



**Federal Ministry of Health
Nigeria**

**NIGERIA: CONTRACEPTIVE
LOGISTICS MANAGEMENT SYSTEM
ASSESSMENT REPORT**

OCTOBER 2011



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Nigeria: Contraceptive Logistics Management System Assessment Report

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Abstract

In August 2011, the Federal Ministry of Health (FMOH), with technical assistance from UNFPA and the USAID | DELIVER PROJECT, Task Order 4, conducted an assessment of the performance of the logistics management and supply chain system for contraceptive commodities in Nigeria.

The survey's overall objective was to assess how the logistics systems managed selected contraceptive commodities at public health institutions. This report presents the findings of the assessment as well as recommendations to improve the contraceptive logistics systems in Nigeria.

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Contents

- Abbreviations and Acronyms..... vii
- Foreword..... ix
- Acknowledgments xi
- Executive Summary xiii
 - National-Level Findings xiv
 - Comparison of Data Findings xv
 - Key Recommendations xv
- Background..... 1
- Assessment Purpose and Objectives 3
- Assessment Methodology 5
 - Sampling Framework..... 5
 - Indicator Choice 6
 - Data Collection..... 8
 - Quality Assurance 8
 - Limitations of the Survey 9
- National-Level Findings 11
 - Store and Facility Information 11
 - Stock Status..... 12
 - Logistics System Performance 18
 - Transportation 32
 - Storage Conditions..... 34
 - Commodities Received Outside the CLMS 37
- Comparison of Data Findings 39
 - Stock Status..... 39
 - Logistics Management Information System (LMIS) 40
 - Storage Conditions..... 41
 - Training 41
- Conclusions..... 43
- Recommendations 45
- References 47
- Appendices
 - A. Sampling List 49

B. Indicators	60
C. Team Composition	63
D. Supplementary Tables	65
E. Logistics Indicator Assessment Tool (LIAT).....	67

Figures

1. Availability of Contraceptive Products on the Day of Visit by Facility.....	13
2. Availability of Contraceptives on the Day of Visit at Stores at the Urban and Rural Levels.....	14
3. Availability of Contraceptives on the Day of Visit at SDPs at the Urban and Rural Levels.....	14
4. Percentage of Facilities Stocked Out of Contraceptive in the Past Six Months	15
5. Percentage of Facilities Stocked Out of Contraceptives in the Past Six Months at the Urban and Rural Levels.....	16
6. Percentage of Facilities Stocking below Minimum Levels.....	17
7. Percentage of Facility Personnel Trained in CLMS at the Urban and Rural Levels.....	18
8. Percentage of Personnel Trained in CLMS by Type of Training.....	19
9. Use of CLMS Forms by Facility Type	21
10. Percentage of Stores that Received RIFs and RIRFs in the Last Reporting Period by Urban and Rural	23
11. Percentage of Facilities Placing an Emergency Order in the Previous Six Months	24
12. Percentage of Facilities with Complete and Accurate RIFs and RIRFs	25
13. Percentage of Facilities with Complete and Accurate RIFs and RIRFs	25
14. Percentage of Records with Matching and Near-Matching Balance Entries on CLMS Forms and Stockcards.....	26
15. Percentage of Facilities with Orders Filled as Requested by Commodity Type.....	27
16. Order Fill Rates with More Than and Less Than Requested Quantities	28
17. Percentage of Facilities Reporting Receiving Supervision.....	29
18. Who Conducted Last Supervision Visit	30
19. Time Period of Supervisory Visit by Stores within the Last 6 Months (n = 118)	31
20. Percentage of Facilities Charging Fees for Implants and Injectables.....	32
21. Method of Commodity Transportation at the Urban and Rural Levels.....	33
22. Distribution Costs Covered by Cost Recovery Bank Accounts for Remainder of Year.....	34
23. Percentage of Facilities Meeting Acceptable Storage Conditions	35
24. Percentage of Facilities that Meet Acceptable Storage Conditions at the Urban and Rural Levels.....	36
25. Percentage of Facilities Meeting Individual Storage Conditions.....	37
26. Types of Contraceptives Received from Outside of the CLMS.....	38
27. Availability of Contraceptives on the Day of Visit by Facility—2002–2011 Comparison	39
28. Percentage of Facilities with Stockcards Available by Product—2002–2011 Comparison.....	40
29. Percentage of Facilities with Stockcards Updated by Product—2002–2011 Comparison	40
30. Percentage of Facilities Adhering to Storage Guidelines—2002–2011 Comparison	41
31. Percentage of Personnel Trained in CLMS—2002–2011 Comparison.....	42

Tables

1. Nigeria 2011 LIAT Sample	6
2. List of Indicators	7
3. Distribution of Facilities Assessed during the Survey.....	12
4. Average Frequency and Number of Days of Stockouts of Contraceptive Products in the Previous Six Months (February–July 2011).....	16
5. Percentage of Facilities with Stockcards Available and Updated by Commodity.....	20
6. Percentage of Facilities with Accurate and Near-Accurate Balance Entries on Stockcards	20
7. CLMS Reporting and Ordering Cycle by Level.....	21
8. Last Period Order and Reporting Forms Were Submitted to Higher Level.....	22
9. Percentage of Facilities with Matching and Near-Matching Balance Entries on CLMS Forms and Stockcards	26
10. Responsibility for Transporting Products to Facility.....	32

Supplemental Tables

D1. Management of Contraceptive Products by Facility Type	65
D2. Percentage of Facilities with Stockcards Available and Updated by Product at the Urban and Rural Levels.....	65

Abbreviations and Acronyms

CCW	Central Contraceptive Warehouse
CIDA	Canadian International Development Agency
CLMS	Contraceptive Logistics Management System
CPR	contraceptive prevalence rate
DCR	daily consumption record
DFID	Department for International Development (UK)
FCT	Federal Capital Territory
FEFO	first-to-expire, first-out
FMOH	Federal Ministry of Health
FP	family planning
GoN	Government of Nigeria
ICPD	Cairo International Conference on Population and Development
IUCD	intrauterine contraceptive device
LGA	local government area
LIAT	Logistics Indicators Assessment Tool
LMIS	logistics management information system
LSAT	Logistics System Assessment Tool
MCH	maternal and child health
MDGs	Millennium Development Goals
MMR	maternal mortality rate
NDHS	National Demographic Health Survey
NGO	nongovernmental organization
NPC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
PHC	primary health care
PPFN	Planned Parenthood Federation of Nigeria
RH	reproductive health
RHCS	reproductive health commodity security
RIF	Requisition and Issue Form

RIRF	Requisition, Issue, and Report Form
SDP	service delivery point
SDR	Store Distribution Report
SMOH	State Ministry of Health
SOP	standard operating procedure
SPARHCs	Strategic Pathway to Reproductive Health Comorbidity Security
STI	sexually transmitted infection
TFR	total fertility rate
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development

Foreword

The conduct of the Logistics Indicator Assessment in Nigeria was made possible by the collaboration efforts of the Department of Family Health, Federal Ministry of Health, State Ministries of Health, USAID | DELIVER PROJECT and UNFPA.

The Department of Family Health, Federal Ministry of Health would like to extend its profound gratitude and thanks to individuals who contributed in diverse ways to the success of the assessment.

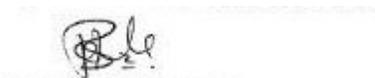
Special thanks goes to USAID | DELIVER PROJECT and UNFPA for their commitment and financial assistance. We appreciate their unalloyed support.

In the same vein, I wish to express my sincere gratitude to all State Family Planning Coordinators, Local Government Areas Maternal and Child Health (MCH) Supervisors, Store Personnel and all Service Providers who participated in the assessment exercise.

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Finally, our special thanks goes to the staff of the Department of Family Health, Reproductive Health Division, especially Head RH Dr. Bose Adeninran and her team for the leadership and commitment demonstrated during the conduct of the assessment.

It is my fervent hope that the result of this assessment will contribute to improving the Reproductive Health Commodities Security situation in Nigeria.



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Thanks also go to all of the stakeholders for sharing the valuable information, opinions, and perspectives that went into informing the assessment, and for showing us around their facilities.

Finally thank you to U.S Agency for International Development (USAID) for its continuous support and assistance.

We hope that this report will contribute to improving the reproductive health commodity security situation in Nigeria.

Executive Summary

According to the 2006 National Census, the population of Nigeria was 140.4 million (National Population Commission [NPC], 2006). With a population growth rate of 2.9 percent, the population is likely to double its 2006 count within 24 years. According to the 2008 National Demographic Health Survey (NDHS), the total fertility rate (TFR) is 5.2 children per woman (NDHS, 2008). The male-to-female ratio is about equal, with females making up 49.2 percent of the population. Forty-nine percent of the population is in the 10- to 24-year-old bracket, while 44 percent of Nigerians are younger than 15 years old. By 2008, the Federal Republic of Nigeria population became an estimated 148 million (NDHS, 2008). The high fertility rate, in addition to a large proportion of the population who are in or about to enter their reproductive years, underlines the need for effective population management.

The Federal Ministry of Health (FMOH) recognizes the vital place of contraceptive commodity security in the GoN's work toward reducing maternal mortality. Nigeria was one of the first countries to embrace and buy into the Reproductive Health Commodity Security (RHCS) process in 2001. In 2002, the FMOH conducted with technical assistance from the United Nations Population Fund (UNFPA) and USAID | DELIVER PROJECT, the first Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) assessment and subsequently developed an RHCS Strategic Plan (2003–2007). A second RHCS Situation Analysis was conducted in 2008. As a result, a follow-on plan for the five-year period of 2011–2015 with costed interventions and activities was developed. This policy also documents the new free to user contraceptives policy announced by the FMOH as part of its free Maternal and Child Health (MCH) strategy.

A number of significant changes in the contraceptive logistics management system (CLMS) have occurred since 2008. Contraceptives are *now* currently provided as part of the national health insurance package. Additionally, the funds generated from cost recovery originally designed to cover transportation for the local government areas (LGAs) and service delivery points (SDPs) to pick up contraceptives are no longer available to these cadres of service providers as contraceptives have been declared free to users. Development and implementation of strategies to provide alternate funding sources for distribution of contraceptives at these levels are still a work in progress. Also for the first time, a threefold increase in the quantities (from US\$2 million to US \$6.5 million worth of contraceptives) procured and distributed occurred in 2010–2011.

This 2011 logistics indicators assessment serves as a follow-up to the 2002, 2005, and 2007 assessments. It provides a comprehensive picture of the current status of the CLMS at all levels of the system. The specific objectives of the assessment were to accomplish the following:

Evaluate the progress made toward the goal of increased product availability and improved logistics practices since the 2007 assessment.

Provide current information on key logistics performance indicators and commodity management practices to inform recommendations that will improve commodity availability.

National-level findings are presented for the 2011 assessment. For some indicators, the analysis is segregated into stores and service delivery points (SDPs) to provide more comprehensive information about the elements of the system, and/or site location (i.e., rural and urban areas) to

identify influences of locale. Additionally, key indicators are compared with those of the 2002, 2005, and 2007 assessments.

National-Level Findings

The indicators used to assess stock status confirmed that contraceptive availability on the day of the visit, as well as in the six months preceding the survey, was relatively high for most contraceptives. However some degree of variability existed within the type of contraceptive and locale. Depo-Provera[®], intrauterine contraceptive devices (IUCDs), Microgynon, and Noristerat were the most widely available contraceptive methods, with more than 80 percent of the stores and SDPs that manage the products having them in stock, while only 65 percent of facilities had available supplies of female condoms. Contraceptives also were consistently more available in urban areas where availability at urban SDPs ranged from 71 to 95 percent, while it ranged between 43 to 84 percent at rural SDPs. Based on updated stockcards, contraceptives were generally available in stores and SDPs during the six months leading up to the survey, with about 30 percent and 40 percent of SDPs and stores, respectively, stocked out of contraceptives. However the average duration for all common short-term methods lasted more than two and a half months. Survey findings also indicate that most contraceptives are in or approaching undersupply at facilities.

National coverage of trained personnel is very high, although slightly skewed toward commodity managers at stores. While most were trained during a formal CLMS exercise, the majority of these occurred over two years ago. In both urban and rural settings, stockcard availability to record and report key logistic data was mediocre as well as timely filing of the available stockcards. Additionally the survey found inconsistent and a lack of routine use of the CLMS reporting forms (the Report and Issue Form [RIF] and the Report and Issue Report Form [RIRF]), with minimal difference between locale or facility type. Because a relatively high percentage of both store and SDP personnel have been trained in the CLMS, the lower percentage of updated cards, use of CLMS forms, and timely reporting could indicate either a gap in the application of knowledge from training to practice or other constraints on facility personnel.

Despite the lack of available and accurate records, results indicate that most personnel are following inventory control procedure when reordering products. Few facilities reported placing an emergency order in the six months leading up to the survey. Additionally, order fill rates appear to be good, with approximately 75 percent of orders at all facilities filled as requested.

Supervision, an important means of reinforcing formal training and tracking the performance of the logistics system, was also inadequate. Almost one-third of facilities had never received a supervision visit, with no significant differences between urban and rural facilities, while almost 30 percent of store managers reported not conducting any supervisory visit in the six months prior to the survey. In addition, of the store managers who did conduct a visit, only 28 percent reported using a supervision checklist during their last visit, and only half of these actually could be verified. The lack of supervisory visits, particularly within the three months prior to the survey, could help account for the fact that over 20 percent of facilities still reported charging for injectables despite the FMOH policy as of April 2011 to provide free contraceptives.

Transportation remains a critical weak element in the system. The majority of facilities report collecting their stocks from the level above them using public transportation. The burden is therefore placed on the staff at the facility level to collect product when they are making routine visits to the LGA, and resupply levels are dependent on carrying capacity. With loss of cost recovery through the removal of user fees, a number of states are at risk of not having sufficient budget to

fund transportation. Without such funding, ruptures in stock are likely if these visits do not take place for regular meetings. In addition, although the value of contraceptives is not as high as other commodities, additional risks exist with regard to potential theft and security of the commodities in the more insecure environment of public transportation.

Storage conditions in general were high for all facilities, with more than three-fifths of both stores and SDPs meeting acceptable or excellent storage conditions. When disaggregated by setting, however, almost 50 percent of rural-level facilities had unacceptable storage conditions, a significant difference compared to facilities in urban areas, where over 60 percent were acceptable or excellent. The most commonly cited poor condition included non-availability of fire extinguishers, products not arranged with visible labels and date, and lack of organizational procedures such as first to expire, first out (FEFO).

Comparison of Data Findings

Comparisons were made for Bauchi, Edo, Enugu, Oyo, and Sokoto, as these states were common to the sampled sites of the 2002, 2005, 2007 and 2011 Logistics Indicators Assessment Tools.

No clear-cut trends exist with respect to contraceptive availability on the day of the visit. Stock availability increased from 2002 to 2005 but decreased in 2007. In 2011, availability was at the same level as or greater than in 2005. The most significant jumps in contraceptive availability were made from 2002 to 2005, which may have been due to intensive activities related to the improvement of the CLMS and seed stock distribution. In addition, although there was a clear trend of improvement in stockcard availability between 2002 and 2007 for six products, this declined significantly between 2007 and 2011. However, despite the decrease in availability, a clear upward trend exists in the percentage of facilities maintaining updated stockcards, with over 80 percent of the facilities having updated stockcards for almost all products. In addition, the positive trends seen in training and proper storage conditions between 2002 through 2007 declined between 2007 and 2011.

Key Recommendations

Base on finding key recommendations include:

Strengthen CLMS and ensure minimum stock levels at all levels.

To prevent and reduce the length of stockouts, minimum stock levels must be maintained beginning at the central level down to the state and LGA stores. The FMOH should ensure that ordered commodities are distributed to the states in line with the distribution calendar, and implementers at all levels should adhere strictly to the contraceptive logistics management system (CLMS) ordering guidelines.

Computerization of the logistics management information system (LMIS) should exist at central and state levels to ensure prompt response and efficient management of commodities.

Advocacy to policymakers should exist at all levels for support for printing and distributing LMIS forms and other management tools.

Improve training opportunities and supportive supervision.

Incorporate supply chain management as part of preservice training at universities and as part of family planning (FP) training.

Training with a focus at the SDP level on inventory control and reporting procedures. To strengthen SDP staff skills in proper logistics management, to improve use and completion of RIRFs/RIFs, and to report and order on time, targeted training should be provided. This training will also help SDP-level staff to improve their ability to keep up-to-date and accurate stockcards (daily consumption records [DCRs]).

Budget for refresher training with an emphasis on training staff in rural facilities is needed at the central level to maintain the logistics management and FP skills of health workers.

Reinforce supervision across all levels. A lack of supervision exists, and this lack is a key juncture where the application of learned materials can and should be reinforced. Both the quality and frequency of supervision should be addressed. Supportive supervisory visits should, therefore, be intensified at all levels according to the supervision plan and include logistics management as part of supervision for FP products. Additionally, with the elimination of the cost recovery system, supervision visits should ensure that staff, as well as clients, are aware of the new policy. Displaying this policy at health facilities would also help spread the information to clients.

Use scheduled meetings, such as the FP coordinators' conference, to update staff; provide refresher training; and share lessons learned to strengthen and reinforce the standard operating procedures (SOPs) of the CLMS.

Include a budget line for transportation costs.

Transportation challenges remain a major contributing factor to breakdowns in the supply chain. The lack of a transport budget and ending the cost recovery system mean that facilities do not have the financial means to pay for transport to pick up product from the LGA. Instead, SDP staff must pick up product when they make routine management visits to the LGA. When this does not happen, commodities simply will not always arrive at the facilities when needed. This is compounded by the inability of staff to leave the facility and the distance to supply centers, especially for rural facilities. The very small volume of products being handled also means there is a reliance on cheaper public transportation, which also creates security and theft concerns. States and LGAs need to identify ways of combining contraceptive deliveries with those scheduled by other programs. Because of the user-fee-free policy, the FMOH should emphasize and direct states and LGAs to allocate funds in their budgets for supervision of the CLMS and transportation costs to pick up or deliver contraceptives (if they are not integrated into other existing supply chains). Additionally, transport budgets should include a mechanism for reimbursing staff travel from the SDP.

Background

According to the 2006 National Census, the population of Nigeria was 140.4 million (National Population Commission [NPC], 2006). With a population growth rate of 2.9 percent, the population is likely to double its 2006 count within 24 years. According to the 2008 National Demographic Health Survey (NDHS) the total fertility rate (TFR) is 5.2 children per woman (NDHS, 2008). The male-to-female ratio is about equal, with females making up 49.2 percent of the population. Forty-nine percent of the population is in the 10- to 24-year-old bracket, while 44 percent of Nigerians are younger than 15 years old. By 2008, the Federal Republic of Nigeria population became an estimated 148 million (NDHS, 2008). The high fertility rate, in addition to a large proportion of the population who are in or about to enter their reproductive years, underlines the need for effective population management.

In response, the Government of Nigeria (GoN) is guided by a National Population Policy that strives to achieve sustainable development and a higher quality of life for all of its citizens. A key goal of the National Population Policy (NPC and ORC Macro, 2004) is improved reproductive health for all Nigerians at every stage of their life cycle. Relevant targets set to track progress toward the goals of the policy include increasing the modern contraceptive prevalence rate (CPR) by at least two percentage points per year and reducing the maternal mortality ratio to 125 per 100,000 live births by 2010 and 75 by 2015.

Similarly, the GoN's overall health policies highlight the country's drive toward improving its health and development indicators (The National Strategic Health Development Plan 2010–2015). Nigeria has ratified and is working toward the Millennium Development Goals (MDGs). Of particular relevance is the maternal mortality ratio target of 250/100,000 live births by 2015. Some progress has been made toward this target; the 2008 NDHS places Nigeria's maternal mortality ration (MMR) at 545 per 100,000 live births, down from 800 per 100,000 live births.

The Federal Ministry of Health (FMOH) recognizes the vital place of contraceptive commodity security in the GoN's work toward reducing maternal mortality. Nigeria was one of the first countries to embrace and buy into the reproductive health commodity security (RHCS) process in 2001. In 2002, the FMOH, with technical assistance from the UNFPA and USAID | DELIVER PROJECT, conducted the first Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) assessment and subsequently developed an RHCS Strategic Plan (2003–2007). An RHCS Situation Analysis was conducted in 2008. As a result, a follow-on plan for the five-year period of 2011–2015 with costed interventions and activities was developed. This policy also documents the new free to user contraceptives policy announced by the FMOH as part of its free Maternal and Child Health (MCH) strategy.

The FMOH has historically tracked the availability of contraceptives at public sector family planning SDPs as a measure of its work toward RHCS. To this end, the FMOH has conducted regular evaluations of contraceptive availability at public sector facilities. This Contraceptive Logistics Management System (CLMS) assessment is the fourth in the series, which were conducted in 2002, 2005, 2007, and now in 2011.

The 2011 assessment, using the Logistics Indicator Assessment Tool (LIAT), is especially important since a number of significant changes in the CLMS have occurred since 2008. Contraceptives are *now* provided as part of the national health insurance package. Additionally, the funds generated from cost recovery, originally designed to cover transportation for LGAs and SDPs to pick up contraceptives, are now no longer available to these cadres of service providers as contraceptives have been declared free to users. Development and implementation of strategies to provide alternate funding sources for distribution of contraceptives at these levels are still a work in progress. Also for the first time, a threefold increase in the quantities (from US \$2 million to US\$6.5 million worth of contraceptives) procured and distributed occurred in 2010–2011.

To ensure adequate contraceptives supplies, the FMOH, working with its partners, has developed a robust multi-year contraceptives forecast. This was used to develop a funding gap analysis, which provided key evidence for successful advocacy to increase funding for public sector contraceptives in 2010. For the first time ever, the UK Department for International Development (DFID) donated US\$4.5 million worth of contraceptives to the GoN public sector FP program. In 2011, the Nigerian government began to invest in FP commodities for the first time. Using MDG funds initiated by the Office of the Presidency/MDGs, the GoN has taken a first step—a commitment of about US\$3 million for 2011. This in addition to the annual UNFPA’s US\$2 million donation of contraceptives, US\$1.2 million from Canada’s CIDA, and another US\$4.5 million from DFID.

Although the streamlined CLMS was adopted nationwide in 2008, following its successful piloting in three states, not all states have rolled out this system. The system has four levels—the federal or central level, the state, and the LGA and SDP levels. Every two months, SDPs submit their RIRFs to their LGA Coordinators and pick up commodities as needed. The forms provide reports on their stock status and requisition for commodities to stock up to their maximum stock level of four months of stock. LGA MCH Coordinators submit their Requisition, Issue, and Report Forms (RIRFs) and pick up their commodities every quarter. The FMOH distributes contraceptives to state stores every four months based on RIRFs from state FP coordinators.

Working with its partners, the FMOH procures UNFPA services and stores these commodities at the Central Contraceptive Warehouse (CCW). The 2011 Nigeria CLMS LIAT-based assessment provides insight into stock availability and progress toward RHCS as well as performance of the system amid important changes in the implementation environment

Assessment Purpose and Objectives

The 2011 assessment serves as a follow-up to the 2002, 2005, and 2007 assessments. It provides a comprehensive picture of the current status of the Contraceptive Logistics Management System (CLMS) at all levels of the system.

The purpose of the assessment was to gather current information on national stock status of all contraceptive commodities at the facility level and to identify current commodity management practices throughout the system. The information was also used to inform recommendations to improve both commodity availability and the current state of the CLMS.

The specific objectives of the assessment were to accomplish the following:

Evaluate the progress made toward the goal of increased product availability and improved logistics practices since the 2007 assessment.

Provide current information on key logistics performance indicators and commodity management practices to inform recommendations that will improve commodity availability.

The assessment will provide national program planners and managers, particularly the Federal Ministry of Health, the U.S. Agency for International Development, and the United Nations Population Fund, with information to improve the functioning of the overall system and to continue to measure progress of the system over time.

Assessment Methodology

The primary tool used in the assessment was the Logistics Indicators Assessment Tool (LIAT). The LIAT assesses health commodity system performance and commodity availability at health facilities and provides stakeholders with up-to-date information on the current operating systems for contraceptive commodities management. The study collected quantitative information on the CLMS and assessed (a) the performance of the logistics system that manages family planning (FP) and reproductive health (RH) commodities; (b) individuals' knowledge and understanding of the system at each level of the system; and (c) the availability of nine FP commodities: female condom, male condom, Depo-Provera[®], Exluton/Microlut, intrauterine contraceptive device (IUCD), Microgynon, Noristerat, Implanon, and Jadelle.

To collect information from all levels of facilities in the system, the study assessed specific activities, such as ordering and issuing, reporting, monitoring and supervision, and maintaining storage conditions. The instrument was adapted for the Nigerian CLMS system and was further revised with input from data collectors during the training period and following a pilot test. The final instrument is included in Appendix E.

Data were collected through direct observations, conducting physical inventory, and interviews with the principal person managing contraceptives at the facility. To help ensure entrance into the facilities, a letter from the FMOH was circulated to each state primary health care (PHC) Director. Copies of the letter were also given to each team to present at the facilities. In addition, as much as possible, visits to facilities were scheduled in advance.

Sampling Framework

A decision was made to use a sample size and structure similar to the one used for the 2007 CLMS assessment. Therefore all eleven states (Abia, Adamawa, Akwa-Ibom, Bauchi, Edo, Enugu, Kano, Kwara, Lagos, Nasarawa, Ogun, Oyo, and Sokoto) were included. In 2007, the selection of participatory states was guided by the decision to have two states from each of the six geopolitical zones in Nigeria plus Lagos because of the influence of the Federal Government and their high metropolitan nature, respectively.¹ The states of each zone were stratified based on their sociocultural similarities and the level of CLMS reporting from these states. CLMS reporting was stratified to reflect the selection in each geopolitical zone for one performing and one nonperforming state. The final selection included the nine states that were previously assessed in 2005 for the purposes of matching and trend analysis, as well as four additional states.

A fully randomized sampling procedure could not be used to select health care facilities due to the enormous number of facilities in the country and a need to focus the survey on sites providing reproductive health services. Using a similar sampling structure to the 2007 survey, a total number of 235 health facilities and 114 local government area (LGA) stores were selected, with 36 health facilities selected in each geopolitical zone and approximately nine LGA stores per state. The sample also included all state stores (13) and the central medical store in Lagos, bringing the total sample

¹ FCT was initially part of the sample frame but was removed to avoid any bias as pilot testing took place in many (~15) FCT sites.

size to 363 facilities. For a complete sampling list, please refer to Appendix A. (See Table 1 for a partial sample.)²

For cost-effectiveness and time management, LGAs and health facilities that were contiguous were selected. The Federal Ministry of Health (FMOH) selected the LGAs and health facilities (listed in Appendix A) to minimize possible bias if the State Ministry of Health (SMOH) had made the selections.

Table 1. Nigeria 2011 LIAT Sample

Zone	State	No. of (State) Stores	No. of Health Facilities Selected	No. of LGA Selected
				(LGA Stores)
SOUTH WEST	Ogun	1	18	9
	Oyo	1	18	9
SOUTH- SOUTH	Akwa Ibom	1	17	8
	Edo	1	19	9
SOUTH EAST	Abia	1	25	12
	Enugu	1	11	6
NORTH EAST	Adamawa	1	15	7
	Bauchi	1	21	10
NORTH CENTRAL	Kwara	1	18	9
	Nasarawa	1	18	9
NORTH WEST	Sokoto	1	18	9
	Kano	1	18	8
OTHER	Lagos	1	19	9
	CMS	1	n/a	n/a
TOTAL State Stores/CMS		14	235	114
Total Study Sample				363

Indicator Choice

A set of standard indicators was selected to include those measured in 2002, 2005, and 2007 as well as additional indicators to provide a broader measurement of stock status and operating systems. This expansion of indicators allows for comparability with 2007 results and provides stakeholders with comprehensive information regarding the current situation. Table 2 lists select indicators, and Appendix B lists a full set of indicators.

² Due to ongoing strikes in Adamawa, the FMOH, in consultation with state FP coordinators, determined that it would not be feasible to visit the facilities or interview stock managers as facilities were closed thereby removing the state from the study sample. Due to timing of the action (i.e., days before the start of the data collection), it was not possible to select an alternative state or facilities. Consequently, the total sample size was reduced to 220 health facilities, 107 LGAs, and 12 state stores plus the CMS.

Table 2. List of Indicators

Indicators	Data Source(s)
Stock Status	
Availability of contraceptive methods on the day of visit	Stockcard records, respondent, and physical inventory
Percentage of facilities stocked out of products in the previous six months	Stockcard records, respondent, and physical inventory
Average number of days a product was stocked out in the previous six months	Stockcard records, respondent, and physical inventory
Average frequency of stockouts of a product in the previous six months	Stockcard records, respondent, and physical inventory
Percentage of facilities with stock below the minimum level	Stockcard records and physical inventory
Logistics Management Information System	
Percentage of facility personnel trained in CLMS	Respondent
Percentage of facilities with stockcards available and updated by product	Presence of stockcards and evidence of use in facilities and stores
Percentage of facilities with accurate stock balances on stockcards	Comparison of stockcard balance and physical inventory count
Reporting	
Percentage of stores that reported sending reports to higher level	Respondent
Percentage of reports that are complete and accurate	Presence of RIF/RIRF reports and evidence of proper use
Inventory Control	
Percentage of facilities with stocks below minimum stock levels	Updated stockcard
Percentage of facilities that had to place an emergency order	Respondent
Recordkeeping	
Percentage of facilities with complete and accurate RIFs or RIRFs	Evidence of proper use
Percentage of SDPs with updated daily consumption records	Evidence of proper use
Percentage of stores with updated tally cards from the past six months	Evidence of proper use
Supervision	
Percentage of stores conducting supervisory visits using the supervision checklist	Respondent
Percentage of facilities that report receiving supervision visits	Respondent
Transportation	

Indicators	Data Source(s)
Percentage of stores/SDPs reporting they collected contraceptives for their facilities	Respondent
Method of transportation used	Respondent
Storage	
Percentage of facilities that maintain acceptable storage conditions	Visual observation
Conditions	Visual observation

Note: CLMS = contraceptive logistics management system; RIFs = Requisition and Issue Forms; RIRFs = Requisition and Issue Report Forms; SDPs = service delivery points; SDRs = Store Distribution Reports.

Data Collection

Data were collected using Nokia E63 mobile smart phones and the EpiSurveyor mobile program, a mobile application designed by DataDyne that facilitates transfer of data through pre-sent forms on smart phones and enables transmission of data from the phones directly to the Internet. Data collectors also used a supplemental paper-based tool to record any notes for the facilities.

Prior to the start of the survey, 25 data collectors plus supervisors participated in a five-day training course in Abuja, Federal Capital Territory (FCT), on the use of the assessment tool and EpiSurveyor. The orientation included a discussion of data collection guidelines to (a) identify the types of information to be gathered; (b) standardize the data collection process; and (c) promote comparability of results. Participants received a comprehensive set of guidelines on implementing field work, tips for data collection, instructions on phone use, instructions for the LIAT forms, and additional job aids to use as reference guides while in the field.

All data collectors participated in a one-day pilot test that was conducted in five health facilities and one hospital in FCT, Abuja, to allow data collectors to experience practical application of the tool and to identify any additional modifications to the tool that would improve data collection. The changes participants identified during the training and pilot tests were incorporated into the final version of the tool.

Field work consists of 12 teams (two to three people per team) comprising individuals from the FMOH, the State Ministry of Health (SMOH), and the USAID | DELIVER PROJECT. Data collection took place in August 2011, with each team spending two to three weeks in the field, depending on the number of assigned facilities. Appendix C has a complete list of data collectors.

Quality Assurance

Several methods were used to ensure quality adherence throughout the assessment process. As the data collection instrument was electronic-based, skip patterns were programmed into each form to help ensure that applicable questions were answered. Additionally, wherever possible, data encoding to require a response before proceeding to the next question and predetermined responses to questions were included. The tool was also reviewed prior to the training to ensure that questions were suitably adapted for the Nigeria context and modified again following a pilot test and input from data collectors during the training. Data collectors also participated in a five-day training

course prior to field work so that they were fully versed in the questions and sources of data for each form.

Field work was also organized in a systematic way to ensure quality and accuracy of data. Each member of the team was responsible for completing each form on his or her respective phones. Prior to leaving the facilities, the teammates compared each other's answers for accuracy and data quality. Following the review, one person was responsible for submitting all of the forms that were completed at that facility.

Records are uploaded directly from the smart phones to the web-based EpiSurveyor database, where Abuja-based staff inventoried and cleaned the records daily throughout the data collection period. Feedback and clarification of forms were provided to each of the teams on a regular, ongoing basis. In situations where inconsistencies were found in the data that could not be clarified immediately via their notes, the data collection team returned to the facilities to correct the records. In addition, the data validation team called 10–20 percent of the facilities in each state to validate responses and ensure accuracy.

While using mobile phones for data collection circumvented the data entry process, some problems were anticipated, including the receipt of duplicate records for facilities as well as issues with sending records over the network in areas with poor mobile phone connectivity. To resolve such issues, the Abuja-based staff developed steps to sort out duplication of records, while data collectors have been instructed to store records on their phones until they reach an area with better connectivity. In a few situations, data were downloaded from the phone onto a computer, and then uploaded through the Internet.

Limitations of the Survey

The survey has several limitations:

- Between the baseline and midterm survey tools, only a few questions remained the same. Although those questions were maintained in the 2007 and 2011 survey tool, direct comparisons could be made on only a few indicators.
- An updated comprehensive list of facilities offering FP services was not available when the sampling frame was being designed. As a result, some sites that had suspended FP services were still included in the sample. Attempts were made to keep replacement sites within original parameters, but some variation may have resulted.
- Access to 3G network services for data transmission was limited, so feedback to data collectors was slightly delayed.
- Access roads to facilities, especially in rural areas and in the rainy season, posed some challenges. In addition, security concerns in Abia, as well as ongoing strikes in Adamawa, prevented access to some facilities.
- Data collectors were involved in operating the system, so some level of subjectivity is likely.

National-Level Findings

Analysis and findings in this study are presented within two broad categories:

- national-level findings.
- comparison of 2002, 2005, 2007, and 2011 LIAT³ assessment results.

The national aggregate findings present data on indicators measuring stock status and logistics system performance from all sites that manage contraceptives throughout the 12 states in the sample. For some indicators, the analysis is segregated into stores and service delivery points (SDPs) to provide more comprehensive information about the elements of the system and/or site location (i.e., rural and urban areas) to identify influences of locale.

The comparison findings present data on key indicators that have been consistently used in all three assessments to provide a portrait of changes over time in the system. The comparison analysis includes only those five states that were included in the 2002 assessment.

Store and Facility Information

A total of 334 facilities (118 stores and 216 SDPs) were visited during this assessment, 174 of which were urban-based facilities (74 stores and 100 SDPs), and 160 were rural-based (44 stores and 116 SDPs).³ Although all the facilities in the sample were listed in the FMOH database as providing FP services, and all efforts were made to replace non-providing sites, the survey revealed that two stores and seven SDPs were not managing any of the nine products being assessed (i.e., female condom, male condom, Depo-Provera[®], Exluton/Microlut, IUCD, Microgynon, Noristerat, Implanon, and Jadelle). Additionally, stock information was missing from one SDP so it is unknown whether that SDP managed FP products.

On average, of the 327 facilities carrying products, most stores managed 6.8 of the nine products while SDPs generally stocked 5.9 (see Table 3).

³ As mentioned earlier, eight stores and 15 SDPs in Adamawa were removed from the sample prior to the start of the study. In addition, four SDPs in Abia, one LGA store in Enugu, and one LGA store in Kano could not be visited. In addition, 25 facilities were replaced due to lack of accessibility or prior knowledge that FP services were not provided.

Table 3. Distribution of Facilities Assessed during the Survey

State	Stores (LGA and State)			SDPs		
	Total Number of Facilities Assessed	Number of Facilities Providing FP Services	Average Number of Products Managed at Facilities	Total Number of Facilities Assessed	Number of Facilities Providing FP Services	Average Number of Products Managed at Facilities ²
Abia	13	13	6.4	21	19*	5.8
Akwa-Ibom	9	9	6.4	17	17	5.9
Bauchi	11	11	6.8	21	21	5.2
Edo	10	10	7.0	19	17	5.2
Enugu	6	6	7.2	11	11	6.7
Kano	8	8	6.6	18	18	5.8
Kwara	10	10	6.9	18	18	6.7
Lagos	11	11	7.5	19	19	7.2
Nasarawa	10	10	7.2	18	17	5.7
Ogun	10	10	7.2	18	18	6.2
Oyo	10	9	6.9	18	17	5.1
Sokoto	10	10	5.7	18	18	5.4
Total Facilities	118	117	6.8	216	210*	5.9

Note:

²Average number of products of those facilities providing services.

*Stock information was not collected correctly from one facility in Abia, so it is unknown whether that SDP provided FP services.

More than 90 percent of all stores managed the more popular contraceptives, including male condoms; both brands of injectables; Depo-Provera[®] and Noristerat; and all three brands of oral contraceptives⁴. Over 80 percent of stores managed IUCDs and more than 70 percent managed female condoms. The two outliers were Implanon and Jadelle; just over 20 percent of stores managed these products. SDP management patterns were roughly the same, with more than 90 percent managing both brands of injectables, and more than 80 percent managing the three pill brands and male condoms. Just over 50 percent of SDPs managed female condoms and IUCDs. However, only 13 percent managed Implanon, and 11 percent managed Jadelle.

Please refer to Appendix D for more detailed information on the management of contraceptive products by facility type (table D1).

Stock Status

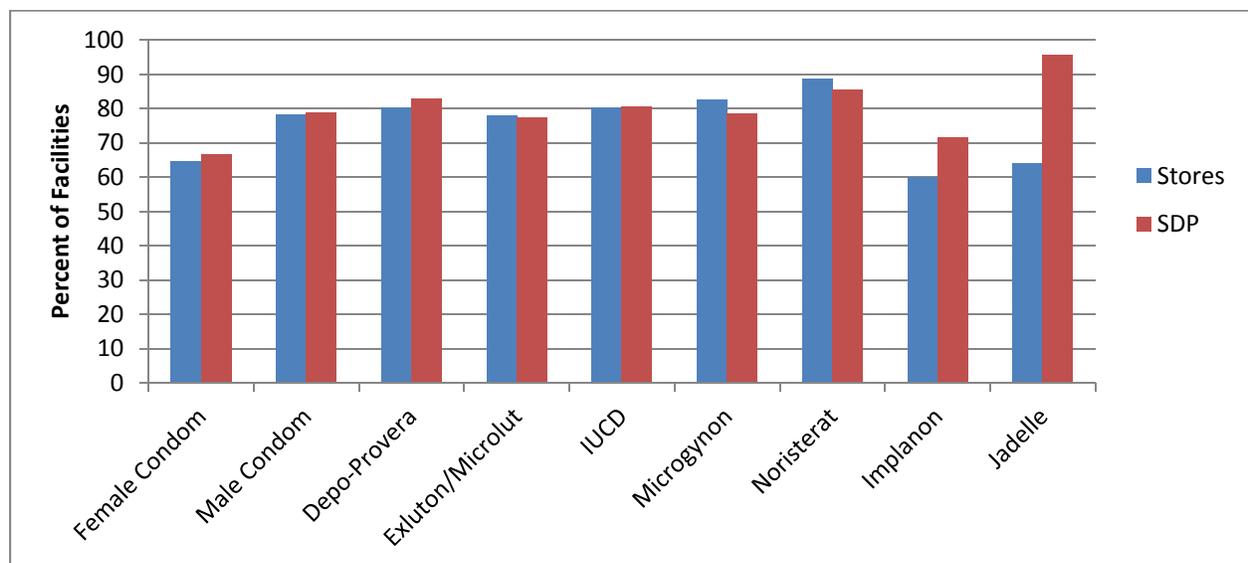
A physical count of commodities on the day of the visit determined contraceptive availability from those facilities that reported managing the product. The survey found that some degree of variability in contraceptive availability existed in the clinics. Depo-Provera[®], IUCD, Microgynon, and Noristerat were the most widely available contraceptive methods, with more than 80 percent of the

4 Exluton and Microlut are progestin-only pills, while Microgynon is a combined oral contraceptive.

stores and SDPs that manage these products having them in stock. Approximately 80 percent of facilities had available supplies of the male condoms and Excluton/Microlut, and 65 percent of facilities had available supplies of female condoms. Availability of Implanon and Jadelle, however, was much higher at SDPs (71 percent and 91 percent, respectively) but much lower at stores (60 percent and 64 percent, respectively).

Figure 1 provides a graphic description of the level of availability of each commodity at the sites on the day of the visit.

Figure 1. Availability of Contraceptive Products on the Day of Visit by Facility

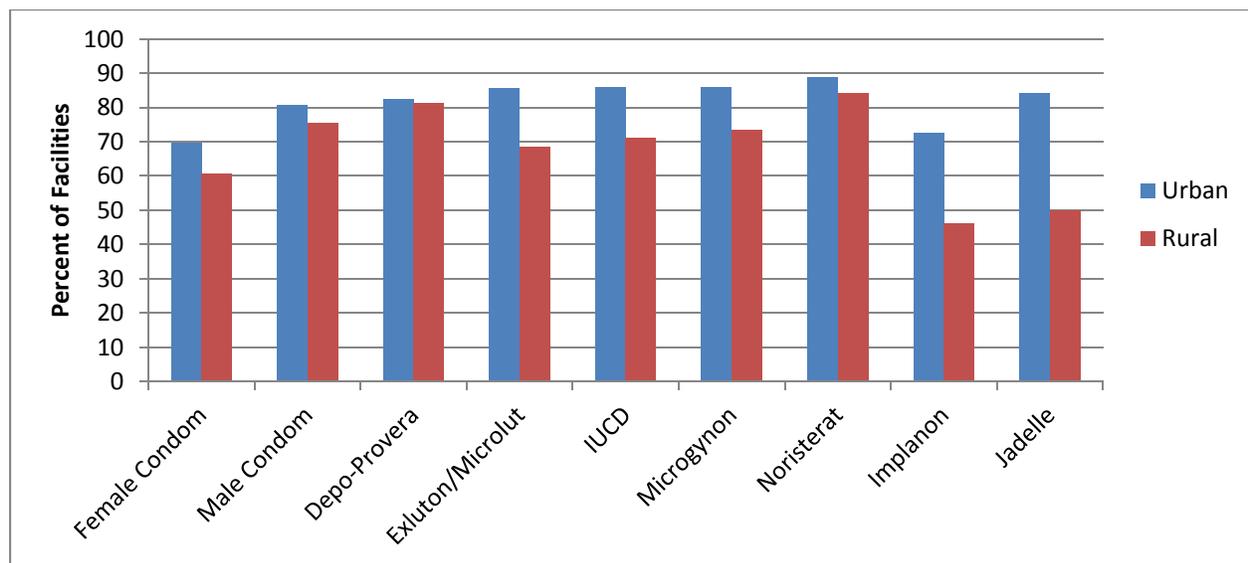


Note: The values (i.e., “n =”) vary depending on whether the product is managed at the facility. The values can be found in Table 5.

When compared by locale, contraceptives were consistently more available in urban areas (see Figure 2). While availability at urban stores was slightly higher than at rural stores, a real difference can be seen at SDPs. With the exception of Jadelle, availability at urban SDPs ranged from 71 to 95 percent; however, for rural SDPs, the range was 43 to 84 percent.

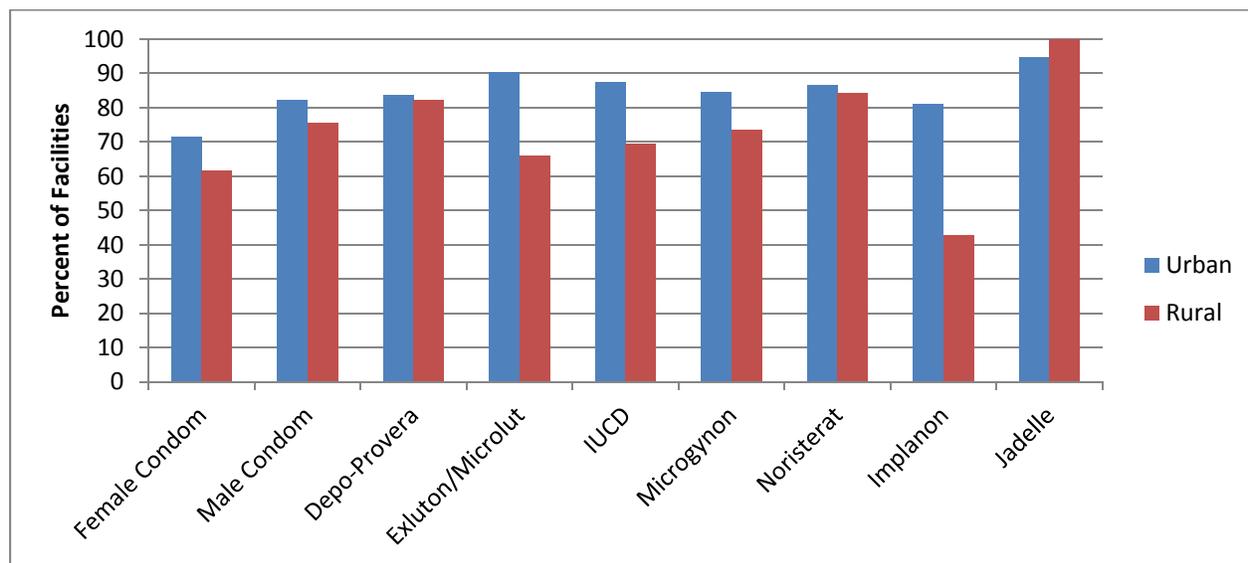
It should be noted that few rural facilities managed Implanon (four SDPs and six stores) or Jadelle (seven SDPs and six stores). Therefore for the results shown in the following figures and tables should be considered with caution.

Figure 2. Availability of Contraceptives on the Day of Visit at Stores at the Urban and Rural Levels



Note: The values (i.e., “n =”) vary depending on whether the product is managed at the facility or not. The values can be found in Table 5.

Figure 3. Availability of Contraceptives on the Day of Visit at SDPs at the Urban and Rural Levels

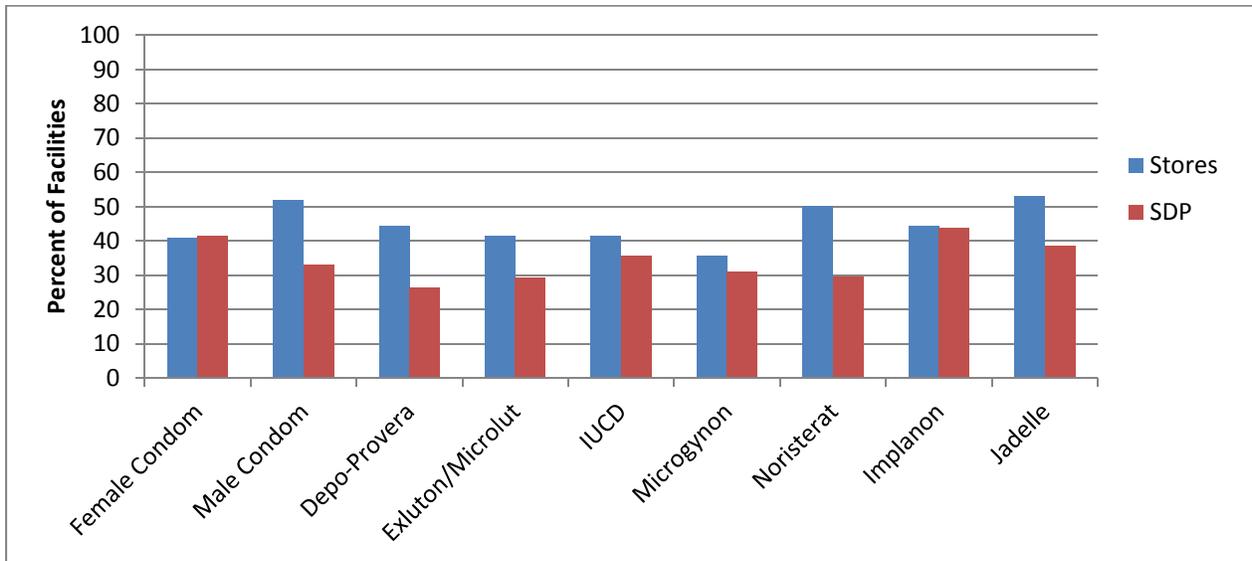


Note: The values (i.e., “n =”) vary depending on whether the product is managed at the facility or not. The values can be found in Table 5.

For further insight into the availability of FP methods at facilities, data collectors looked at stockcards (Tally cards/DCRs) for data on the occurrence of stockouts, the number of times each facility had stocked out of any of the commodities, and the average duration of the stockouts over the six-month period preceding the survey (February–July 2011). (See Table 5 for availability of stockcards.)

Stores and SDPs generally exhibited the same pattern of stockouts for each of the contraceptive methods. Based on stockcards updated within 30 days prior to the survey, contraceptives were generally available in stores and SDPs during the six months leading up to the survey, with about 30 and 40 percent of SDPs and stores, respectively, stocked out of contraceptives during this time. The few exceptions to this pattern included the following: over 50 percent of stores were stocked out of male condoms, Noristerat, and Jadelle, and about 40 percent of SDPs were stocked out of female condoms (see Figure 4 for details).

Figure 4. Percentage of Facilities Stocked Out of Contraceptive in the Past Six Months



Note: Note: the values (i.e., “n =”) vary depending on whether the product is managed at the facility or not. The values can be found in Table 5.

Similarly, excluding Noristerat, Implanon, and Jadelle, urban and rural facilities exhibited similar levels of stockouts in the previous six months.⁵ When broken down by facility type, however, more urban stores were found to have stockouts of female and male condoms, Exluton/Microlut, Noristerat, and Implanon. Conversely, with the exception of Noristerat, rural SPDs experienced more stockouts than urban SPDs.

⁵ More urban facilities experienced a stockout of Noristerat and Implanon, while more rural facilities had a stockout of Jadelle

Figure 5. Percentage of Facilities Stocked Out of Contraceptives in the Past Six Months at the Urban and Rural Levels

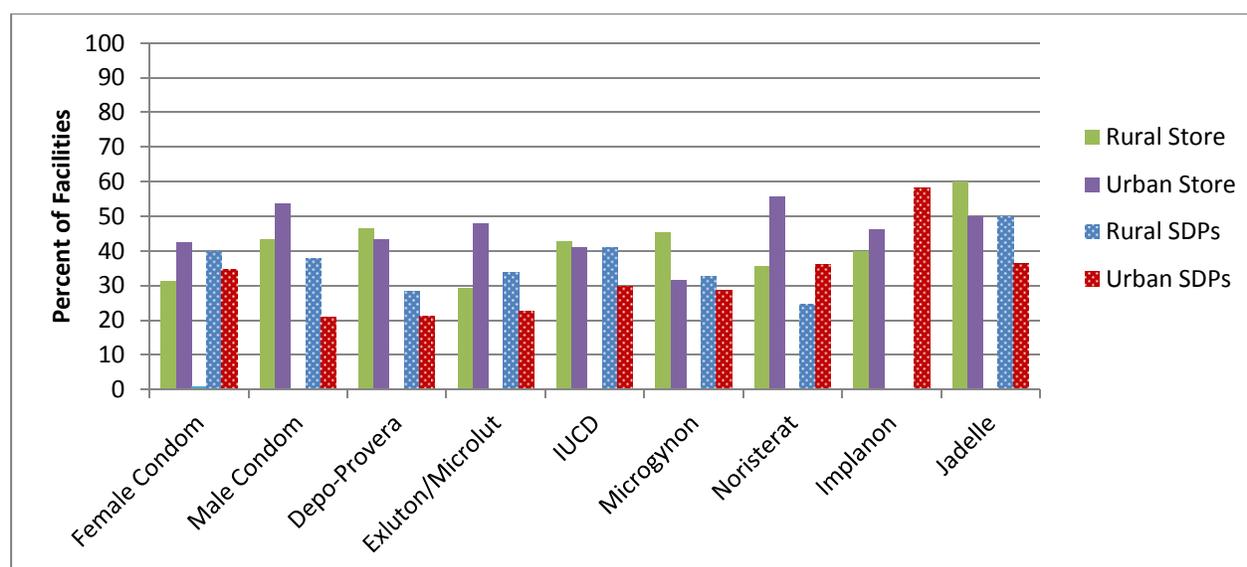


Table 4 tabulates the average number of times in the six months before the survey that stores and SDPs stocked out of any of the methods as well as the average number of days the stockouts lasted. The data indicate that although the number of stockouts of contraceptives was relatively low, the average duration of stockouts was high for all contraceptive methods during the six months leading up to the survey.

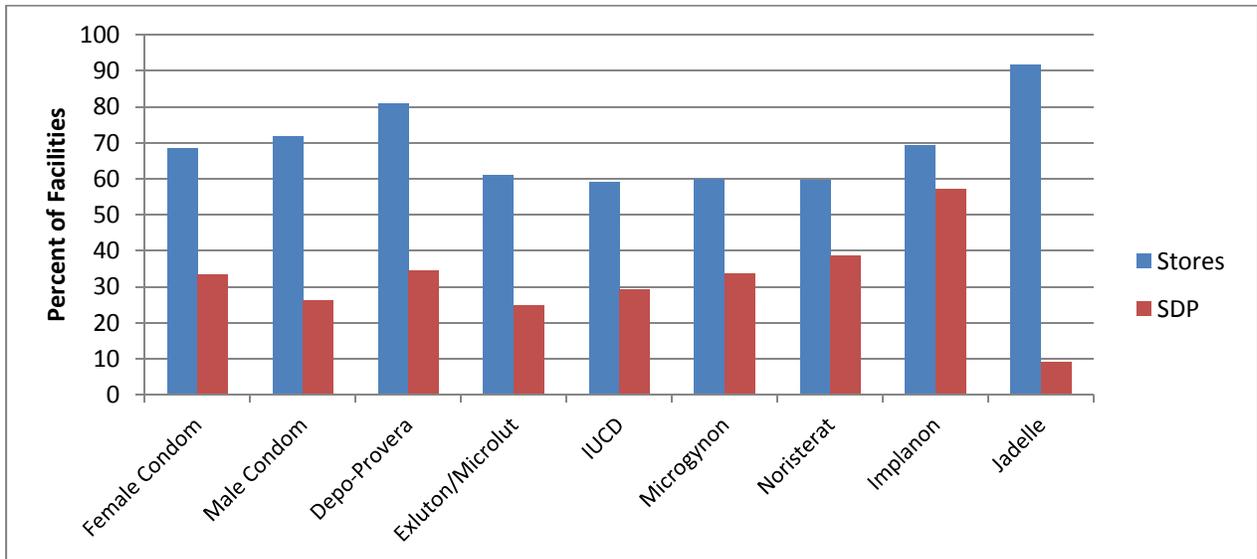
Both stores and SDPs experienced, on average, one and a half stockouts of each contraceptive product during the previous six months. However, the average duration of the stockouts was generally more than two and a half months for all common short-term contraceptives. In stores, stockout duration was shortest for Implanon and longest for IUCD, while in SDPs, Depo-Provera[®] had the shortest duration and female condoms the longest. Service personnel responsible for managing the commodities reported similar patterns for occurrences and duration of stockouts.

Table 4. Average Frequency and Number of Days of Stockouts of Contraceptive Products in the Previous Six Months (February–July 2011)

Contraceptive Products	Stores		SDPs	
	Average number of stockout	Average number of days of stockout	Average number of stockout	Average number of days of stockout
Female condom	1.4	104.4	1.1	107.2
Male condom	1.5	70.3	1.1	74.9
Depo-Provera [®]	1.5	62.5	1.1	35.4
Exluton/Microlut	1.3	60.4	1.1	67.2
IUCD	1.9	91.8	1.4	77.7
Microgynon	1.3	57.4	1.3	88.8
Noristerat	1.2	57.9	1.3	54.2
Implanon	1.3	44.7	1.9	83.3
Jadelle	1.3	78.6	2.4	104.6

Survey findings also indicate that most contraceptives are approaching a state of undersupply or are in a state of undersupply, especially at stores. An undersupply situation denotes a higher risk of stockout. The minimum stock level for state stores is four months of stock on hand, three months for LGA stores, and two months for SDPs. By this standard, male and female condoms, plus all brands of injectables, oral contraceptives, and implants, are at or below recommended supply levels in the majority of stores. On the other hand, most SDPs have been able to maintain their stock on hand above the minimum levels (see Figure 6). Please refer to Appendix D for more detailed information on the average months of stock on hand by facility type (see Table D1).

Figure 6. Percentage of Facilities Stocking below Minimum Levels



Note: Months of stock on hand was calculated using only updated stockcards; therefore, 163 records are excluded from the calculation due to inconsistent or missing data or zero product issued in the previous six months.

In summary, although most facilities providing FP services had contraceptives in stock on the day of the visit, the fairly long duration of stockouts, the large proportion of facilities with stock levels below minimum levels, and the low number of months of stock on hand paint a picture of a contraceptive supply system at risk. That is, facilities currently hold stock at levels unlikely to ensure consistent and reliable availability of commodities to clients. Additionally, in general, rural facilities fared poorer in terms of availability and experienced a greater number of stockouts. One reason for lower rural performance is the relative lack of resources to collect contraceptives from the next higher level of the system.

Logistics System Performance

The findings in this section provide an indication of the level of performance of the Contraceptive Logistics Management System (CLMS) as well as a measure of the progress of system performance. Findings are under the following headings: Logistics Management Information System (LMIS), Reporting, Inventory Control, Recordkeeping, Order Procedures, Supervision, Cost Recovery, Transportation, and Storage Conditions.

Logistics Management Information System

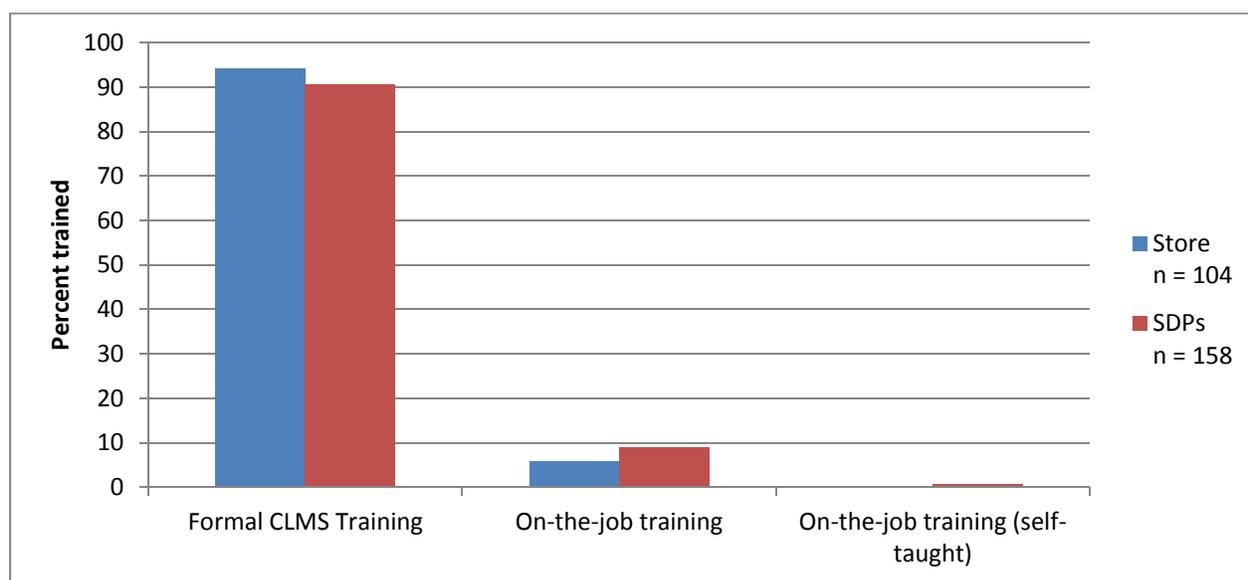
Training is a critical element in strengthening a contraceptive logistics management system. Nationwide coverage of trained personnel is relatively high for all facilities. Approximately 88 percent of store personnel and 72 percent of SDP personnel have received CLMS training. Stores in both rural and urban areas had a higher percentage of personnel trained in the CLMS (91 percent and 86 percent, respectively) and rural and urban SDPs (72 percent for both urban and rural) (see Figure 7).

Figure 7. Percentage of Facility Personnel Trained in CLMS at the Urban and Rural Levels



Of those trained, the majority (94 and 91 percent, respectively) of both store and SDP personnel were trained during a formal CLMS exercise. The bulk of these exercises, according to respondents, occurred more than two years ago for both groups, while almost a third of both store and SDP personnel reporting attending a formal training in the previous 12 months. On-the-job training—provided by supervisors, personnel from the FMOH, SMOH, USAID | DELIVER PROJECT, or a combination during supportive supervision visits to facilities—accounted for the second-highest method in which facility personnel received CLMS training, at approximately 6 percent for store personnel and 9 percent for SDP personnel. The figures indicate that most logistics operators are trained, regardless of transfers, retirements, and other sources of attrition (see Figure 8).

Figure 8. Percentage of Personnel Trained in CLMS by Type of Training



Logistics personnel require CLMS tools such as tally cards and daily consumption registers (DCRs) to record and report key logistics data. Survey findings indicate that only 76 percent of stores and 57 percent of SDPs had available stockcards for the products they managed, although the percentage of those with updated cards was on average almost 90 percent.⁶ When considering all managed products, however, this average of available and updated stockcards at all facilities is only 65 percent (see Table 5). In addition, approximately 64 percent of stores and 52 percent of SPDs surveyed had stockcards for the products they managed, while approximately 17 percent of stores and 7 percent of SDPs had some, but not all.

Unavailable or outdated stockcards represent a gap in the system, where the most current information is not available for key decisionmakers to make programmatic or supply decisions. Because a relatively high percentage of both store and SDP personnel have been trained in the CLMS, the lower percentage of updated cards could indicate either a gap in applying knowledge from training to practice or other constraints on facility personnel. The lower percentage also indicates an area in need of strengthening during supportive supervision visits.

Table 5 shows the level of availability of stockcards at facilities visited as well as how many of these cards were updated by commodity. With the exception of Implanon and Jadelle, urban stores generally had a greater percentage of available and updated stockcards than rural stores did. However, rural SDPs had greater availability of stockcards and a greater percentage updated than urban SDPs did (see Table D2 in Appendix D).

⁶ Stockcard is the generic term that refers to both tally cards and daily consumption records (DCRs)

Table 5. Percentage of Facilities with Stockcards Available and Updated by Commodity

Contraceptive Products	Stores			SDPs		
		Stockcards available	Stockcards updated		Stockcards available	Stockcards updated
Female condom	n = 85	70.6%	57.6%	n = 108	52.8%	49.1%
Male condom	n = 110	80.0%	70.0%	n = 180	55.0%	50.6%
Depo-Provera®	n = 116	81.0%	70.7%	n = 210	58.1%	54.3%
Exluton/Microlut	n = 114	72.8%	61.4%	n = 181	59.7%	54.7%
IUCD	n = 97	79.4%	54.6%	n = 118	55.5%	49.6%
Microgynon	n = 114	78.1%	66.7%	n = 186	59.7%	53.8%
Noristerat	n = 116	79.3%	70.7%	n = 206	57.3%	52.4%
Implanon	n = 26	80.8%	73.1%	n = 27	55.6%	55.6%
Jadelle	n = 26	73.1%	69.2%	n = 22	54.5%	54.5%
Average		73.1%	65.4%		57.1%	52.5%

Facilities were also assessed on the accuracy of the balance entries on stockcards. Accuracy was determined by comparing the closing balance of each contraceptive on the stockcards with the physical count of each contraceptive on the day of the visit by data collectors. As shown in Table 6, the data indicate that, for the majority of products, the accuracy of the stockcards averaged about 63 percent for stores and 44 percent for SDPs. An average of approximately 75 percent of stores and 52 percent of SDPs had stockcards within 10 percent accuracy.

Table 6. Percentage of Facilities with Accurate and Near-Accurate Balance Entries on Stockcards

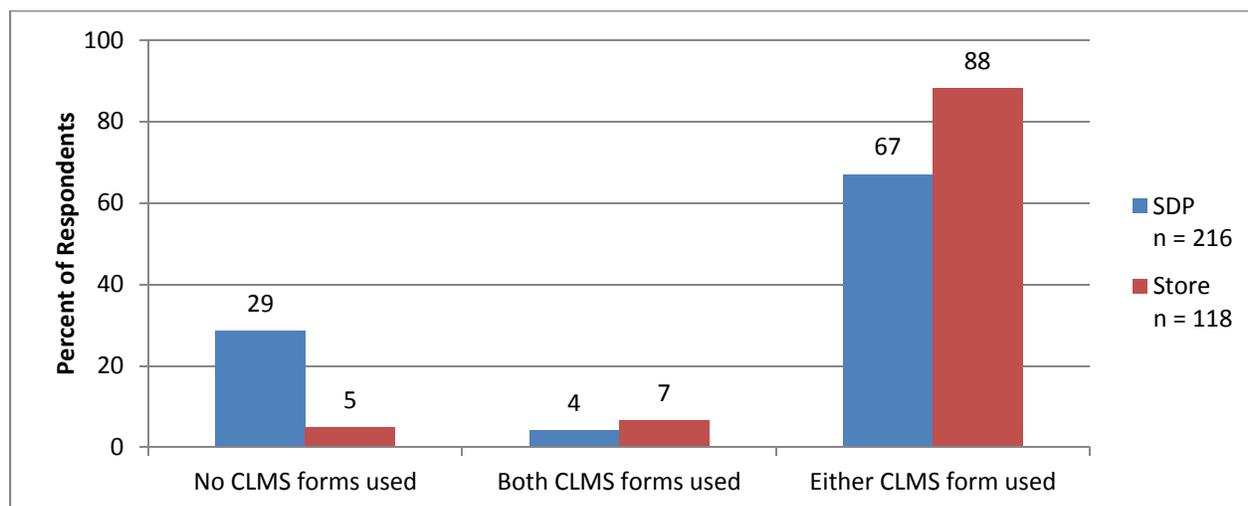
Contraceptive Products	Stores		SDPs	
	Accurate balance	Within 10% accuracy	Accurate balance	Within 10% accuracy
Female condom	70.0%	76.7%	50.9%	52.6%
Male condom	55.7%	67.0%	43.4%	54.5%
Depo-Provera®	59.6%	71.3%	40.2%	50.0%
Exluton/Microlut	51.8%	66.3%	43.5%	50.9%
IUCD	66.2%	79.2%	52.3%	56.9%
Microgynon	44.9%	60.7%	34.2%	42.3%
Noristerat	64.1%	80.4%	34.7%	48.3%
Implanon	75.0%	80.0%	56.3%	56.3%
Jadelle	77.8%	88.9%	38.5%	53.8%

Reporting

Although reliable recordkeeping is critical to an effective CLMS's functioning, the information must be reported to higher levels so effective logistics decisionmaking can take place. In addition, the information sent on those reports should be complete and accurate. The data indicate that reporting is still suboptimal.

The Report and Issue Form (RIF) and the Report and Issue Report Form (RIRF), which are used nationally in both the redesigned and streamlined CLMS, provide quantity order request information to the issuing facility at the end of each reporting period. Information from the forms furnishes actual consumption data, which are required to provide accurate resupply quantities and to generate accurate forecasts and, subsequently, procurements. While the streamlined CLMS and the move toward using RIRFs was adopted nationwide in 2008, approximately a third of facilities at all levels still use RIFs. However, as shown in Figure 9, almost 30 percent of SDPs and 5 percent of stores do not use either type of form for ordering and reporting. Use of CLMS forms in urban and rural setting did not differ significantly.

Figure 9. Use of CLMS Forms by Facility Type



Regardless of type of form used, the CLMS has a set reporting cycle for each level within the supply chain. SDPs report and order every two months, LGAs every three months, and at the state level every four months.

Table 7. CLMS Reporting and Ordering Cycle by Level

Level	Reporting and ordering cycle	End of last reporting period
State	4 months	April
LGA	3 months	June
SDP	2 months	June

A total of 60 percent of SDPs reported sending an order within the last two months, which would correspond with their last reporting cycle at the time of the survey. For LGAs, 70 percent reported sending an order in the last two months as it would have fallen within the reporting period which ended in June. The low percentage of SDPs and LGAs responding that they sent a report/order for commodities over two months ago is a possible indication that facilities understand and are reporting and ordering but are sending reports later than what is prescribed by the CLMS SOPs. In addition to the 18 percent who reported never sending in a report, there were 11 percent who requested an order more than three months ago meaning they may have skipped one to two cycles and may not have received commodities.

The last report and order period at the state level would have been four months before the survey. The results show that all 12 states in the survey did submit a report. However, those that submitted a report within the last two months (33 percent) and in the last two to three months ago (42 percent) may have submitted their request after the required reporting time.

Table 8. Last Period Order and Reporting Forms Were Submitted to Higher Level

	SDP n = 216	LGA Store n = 105	State Store n = 12
Never	18%	4%	--
Within last 2 months	60%	70%	33%
2–3 months ago	6%	9%	42%
3–4 months ago	4%	8%	25%
More than 4 months ago	7%	10%	--
Don't Know	5%	--	--

Note: Totals for LGA Store add to 101 percent due to rounding.

These results were supported by store personnel and by the data collectors physically counting the reports submitted to the stores from the last reporting period. Twenty-one percent of all stores received completed reports from all facilities that were meant to submit RIRF/RIF reports in the last review period, and 53 percent received some of the reports showing proper reporting procedures by many SDPs. However, 27 percent did not receive any reports, indicating that a gap still exists with at least one-third of SDPs. As shown in Figure 10, urban stores received more reports than rural ones (78 percent compared with 63 percent). With the low percentage of reports filtering to the higher level, key decisionmaking processes will continue to be based on incomplete, and in some cases inaccurate, information.

Figure 10. Percentage of Stores that Received RIFs and RIRFs in the Last Reporting Period by Urban and Rural

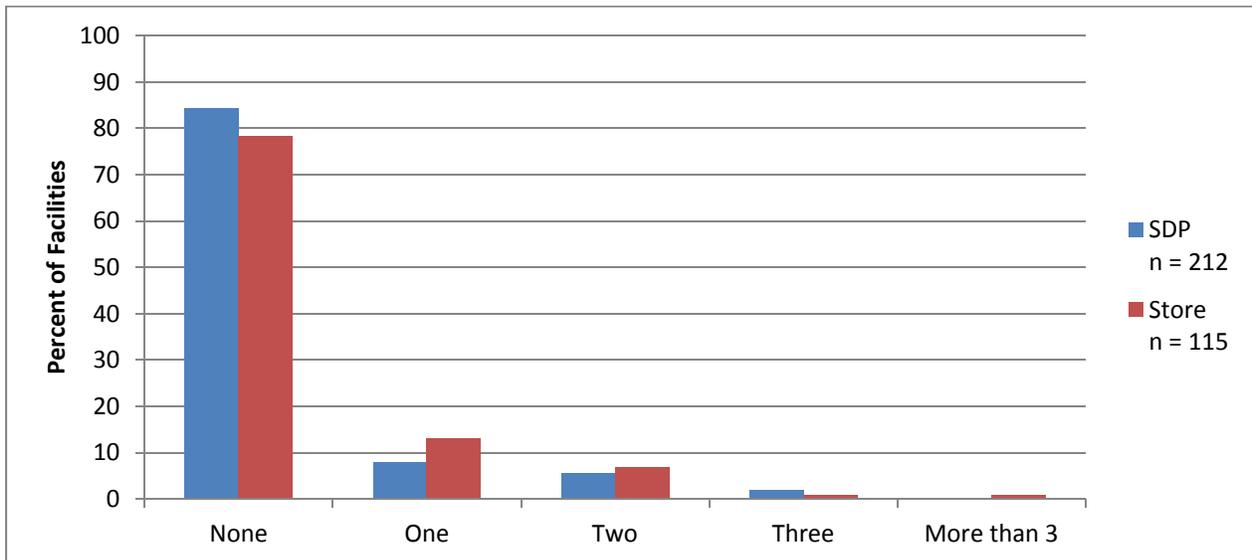


Inventory Control

To measure the adherence of providers in following inventory control procedures, the study assessed the percentage of personnel who reported that they ordered according to established inventory control procedures. Emergency orders can be an indicator of poor inventory control practices. The study assessed the percentage of facilities that placed emergency orders in the previous six months. The indicators were designed to capture the practices of personnel who managed inventory at the facility level.

As mentioned earlier (see Figure 8), the majority of personnel had been trained in the CLMS through a formal CLMS workshop. In addition to providing an overview of the CLMS, the trainings include how to complete the forms correctly and place an order according to the inventory control procedures. Approximately 84 percent of store personnel and 57 percent of SDP personnel report ordering resupply quantities following inventory control procedure. Over 75 percent of stores and SDPs did not place emergency orders in the six months preceding the survey, with only 8 percent of facilities placing more than one emergency order in the same six-month period. Substantiating early results, stores that on average experienced more stockouts also placed more emergency orders in the previous six months (see Figure 11). When disaggregated by setting, 25 percent of rural stores and 19 percent of urban ones placed at least one emergency order, while 18 percent of both urban and rural SDPs placed at least one.

Figure 11. Percentage of Facilities Placing an Emergency Order in the Previous Six Months



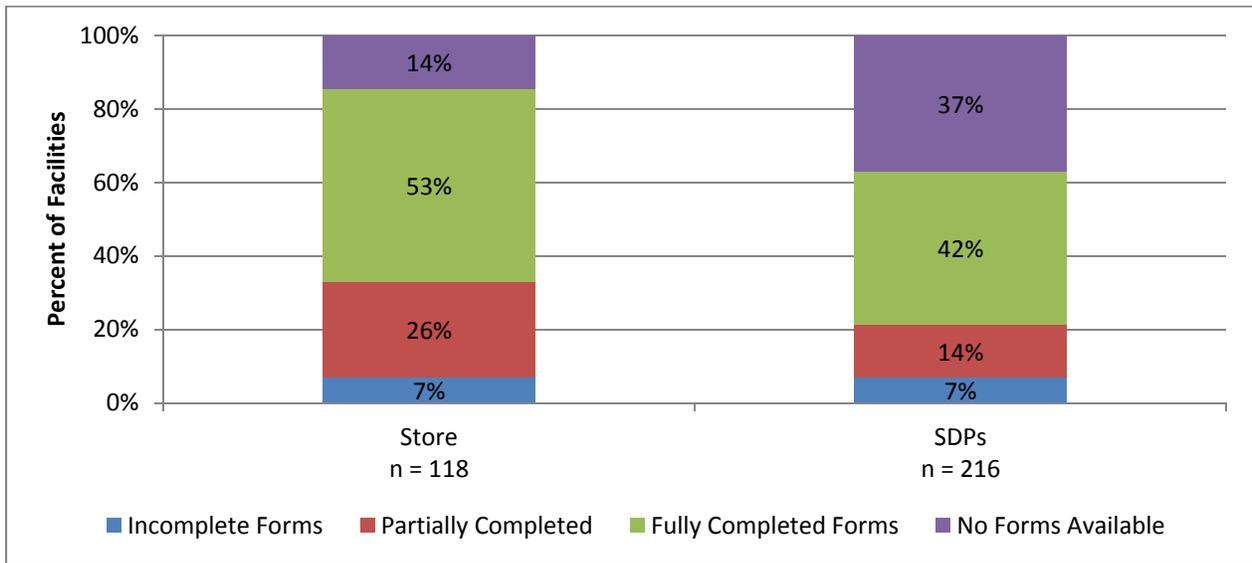
Note: Seven cases (four SDPs, three stores) were excluded due to “Do not know” response.

Record Keeping

Accurate and timely recordkeeping is essential for a well-functioning CLMS, because all aspects of the logistics system depend on well-kept records. In evaluating this function, the survey assessed the availability, completeness, and accuracy of the records used. Those records include RIFs and RIRFs, DCRs, and tally cards. Recordkeeping in general was found to be weak.

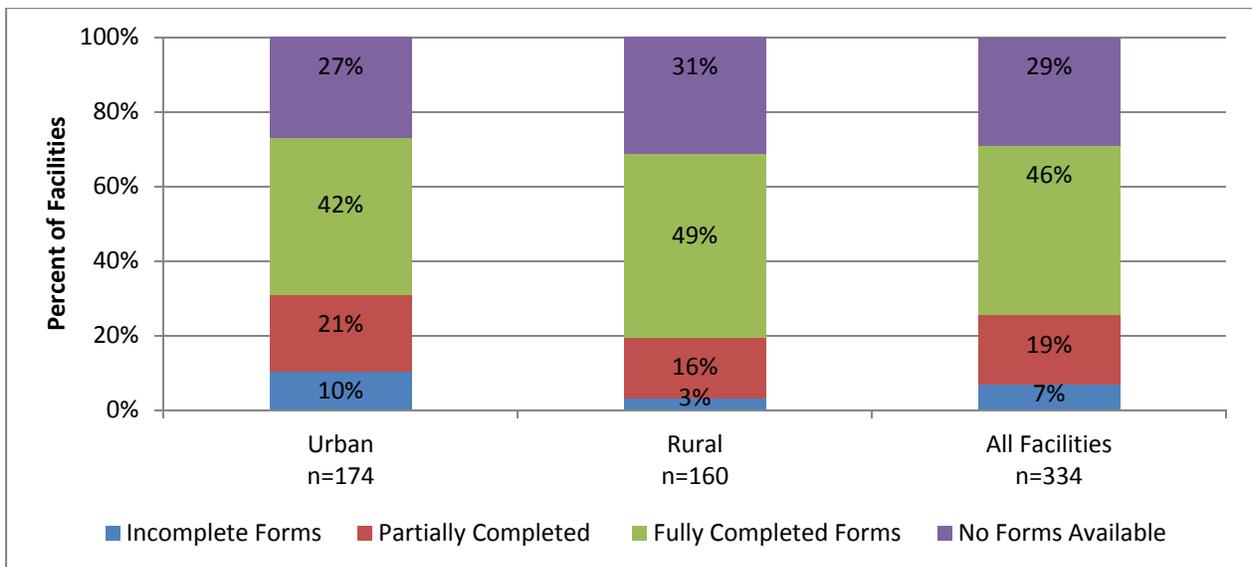
As shown earlier, only 76 percent of stores and 57 percent of SDPs maintained stockcards for the products the facility managed, but fewer were actually updated in the previous 30 days (see Table 5). Additionally, as shown in Figure 12, only 53 percent of stores and 42 percent of SDPs had the RIFs and RIRFs available for data collectors to verify that the reports were completed accurately (i.e., reports included stock on hand, quantities used, and losses and adjustments). Approximately one-quarter and one-sixth of stores and SDPs, respectively, had some of the data but not all. However, almost one-sixth of stores and one-third of SDPs did not have these forms available, while the remaining had the forms but not have any of the necessary data completed.

Figure 12. Percentage of Facilities with Complete and Accurate RIFs and RIRFs



Recordkeeping appears to be slightly better among rural-level facilities than among urban ones. Although slightly more rural facilities did not have RIRF/RIF available (31 percent), data collectors were able to verify that the reports were completed more accurately than urban ones were (49 percent vs. 42 percent)(See Figure 13).

Figure 13. Percentage of Facilities with Complete and Accurate RIFs and RIRFs



Recordkeeping completeness and accuracy were also measured by matching entries for stock on hand from the most recent available RIRF/RIF in the previous six months before the survey (February–June 2011) to either the DCRs for SDPs or on tally cards for stores from the same period. Data collectors were only able to find RIRF/RIF from the given period at 63 percent of the

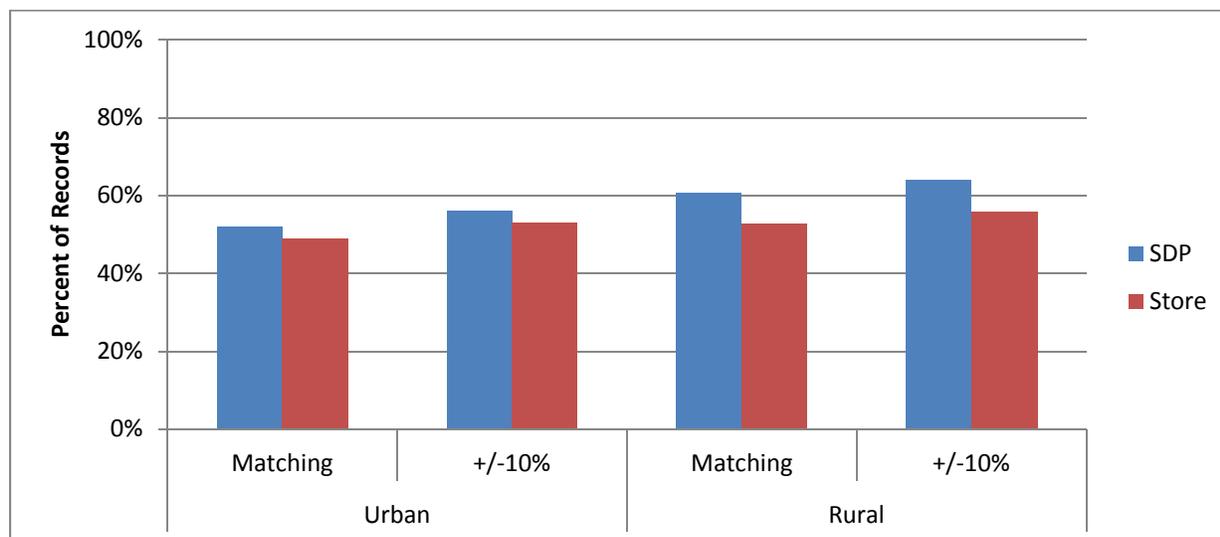
facilities. Of the 207 facilities, only 74 percent had DCRs/tally cards available from the same period to allow for checking accuracy of the reports.

As shown in Table 9, of those facilities with available records, approximately only 50 percent of stores and 60 percent of SDPs had matching entries for stock on hand. This average only slightly improved when looking at balances of plus or minus 10 percent. IUCD and Noristerat had the fewest records matching or within a 10 percent difference at stores, while Depo-Provera[®] and Noristerat had the fewest at SDPs. Interestingly, records at rural facilities were more likely to match than urban ones were (see Figure 14).

Table 9. Percentage of Facilities with Matching and Near-Matching Balance Entries on CLMS Forms and Stockcards

Contraceptive Products	Stores		SDPs	
	Matching balance	Within 10% Matching	Matching balance	Within 10% Matching
Female condom	53.5%	55.8%	71.1%	71.1%
Male condom	50.0%	53.2%	64.3%	69.0%
Depo-Provera [®]	57.1%	61.4%	46.1%	50.0%
Exluton/Microlut	47.6%	50.8%	64.4%	68.9%
IUCD	42.9%	44.6%	57.8%	60.0%
Microgynon	45.6%	48.5%	53.8%	56.0%
Noristerat	42.9%	50.0%	46.5%	52.5%
Implanon	72.2%	77.8%	69.2%	69.2%
Jadelle	72.2%	77.8%	75.0%	75.0%

Figure 14. Percentage of Records with Matching and Near-Matching Balance Entries on CLMS Forms and Stockcards



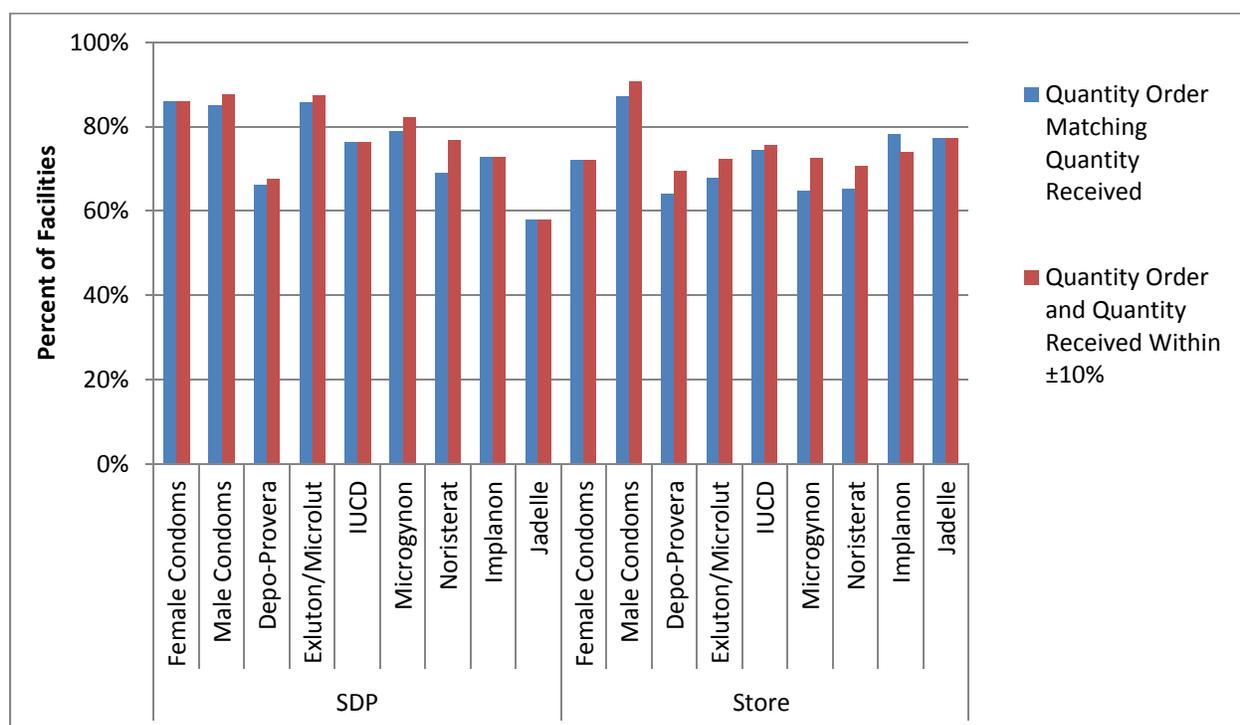
Order Procedures

Order procedures are put in place in the supply chain to ensure that systems exist to order the correct quantities and that issuing warehouses are following proper procedures to fulfill requests. The RIF and RIRFs were designed to help ordering facilities calculate the amounts needed to maintain stock at the minimum levels. Provided issuing stores have the product in stock, it is assumed that the stores will dispense the amounts ordered.

Data collectors reviewed RIF/RIRFs at both the ordering and issuing facilities to verify whether orders were being supplied correctly. At the issuing facilities, where records of all orders filled are supposed to be maintained, recordkeeping was found to be suboptimal. Almost 50 percent of the records for orders of Depo-Provera[®], one of the most commonly managed products, placed in the seven months prior to the survey (i.e., orders from January 2011–June 2011) were missing. Likewise, only 41 percent of stores and 59 percent of SDPs had any records of orders placed and quantities received available from January and on.

As shown in Figure 15, based on the most recent available RIRF/RIFs from the ordering facility, approximately 75 percent of orders at both stores and SDPs were filled as requested or within plus or minus 10 percent. Depo-Provera[®] was the contraceptive least likely to be filled correctly at both SDP and stores. Additionally order fill rates for Jadelle at SDPs were also low.

Figure 15. Percentage of Facilities with Orders Filled as Requested by Commodity Type



Orders, when not filled correctly, could also indicate higher levels of rounding off order quantities due to pack size or fulfilling a previous order that had not been filled due to a lack of supply. As shown in Figure 16, 17 percent of stores and 13 percent of SDPs received less product than they requested, according to their most recent available RIRF/RIF. In comparison only 12 percent of facilities received more than requested.

Figure 16. Order Fill Rates with More Than and Less Than Requested Quantities

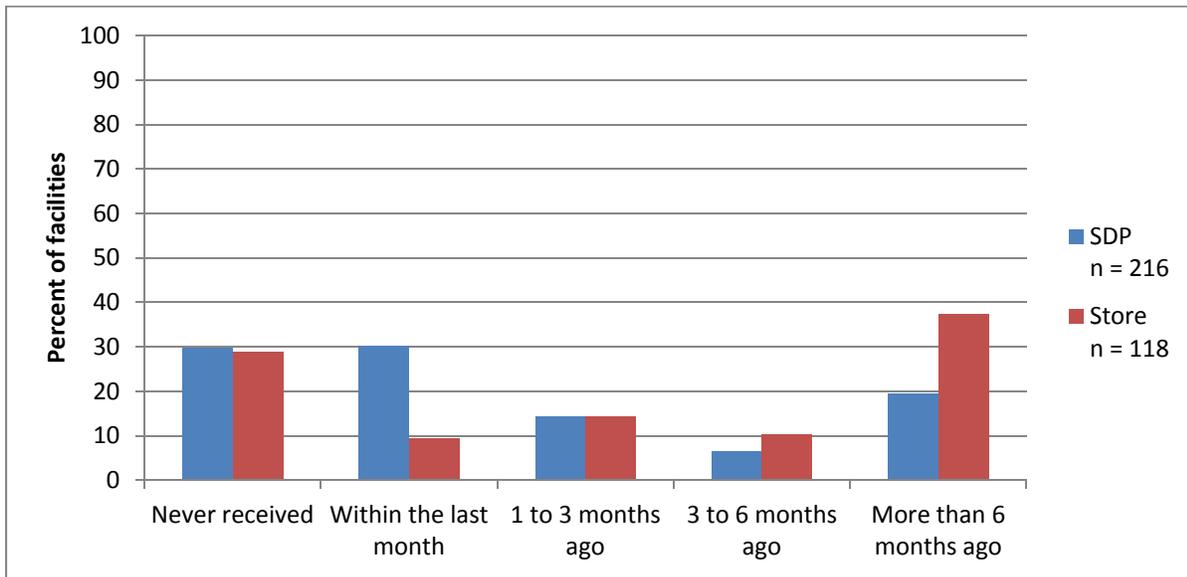


Supervision

Properly conducted supervision using standardized checklists and providing timely feedback to supervised personnel is an important means of reinforcing formal training and tracking the performance of the logistics system. Thus, in looking at the performance of the CLMS and its progress over time, this study collected data on (a) the number of supervisions; (b) the training of those who provided this service; and (c) the frequency and effectiveness of the visits.

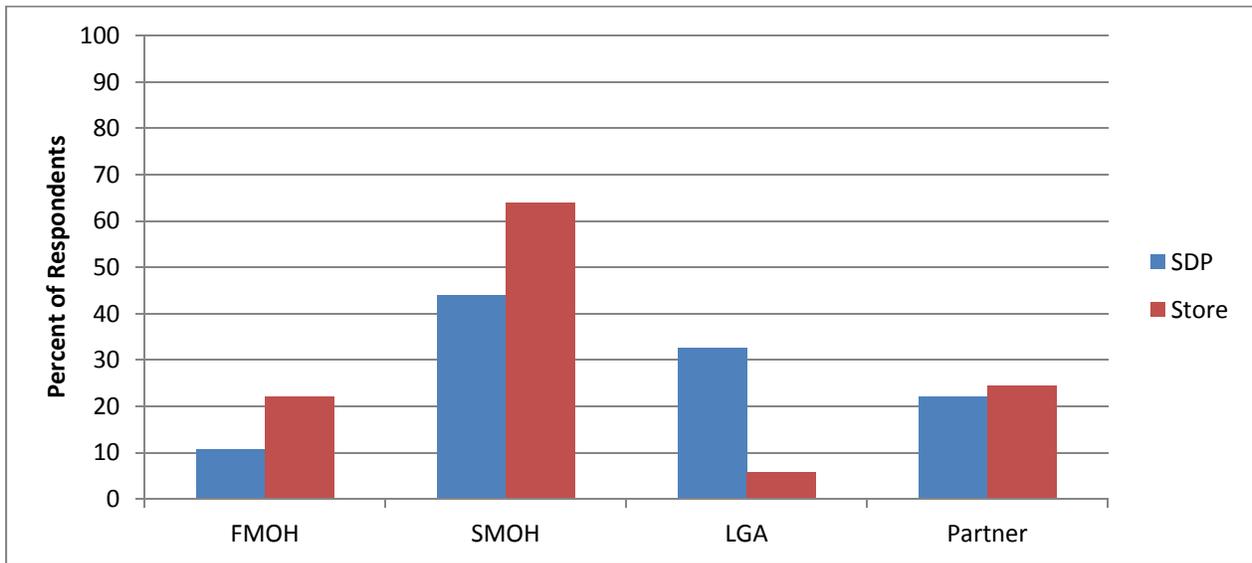
Facilities were asked when they last received a supervision visit and whether the visit included FP commodity management (checking of tally cards/DCRs, RIRFs/RIFs; removing expired stock; and checking storage conditions). Thirty percent of SDPs and 29 percent of stores had never received a visit, with no significant differences between urban and rural facilities. Of those that did receive a visit, 19 percent of SDPs and 37 percent of stores received one more than six months earlier, while 30 percent of the SDPs and 9 percent of the stores received one within the last month (see Figure 17). Ninety percent of facilities reported that FP commodity management was conducted during the supportive supervision visit.

Figure 17. Percentage of Facilities Reporting Receiving Supervision



Multiple people can visit facilities during one visit; therefore, totals will add up to more than 100 percent. For example when the FMOH conducts supervision visits, they are generally accompanied by the SMOH. Similarly, donors or partner organization, such as USAID | DELIVER PROJECT, are usually accompanied by the SMOH and LGA staff. Of the SDPs that received supervision, 44 percent had a visit by the SMOH, 33 percent by the LGA, 22 percent by a partner, and 11 percent by the FMOH. Stores were visited primarily by the SMOH, with 63 percent of respondents reporting visits from them, while 21 percent reported visits by the FMOH and 24 percent by a partner. The FMOH visits were more likely to be in urban settings, while the LGA ones were in rural ones.

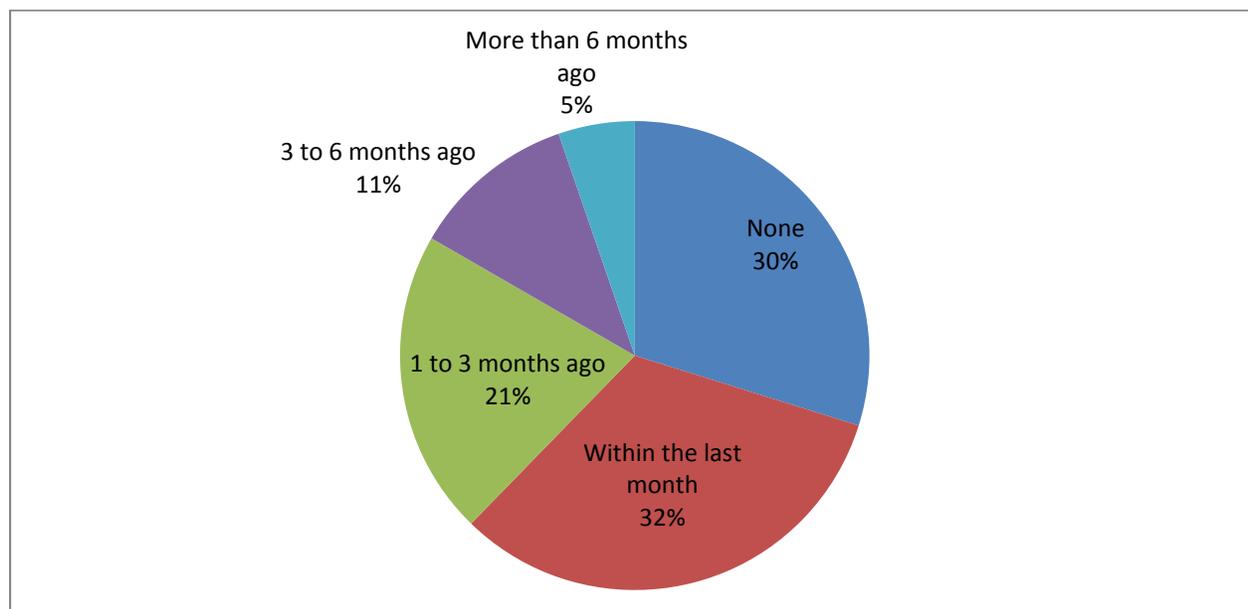
Figure 18. Who Conducted Last Supervision Visit



Note: Multiple responses allowed so totals add to more than 100 percent.

Respondents at the stores were also asked about the last time they conducted a supervisory visit to a lower-level facility. Approximately 30 percent of stores did not conduct a supervisory visit within the last six months (Figure 19). Of those who conducted a visit, 32 percent made a supervision visit within the last month, while 21 percent made a visit one to three months earlier. Eleven percent conducted a supervisory visit three to six months earlier, and only 5 percent of stores provided supervision more than six months earlier. Twenty-eight percent of the supervisors reported using the supervision checklist on their last visit, only half of which could be verified. When disaggregated by setting, 25 percent and 33 percent of urban and rural store supervisors, respectively, claimed to be using the supervision checklist during their last supervision visit. Data collectors were able to verify only half of these.

Figure 19. Time Period of Supervisory Visit by Stores within the Last 6 Months (n = 118)



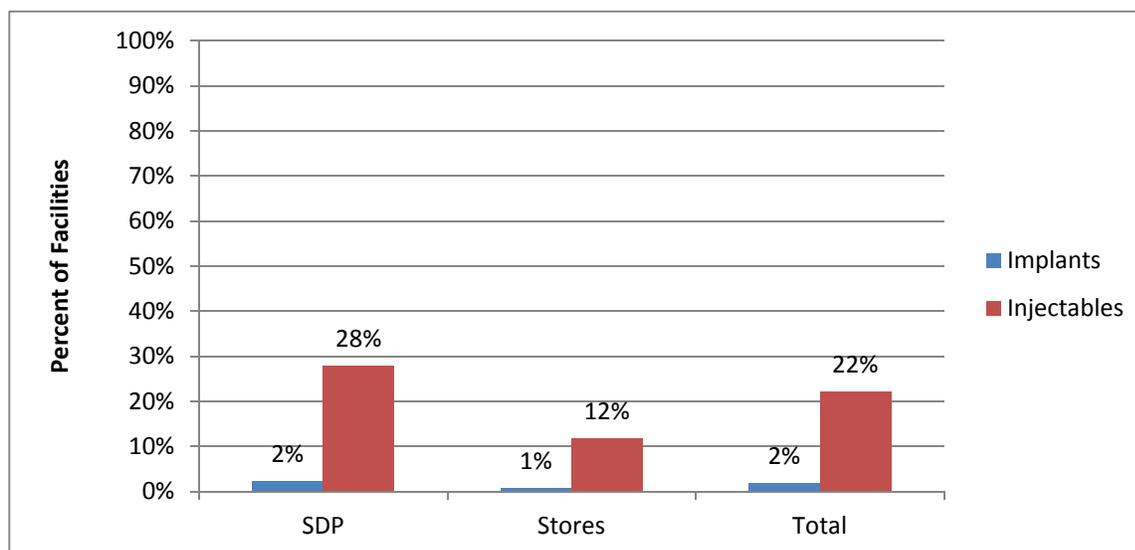
The reasons for not conducting supervision were lack of transport (32 percent), time commitments (32 percent), and unable to schedule a visit (12 percent). Other reasons (44 percent) included lack of instructions, no checklist, lack of funds, new to the job, security concerns, and illness.

Cost Recovery

In April 2011, the FMOH announced that user fees on contraceptives would be eliminated. Previously, fees were charged at each level of the supply chain to generate funds for resupply of contraceptives to cover transportation of contraceptives, supervision, and incentive for the health worker. The FMOH reiterated the policy at the national family planning conference for FP coordinators and PHC Directors in Abuja from all 36 states and FCT in July 2011. The FP coordinators and Directors of PHC were tasked with disseminating the change in policy through regular supervision visits. By the time the 2011 CLMS assessment was implemented, removal of user fees should have taken effect at every tier of the supply chain. Questions on using implants and injectables as tracers were added to the LIAT to determine the extent to which this information had reached the stores and the facilities.

In general, a larger percentage of SDPs are still charging user fees for implants and injectables (Figure 20). Twenty-eight percent of SDPs and 12 percent of stores that manage injectables are still charging for the product. A smaller percentage of SDPs and stores are charging for implants (2 percent and 1 percent, respectively). In total, 2 percent of stores and SDPs are still charging a fee for implants, while 22 percent of facilities are still charging for injectables. As shown above in Figure 19, less than 50 percent of facilities had received a supervision visit within the previous three months, so the message may not have been transmitted properly to all facilities.

Figure 20. Percentage of Facilities Charging Fees for Implants and Injectables



Transportation

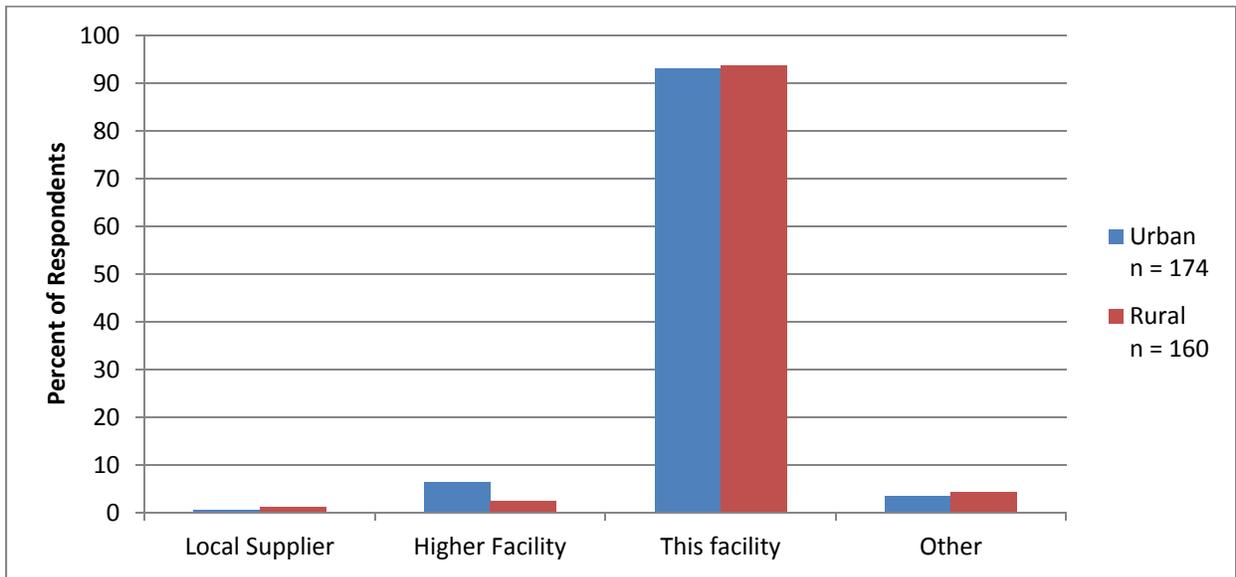
Efficient transportation is a vital requirement for a well-functioning logistics system. It enables commodities to be moved in a timely fashion where they are required and ensures continual availability of contraceptives at SDPs. Most SDPs (95 percent) and LGA stores (97 percent) pick up their commodities from the next level. Additionally, as shown in Figure 21, a slightly larger percentage of urban facilities reported having commodities delivered to them than did rural stores and SDPs.

Table 10. Responsibility for Transporting Products to Facility

	SDPs n = 216	LGA Store n = 105
Transport by this facility	95%	97%
Transport by higher facility	0%	4%
Transport by local supplier	1%	1%
Transport by other	5%	1%

Note: Multiple responses allowed so totals add to more than 100 percent.

Figure 21. Method of Commodity Transportation at the Urban and Rural Levels

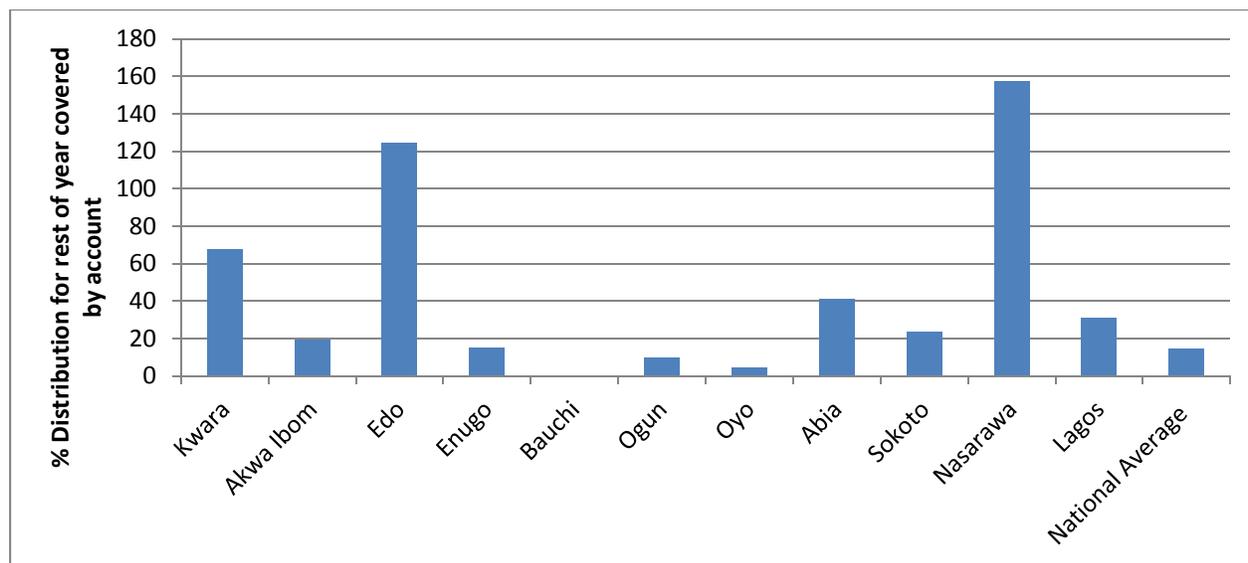


Note: Multiple responses allowed, so totals are greater than 100 percent.

The most common form of transportation used to transport the commodities is public transportation (61 percent and 69 percent for SDPs and stores, respectively). Private vehicles (10 percent for SDPs and 19 percent for stores) and motorcycles (17 percent for SDPs and 4 percent for LGAs) were also used. Only the stores (7 percent) reported having a facility vehicle to pick up contraceptives.

At the July 2011 National FP Conference, most states confirmed that they had funds available in their cost recovery accounts that could be used for their transport costs until a budget line item could be established. Figure 22 adapted from the conference report shows the relationship between available remaining funds and likely distribution or transportation costs by state.

Figure 22. Distribution Costs Covered by Cost Recovery Bank Accounts for Remainder of Year



This shows a number of states at risk of not having sufficient budget to fund transportation. As mentioned above, public transport is the preferred mode of transportation given the relatively small amounts consumed at individual facilities. The burden is placed on the staff at the facility level to collect product when they are making routine visits to the LGA. Without funding, ruptures in stock are likely if these visits are not routine. In addition, although the value of contraceptives is not as high as other commodities, additional risks exist with regard to potential theft and security of the commodities in the more insecure environment of public transportation.

Storage Conditions

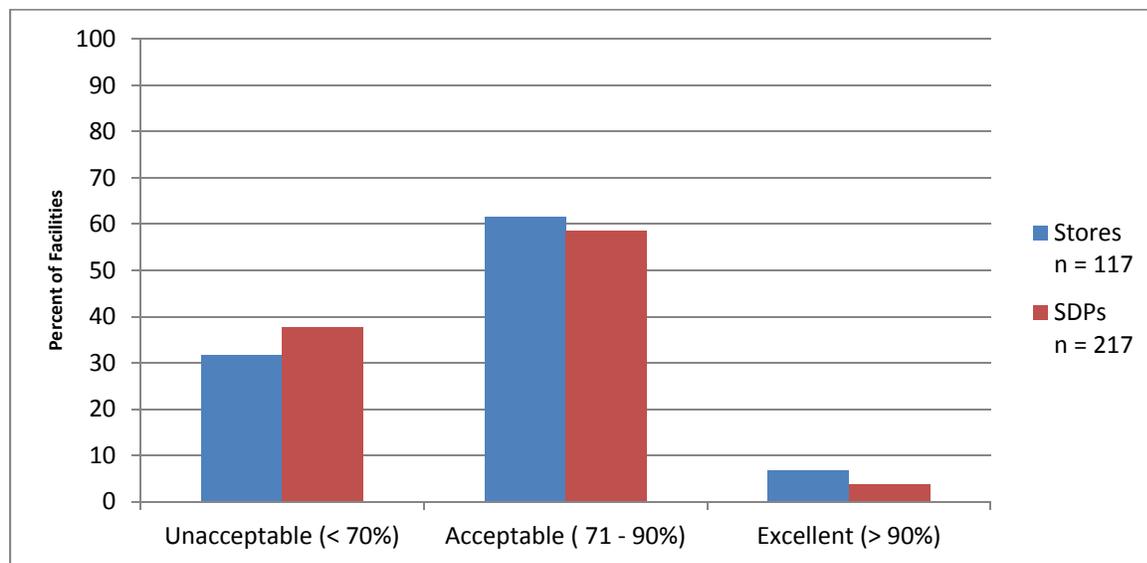
Storage of contraceptives, as in storage of all drugs, requires specific conditions to ensure the efficacy of the preparations. In assessing sites, inspectors (data collection teams) scored each facility using 14 guidelines. Facilities that met more than 90 percent were considered to have excellent storage conditions; those that met between 71 and 90 percent were acceptable; and those that met less than 70 percent were unacceptable. The 14 conditions included:

1. Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible.
2. Products are stored and organized in a manner accessible for first-to-expire, first-out (FEFO) counting and general management.
3. Cartons and products are in good condition and not crushed due to mishandling. If cartons are open, determine whether products are wet or cracked due to heat/radiation.
4. Facility makes it a practice to separate damaged and/or expired products from good products and remove them from inventory.
5. Products are protected from direct sunlight on the day of visit.
6. Cartons and products are protected from water and humidity on the day of the visit.

7. Storage area is visually free from harmful insects and rodents.
8. Storage area is secured with a lock and key but is accessible during normal working hours, with access limited to authorized personnel.
9. Products are stored at the appropriate temperature according to product temperature specifications.
10. Roof is maintained in good condition to avoid sunlight and water penetration.
11. Storeroom is maintained in good condition (i.e., clean, all trash removed, sturdy shelves, and organized boxes).
12. The current space and organization is sufficient for existing products and reasonable expansion (i.e., receipt of expected product deliveries for the foreseeable future).
13. Appropriate fire safety equipment is available and accessible.
14. Medicine is stored separately from insecticides and chemicals

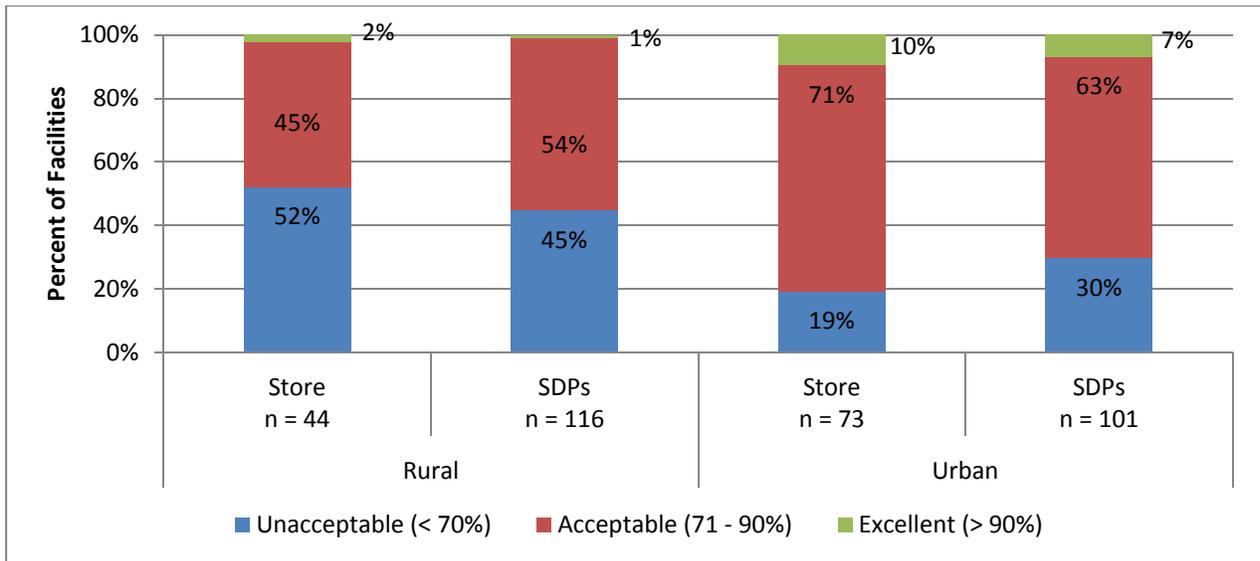
As shown in Figure 23, more than three-fifths of both stores and SDPs met acceptable storage conditions. About 7 percent of stores and 5 percent of SDPs had excellent storage conditions.

Figure 23. Percentage of Facilities Meeting Acceptable Storage Conditions



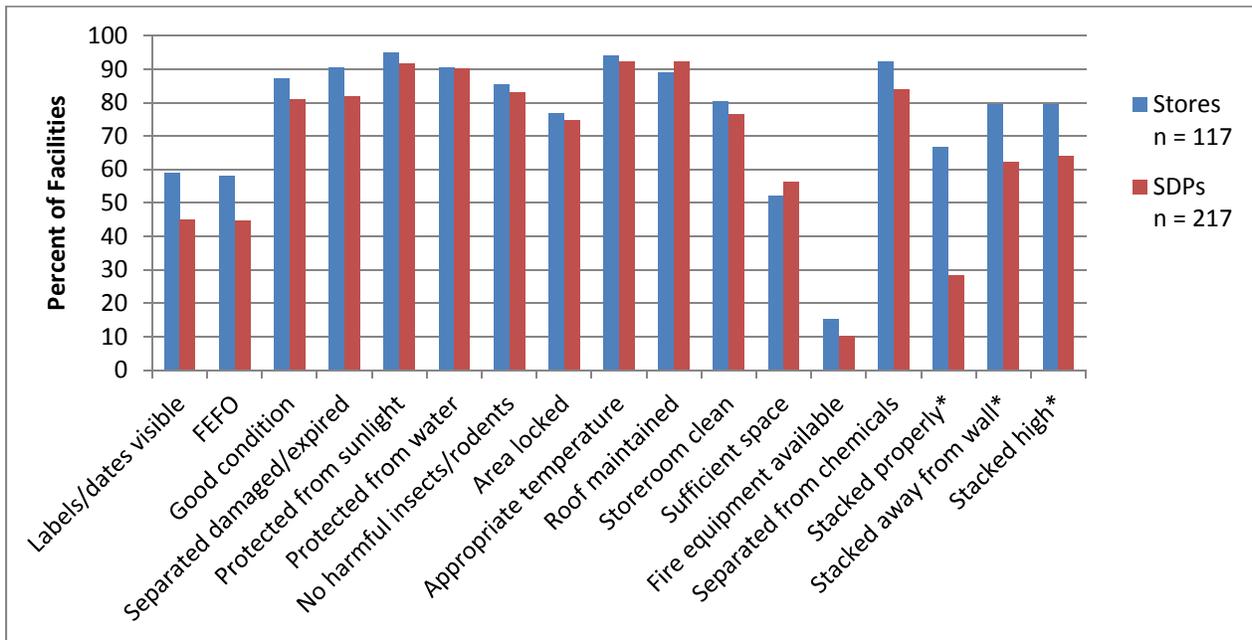
When disaggregated by setting, however, almost 50 percent of rural-level facilities had unacceptable storage conditions, a significant difference from urban facilities, where over 60 percent were acceptable or excellent. Only 1 percent of SDPs achieved excellent storage conditions in rural areas compared to 7 percent in urban areas (see Figure 24).

Figure 24. Percentage of Facilities that Meet Acceptable Storage Conditions at the Urban and Rural Levels



An examination of the specific storage conditions included in the survey showed that the least-met storage condition was availability of fire extinguishers (15 percent for stores and 10 percent SDPs). Additionally, only 58 percent of stores and 45 percent of SDPs had their products arranged with visible labels and date and organized by FEFO. Over 90 percent of facilities followed proper storage conditions for protection from direct sunlight and water and storing products at the appropriate temperature according to specifications (Figure 25).

Figure 25. Percentage of Facilities Meeting Individual Storage Conditions



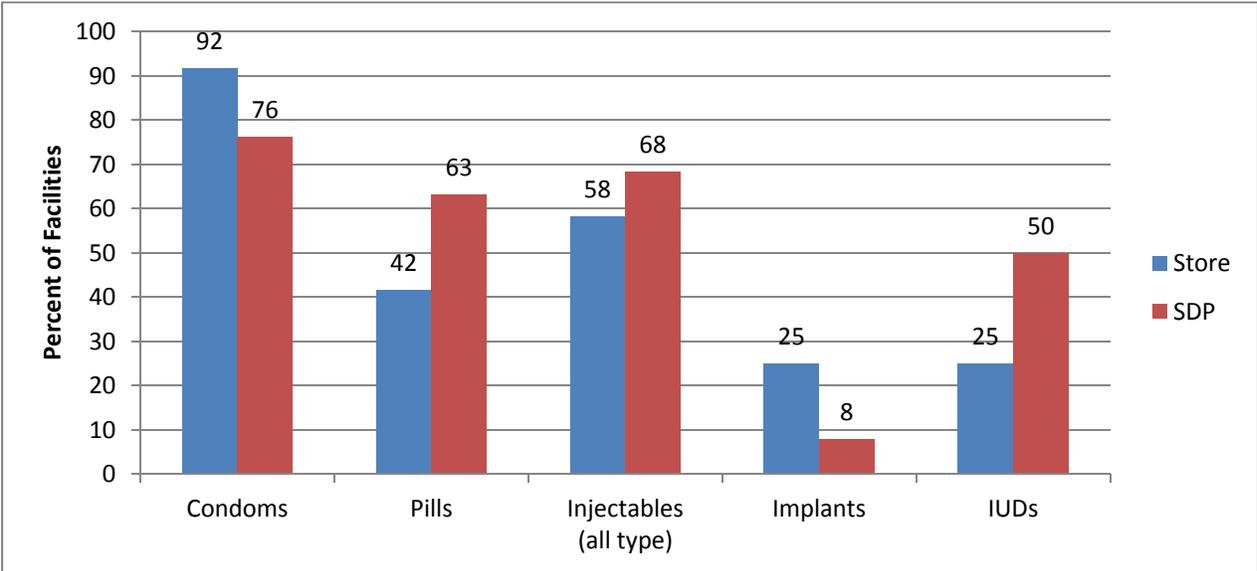
Note: Calculated based on percentage of those facilities with stacking of multiple boxes (store: n = 53; SPDs ; n = 39).

Commodities Received Outside the CLMS

To obtain a better understanding of the facilities that receive contraceptives outside of the CLMS, facility staff were asked whether they had received any within the last six months and, if so, whether they received condoms, pills, injectables, or implants. It should be noted that facility staff were not asked whom they received the commodities from, nor was an estimate made to determine the total volume these commodities represented out of the total stock received in the last six-month period at a facility.

Of all the facilities, 10 percent of SDPs and 18 percent of stores said they had received contraceptives outside the CLMS. Of those that did receive commodities, condoms were the most common commodity to be supplied by both SDPs (92 percent) and stores (76 percent). Excluding condoms, SDPs received more commodities for all other methods than stores did.

Figure 26. Types of Contraceptives Received from Outside of the CLMS



Note: Multiple responses allowed so total is more than 100 percent.

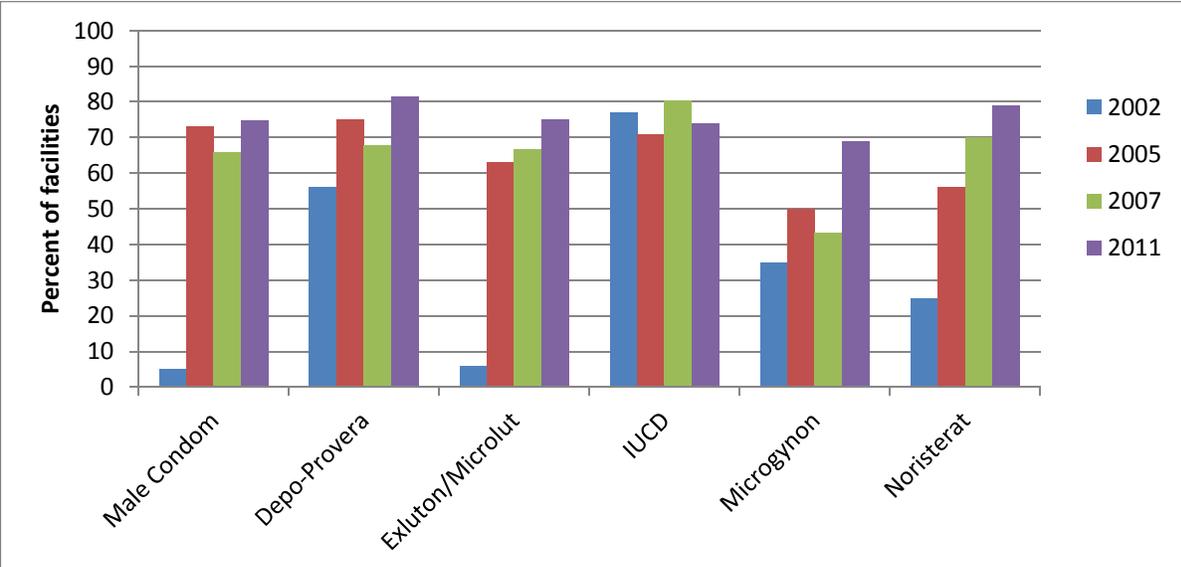
Comparison of Data Findings

Data describing stock availability, availability and accuracy of stockcard entries, adherence to storage guidelines, and training of facility personnel on the CLMS were compared to provide the basis for assessment of trends over time. The comparison was made for Bauchi, Edo, Enugu, Oyo, and Sokoto, because they are the five states common to the sampled sites of the 2002, 2005, 2007, and 2011 LIATs.

Stock Status

No clear-cut trend exists in this indicator. Availability of commodities over the years has increased for Exluton and Noristerat. Male condoms, Depo-Provera[®], and Microgynon recorded an increase in stock availability from 2002 to 2005 but a decrease in 2007. In 2011, availability was at the same level as or greater than in 2005. Availability for IUCD decreased in 2011 but not significantly. The most significant jumps in contraceptive availability were made from 2002 to 2005, which may be due to intensive activities related to the improvement of the CLMS and seed stock distribution. Figure 27 shows the trends in availability of commodities from 2002 to 2011.

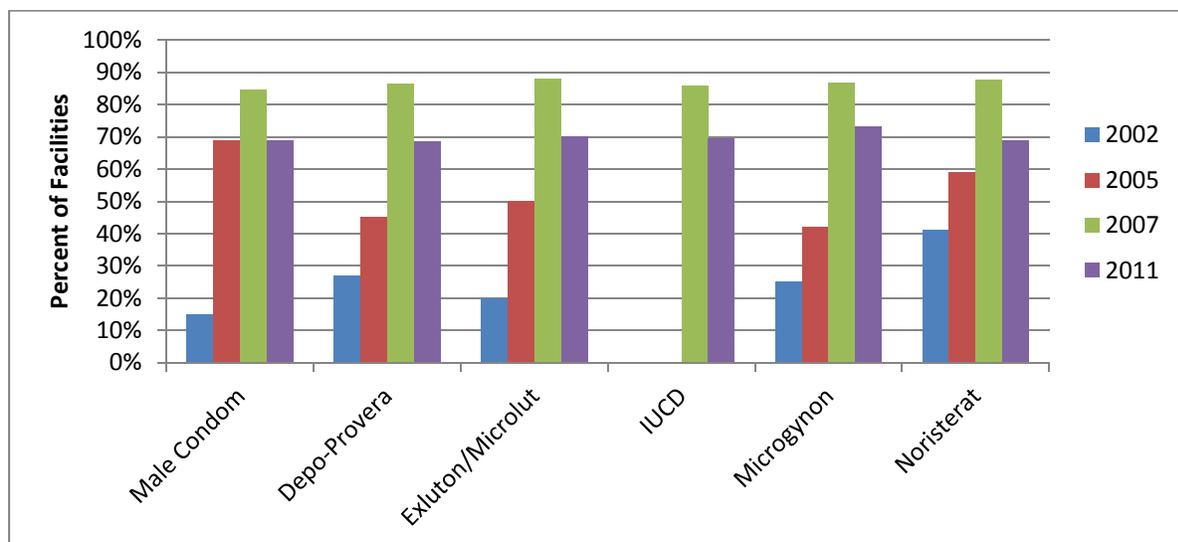
Figure 27. Availability of Contraceptives on the Day of Visit by Facility—2002–2011 Comparison



Logistics Management Information System (LMIS)

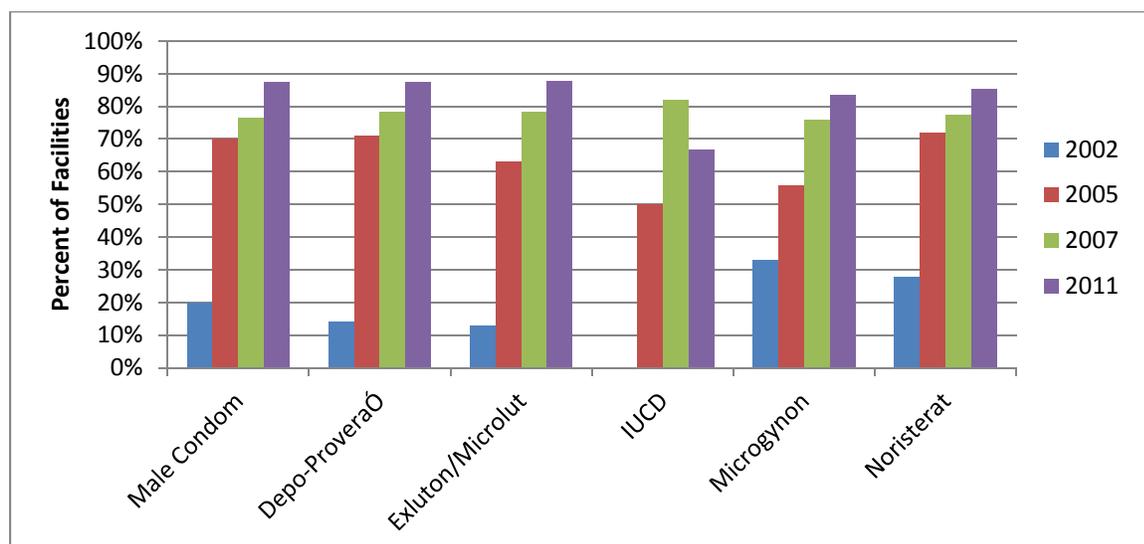
LMIS performance was evaluated by assessing the availability of stockcards and the percentage of stockcards updated across all four surveys. The data indicated a clear trend of improvement in stockcard availability between 2002 to 2007 for all six products, but a significant decline between 2007 and 2011 (see Figure 28).

Figure 28. Percentage of Facilities with Stockcards Available by Product—2002–2011 Comparison



However, despite the decrease in stockcard availability, a clear upward trend exists in the percentage of facilities maintaining updated stockcards. As of 2011, excluding IUCDs, more than 80 percent of the facilities had updated stockcards (Figure 29).

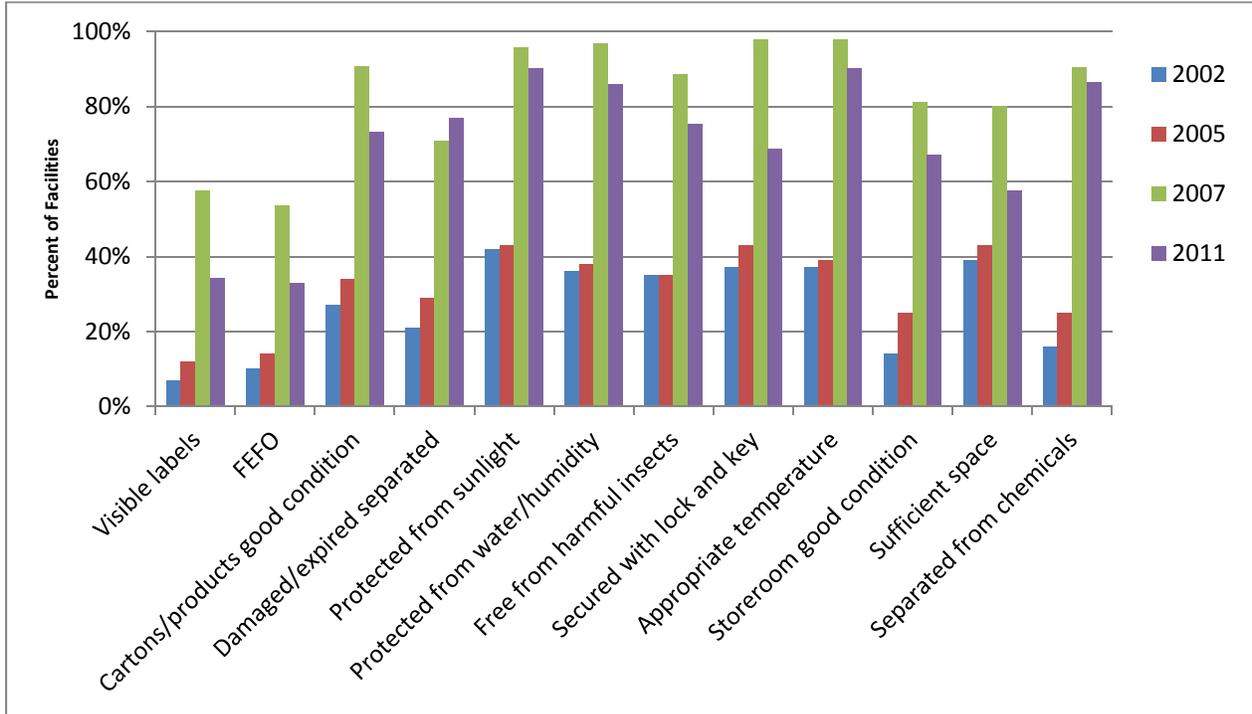
Figure 29. Percentage of Facilities with Stockcards Updated by Product—2002–2011 Comparison



Storage Conditions

The percentage of service providers adhering to storage guidelines showed a marked increase from 2002 values to 2007 for all 13 conditions. However between 2007 and 2011, conditions declined (Figure 30).

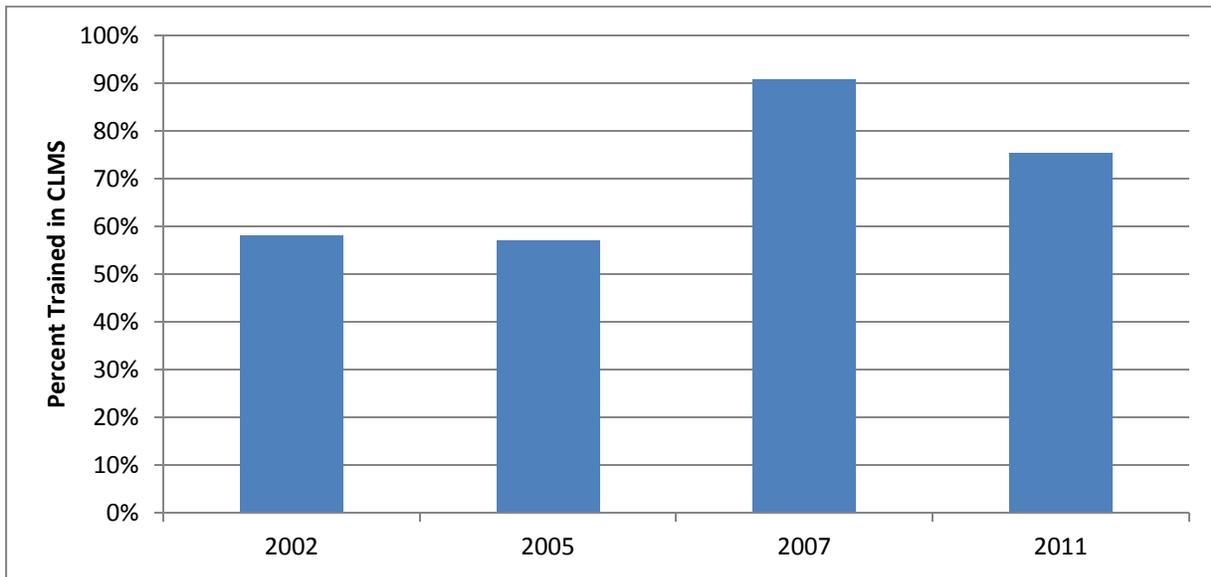
Figure 30. Percentage of Facilities Adhering to Storage Guidelines—2002–2011 Comparison



Training

While 2007 showed marked improvement compared to 2002 and 2005, the percentage of facility personnel trained in CLMS decreased in 2011 (see Figure 31).

Figure 31. Percentage of Personnel Trained in CLMS—2002–2011 Comparison



The roll-out of the redesigned and subsequent streamlined CLMS began in Bauchi and Sokoto in 2006, with accompanying training activities, which could account for the increase between 2005 and 2007. Roll-out of the streamlined CLMS to the remaining 34 states began in 2008. Since then, only nine states, excluding Edo, Enugu and Oyo, however, have completely moved over to the new system. In addition, high staff attrition and transfers have contributed to a decrease in the number of staff trained in the CLMS over the past four years.

Conclusions

Since the first LIAT was conducted in 2002, there has been steady progress in strengthening the CLMS. However this study revealed several areas that still need improvement

On the day of visit, urban facilities had a higher percentage of contraceptives in stock than rural facilities did at both SDPs and stores. A small number of rural facilities managed Implanon or Jadelle. Of the stores that do manage these two products, Implanon and Jadelle were the least available at a rate of around 60 percent. At the SDP level, female condoms were available at 67 percent of facilities, while 71–96 percent of facilities had all other products available. Approximately 50 percent of stores experienced a stockout of male condoms, Noristerat, and Jadelle in the past six months. Stores in general had more stockouts in the last six months than SDPs did. Forty-four percent of SDPs, the highest rate of stocking out in the past six months for a product for SDPs, had a stockout of Implanon. This was followed with 42 percent of SDPs stocking out female condoms in the last six months. On average, 30 percent of SDPs and 40 percent of stores experienced a stockout for each product, with higher stockouts in the last six months for male condoms, Noristerat, and Jadelle (approximately 50 percent for stores). The average number of stockouts ranged between 1.2 (Noristerat) and 1.9 (IUCDs) for stores and 1.1 and 2.4 (Jadelle) for SDPs. The average duration of stockouts was more than two and a half months.

Keeping the minimum amount of stock at a facility is key in preventing stockouts. Over 60 percent of state stores are below minimum for all contraceptives. Eighty percent and 90 percent of state stores are below minimum of Depo-Provera[®] and Jadelle, respectively. SDPs have better supply levels, but for all products some facilities are below the minimum levels.

A number of indicators provide a picture of LMIS practices of the CLMS. When looking at products managed at a facility, 65 percent of facilities on average had up-to-date stockcards available. Seventeen percent of stores and 7 percent of SDPs had some but not all stockcards for the products managed at the facility. The accuracy of stockcards, where the balance on the stockcards matches the physical inventory, was 63 percent for stores and 44 percent for SDPs. In addition, only 53 percent of stores and 42 percent of SDPs had the RIRFs or RIFs available for data collectors to review. For stock on hand during the period, 50 percent of stores and 60 percent of SDPs had RIRFs/RIFs that listed the same data as stockcards did.

Over 85 percent of store personnel and 72 percent of SDP staff have been trained in the CLMS. The majority of staff received their training during a formal CLMS training. SDPs showed more variability in the type of CLMS forms used: 67 percent used either the RIF or RIRF, 4 percent used both, and 29 percent did not use any. Sixty percent of SDPs sent in a report according to their reporting cycles, and 70 percent of stores did; most facilities (75 percent) did not need to place an emergency order in the previous six months.

When data collectors looked at the higher-level facilities RIRF/RIFs to verify whether issuing facilities were able to fulfill orders, only 41 percent of stores and 59 percent of SDPs had records available. Of those that had records for verification, 75 percent of orders at the stores and SDPs were filled as requested or within plus or minus 10 percent. Depo-Provera, one of the most popular products, had the lowest order fill rate.

Regular supervision is important for monitoring the system and providing timely feedback to staff of any supply chain system. In the CLMS, 30 percent of SDPs and stores, both urban and rural, had never received a supervision visit, and 30 percent of stores had never conducted a supervision visit. Nearly 20 percent and 40 percent of the SDPs and stores, respectively, that did receive a visit had one more than six months earlier. This corresponds with the 30 percent of stores that conducted a supervision visit in the previous six months. Only 32 percent of the stores' staff made a visit in the previous month, and only 30 percent and 9 percent of SDPs and stores, respectively, had a visit within the last month.

Despite the elimination of user fees of contraceptives in mid-2011, almost 30 percent of SDPs and 12 percent of stores that manage injectables and 2 percent SDPs and 1 percent of stores that manage implants were still charging fees for these products.

The most common form of transportation for contraceptives is the public sector for both SDPs and stores, followed by private vehicles and motorcycles. States now need to set aside funds in their budget for transporting contraceptives. Regarding storage conditions, urban facilities had a larger percentage of acceptable and excellent conditions than rural facilities did. Rural SDPs (45 percent) and stores (52 percent) had unacceptable conditions compared to 30 percent of urban SDPs and 19 percent of urban stores.

Comparisons among the 2002–2011 LIATs show greater progress made between 2002 and 2005. Stock availability on the day of visit increased for male condoms, Depo-Provera[®], Exluton/Microlut, Microgynon, and Noristerat. Although the availability of stockcards was lower in 2011 than in it was in 2007, there is still an upward trend in facilities with updated stockcards.

Recommendations

Strengthening the CLMS will take place in a dynamic environment as the streamlined CLMS continues to be rolled out to all 36 states and stakeholders, and health workers work with the challenges of eliminating user fees for contraceptives. Despite the extremely high level of training among personnel who manage contraceptives at the facility level, application of this training remains problematic. Additional training in the existing system nationwide would probably not be the best approach to reinforce the training, given the high time and cost commitments required. Recommendations include the following:

Strengthen CLMS and ensure minimum stock levels at all levels.

To prevent and reduce the length of stockouts, minimum stock levels must be maintained beginning at the central level down to the state and LGA stores. The FMOH should ensure that ordered commodities are distributed to the states in line with the distribution calendar, and implementers at all levels should adhere strictly to the contraceptive logistics management system (CLMS) ordering guidelines.

Computerization of LMIS should exist at central and state levels to ensure prompt response and efficient management of commodities.

Advocacy to policymakers should exist at all levels for support for printing and distributing LMIS forms and other management tools.

Improve training opportunities and supportive supervision.

Incorporate supply chain management as part of preservice training at universities and as part of the FP training.

Training with a focus at the SDP level on inventory control and reporting procedures. To strengthen SDP staff skills in proper logistics management, to improve use and completion of RIRFs/RIFs, and to report and order on time, targeted training should be provided. This training will also help SDP-level staff to improve their ability to keep up-to-date and accurate DCRs and maintain better storage conditions.

Budget for refresher training with an emphasis on training staff in rural facilities is needed at the central level to maintain the logistics management and FP skills of health workers.

Reinforce supervision across all levels. A lack of supervision exists, and this lack is a key juncture where the application of learned materials can and should be reinforced. Both the quality and frequency of supervision should be addressed. Supportive supervisory visits should, therefore, be intensified at all levels according to the supervision plan and include logistics management as part of supervision for FP products. Additionally, with the elimination of the cost recovery system, supervision visits should ensure that staff, as well as clients, are aware of the new policy. Displaying this policy at health facilities would also help spread the information to clients.

Use scheduled meetings, such as the FP coordinators' conference, to update staff; provide refresher training; and share lessons learned to strengthen and reinforce the SOPs of the CLMS.

Include a budget line for transportation costs.

Transportation challenges remain a major contributing factor to breakdowns in the supply chain. The lack of a transport budget and ending the cost recovery system mean that facilities do not have the financial means to pay for transport to pick up product from the LGA. Instead, SDP staff must pick up product when they make routine management visits to the LGA. When this does not happen, commodities simply will not always arrive at the facilities when needed. This is compounded by the inability of staff to leave the facility and the distance to supply centers, especially for rural facilities. The very small volume of products being handled also means there is a reliance on cheaper public transportation, which also creates security and theft concerns. States and LGAs need to identify ways of combining contraceptive deliveries with those scheduled by other programs. Because of the user-fee-free policy, the FMOH should emphasize and direct states and LGAs to allocate funds in their budgets for supervision of the CLMS and transportation costs to pick up or deliver contraceptives (if they are not be integrated into other existing supply chains). Additionally, transport budgets should include a mechanism for reimbursing staff travel from the SDP.

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Appendix A

Sampling List

Note: U denotes Urban; R denotes Rural

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
Abia		Abia State FP Store	[U]
	Aba North	Aba North LGA Store	[U]
		Eziama Health Centre	[U]
		Osusu Health Centre	[U]
	Aba South	Aba South LGA Store	[U]
		Eziukwu H/C	[U]
		Family Planning Clinic ABSUTH	[U]
	Abriba Ohafia	Ohafia LGA Store	[R]
		Akahaba GENERAL HOSPITAL	[R]
		Isiama PHC	[R]
	Arochukwu	Arochukwu LGA Store	[R]
	Bende	Bende LGA Store	[R]
		Bende Maternity	[R]
		Uzuakoli PHC	[R]
	Ikwuano	Ikwuano LGA	[R]
		Awomukwu Health Centre	[R]
		Oboro Maternity	[R]
	Isialangwa North	Isialangwa LGA Store	[R]
		O'ngwa General Hospital	[R]
	Isialangwa South	Aba South LGA Store	[R]
		Omoba HC	[R]
	Isuikwuato	Isuikwuato LGA Store	[R]
		Umuobiala PHC	[R]
		Isuikwuato General Hospital	[R]
	Osisioma	Osisioma LGA Store	[R]
		Govt Cottage Hospital	[U]
		World Bank Health Centre	[R]
Umuahia North	Umuahia North LGA Store	[U]	

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		Ahiaeke Health Centre	[R]
		FMC Family Planning Clinic	[U]
		World Bank Health Centre	[U]
	Umuahia South	LGA Store	[R]
		General Hospital Amachara	[R]
		Nsirimo PHC	[R]
Akwa-Ibom		Akwa-Ibom State FP Store	[U]
	Abak	Abak LGA Store	[U]
		Abak PHC	[U]
		HC Afaga Obong	[R]
	Essien-Udim	Essien Udim Store	[R]
		Essien Udim PHC	[R]
		H/C Midim Atan	[R]
	Ikono	LGA Store Ikono	[R]
		General Hospital Ikono	[R]
		Ikono PHC	[R]
	Itu	Itu LGA Store	[U]
		Hc Ntak Inyang	[R]
		Hc Wesy Itam	[U]
	Mkpat Enin	Mkpat Enin LGA Store	[U]
		Mkpat Enin PHC	[U]
		Ukam H/C	[R]
	Oruk-Anam	Oruk Anam Store	[U]
		General Hospital Ikot Okoro	[R]
		Oruk Anam PHC	[U]
	Urban	Urban LGA Store	[U]
		Methodist General Hospital	[R]
PHC Uruan		[U]	
Uyo	LGA Store Uyo	[U]	
	PHC Uyo	[U]	
	Uuth Uyo	[U]	
	H Ikot Oku Ubo	[U]	
Bauchi		Bauchi State FP Store	[U]
	Alkalheri	Alkalheri LGA Store	[R]
		Alkalheri General Hospital	[R]
		Alkalheri Town Maternity	[R]
	Bauchi	Bauchi LGA Store	[U]
		Federal Low Cost Maternity	[U]

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		Kofar Ran Urban Maternity	[U]
	Dambam	Dambam LGA Store	[R]
		Gaima Disp/Maternity	[R]
		Jalam MPHC	[R]
		Darazo	Darazo LGA Store
	Darazo Town Maternity Hospital		[R]
	Konkiyel Maternity Hospital		[R]
	Dass	Dass LGA Store	[R]
		General Hospital Dass	[R]
		Town Maternity Clinic	[R]
	Giade	Giade LGA Store	[R]
		Giade Town Maternity Hospital	[R]
		Zabi Maternity Hospital	[R]
	Kirfi	Kirfi LGA Store	[R]
		Bara PHC	[R]
		Kaloma Maternity	[R]
	Misau	Misau LGA Store	[R]
		Hardawa PHC	[R]
		Misau Town Maternity	[R]
	Tafawa Balewa	Tafawa Balewa LGA Store	[R]
General Hospital		[R]	
Town Maternity		[R]	
Toro	Toro LGA Store	[R]	
	Magama Gumau Maternity Clinic	[R]	
	Toro Maternity Clinic	[R]	
	Zaranda Maternity Clinic	[R]	
Edo		Edo State FP Store	[U]
	Esan Central	Esan Central LGA Store	[U]
		PHC Opoji	[R]
		PHC Unuogbo	[R]
	Esan South East	Esan South East LGA Store	[R]
		PHC Illushi	[R]
		PHC Ubiaja	[U]
	Esan West	Esan West LGA Store	[U]
		PHC Ekpoma	[U]
		PHC Uhiele	[R]
PHC Ujogba		[R]	
Estako Central	Estako Central LGA Store	[U]	

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		PHC Arua	[U]
		PHC Fugar	[U]
	Estako West	Estako West LGA Store	[U]
		PHC Auchu	[U]
		PHC Jattu	[R]
	Oredo	Oredo LGA Store	[U]
		Staff Clinic	[U]
		Urban Centre	[U]
	Orhionmwon	Orhionmwon LGA Store	[U]
		PHC Abudu	[U]
		PHC Igbanke	[R]
	Owan East	Owan East LGA Store	[U]
		Referral Centre Clinic	[U]
		Uokha Health Centre	[R]
	Uhumwode	Uhumwode LGA Store	[R]
		PHC Oke	[R]
		PHC Orhua	[R]
	Enugu		Enugu State FP Store
Enugu East		Enugu East LGA Store	[U]
		Abakpa PHC	[U]
Enugu North		Enugu North LGA	[U]
		Park Lane Hospital	[U]
		Railway Hospital	[U]
Enugu South		Amaechi Cottage Hospital	[R]
		Uwani Cottage Hospital	[U]
Igbo Etitu		Igbo Etitu LGA Store	[R]
		Aku Health Centre	[R]
		Amaegwu Health Post	[R]
Nkanu West		Nkanu West LGA Store	[R]
		Health Centre Agbani	[R]
		Ozalla Health Centre	[R]
Udenu		Udenu LGA Store	[R]
	Oba Model PHC	[R]	
	Obollo Etitu Health Centre	[R]	
Kano		Kano State FP Store	[U]
	Albasu	Albasu LGA Store	[R]
		Albassu Cottage Hospital	[R]
		Hungu Health Centre	[R]

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		Tsangaya Health Centre	[R]
	Garun Mallam	Garun Mallam LGA Store	[R]
		Garun Baba Clinic	[R]
		Garun Mallam PHC	[R]
		Kadewa Health Centre	[R]
	Kumbotoso	Kumbotso LGA Store	[R]
		Basic Health Clinic	[R]
		Comprehensive Health Centre	[R]
	Madobi	Madobi LGA Store	[R]
		Kafin-Agur Health Clinic	[R]
		Kwankwaso Health Clinic	[R]
	Minjibir	General Hospital Minjibir	[R]
		Kunya BHC Clinic	[R]
	Sumaila	Sumaila LGA Store	[R]
		MCH Patricia	[R]
		Sumaila General Hospital	[R]
	Tarauni	Tarauni LGA Store	[U]
		Hausawa MCH Clinic	[U]
		Jaoji Health Clinic	[U]
	Tofa	Tofa LGA Store	[R]
		Comprehensive Health Centre	[R]
National PHC Lambu		[R]	
Kwara		Kwara State FP Store	[U]
	Asa	Asa LGA Store	[R]
		BHC Otte	[R]
		District Health Unit Afor	[R]
	Edu	District Health Unit Lafiagi	[R]
		Edu LGA Store	[R]
		General Hospital Lafiagi	[R]
	Ifelodun	Ifelodun LGA Store	[R]
		Koko PHC	[R]
		Omupo Cottage Hospital	[R]
	Ilorin East	Ilorin East LGA Store	[U]
		Ilorin University Teaching Hospital	[U]
		Okelele Health Centre	[U]
	Ilorin South	Ilorin South LGA Store	[U]
		Basic Health Clinic Olufadi	[U]
Civil Service Hospital		[U]	

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
	Ilorin West	Ilorin West LGA Store	[U]
		Adewale Cottage Hospital	[U]
		Pakata Health Centre	[U]
	Ireloḁun	Ireḁodun LGA Store	[U]
		Okeola Oro Health Clinic	[U]
		Orolodo PHC	[U]
	Offa	Offa LGA Store	[R]
		Essa Ward Bhc	[R]
		Offa Specialist Hospital	[R]
	Patigi	Patigi LGA Store	[R]
		Lade BHC	[R]
		Patigi General Hospital	[R]
Central Store		Central Contraceptive Warehouse	[U]
Lagos		Lagos State FP Store	[U]
	Ibeju Lekki	Ibeju Lekki LGA Store	[R]
		Ibeju PHC	[R]
		Lekki PHC	[R]
	Ikeja	Ikeja LGA Store	[U]
		Lagos State University Teaching Hospital	[U]
		Oregun PHC	[U]
	Ikorodu	Ikorodu LGA Store	[R]
		General Hospital Ikorodu	[R]
		Iḁakodo PHC	[R]
	Kosofe	Kosofe LGA Store	[U]
		General Hospital Gbagada	[U]
		Ikosi PHC	[U]
	Lagos Island	Lagos Island LGA Store	[U]
		Lagos Island Maternity Hospital	[U]
		Sura PHC	[U]
	Lagos Mainland	Lagos Mainland LGA Store	[U]
		Ebute Metta Health Centre	[U]
		Harvey Road Health Centre	[U]
		Simpson PHC	[U]
	Mushin	Mushin LGA Store	[U]
		General Hospital Isolo	[U]
		Palm Avenue PHC	[U]
	Oshodi	Oshodi LGA Store	[U]
		Mafoḁuku PHC	[U]

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		Oshodi PHC	[U]
	Shomolu	Shomolu LGA Store	[U]
		Akoka PHC	[U]
		General Hospital Oguntolu	[U]
Nasarawa		Nasarawa State FP Store	[U]
	Akwanga	Akwanga LGA Store	[U]
		PHC Nchikpe	[R]
		PHC Wamba Rd.	[U]
	Awe	Awe LGA Store	[R]
		General Hospital Awe	[R]
		PHC Old Awe Town	[R]
	Doma	General Hospital Doma	[R]
		DomaLGA Store	[R]
		PHC Yelwa Idiya	[R]
	Karu	Karu LGA Store	[U]
		General Hospital Uke	[U]
		PHC Karu	[U]
	Keffi	Keffi LGA Store	[U]
		PHC Tsohon Kasuwa	[U]
		PHC Ungwan Waje	[U]
	Lafia	Lafia LGA Store	[U]
		PHC Lafia East	[U]
		PHC Doma Road	[U]
	Nasarawa	Nasarawa LGA Store	[U]
		PHC Laminga	[R]
		PHC Shamage	[R]
	Nasarawa Eggon	Nasarawa Eggon LGA Store	[U]
		PHC Arigbabu	[R]
		PHC Nass Eggon	[R]
	Obi	MCWC Obi	[R]
		PHC Agyaragu	[R]
Tudun Adabu PHC - LGA store		[R]	
Ogun		Ogun State FP Store	[U]
	Abeokuta South	Family Health Centre, Oke Ilewo	[U]
		Abeokuta South LGA Store	[U]
		Oba Gbadebo Hc, Isale Ijeun	[U]
	Ewekoro	Ewekoro LGA STORE	[U]
		Itori Health Clinic	[U]

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		Wasinmi Health Clinic	[U]
	Ijebu North	Ijebu North LGA Store	[U]
		Atikori PHC Clinic	[R]
		Obada PHC Clinic	[R]
	Ijebu North East	Ijebu North East LGA Store	[U]
		Atan Health Clinic	[U]
		Ogbogbo Health Clinic	[U]
	Ijebu Ode	Ijebu Ode LGA Store	[U]
		General Hospital Ijebu Ode	[U]
		Italapo PHC	[U]
	Ikenne	Ikenne LGA STORE	[U]
		Ikenne Health Clinic	[R]
		Irolu PHC	[R]
	Obafemi Owode	Obafemi Owode LGA Store	[U]
		Obafemi Health Clinic	[U]
		Owode Health Clinic	[U]
	Odeda	Odeda LGA STORE	[U]
		Obantoko PHC Clinic	[U]
		Olodo PHC Clinic, Odeda	[R]
	Yewa North	Yewa North LGA Store	[U]
		Aiyetoro PHC Clinic	[U]
Igbogila PHC Clinic		[U]	
Oyo		Oyo State FP Store	[U]
	Afijio	Afijio LGA Store	[U]
		Fiditi PHC	[U]
		General Hospital Ilora	[U]
	Atiba	Atiba LGA Store	[U]
		Aafin PHC	[U]
		Okeolola PHC	[U]
	Ibadan North	Ibadan North LGA	[U]
		Adeoyo Maternity Hospital	[U]
		Sango PHC	[U]
	Ibadan North West	Ibadan North West LGA Store	[U]
		Jericho Nursing Home	[U]
		Oniyanrin Comp Hc	[U]
	Ibadan South West	Ibadan South West LGA Store	[U]
		Foko PHC	[U]
Oni Memorial Children Hospital		[U]	

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
	Ibarapa East	Ibarapa East LGA Store	[U]
		General Hospital, Lanlate	[U]
		Oke-Oba PHC	[U]
	Ogbomosho South	Ogbomosho South LGA Store	[U]
		Ayetoro PHC	[U]
		Ilogbo PHC	[U]
	Oriire	Oriire LGA Store	[U]
		General Hospital Ikoyi - Ile	[U]
		Iluju PHC	[U]
	Surulere	Surulere LGA Store	[R]
		Iresaadu Comp Health Care	[R]
		Oko Model PHC	[R]
Sokoto		Sokoto State FP Store	[U]
	Gwadabawa	Gwadabawa LGA Store	[U]
		Gwadabawa Rural Health Centre	[U]
		Maman Suka Disp	[R]
	Illela	Illela LGA Store	[U]
		Gidan Hamma Dispensary	[R]
		Gidan Kata Disp	[R]
	Kebbe	Kebbe LGA Store	[U]
		General Hospital Kebbe	[U]
		PHC Kuchi	[R]
	Shagari	Shagari LGA Store	[U]
		Horo Dispensary	[R]
		PHC Shagari	[U]
	Silame	Silame LGA Store	[U]
		Marafa Disp	[R]
		PHC Gande	[R]
	Sokoto North	Sokoto North LGA Store	[U]
		Helele Clinic	[U]
		Women And Children Welfare Clinic (WCWC)	[U]
	Wamako	Wamako LGA Store	[U]
		Arkilla PHC	[U]
		Uduth Family Health Clinic	[U]
	Wurno	Wurno LGA Store	[U]
Wurno General Hospital		[U]	
Wurno Town Dispensary		[U]	
Yabo	Yabo LGA Store	[R]	

	Selected LGAs 2011	Final Selected and visited SDPs and LGA Stores	Urban/Rural
		General Hospital Yabo	[U]
		Gudurega Disp	[R]

Appendix B

Indicators

Indicators	Data Source(s)
Stock Status	
Availability of contraceptive methods on the day of visit	Stock card records, respondent, and physical inventory
Percent of facilities stocked out of products in the previous six months	Stock card records, respondent, and physical inventory
Average number of days a product was stocked out in the previous six months	Stock card records, respondent, and physical inventory
Average frequency of stockouts of a product in the previous six months	Stock card records, respondent, and physical inventory
Months of stock on hand	Stock card records and physical inventory
Logistics Management Information System	
Percent of facility personnel trained in CLMS	Respondent
Percent of facilities reporting they have all the forms to manage contraceptives	Respondent and presence of forms
Percent of facilities with stock cards available by product	Presence of stock cards in facilities
Percent of facilities with stock cards updated by product	Presence of stock cards and evidence of utilization in facilities and stores
Percent of facilities with accurate stock balances on stock cards	Comparison of stock card balance and physical inventory count
Reporting	
Percent of stores reporting sending store distribution report to higher level	Respondent
Of those stores sending store distribution reports to the higher level, percent of distribution reports that are complete and accurate	Presence of distribution reports and evidence of proper utilization
Percent of SDPs that are required to submit RIF/RIRFs are actually submitting	Respondent
Inventory Control	
Percent of facilities that had to place an emergency order	Respondent
Order fill rate	Order records

Indicators	Data Source(s)
Record Keeping	
Percentage of facilities with complete and accurate RIF/RIRFs	Evidence of proper use
Supervision	
Percent of stores conducting supervisory visits using the supervision checklist	Respondent
Time period of conducting last supervision visit	Respondent
Percent of stores with supervision checklists on file	Presence of forms
Percent of facilities that report receiving supervision visits	Respondent
FP management checked during last supervision visit	Respondent
Transportation	
Percent of stores/SDPs reporting they collected contraceptives for their facilities	Respondent
Method of transportation used	Respondent
Storage	
Percent of facilities that maintain acceptable storage conditions	Visual observation
Percent of facilities meeting individual storage conditions	Visual observation

Appendix C

Team Composition

State	Name	Affiliation
ABIA	Izuwa Greg .O	FMOH
	Kalu Francesca M.	SMOH FP Coordinator- Abia
AKWA-IBOM	Grace Ekong	FMOH
	Akinkunmi A.O	SMOH FP Coordinator- Akwa-Ibom
BAUCHI	Maryam Musa	USAID DELIVER PROJECT
	Hauwa A. Othman	SMOH FP Coordinator- Bauchi
EDO	Dr Ortonga Gabriel I.	FMOH
	Sarah Ojo-Edokpayi	SMOH FP Coordinator- Edo
ENUGU	Olawale Durosinmi-Etti	USAID DELIVER PROJECT
	Ezejiofor Francesca I.S	SMOH FP Coordinator- Enugu
KANO	Olaleye Ralph	FMOH
	Hassanatu Abdusalam	SMOH FP Coordinator-Kano
KWARA	Kubra Ahmed	USAID DELIVER PROJECT
	Hajia I.A Salami	SMOH FP Coordinator- Kwara
LAGOS	Elizabeth Obaje	USAID DELIVER PROJECT
	Adebajo Olajumoke	SMOH FP Coordinator- Lagos
NASARAWA	Ismail Abdulrahman	USAID DELIVER PROJECT
	Laraba Asalakah	SMOH FP Coordinator- Nasarawa
OGUN	Temitope Bombata	FMOH
	Somoye Olaronke	SMOH FP Coordinator- Ogun
OYO	Esther O. Ladipo	FMOH
	Ugochukwu Alex	FMOH
	Olayemisi Okunmadewa	SMOH FP Coordinator- Oyo
SOKOTO	Nike Adedeji	USAID DELIVER PROJECT
	Salamatu Suleiman	SMOH FP Coordinator- Sokoto
Survey and Data Monitors		
	Dr. Bose Adeniran	FMOH
	Elizabeth Igharo	USAID DELIVER PROJECT
	Austine Omiunu	USAID DELIVER PROJECT
	Juan Agudelo	USAID DELIVER PROJECT

Appendix D

Supplementary Tables

Table D1. Management of Contraceptive Products by Facility Type

	Stores n=118	SDP n=215
Female Condom	72%	50%
Male Condom	93%	84%
Depo-provera	98%	98%
Exluton/Microlut	97%	84%
IUCD	82%	55%
Microgynon	97%	87%
Noristerat	98%	96%
Implanon	22%	13%
Jadelle	22%	11%

Table D2. Percentage of Facilities with Stockcards Available and Updated by Product at the Urban and Rural Levels

	Store						SDPs					
	Available			Update			Available			Update		
	All	Urban	Rural	All	Urban	Rural	All	Urban	Rural	All	Urban	Rural
Female Condom	69%	73%	63%	56%	60%	53%	53%	43%	63%	49%	41%	58%
Male Condom	78%	83%	69%	69%	76%	59%	55%	48%	62%	51%	42%	59%
Depo-provera	79%	82%	74%	69%	73%	65%	58%	52%	63%	54%	48%	60%
Exluton/Microlut	72%	76%	65%	61%	65%	56%	60%	54%	65%	55%	48%	61%
IUCD	78%	83%	71%	55%	62%	41%	55%	56%	54%	49%	50%	48%
Microgynon	77%	81%	71%	66%	74%	54%	60%	56%	63%	54%	50%	57%
Noristerat	78%	81%	74%	71%	74%	65%	57%	52%	62%	52%	48%	56%
Implanon	80%	79%	83%	72%	68%	83%	57%	57%	57%	57%	57%	57%
Jadelle	72%	68%	83%	68%	63%	83%	57%	58%	50%	57%	58%	50%

Appendix E

Logistics Indicator Assessment Tool (LIAT)

Survey Name : NG_1_FacilityID_final

No of Questions:24

1:FACILITY IDENTIFICATION. The questions in this form provide general information about the health facility/warehouse (label)

2:Date of Visit (date)

Data Field Name : d__date

3:Enter Store or SDP Name (text)

Data Field Name : T__facilityname

4:Facility ID (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__FacilityCode

5:Name of State (multi)

Data Field Name : ID__State

Possible responses:

- Abia Abia
- Adamawa Adamawa → Skip to 7
- Akwa-Ibom Akwa-Ibom → Skip to 8
- Bauchi Bauchi → Skip to 9
- Edo Edo → Skip to 10
- Enugu Enugu → Skip to 11
- Kano Kano → Skip to 12
- Kwara Kwara → Skip to 13
- Lagos Lagos → Skip to 14
- Nassarawa Nassarawa → Skip to 15
- Ogun Ogun → Skip to 16
- Oyo Oya → Skip to 17
- Sokoto Sokoto → Skip to 18

6:Name of LGA (Abia) (multi)

Data Field Name : ID_LGA_ABIA

Possible responses:

- NA-State Store.....NA
- Aba North 1
- Aba South 2
- Abriba Ohafia 3
- Arochukwu 4
- Bende 5
- Ikwuano 6
- Isialangwa North..... 7
- Isialangwa South..... 8
- Isuikwuato 9
- Osioma 10
- Umuahia North 11
- Umuahia South 12

→ → Any response Skip to 19

7:Name of LGA (Adamawa) (multi)

Data Field Name : ID_LGA_ADAMA

Possible responses:

- NA-State Store.....
- Demsa
- Furore
- Girei.....
- Lamurde.....
- Numan
- Yola North
- Yola South

8:Name of LGA (Akwa-Ibom) (multi)

Data Field Name : ID__LGA_AkwaIbom

Possible responses:

- NA-State Store.....
- Abak
- Essien-Udim
- Ikono.....
- Itu.....
- Mkpato Enin.....
- Oruk-Anam.....
- Urban
- Uyo

→ → Any response Skip to 19

9:Name of LGA (Bauchi) (multi)

Data Field Name : ID_LGA_BAUCHI

Possible responses:

- NA-State Store.....
- Alkalheri
- Bauchi
- Dambam
- Darazo.....
- Dass
- Giade.....
- Kirfi
- Misau
- Tafawa Balewa
- Toro

→ → Any response Skip to 19

10:Name of LGA (Edo) (multi)

Data Field Name : ID_LGA_EDO

Possible responses:

- NA-State Store.....
- Esan Central.....
- Esan South East
- Esan West
- Estako Central.....
- Estako West
- Oredo
- Orhionmwon.....
- Owan East.....
- Uhumwode.....

→ → Any response Skip to 19

11:Name of LGA (Enugu) (multi)

Data Field Name : ID_LGA_ENUGU

Possible responses:

- NA-State Store.....
- Enugu East.....
- Enugu North
- Enugu South
- Igbo Etiti.....
- Nkanu West
- Udenu

→ → Any response Skip to 19

12:Name of LGA (Kano) (multi)

Data Field Name : ID_LGA_KANO

Possible responses:

- NA-State Store.....
- Albasu.....
- Gaun Mallam.....
- Kumbotso.....
- Madobi.....
- Minjibir.....
- Sumaila.....
- Tarauni.....
- Tofa.....

→ → Any response Skip to 19

13:Name of LGA (Kwara) (multi)

Data Field Name : ID_LGA_KWARA

Possible responses:

- NA-State Store.....
- Asa.....
- Edu.....
- Ifelodun.....
- Ilorin East.....
- Ilorin South.....
- Ilorin West.....
- Irelodun.....
- Offa.....
- Patigi.....

→ → Any response Skip to 19

14:Name of LGA (Lagos) (multi)

Data Field Name : ID_LGA_LAGOS

Possible responses:

- NA-State/central Store.....
- Ibeju Lekki.....
- Ikeja.....
- Ikorodu.....
- Kosofe.....
- Lagos Island.....
- Lagos Mainland.....
- Mushin.....
- Oshodi.....
- Shomolu.....

→ → Any response Skip to 19

15:Name of LGA (Nassarawa) (multi)

Data Field Name : ID_LGA_NASS

Possible responses:

- NA-State Store.....
- Akwanga.....
- Awe.....
- Doma
- Karu
- Keffi.....
- Lafia.....
- Nassarawa.....
- Nassarawa Eggon
- Obi

→ → Any response Skip to 19

16:Name of LGA (Ogun) (multi)

Data Field Name : ID_LGA_OGUN

Possible responses:

- NA-State Store.....
- Abeokuta South
- Ewekoro.....
- Ijebu North.....
- Ijebu North East.....
- Ijebu Ode
- Ikenne
- Obafemi Owode.....
- Odeda.....
- Yewa North.....

→ → Any response Skip to 19

17:Name of LGA (Oyo) (multi)

Data Field Name : ID_LGA_Oyo

Possible responses:

- NA-State Store.....
- Afijio.....
- Atiba
- Ibadan North.....
- Ibadan North West.....
- Ibadan South.....
- Ibarapa East
- Ogbomosho South
- Oriire.....
- Surulere.....

→ → Any response Skip to 19

18:Name of LGA (Sokoto) (multi)

Data Field Name : ID_LGA_SOKOTO

Possible responses:

- NA-State Store.....
- Gwadabawa
- Illela
- Kebbe.....
- Shagari.....
- Silame
- Sokoto North.....
- Wamako.....
- Wurno
- Yabo

19:Facility Type (multi)

Data Field Name : ID_hf_type

Possible responses:

- Tertiary Hospital..... 1
- Secondary Hospital..... 2
- PHC
- Central store..... 4
- State store
- LGA store

20:Q1. Is this a urban or rural facility? (multi)

Data Field Name : Q1__urban_rural

Possible responses:

- Urban
- Rural

21:Q2. Who is the operating authority? (multi)

Data Field Name : Q02__opauth

Possible responses:

- MOH..... 1
- NGO

22:Q3. Is the road into the facility paved? (multi)

Data Field Name : Q03_tarmac

Possible responses:

- Yes..... 1
- No

23:Q3. Is electricity available in the facility on day of visit? (multi)

Data Field Name : Q03__electricity

Possible responses: 1

- Yes 1
- No 0

24:Q4. Is running water available in the building on the day of the visit? (multi)

Data Field Name : Q04__water

Possible responses:

- Yes 1
- No 0

Survey Name : NG_2_Interview_final

No of Questions:69

=====

1:FACILITY QUESTIONNAIRE.The questions in this form will be completed through interviews with the health facility personnel responsible for managing FP commodities. (label)

2:Enter name of Facility (text)

Data Field Name : T__facname

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__Facility_code

4:Enter type of Facility (multi)

Data Field Name : fac_type

Possible responses:

- SDP 1
- LGA Store..... 2
- State Store..... 3
- Central Store..... 4

5:Read objectives of the survey and record personnel name on supplemental form following any questions. Be sure to also record a phone number. (label)

6:What is your contact number at this facility? (number)

Data Field Name : contact_number

7:Q1. What is your title? (multi)

Data Field Name : Q01__Title_1

Possible responses:

- Nurse..... 1
- Medical Doctor2
- Pharmacy Technician..... 3
- Pharmacy Assistant..... 4
- Pharmacist5
- Medical Assistant6
- CHEW 7
- JCHEW8
- Other9
- CHO..... 10
- Other 11

8:Q1a. Title-other specify (text)

Data Field Name : Q01a__title1_oth

9:Q2. How long have you worked at this facility? (Enter total value in months. 1 year=12mo, 2yrs=24mo, 3yrs=36mo, etc. If less than 1 month enter 1). (number)

Data Field Name : Q02__timework

10:Q3. Are you the primary person responsible for managing drugs and medicine/ family planning commodities at this facility? (multi)

Data Field Name : Q03__primary

Possible responses:

- Yes..... 1
- No 0

11:Q4. Who is the principal person responsible for managing drugs and medicine/family planning commodities at this facility? (multi)

Data Field Name : Q04__primaryperson

Possible responses:

- Nurse.....1
- Medical Doctor2
- Pharmacy Technician....3
- Pharmacy Assistant.....4
- Pharmacist5
- Medical Assistant6
- CHEW7
- JCHEW8
- Other9

12:Q04a. Specify OTHER for Principal person (text)

Data Field Name : q04a__primaryperson_oth

13:Q5. Is supplies/stock management your primary role (or this other person) at this facility? (multi)

Data Field Name : Q05__PrimaryRole

Possible responses:

- Yes..... 1
- No 0

14:Q6. Do you use TALLY CARDS/ DCR forms to manage contraceptive products at this facility? (multi)

Data Field Name : Q6__stockcards

Possible responses:

- Yes..... 1
- No 0

15:Q7. Do you use STOCK LEDGER to manage contraceptive products at this facility? (multi)

Data Field Name : q7__stockledger

Possible responses:

- Yes..... 1
- No 0

16:Q8. Do you use OTHER FORMS to manage contraceptive products at this facility? (multi)

Data Field Name : q8__otherforms

Possible responses:

- Yes..... 1
- No 0

17:Q9. Do you use the Requisition Issue and Report Form (RIRF) for reporting/ ordering? (multi)

Data Field Name : q9__rirf

Possible responses:

- Yes..... 1
- No 0

18:Q10. Do you use the Requisition and Issue Form (RIF) for reporting/ordering? (multi)

Data Field Name : q10__RIF

Possible responses:

- Yes..... 1
- No 0

19:Q11. Do you use any OTHER LMIS FORMS for reporting/ordering? (multi)

Data Field Name : q11_otherLMISform

Possible responses:

- Yes 1
- No 0

20:Q11a Specify Other LMIS Form (text)

Data Field Name : q11a_LMISform_oth

21:Q12. Does a completed RIRF/RIF report include STOCK ON HAND? (must be verified with completed report) (multi)

Data Field Name : q12__lmis_soh

Possible responses:

- Yes 1
- No 0
- No completed report available 9

22:Q13. Does a completed RIRF/RIF report include QUANTITIES USED? (must be verified with completed report) (multi)

Data Field Name : q13__lmis__quant

Possible responses:

- Yes 1
- No 0
- No completed report available 9

23:Q14. Does a completed RIRF/RIF report include LOSSES AND ADJUSTMENTS? (must be verified with completed report) (multi)

Data Field Name : q14__lmis_lossadjust

Possible responses:

- Yes 1
- No 0
- No completed report available 9

24:Q15. How often do you send these RIRF/RIF reports to the higher level? (multi)

Data Field Name : q15__lmissenthigher

Possible responses:

- Every 2 months 1
- Every 3 months 2
- Every 4 months 3
- Every 6 months 4
- Annually 5
- Never 6
- Don` t know 98
- Other 10

25:Q15a. Specify "Other" frequency of RIRF/RIF reports sent (text)

Data Field Name : q15a__lmissenthigher_oth

26:Q16. When was the last time you sent an order/report for products at this facility? (multi)

Data Field Name : q16__lasttime

Possible responses:

- Never 1
- Within the last 2 months 2
- 2-3 months ago 3
- 3-4 months ago 4
- More than 4 months 5
- Don't know 98

27:Q17. How many facilities are supposed to send RIRF/RIF reports to this facility? (number)

Data Field Name : q17__facilitiesreporting

→ If "0", Skip to Q20

28:Q18. How many facilities submitted complete RIRF/RIF Reports for the last review period? (number)

Data Field Name : q18__lmissubmitted

29:Q19. ASK TO SEE REPORTS...Did you verify the number of RIRF/RIF reports received from the most recent period? (multi)

Data Field Name : q19__lmissubmitted_verify

Possible responses:

- Reports verified 1
- Reports not verified 2

30:Q20. Have you been trained in Family Planning (4-6 weeks training)? (multi)

Data Field Name : Q20_family_planning_training

Possible responses:

- Yes 1
- No 0

31:Q21. Have you been trained on the Contraceptive Logistics Management System (CLMS) (for example, through formal training, on-the-job training, self learning, etc.)? (multi)

Data Field Name : Q21_CLMS_training

Possible responses:

- Yes 1
 - No 0
- Skip to Q24

32:Q22. What type of training did you receive? (multi)

Data Field Name : Q22_CLMS_training_type

Possible responses:

- During the formal CLMS training 1 → Skip to Q23
- On-the-job training 2 → Skip to Q24
- On-the-job (self-learning)..... 3 → Skip to Q24
- Other (specify)..... 4

33:Q22a. Training to complete forms-Other specify (text)

Data Field Name : Q22a__logtrain_oth → Skip to Q24

34:Q23. When did you last receive training on the CLMS? (multi)

Data Field Name : q23_lastCLMStraining

Possible responses:

- 3 months ago..... 1
- 3 to 6 months ago..... 2
- 6 months to 1 year ago..... 3
- over 1 year ago 4
- over 2 years ago 5

35:Q24. Have there been any stockouts of FEMALE CONDOMS in the last 6 months? If yes, how long did it last? (multi)

Data Field Name : q24_so_femalecondom

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don`t manage 96
- Don`t know 98

36:Q25. Have there been stockouts of MALE CONDOMS in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q25_so_malecondom

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don`t manage 96
- Don`t know 98

37:Q26. Have there been any stock outs of DEPO-PROVERA in the last 6 months? If yes, how long did it last? (multi)

Data Field Name : q26_so_depo

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don`t manage 96
- Don`t know 98

38:Q27. Have there been any stockouts of EXLUTON/MICROLUT in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q27_so_exluton

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don`t manage 96
- Don`t know 98

39:Q28. Have there been any stockouts of IUCDs in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q28_so_IUCD

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don`t manage 96
- Don`t know 98

40:Q29. Have there been any stockouts of MICROGYNON in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q29_so_microgynon

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don` t manage 96
- Don` t know 98

41:Q30. Have there been any stockouts of NORISTERAT in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q30_so_noristerat

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don` t manage 96
- Don` t know 98

42:Q31. Have there been any stockouts of IMPLANON in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q31_so_implanon

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don` t manage 96
- Don` t know 98

43:Q32. Have there been any stockouts of JADELLE in the last 6 months? If Yes, how long did it last? (multi)

Data Field Name : q32_so_jadelle

Possible responses:

- None 1
- Less than 2 weeks 2
- 2 to 4 weeks 3
- One to Three months 4
- Three to six months 5
- More than six months 6
- Don`t manage 96
- Don`t know 98

44:Q33. How many emergency orders for FP products have you placed in the last 6 months? (multi)

Data Field Name : Q33__emergencyorder

Possible responses:

- None 0
- 1 1
- 2 2
- 3 3
- More than 3 4
- Don`t know 98

45:Q34. Who determines the resupply quantities at this facility? (check all that apply) (multi)

Data Field Name : Q34__resupply

Possible responses:

- The facility itself.....the facility itself
- Higher-level facility.....higher-level facility
- Other (specify).....other
- Don`t KnowDK

46:Q34a. Enter other for resupply quantities. (Enter NA if OTHER was not selected) (text)

Data Field Name : Q34a__resupply_oth

47:Q35. How are the facility's resupply quantities determined? (multi)

Data Field Name : Q35__resupplydetermined

Possible responses:

- Formula (LMIS Calculation)... 1
- Other means..... 2
- Don`t know 98

56:Q40. What type of transportation is most often used? (multi)

Data Field Name : Q40__transportmostoften

Possible responses:

- Facility vehicle1
- Public transportation.....2
- Private vehicle3
- Boat.....4
- Motorcycle.....5
- Bicycle6
- On foot.....7
- Other (specify).....8

57:Q40a. Transport used most often-other specify. (text)

Data Field Name : Q40a__transportmostoften_other

58:Q41. On average, approximately how long does it take between ordering and receiving products? (multi)

Data Field Name : Q41__timebtword

Possible responses:

- Upon receipt of RIRF/RIF 1
- Less than 2 weeks 2
- 2 weeks to 1 month 3
- Between 1 and 2 months 4
- More than 2 months 5
- Don't know 98

59:Q42. When did you receive your most recent supervision visit? (Check visitors book, if necessary. If RESPONDENT does not know then select "never received") (multi)

Data Field Name : Q42__ssvisit

Possible responses:

- Never received1 **→Skip to Q45**
- Within the last month.....2
- 1 - 3 months ago3
- 3 - 6 months ago4
- 6+ months ago.....5

60:Q43. Did your last supervision visit include FP commodity management (tally card checked, DCR form checked, RIRF/RIF checked, expired stock removed, storage conditions checked)? (multi)

Data Field Name : q43__ssvisit_checked

Possible responses:

- Yes 1
- No 0
- Don't Know 98

61:Q44. Who conducted the last supervision visit? (multi)

Data Field Name : q44_who_last_ssvisit

Possible responses:

- FMOH..... 1
- SMOH..... 2
- LGA..... 3
- Partner/donor 4
- Don` t know 98

62:Q45. Have you conducted a supervision visit within the last 6 months (If at SDP select "N/A")? (multi)

Data Field Name : q45_last_ssvisit

Possible responses:

- NA at SDP 96 **→Skip to Q49**
- No 0
- Within the last month 1 **→Skip to Q47**
- 1 to 3 months 2 **→Skip to Q47**
- 3 to 6 months 3 **→Skip to Q47**
- More than 6 months..... 4 **→Skip to Q47**
- Don` t know 98 **→Skip to Q49**

63:Q46. Why have these visits not take place? (Select all that apply) (multi)

Data Field Name : q46_why_nossvisit

Possible responses:

- Lack of transportation. 1
- Time commitments 2
- Unable to schedule..... 3
- Other 4

64:Q46a. Specify "other" reason for supervision not taking place. (Enter NA if OTHER was not selected) (text)

Data Field Name : q46a_reasonnosupvsn

65:Q47. Did you use your supervision checklist during your last visit? (multi)

Data Field Name : Q47_checklistsonfile

Possible responses:

- Yes..... 1
- No 0 **→Skip to Q49**

66:Q48. ASK TO SEE CHECKLIST AND VERIFY (multi)

Data Field Name : Q48__checklistverify

Possible responses:

- Checklist verified..... 1
- Checklist not verified..... 2

67:Q49. How much does this facility charge for Injectables (to clients, to the SDP)? (ENTER 0 IF PRODUCT IF PROVIDED FOR FREE. ENTER 9996 IF NOT MANAGED AT THE FACILITY) (number)

Data Field Name : Q50_costinjec

68:Q50. How much does this facility charge for Implants (to clients, to the SDP)? (ENTER 0 IF PRODUCT IF PROVIDED FOR FREE. ENTER 9996 IF NOT MANAGED AT THE FACILITY) (number)

Data Field Name : Q50_costimplants

Survey Name : NG_3_StockStatus_final

No of Questions:19

1:This form will be used to assess the stock status of select products on the day of the visit. The answers to these questions will come from records at the facility, and by conducting a physical inventory. (label)

2:Enter name of facility (text)

Data Field Name : T1_facname

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID_Facility_code

4:Enter Type of Facility (multi)

Data Field Name : fac_type

Possible responses:

- SDP 1
- LGA Store.....2
- State Store.....3
- Central Store.....4

5:Q1. Select the next commodity to be assessed from the list of products below (multi)

Data Field Name : Q01__CommodityName

Possible responses:

- Female Condom..... 1
- Male Condom2
- Depo-provera3
- Exluton/Microlut4
- IUCD5
- Microgynon7
- Noristerat8
- Implanon.....9
- Jadelle10

6:Q2. Is this commodity managed at this facility? (multi)

Data Field Name : Q02__Managed

Possible responses:

- Yes.....1

- No0

→ Skip to 19 (end of survey)

7:Q3. What is the physical count of this commodity today (in the storm room)? (Use the smallest unit of count. E.g. piece or vial or cycle) (number)

Data Field Name : Q03__Physical_Inventory

8:Q4. Is the facility stocked out of this commodity today? (multi)

Data Field Name : Q04__Stockout

Possible responses:

- Yes.....1

- No0

9:Q5. What is the quantity of this commodity that is expired as of today's visit? (number)

Data Field Name : Q05__QtyExpToday

10:Q6. Is the Tally Card/DCR available for this commodity? (multi)

Data Field Name : Q06__StockCardAvailable

Possible responses:

- Yes.....1

- No0

→ Skip to 19 (end of survey)

11:Q7. Is the record (Tally Card/DCR) being completed using the smallest unit of count? (multi)

Data Field Name : Q07__smallestunit

Possible responses:

- Yes.....1

- No0

12:Q8. Has the record (tally card/DCR) been updated for this commodity within the past 30 days? (If the Tally Card was last updated with balance of 0 and facility has not received any resupply, consider the record updated.) (multi)

Data Field Name : Q08__StockcardUpdated

Possible responses:

- Yes.....1

- No0

13:Q9. What is the balance recorded on the record for this commodity? (ENTER LAST ENTRY ON TALLY CARD. FOR DCR TAKE BEGIN BAL AND QNT REC'D AND SUBTRACT ISSUED TO DATE TO GET BALANCE) (number)

Data Field Name : Q09__BalanceStockcard

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__Facility_code

4:Enter Type of Facility (multi)

Data Field Name : fac_type

Possible responses:

- SDP 1
- LGA Store.....2
- State Store.....3
- Central Store.....4

5:Q1. Select the next commodity to be assessed from the list of products below (multi)

Data Field Name : Q01__CommodityName

Possible responses:

- Female Condom..... 1
- Male Condom2
- Depo-provera3
- Exluton/Microlut4
- IUCD5
- Microgynon7
- Noristerat8
- Implanon.....9
- Jadelle.....10

6:Q2. Is this commodity managed at this health facility? (multi)

Data Field Name : Q02__Managed

Possible responses:

- Yes.....1
- No2 **→ Skip to 11 (end of survey)**

7:Q3. Are there any RIRF/RIF available between January 1-June 30th, 2011 showing this product? (multi)

Data Field Name : Q03__LMISreport

Possible responses:

- Yes.....1
- No2 **→ Skip to 11 (end of survey)**

8:Q4. According to the most recent available RIRF/RIF (from January 1-June 30, 2011) what is the usable stock on hand? (Check Column "F" for RIRF; Column "B" for RIF) (number)

Data Field Name : Q04__LMISsoh

9:Q5. Is the tally card/DCR, from the time of the RIF/RIRF report, available for this commodity? (multi)

Data Field Name : Q05__StockCardAvailable

Possible responses:

- Yes.....1

- No2

→ Skip to 11 (end of survey)

10:Q6. According to the Tally Card/DCR from the time of the RIF/RIRF report, what is the usable stock on hand? (number)

Data Field Name : Q06__SCsoh

11:You have completed the questions for this product. Check it off on the list of products on the supplemental form for this facility, select NEXT and select ADD NEW RECORD. If you have completed all products, select NEXT and select FINISH FOR NOW. (label)

Survey Name : NG_5_QuantOrder_final

No of Questions:45

1:This form will be used to assess the differences between quantity ordered and quantity received. The answers to these questions will come from RIRF/RIF at the facility. (label)

2:Enter Facility name (text)

Data Field Name : T1__LGA_name

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__Facility_code

4:Enter Type of Facility (multi)

Data Field Name : fac_type

Possible responses:

- SDP.....1

- LGA Store.....2

- State Store.....3

- Central Store.....4

5:Q1. Are there any RIRF/RIFs available from January 1st to June 30th, 2011? (multi)

Data Field Name : Q01__rirfavail

Possible responses:

- Yes.....1

- No0

→ Skip to 45 (end of survey)

6:Use the most recent available RIRF/RIF to complete the following questions (label)

7:Q2. What was the date that the order was placed (date)

Data Field Name : Q02__datequantord

8:Q3. What was the date when the order was supplied? (date)

Data Field Name : Q03__datereceived

9:Q4. Are CONDOMS FEMALE managed at this facility? (multi)

Data Field Name : Q04__condomfemale

Possible responses:

- Yes.....1

- No0 **→ Skip to Q8**

10:Q5. What was the quantity ordered? (number)

Data Field Name : Q05__quantord_condf

11:Q6. What was the quantity supplied? (number)

Data Field Name : Q06__quantrec_conf

12:Q7. Do the quantity order and quantity supplied match? (multi)

Data Field Name : Q07__match_condf

Possible responses:

- Yes.....1

- No0

13:Q8. Are CONDOMS MALE managed at this facility? (multi)

Data Field Name : Q08__condomsmale

Possible responses:

- Yes.....1

- No0 **→ Skip to Q12**

14:Q9. What was the quantity ordered? (number)

Data Field Name : q9__quantord_condm

15:Q10. What was the quantity supplied? (number)

Data Field Name : Q10__quantrec_conm

16:Q11. Do the quantity order and quantity supplied match? (multi)

Data Field Name : Q11__match_condm

Possible responses:

- Yes.....1

- No0

17:Q12. Is DEPO PROVERA managed at this facility? (multi)

Data Field Name : Q12_depo

Possible responses:

- Yes 1
- No 0 **→ Skip to Q16**

18:Q13. What was the quantity ordered? (number)

Data Field Name : Q13_quantord_depo

19:Q14. What was the quantity supplied? (number)

Data Field Name : Q14_quantrec_depo

20:Q15. Do the quantity order and quantity supplied match? (multi)

Data Field Name : Q15_match_depo

Possible responses:

- Yes 1
- No 0

21:Q16. Is EXLUTON/MICROLUT managed at this facility? (multi)

Data Field Name : Q16_exluton

Possible responses:

- Yes 1
- No 0 **→ Skip to Q20**

22:Q17. What was the quantity ordered? (number)

Data Field Name : Q17_quantord_excl

23:Q18. What was the quantity supplied? (number)

Data Field Name : Q18_quantrec_exlu

24:Q19. Do the quantity order and quantity supplied match? (multi)

Data Field Name : Q19_match_exlu

Possible responses:

- Yes 1
- No 0

25:Q20. Are IUCD managed at this facility? (multi)

Data Field Name : Q20_IUCD

Possible responses:

- Yes 1
- No 0 **→ Skip to Q28**

26:Q21. What was the quantity ordered? (number)

Data Field Name : Q21_quantord_iucd

27:Q22. What was the quantity supplied? (number)

Data Field Name : Q22_quantrec_iucd

28:Q23. Do the quantity order and quantity supplied match? (multi)

Data Field Name : Q23_match_iucd

Possible responses:

- Yes.....1

- No0

29:Q28. Is MICROGYNON managed at this health facility? (multi)

Data Field Name : Q28_microgynon

Possible responses:

- Yes.....1

- No0 → Skip to Q32

30:Q29. What was the quantity ordered? (number)

Data Field Name : Q29_quantord_micro

31:Q30. What was the quantity supplied? (number)

Data Field Name : Q30_quantrec_micro

32:Q31. Do the quantity order and quantity supplied match? (multi)

Data Field Name : Q31_Match_micro

Possible responses:

- Yes.....1

- No0

33:Q32. Is NORISTERAT managed at this facility? (multi)

Data Field Name : Q32_noristerat

Possible responses:

- Yes.....1

- No0 → Skip to Q36

34:Q33. What was the quantity ordered? (number)

Data Field Name : Q33_quantord_nori

35:Q34. What was the quantity supplied? (number)

Data Field Name : Q34_quantrec_nori

36:Q35. Do the quantity ordered and quantity supplied match? (multi)

Data Field Name : Q35_match_nori

Possible responses:

- Yes.....1
- No0

37:Q36. Are IMPLANON IMPLANTS managed at this facility? (multi)

Data Field Name : Q36_implanon

Possible responses:

- Yes.....1
- No0 **→ Skip to Q40**

38:Q37. What was the quantity ordered? (number)

Data Field Name : Q37_quantord_impl

39:Q38. What was the quantity supplied? (number)

Data Field Name : Q38_quantrec_impl

40:Q39. Do the quantity order and quantity supplied match? (multi)

Data Field Name : q39_match_impl

Possible responses:

- Yes.....1
- No0

41:Q40. Are JADELLE IMPLANTS managed at this facility? (multi)

Data Field Name : Q40_jadelle

Possible responses:

- Yes.....1
- No0 **→ Skip to 45 (end of survey)**

42:Q41. What was the quantity ordered? (number)

Data Field Name : Q41_quantord_jad

43:Q42. What was the quantity supplied? (number)

Data Field Name : Q42_quantrec_jad

44:Q43. Do the quantity ordered and quantity supplied match? (multi)

Data Field Name : Q43_match_jad

Possible responses:

- Yes.....1
- No0

Survey Name : NG_6_StorageCond_final

No of Questions:23

1:STORAGE CONDITIONS. This form will assess storage conditions at this facility through OBSERVATIONS of the storeroom. Before entering data, take a little bit of time to familiarize yourself with the general layout and conditions of the storeroom. (label)

2:Enter facility name (text)

Data Field Name : T__fac_name

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__FacilityCode

4:Select facility type (multi)

Data Field Name : Q00__ftype

Possible responses:

- SDP1
- Store.....2

5:Q1.Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible (multi)

Data Field Name : Q01__ProdArrange

Possible responses:

- Yes1
- No0

6:Q2. Products are stored and organized according to first-to-expire, first-out (FEFO), counting, and general management. (multi)

Data Field Name : Q02__OrganizedFEFO

Possible responses:

- Yes1
- No0

7:Q3. Are cartons and products are in good condition, not crushed due to mishandling and stacked right-side up? (for Depo-Provera[®]) (If cartons are open, determine if products are wet or cracked due to heat/radiation). (multi)

Data Field Name : Q03__GoodCondition

Possible responses:

- Yes1
- No0

8:Q4. The facility makes it a practice to separate damaged and/or expired medicines and supplies from usable medicines and supplies and removes them from inventory. (multi)

Data Field Name : Q04__SeparateDamaged

Possible responses:

- Yes.....1
- No0

9:Q5. Products are protected from direct sunlight on the day of the visit. (multi)

Data Field Name : Q05__ProtectedSunlight

Possible responses:

- Yes.....1
- No0

10:Q6. Cartons and products are protected from water and humidity (multi)

Data Field Name : Q06__ProtectedH2O

Possible responses:

- Yes.....1
- No0

11:Q7. The storeroom is free of rodents or insects in the storage area. (Visually inspect the storage area for evidence of rodents [droppings] or insects that can damage or contaminate the products.) (multi)

Data Field Name : Q07__InsectsRodents

Possible responses:

- Yes.....1
- No0

12:Q8. Storage area is secured with a lock and key, but is accessible during normal working hours. Access is limited to authorized personnel. (multi)

Data Field Name : Q08__LockKey

Possible responses:

- Yes.....1
- No0

13:Q9. Products are stored at the appropriate temperature on the day of the visit, according to product temperature specifications. (multi)

Data Field Name : Q09__Temperature

Possible responses:

- Yes.....1
- No0

14:Q10. Roof is maintained in good condition to avoid sunlight and water penetration (multi)

Data Field Name : Q10__Roof

Possible responses:

- Yes 1
- No 0

15:Q11. Storeroom is maintained in good condition (clean, all trash removed, sturdy shelves, organized boxes.) (multi)

Data Field Name : Q11__Storeroom

Possible responses:

- Yes 1
- No 0

16:Q12. The current space and organization is sufficient for existing medicines and supplies, including room for reasonable expansion in the event of receipt of expected product deliveries. (multi)

Data Field Name : Q12__CurrentSpace

Possible responses:

- Yes 1
- No 0

17:Q13. Is there appropriate fire safety equipment that is available and accessible? (any item identified as being used to promote fire safety should be considered) (multi)

Data Field Name : Q13__FireSafety

Possible responses:

- Yes 1
- No 0

18:Q14. Are products stored separately from insecticides and chemicals? (multi)

Data Field Name : Q14__SeparateChemicals

Possible responses:

- Yes 1
- No 0

19:Q15. Is this facility large enough to require stacking of multiple boxes? (multi)

Data Field Name : q15_requirestacking

Possible responses:

- Yes 1
- No 0 **→ Skip to 23 (end of survey)**

20:Q16. Are products stacked at least 10cm off the floor? (multi)

Data Field Name : Q16__StackedProperly

Possible responses:

- Yes..... 1
- No 0
- No stacked boxes/ NA 3

21:Q17. Are products stacked at least 30 cm away from the wall and other stacks? (multi)

Data Field Name : Q17__awaywall

Possible responses:

- Yes..... 1
- No 0

22:Q18. Are products stacked no more than 2.5 meters high? (multi)

Data Field Name : Q18__stackedhigh

Possible responses:

- Yes..... 1
- No 0

Survey Name : NG_7_Orderfill_final

No of Questions:41

=====

1:This form will be used to determine the order fill rate at issuing warehouses. The answers to these questions will come from RIRF/RIF of the lower level facilities to be visited during the survey. Consult Appendix D for reporting periods (label)

2:Enter name of issuing store/warehouse (text)

Data Field Name : T1__Fname

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__Facility_code

4:Enter Type of Facility (multi)

Data Field Name : fac_type

Possible responses:

- LGA Store
- State Store
- Central Store

5:For the following questions use the RIF/RIRFs from the lower level facilities. For SDP, complete 3 periods; For LGA completed 2 periods; For State complete 1 period. (label)

6:Q1. What is the name of the ordering facility? (text)

Data Field Name : Q1_orderfac_name

7:Q2. What is the type of ordering facility (multi)

Data Field Name : Q2_orderfactype

Possible responses:

- SDP 1
- LGA Store..... 2
- State Store..... 3

8:For the following questions: On RIRF check Column "I" and "M"; on RIF check Column "D" and "H" (label)

9:Q3. Does the quantity order and quantity supplied for CONDOMS FEMALE match for PERIOD 1? (multi)

Data Field Name : Q03_match_condf_p1

Possible responses:

- Yes 1
- No 0
- Condom Females not managed..... 96
- Period 1 form missing..... 99

10:Q4. Does the quantity order and quantity supplied for CONDOM MALE match for PERIOD 1? (multi)

Data Field Name : Q04__match_condm_p1

Possible responses:

- Yes 1
- No 0
- Condom Males not managed 96
- Period 1 form missing..... 99

11:Q5. Does the quantity order and quantity supplied for DEPO-PROVERA match for PERIOD 1? (multi)

Data Field Name : Q5_match_depo_p1

Possible responses:

- Yes 1
- No 0
- Depo-provera not managed..... 96
- Period 1 form missing..... 99

12:Q6. Does the quantity order and quantity supplied for EXLUTON match in PERIOD 1? (multi)

Data Field Name : Q06_match_exlu_p1

Possible responses:

- Yes 1
- No 0
- Exluton not managed 96
- Period 1 form missing..... 99

13:Q7. Does the quantity order and quantity supplied for IUCD match in PERIOD 1? (multi)

Data Field Name : Q07_match_iucd_p1

Possible responses:

- Yes 1
- No 0
- IUCD not managed 96
- Period 1 form missing..... 99

14:Q8. Does the quantity order and quantity supplied for LO-FEMENAL match in PERIOD 1? (multi)

Data Field Name : Q08_match_lofem_p1

Possible responses:

- Yes 1
- No 0
- Lo-femenal not managed 96
- Period 1 form missing..... 99

15:Q9. Does the quantity order and quantity supplied for MICROGYNON match in PERIOD 1? (multi)

Data Field Name : Q9_Match_micro_p1

Possible responses:

- Yes 1
- No 0
- Microgynon not managed 96
- Period 1 form missing..... 99

16:Q10. Does the quantity order and quantity supplied for NORISTERAT match in PERIOD 1? (multi)

Data Field Name : Q18a_match_nori_p1

Possible responses:

- Yes 1
- No 0
- Noristerat not managed 96
- Period 1 form missing..... 99

17:Q11. Does the quantity order and quantity supplied for IMPLANON match in PERIOD 1? (multi)

Data Field Name : q11_match_impl_p1

Possible responses:

- Yes 1
- No 0
- Implanon not managed 96
- Period 1 form missing..... 99

18:Q12. Does the quantity order and quantity supplied of JADELLE match in PERIOD 1? (multi)

Data Field Name : Q12_match_jad_p1

Possible responses:

- Yes 1
- No 0
- Jadelle not managed..... 96
- Period 1 form missing..... 99

19:Q13. Is there a PERIOD 2? (NOTE: SELECT YES IF COMPLETING FOR LGA STORE OR STATE) (multi)

Data Field Name : Q13_period2

Possible responses:

- Yes
- No **→ Skip to Q24**

20:Q14. Does the quantity order and quantity supplied for CONDOM FEMALE match for PERIOD 2? (multi)

Data Field Name : Q14_match_condf_p2

Possible responses:

- Yes 1
- No 0
- Female Condoms not managed..... 96
- Period 2 form missing..... 99

21:Q15. Does the quantity order and quantity supplied for CONDOM MALE match for PERIOD 2 (multi)

Data Field Name : Q6b__match_condm_p2

Possible responses:

- Yes 1
- No 0
- Condom Males not managed 96
- Period 2 form missing..... 99

22:Q16. Does the quantity order and quantity supplied for DEPO-PROVERA match for PERIOD 2? (multi)

Data Field Name : Q16_match_depo_p2

Possible responses:

- Yes 1
- No 0
- Depo-provera not managed..... 96
- Period 2 form missing..... 99

23:Q17. Does the quantity order and quantity supplied for EXLUTON match for PERIOD 2? (multi)

Data Field Name : Q17_match_exlu_p2

Possible responses:

- Yes 1
- No 0
- Exluton not managed 96
- Period 2 form missing..... 99

24:Q18. Does the quantity order and quantity supplied for IUCD match in PERIOD 2? (multi)

Data Field Name : Q18_match_iucd_p2

Possible responses:

- Yes 1
- No 0
- IUCDs not managed 96
- Period 2 form missing..... 99

26:Q20. Does the quantity order and quantity supplied of MICROGYNON match in PERIOD 2? (multi)

Data Field Name : Q20_Match_micro_p2

Possible responses:

- Yes 1
- No 0
- Microgynon not managed 96
- Period 2 form missing..... 99

27:Q21. Does the quantity order and quantity supplied for NORISTERAT match in PERIOD 2? (multi)

Data Field Name : Q21_match_nori_p2

Possible responses:

- Yes 1
- No 0
- Noristerat not managed..... 96
- Period 2 form missing..... 99

28:Q22. Does the quantity order and quantity supplied for IMPLANON match in PERIOD 2? (multi)

Data Field Name : q22_match_impl_p2

Possible responses:

- Yes 1
- No 0
- Implanon not managed 96
- Period 2 form missing..... 99

29:Q23. Does the quantity order and quantity supplied for JADELLE match in PERIOD 2? (multi)

Data Field Name : Q23_match_jad_p2

Possible responses:

- Yes 1
- No 0
- Jadelle not managed..... 96
- Period 2 form missing..... 99

30:Q24. Is there a PERIOD 3? (NOTE: SELECT YES IF COMPLETING FOR SDP) (multi)

Data Field Name : Q24_period3

Possible responses:

- Yes
- No **→ Skip to Q41 (end of survey)**

31:Q25. Does the quantity order and quantity supplied of CONDOM FEMALE match for PERIOD 3? (multi)

Data Field Name : Q25_match_condf_p3

Possible responses:

- Yes 1
- No 0
- Female condoms not managed..... 96
- Period 3 form missing..... 99

32:Q26. Does the quantity order and quantity supplied of CONDOM MALE match for PERIOD 3? (multi)

Data Field Name : Q26__match_condm_p3

Possible responses:

- Yes 1
- No 0
- Male condoms not managed 96
- Period 3 form missing..... 99

33:Q27. Does the quantity order and quantity supplied of DEPO-PROVERA match for PERIOD 3? (multi)

Data Field Name : Q27_match_depo_p3

Possible responses:

- Yes 1
- No 0
- Depo-provera not managed 96
- Period 3 form missing 99

34:Q28. Does the quantity order and quantity supplied for EXCLUTON match for PERIOD 3? (multi)

Data Field Name : Q28_match_exlu_p3

Possible responses:

- Yes 1
- No 0
- Exluton not managed 96
- Period 3 form missing 99

35:Q29. Does the quantity order and quantity supplied for IUCD match in PERIOD 3? (multi)

Data Field Name : Q29_match_iucd_p3

Possible responses:

- Yes 1
- No 0
- IUCDs not managed 96
- Period 3 form missing 99

36:Q30. Does the quantity order and quantity supplied for LOFEMENAL match in PERIOD 3? (multi)

Data Field Name : Q30_match_lofem_p3

Possible responses:

- Yes 1
- No 0
- Lo-femenal not managed 96
- Period 3 form missing 99

37:Q31. Does the quantity order and quantity supplied for MICROGYNON match in PERIOD 3? (multi)

Data Field Name : Q31_Match_micro_p3

Possible responses:

- Yes 1
- No 0
- Microgynon not managed 96
- Period 3 form missing 99

38:Q32. Does the quantity order and quantity supplied for NORISTERAT match in PERIOD 3? (multi)

Data Field Name : Q32_match_nori_p3

Possible responses:

- Yes 1
- No 0
- Noristerat not managed 96
- Period 3 form missing 99

39:Q33. Does the quantity order and quantity supplied for IMPLANON match in PERIOD 3? (multi)

Data Field Name : q33_match_impl_p3

Possible responses:

- Yes 1
- No 0
- Implanon not managed 96
- Period 3 form missing 99

40:Q34. Does the quantity order and quantity supplied for JADELLE match in PERIOD 3? (multi)

Data Field Name : Q34_match_jad_p3

Possible responses:

- Yes 1
- No 0
- Jadelle not managed 96
- Period 3 form missing 99

41:You have completed the questions for this facility. If there are forms for another facility, select NEXT and select ADD NEW RECORD. If you have completed all the facilities, select NEXT and select FINISH FOR NOW. (label)

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