفق أو فريق الصحة الإنجابية أو مسئول المخزن في المرفق.

[] A member of the HFC/RH TST/Responsible of HF warehouse.

[] فريق الإدارة الصحية في المديرية

[] District Health Management Team (DHMT)

[] مكتب الصحة بالمحافظة

[] Governorate Health Office (GHO)

[] لا أعرف

[] Don't know

3-4: كيف يتم تقدير (حساب) كمية الاحتياج لكل صنف من أصناف الوسائل الحديثة لتنظيم الأسرة؟

3.4. How do are the quantities of each contraceptive product that is needed calculated?

أكتب الإجابة في الفراغ التالي:

Record the answer in the box below

3-5: أطلب منهم تحديد البيانات التي يجب استخدامها في حساب الاحتياج لكل صنف على حدة ثم عين مصدر كل جزئية من تلك البيانات.

3.5. Ask to identify the individual data items used to calculate contraceptive needs and then indicate what is the source of data for each item.

البيانات	مصدر البيانات
Data item	Source of Data

الجزء الرابع: التواصل مع مصدر الإمداد ونقل الوسائل الحديثة لتنظيم الأسرة

Part Four: Communicating with the supply source and Transport of contraceptives

4-1: من أين بالتحديد يتم استلام الإمداد؟

4.1. From where exactly are supplies received?

- [] مخزن مركزي, حدده _____
- [] Central ware house , specify _____
- [] المحافظة _____
- [] Governorate _____
- [] المديرية _____
- [] District _____
- [] أخرى, أذكرها _____
- [] other, specify _____

4-2: كيف يتم إرسال طلبية الوسائل الحديثة لتنظيم الأسرة إلى مصدر الإمداد؟

4.2. How is the request for contraceptives sent to the supply source?

- [] يذهب الموظف بنفسه _____
- [] Staff goes in person _____
- [] بالبريد _____
- [] Mail _____
- [] بالتفون _____
- [] Phone _____
- [] بالفاكس _____
- [] Fax _____
- [] أخرى, أذكرها _____
- [] Other, describe _____

4-3: كيف يتم استلام الوسائل الحديثة لتنظيم الأسرة من المورد؟

4.3. How are contraceptives received from the supplier?

- [] يذهب أحد الموظفين لاستلامها _____
- [] someone goes to get them _____
- [] يوصلها المورد _____
- [] supplier delivers _____
- [] يوصلها شخص آخر, وضحه _____
- [] somebody else delivers, describe _____

4-4: إذا كان المرفق (المخزن أو نقطة تقديم الخدمة) يتولى أخذ الوسائل الحديثة لتنظيم الأسرة فما نوع وسيلة المواصلات المستخدمة؟

4.4. If the facility (warehouse or service delivery point) picks the contraceptives, what mode of transport is used?

[] سيارة المرفق

[] Car of the Facility

[] الباص

[] Bus

[] استئجار سيارة

[] Rent a car

[] أخرى, أذكرها _____

[] other, specify _____

4-5: اسأل عن أي مقترحات بشأن وسيلة أو بديل أفضل للنقل, يرجى الكتابة في الفراغ التالي:

4.5. Ask for suggestions of a better way or an alternative for transportation, please write in the box below

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

4-6: اسأل عن المسافة إلى جهة الإمداد بالإضافة إلى المعرفة بحالة الطريق والعوامل الموسمية التي قد تؤثر على نقل الطلبات. وأسأل أيضا عن مقدار الزمن اللازم للنقل, يرجى الكتابة في الفراغ التالي:

4.6. Ask to determine the distance from the supply facility including knowledge about the road conditions and the season factors that may affect the transportation of supplies. Also ask for an estimation of the time needed for the transport. Please write in the box below

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

7-4: ما هي تكاليف النقل من المورد إلى المرفق؟ أذكرها

4.7. What is the cost of transport from the supplier to the facility? Please specify

[] لا أعرف

[] Don't know

الجزء الخامس: التخزين

Part five: Storage

1-5: وجه السؤال إلى مسئول/مسئولة المخزن عن "ماذا نعني بمصطلح FEFO" و سجل في الأدنى ما إذا كانت إجابته/إجابتها صحيحة أم لا

5.1. Ask the "FEFO" Question and record below whether or not the answer is correct

[] صح

[] correct

[] خطأ

[] not correct

2-5: اطلب من الموظف المسئول عن التخزين تحديد موقع كل وحدات "المايكروجنون" وقم بتسجيل الكيفية التي تمت بها هذه المهمة.

5.2. Ask the staff member responsible for storage to locate all units of "microgynon" and record how the task was carried out.

[] تم تحديد موقع جميع الوحدات بسهولة

[] Easily located units

[] تم تحديد موقع جميع الوحدات بصعوبة

[] Located all units with difficulty or following prompting

[] لم يتم تحديد موقع جميع الوحدات

[] could not locate all units

3-5: هل بإمكان الموظف المسئول عن التخزين الإفادة عن عدد وحدات "المايكروجنون" المخزنة بالرجوع إلى السجلات؟

5.3. Can the staff member in charge of storage state how many units of "microgynon" are in stock by consulting records?

[] نعم, بدقة أو بنسبة خطأ تقل عن 10 دورات

[] Yes, correctly, or error less than 10 cycles

[] استند إلى السجلات ولكن نسبة الخطأ تزيد عن 10 دورات

[] Consults records, but error greater than 10 cycles

[] لا, ليس باستطاعته مطلقا القيام بهذه المهمة

[] No, cannot perform this task at all

4-5: تفحص المهام الأساسية للموظف المسئول عن التخزين وعلق عليها في الجدول التالي:

5.4. Check some basic tasks of the staff member in charge for storage and comment in the table below:

	<p>هل هناك تسجيل يومي لدرجة الحرارة (تؤخذ ظهرا أو الساعة 2 بعد الظهر)؟</p> <p>Is there a daily register of the temperature (taken at noon or 2 pm)?</p>
	<p>هل المسئول عن التخزين على دراية بشروط تخزين الوسائل المختلفة لتنظيم الأسرة؟</p> <p>Is the store-in-charge familiar with the recommended storage conditions of the different contraceptives?</p>
	<p>هل المسئول عن التخزين على دراية بالحد الأعلى لدرجات الحرارة التي يتعرض لها المخزن؟</p> <p>Is the store-in-charge aware of maximum temperatures encountered in the store?</p>
	<p>هل يتم الاحتفاظ بسجل المخزون داخل أم خارج منطقة التخزين؟</p> <p>Is the stock register kept inside or outside of the storage area?</p>

5-5: علق على شروط التخزين المذكورة في الجدول التالي

5.5. Comment, in the table below on the storage conditions listed

	هل هو نظيف وخالي من المخلفات؟ Is it clean and free of debris?
	هل هناك ما يشير إلى وجود غزو من قبل الحشرات أو القوارض؟ Is there any indicator of infestation by insects or rodents?
	هل هناك ما يشير إلى تسرب مياه (من السقف أو الجدران أو الأرضية)؟ Is there any evidence of water leakage (ceiling, walls, floors)?
	هل هناك أي وسائل تهوية مثل مراوح الشفط أو مراوح السقف أو نوافذ يمكن فتحها؟ هل النوافذ مغطاة بشبك؟ Is there any ventilation facility such as exhaust fans; ceiling fans; windows that can be opened? Are the windows screened?
	هل هناك إمداد بالتيار الكهربائي للمخزن؟ Is there an electricity supply to the store?
	هل هناك مصابيح أنبوبية أو أي وسائل إنارة؟ Are there tube lights or other lighting facilities?
	هل هناك أكثر من باب دخول؟ Is there more than one access door?
	هل يتم إغلاق المخزن عندما يتم إغلاق المرفق؟ Is the store locked when the facility is closed?
	من يحتفظ بمفتاح المخزن؟ و أين يتم حفظ المفتاح؟ Who keeps the key to the store? Where is it kept?
	هل هناك أي وسيلة لمكافحة الحريق ظاهرة للعيان بجوار أو داخل المخزن؟ Is there any means to fight fire visible near or in proximity to the store?
	هل الوسائل مكدسة بشكل صحيح في المخزن؟ Are the commodities in the store properly stacked: 1- مرتفعة (10 سم) عن سطح الأرض 1. off the ground (10 cm)? 2- مع مساحة (30 سم) بين الحيطان والكميات المكدسة؟ 2. with space (30 cm) between the walls and the stacks? 3- مع لواصق وتواريخ انتهاء ظاهرة للعيان و جهة فتح الكراتين باتجاه الأعلى؟ 3. with labels and expiration dates visible and cartons upright?

الجزء السادس: إدارة المخزون

Part Six: Stock Management

1-6: توفر المنتج بالنسبة لوسائل تنظيم الأسرة: بالنسبة للمواد المذكورة في العمود الذي في جهة يدك اليسرى قم بكتابة إشارة "+" أو إشارة "-" لبيان توفر أو عدم توفر كل صنف منها على حدة

6.1. Product availability for contraceptives: For the items listed in the left hand column, indicate by writing plus "+" or minus "-" whether or not each item is physically present

المنتج Product	متوفر: نعم = +, لا = - Available: Yes=+; No=-
أقراص مايكروجنون Microgynon	
أقراص مايكرونون Micronor	
الأقراص الموضعية الرغوية Vaginal Foaming tablet	
اللوالب IUD	
حقن الديبوبروفيرا Depo Provera	
الغرسات Implants	
الواقى الذكري Male condom	
سرنجات لحقن الديبوبروفيرا Syringes for injection of Depo Provera	

2-6: دقة سجلات المخزون: بالنسبة للمنتجات المذكورة أدناه, سجل العد الفعلي والكميات المبينة في السجلات والفارق بينهما إن وجد

6.2. Stock record accuracy: For the products listed below, record the physical count, the quantities shown by the records, and the difference, if any

المنتج	الجرد الفعلي	الجرد من واقع السجل	الفارق
Product	Physical count	Record Count	Difference
أقراص مايكروجنون Microgynon			
أقراص مايكرونون Micronor			
الأقراص الموضعية المرغوية Vaginal Foaming tablet			
اللوالب IUD			
حقن الديبوبروفيرا Depo Provera			
الغرسات Implants			
الواقعي الذكري Male condom			

3-6: استهلاك وسائل تنظيم الأسرة: بالنسبة للوسائل المذكورة أدناه دون إجمالي الوحدات المصروفة للمستهلكين خلال الثلاثة أشهر الماضية:

6.3. Contraceptive consumption: For the contraceptives listed below, write in the total number of units dispensed to users during the last three whole months

المنتج	الشهر الأول	الشهر الثاني	الشهر الثالث
Product	Month 1	Month 2	Month 3
أقراص مايكروجنون Microgynon			
أقراص مايكرونون Micronor			
الأقراص الموضعية الرغوية Vaginal Foaming tablet			
اللوالب IUD			
حقن الديبوبروفيرا Depo Provera			
الغرسات Implants			
الواقى الذكري Male condom			

4-6: أيام انعدام المخزون: بالنسبة لوسائل تنظيم الأسرة المذكورة أدناه دون الأيام التي انعدم فيها مخزون كل منتج على حدة خلال الستة أشهر الماضية كاملة

6.4. Days out of stock: For the contraceptives listed below, record for each of the last six whole months the number of days that each product was out of stock

المنتج Product	الشهر الأول Month 1	الشهر الثاني Month 2	الشهر الثالث Month 3	الشهر الرابع Month 4	الشهر الخامس Month 5	الشهر السادس Month 6
أقراص مايكروجنون Microgynon						
أقراص مايكرونون Micronor						
الأقراص الموضعية الرغوية Vaginal Foaming tablet						
اللواكب IUD						
حقن الديبوبروفيرا Depo Provera						
الغرسات Implants						
الواقى الذكري Male condom						

6-5: اسأل الموظف المسؤول عن طلب وسائل تنظيم الأسرة عن ما اذا كان لديه دراية بالمصطلحات التالية واكتب إجابته في العمود الأيمن أمام كل مصطلح منها

6.5. Ask the staff member in charge of ordering contraceptives if he is familiar with the following terms and write his answers in the right column behind each term

المصطلح Term	الشرح المذكور من قبل الموظف Explanation provided by staff member
متوسط الاستهلاك الشهري من وسائل تنظيم الأسرة Average Monthly Consumption (AMC)	
مخزون الأمان Safety Stock	
الحد الأعلى للمخزون Minimum level of stock	
الحد الأدنى للمخزون Maximum level of stock	
الطلبية الإسعافية Emergency order	

الجزء السابع: ضبط الجودة

Part Seven: Quality Control

1-7: هل هناك أي إثبات يشير إلى انه يتم إجراء فحص منظم للتأكد من جودة وسائل تنظيم الأسرة المستلمة من نقطة الإمداد؟ (مثلا: محضر فحص ومطابقة أصناف طبية)

7.1. Is there evidence of a systematic check on the quality of contraceptives received from the supply point? (e.g. minute of examining medical items)

[] نعم

[] Yes

[] لا

[] No

2-7: في حالة الإجابة بنعم, هل يتم توثيق ذلك كتابيا ورفعها للجهات العليا؟

7.2. If yes, Is it documented in writing to the higher authorities?

[] نعم

[] Yes

[] لا

[] No

اسأل مدير المخزن عن ما إذا كان لديه دراية عن العلامات التي تشير إلى ان وسائل تنظيم الأسرة قد تعرضت للضرر أو لم تعد صالحة للاستعمال, واكتب إجابته/ إجابتها في العمود الأيمن

7.3. Ask the store manager if he is aware of signs that contraceptives may be damaged or unusable and write his/her answers in the right column

علامات إصابة المنتج أو عدم صلاحية استخدامه Signs that the product may be damaged or unusable	نوع المنتج Type of Product
	الأقراص Pills
	اللواحب IUDS
	الأقراص الرغوية المهبلية Vaginal Foaming Tablets
	الواقى الذكري Condoms
	حقن تنظيم الأسرة Inject able contraceptives

4-7: اسأل عن الإجراء المتبع من قبل مدير المرفق عند وجود وسائل تنظيم اسرة غير صالحة للاستخدام, اكتب الإجابة في الفراغ التالي:

7.4. Ask what course of action the facility manger takes if there are any damaged contraceptives in the store. Write the answer in the box below.

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الجزء الثامن: فحص السجلات والتخمين ورفع التقارير

Part Eight: Analysis of Records, Forecasting and Reporting

8-1: هل الموظف المسؤول عن الطلب أو المسؤول عن رفع التقارير يمارس تخمين حجم الاحتياجات من الوسائل الحديثة لتنظيم الأسرة؟

8.1. Does the staff in charge for ordering or the staff responsible for reporting practice forecasting contraceptive needs?

[] نعم

[] Yes

[] لا

[] No

في حالة الإجابة بنعم، اسأله/اسألها عن الطريقة التي يستخدمها/تستخدمها للتخمين واكتب الإجابة في الفراغ التالي:

If yes, ask him/her to describe the methodology he/she uses to do forecasting and write the answer in the box below:

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8-2: اسأل الشخص المسؤول عن رفع التقارير اذا كان/كانت تعرف مصطلح سنوات الحماية الزوجية Couple Years of Protection (CYP)?

[] نعم، أعرف المصطلح

[] Yes, understands the term

[] لا، لا أعرف المصطلح

[] No, does not understand the term

8-3: في حالة الإجابة بنعم, اطلب منه/منها ذكر القيم/العوامل المستخدمة لتحديد معدل الحماية السنوية للأزواج, اكتب إجابته/إجابتها في الفراغ التالي:

8.3. If yes, ask to describe the values/factors used to determine CYP. Write his/her answer in the box below:

8-4: هل يتم إعداد تقارير ربعية عن الإمداد بوسائل تنظيم الأسرة الحديثة؟

8.4. Are monthly or quarterly or annual reports on contraceptives logistics prepared?

[] نعم

[] Yes

[] لا

[] No

في حالة الإجابة بنعم, ما هي البيانات التي يتم تناولها في التقارير؟

8.4. If yes, which data is reflected in the reports?

[] عدد الزبائن الذين تلقوا الخدمة لكل وسيلة على حدة

[] nos. of clients served by method

[] عدد الوسائل التي تم توزيعها وفقا لكل وسيلة على حدة

[] nos. of contraceptives distributed by method

[] عدد مرات الحماية السنوية للأزواج الناجمة عن توزيع الخدمة والوسائل

[] nos. of CYP generated through the distribution of services and commodities

Part Nine: Complaints

9-1: اسأل المسؤول عن رفع التقارير أو مدير المرفق عن ما إذا كان العاملون في الميدان يرفعون تقارير (خطية أو شفوية) عن شكاوى المستخدمين لوسائل تنظيم الأسرة

9.1. Ask the responsible for reporting or the facility manager if field staff report (verbally or in writing) when recipients/users of contraceptives complain about them?

[] نعم

[] Yes

[] لا

[] No

9-2: اسأل المسؤول عن رفع التقارير أو مدير المرفق عن الكيفية التي يتم بها التحقق من مصداقية هذه التقارير؟ اكتب الإجابة في الفراغ التالي:

9.2. Ask responsible for reporting or the facility manger how these reports documented or validated? Write the answer in the box below:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

9-3: اسأل المسؤول عن رفع التقارير أو مدير المرفق عن الكيفية التي يتم بها التعامل مع هذه الشكاوى؟ اكتب الإجابة في الفراغ التالي:

9.3. Ask responsible for reporting or the facility manger how these complaints are dealt with? Write the answer in the box below:

Write the answer in the box below:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

9-4: هل هناك أي مشاكل غير محلولة فيما يتعلق بالأعراض الجانبية لأي نوع من أنواع الوسائل الحديثة لتنظيم الأسرة؟

9.4. Are there unresolved issues with clients concerning the side effects of any of the contraceptives?

اذكر الجوانب التي لم يتم حلها فيما يتعلق بالمضاعفات الجانبية Describe unresolved issues concerning side effects	المنتج Product

الجزء العاشر: الإشراف

Part Ten: Supervision

10-1: هل أتى أحد ما وقام بعمل إشراف بأسلوب تكون فيه الأسئلة معدة عن المخزن والسجلات والمواضيع المتعلقة بالوسائل الحديثة لتنظيم الأسرة؟

10.1. Does anyone ever come and provide supervision concerning the ways in which requisitions are prepared , store, keep records for, or issue contraceptives?

[] نعم

[] Yes

[] لا

[] No

10-2: في حالة الإجابة بنعم،

10.2. If yes,

من الذي أتى؟ _____

Who comes? _____

كم مرات؟ _____

How often _____

متى كانت آخر زيارة؟ _____

When was the last visit? _____

10-3: هل يوجد لدي المكتب أو المخزن دليل عن الإمداد بوسائل تنظيم الأسرة؟

10.3. Is there a Contraceptive Supply Manual present in the office or store?

[] نعم

[] Yes

[] لا

[] No

10.4. Is the person in charge for storing familiar with this Manual

[] نعم

[] Yes

[] لا

[] No

Part Eleven: Overall Assessment by Researcher

11-1: نرجو موافاتنا بتقييمك العام عن المرافق وعن معارف الموظفين الذين قابلتهم, اكتب الإجابة في الفراغ التالي:

11.1. Please provide your overall assessment of the facility and the knowledge of the staff met. Write your answer in the box below:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

11-2: هل توصي بإخضاع أي من الموظفين الذين قابلتهم للتدريب على نظام الإمداد للوسائل الحديثة لتنظيم الأسرة؟

11.2 Is any of the staff met e recommended for training in contraceptive logistics?

الموظف (اللقب الوظيفي) Staff (Title)	الموصى بتدريبهم Recommended for training	ليس بحاجة إلى تدريب متقدم Further training not necessary

11-3: إذا كان كذلك, ما هي الوظائف الأكثر احتياجا في هذا الجانب من وجهة نظرك؟ يرجى كتابة الإجابة في الفراغ التالي:

11.3. If so, what functions are most needed in your opinion? Please write your answer in the box below.

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Contraceptive Logistics Vocabulary¹

Average Monthly Consumption (AMC)

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.). AMC is calculated as follows:

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

Couple-Years of Protection (CYP)

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.

Safety stock

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.

Minimum level of stock/ Maximum level of Stock

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. They are calculated as follows:

$$\text{Minimum level (expressed in months)} = \text{safety stock (in months)} + \text{lead time (in months)}$$

$$\text{Maximum level (expressed in months)} = \text{Minimum level of stock in months} + \text{order interval (in months)}$$

Maximum quantity of products/ Minimum quantity of products

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. They are calculated as follows:

$$\text{Maximum quantity (numbers of commodities)} = \text{Maximum stock level} \times \text{AMC}$$

$$\text{Minimum quantity (numbers of commodities)} = \text{Minimum stock level} \times \text{AMC}$$

NB: Quantities should always be expressed as individual pieces, not as larger units such as boxes or cartons.

Emergency order

An order placed between regular orders if due to unexpected developments the stock on hand will not last until the next order. The remaining months of supply on hand can be calculated as follows

$$\text{Months of Supply on hand} = \frac{\text{Stock on hand}}{\text{AMC}}$$

Quality check for contraceptives (what to look at?)

-Pills: (visibly damaged pills or packaging, pills missing, brown spots, pills crushing easily)

¹ Adapted from Pocket Guide to Managing Contraceptive Supplies, October 1998, Revised February 2000, CDC and the national logistics manual, intended as a quick reminder for assessment teams

Condoms (packages have yellowed, brittle or otherwise damaged, seal of package not intact)
-IUDs (sterile packaging broken or perforated, any product contents missing- note: copper darkening or tarnishing is not a sign of damage of copper IUDs)
-Injectables (solid material remains on the bottom of the vial after vigorous shaking, cap no longer on the glass vial)

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.

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. 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.

Stock out:

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

Stock on hand

Quantity of products actually available for use in the facility/warehouse

Ordering Quantity

The ordering quantity is the amount of products that has to be ordered, it can be calculated as follows:

Order Quantity=Maximum Quantity -Stock on Hand -Stock on Order

For more information, please visit www.deliver.jsi.com.

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