Contraceptive Logistics Management Information System: Assessment Report

Prepared by the Monitoring, Evaluation and Research (M.E.R) Unit of the NFPB

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Acronyms

CLMIS	Contraceptive Logistics Management Information System Survey
HIV/STI	Human Immunodeficiency Virus/Sexually Transmitted Infection
IUCD	Intrauterine Contraceptive Device
LIAT	Logistics Indicators Assessment Tool
LMIS	Logistics Management Information Systems
MCSR	Monthly Clinic Summary Report
NERHA	Northeast Regional Health Authority
NFPB	National Family Planning Board
OCP	Oral Contraceptive Pills
PHN	Public Health Nurse
RHA	Regional Health Authority
RNM	Regional Nurse Midwife
SERHA	Southeast Regional Health Authority
SRHA	Southern Regional Health Authority
USAID	United States Agency for International Development

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Thank you especially to the Ministry of Health and the numerous Family Planning clinic staff and service providers who took the time out of their schedules to sit down and engage with the field teams and provide their unique perspectives.

We hope that this report will contribute to a continuing body of research and future improvements in the contraceptive logistics management system in Jamaica.

Executive Summary

The 2015 assessment of the Contraceptive Logistics Management Information System (CLMIS) in Jamaica confirmed that the system remains challenged regarding the duration and frequency of stockouts of contraceptive commodities and in the utilisation of standard reporting instruments. Given the standardisation of contraceptive logbooks and family planning registers in 2015, the NFPB envisions a strengthened CLMIS system with improved accountability and transparency. Going forward, the M.E.R Unit of the NFPB recommends that:

1. Revised reporting instruments that will be disseminated in January 2016 be utilized;
2. National standards for minimum stock levels of contraceptive commodities be established;
3. Distinctions in distribution be made for condoms procured using donor funds targeting HIV/STI clients versus condoms procured for family planning clients and the general population using Government of Jamaica funding; and
4. Update the Service Delivery Guidelines of the NFPB

National Level Findings

The 2015 assessment of the CLMIS in Jamaica revealed several continuous challenges in the system functionality. However, there were some improvements observed in comparison to the 2013 assessment. Major findings were as follows:

1. **Suitability of staff**

   Regarding the percentage of respondents reporting that stock management was their primary responsibility, an increase of 18 per cent was observed comparing survey years 2013 and 2015.

2. **Stockout of Contraceptive Commodities**

   A total of 17 per cent of facilities reported a stockout on the day of the assessment. This represents a decline of 27.9 per cent compared with 44.9 per cent of these facilities in 2013. Over the 6 months prior to the assessment, there was a 20 per cent increase in reported stockouts of at least one (1) contraceptive method. In 2013, 65 per cent of facilities reported a stockout of at least one (1) contraceptive method in the 6 months prior to the assessment, however, in 2015, this figure increased to 85 per cent.

3. **Stock Books for Contraceptive Management**

   The majority of facilities used a stock book for commodity management. In 2013, 65.6 per cent of facilities did not have a stock book for at least one (1) contraceptive method, this declined to 27.6 per cent in 2015, representing a decline of 38 per cent. This finding provides an indication of CLMIS strengthening, possibly influenced by regional consultations and monitoring and Evaluation (M&E) training facilitated by the NFPB. Regarding facilities with no balance recorded in their stock books, this declined by 21.9 per cent comparing survey years 2013 and 2015 (71.9% and 50%).

4. **Formal Ordering Formats**

   In 2013, 25 per cent of facilities used an order book for contraceptive management, this increased to 56 per cent in the 2015 assessment (an increase of 31%).

5. Supervision

In 2013, 41.7 per cent of facilities stated that their supervisory visit included Active Drug Management[1], which increased to 55.8 per cent in 2015. This represents an increase of 14.1 per cent.

[1] Includes managing and checking stock books, reports, removing expired stock and checking storage conditions.

Background

Since its inception in 1967, the NFPB has been focused on improving the Sexual and Reproductive Health of the Jamaican Population. This is also emphasised in the NFPB's commitment to ensuring a functioning *contraceptive logistics system* that guarantees that every service delivery point and warehouse maintains an adequate supply of the necessary contraceptives to fulfill client needs.

Over the past three (3) years, the NFPB has taken special note of the gaps in contraceptive supply and in an effort to address these issues, completed an assessment of the Contraceptives Logistics Management Information System (CLMIS) using the Logistics Indicator Assessment Tool (LIAT) in October 2013. The findings of the assessment were reviewed in a data validation meeting held in November 2013 with a number of Public Health Nurses, Senior Public Health Nurses, Midwives and Regional Nursing Supervisors from the four health regions.

Highlights from that 2013 assessment determined that an average of 54.1% of facilities across the four regions did not record at least one of their methods in a stock book. Also, on average, 71.9% (n=48) of facilities who did have any stock book available did *not* record the balance of contraceptive commodities on hand in the book. A total of 12.2% (n=6) stated not having any formal logistics forms or using any of the above forms to stock keeping logistics.

Following the findings of this assessment, the NFPB has been work closely with the regions through regular visits to family planning clinics island-wide to monitor contraceptive stock and in the standardisation of Reporting Instruments used in Family Planning clinics.

To continue system strengthening, the NFPB completed its second CLMIS in December 2015. The results of which will be expounded upon within this report.

Assessment Purpose and Objectives

The 2015 assessment was the second of two (2) studies (the first in 2013) to provide a comprehensive picture of the current status of the CLMIS and its practices in Jamaica. The 2015 assessment focused on practices at the clinic level. Initiating an assessment across all four (4) regions will provide the NFPB and partners with current information on logistics and stock status of key contraceptive commodities, and information to measure improvements in the logistics system, especially regarding contraceptive availability.

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

- To assess the accuracy of logistics data and provide recommendations to improve inventory management; and
- To assess functioning of LMIS information, ordering and reporting procedures, transport systems and supervision frequency

The assessment will provide programme planners and managers at the national and regional levels with information to improve the functioning of the overall system, create consistency in the system and make necessary changes to the system over time.

Assessment Methodology

The assessment was carried out using the Logistics Indicators Assessment Tool (LIAT) developed by the US Agency for International Development (USAID). The LIAT can be used to monitor the performance of certain processes involved in the logistics management of health commodities over time, to evaluate certain outcomes of logistics interventions, to provide ongoing supervision and performance monitoring, and to monitor commodity availability.

The 2015 assessment examined specific CLMIS activities, such as recordkeeping, supply storage, reporting, ordering and distribution as well as supervision and general management. The survey tool was modified in the 2013 assessment to apply to the Jamaican Health Care System.

Data was collected through a 37 question LIAT survey and interview with the point person managing contraceptives at each facility, a follow up survey addressing gaps such as 'real demand' along with direct observations and a physical inventory count. To help ensure entrance into the facilities, a letter from the NFPB was sent to the Regional Technical Directors of each Regional Health Authority (RHA), with follow up directed to both Directors and Regional Nursing Supervisors. The NFPB in collaboration with the Regional Nursing Supervisors set dates for data collection with the nurses at each health facility.

Sampling Framework

There are four regional health authorities (RHAs) across 14 parishes in Jamaica- Southern, Southeast, Northeast and Western. The initial sampling strategy used a recommended ratio of 15% of total applicable service delivery point facilities within these RHAs; only facilities directly providing family planning services were counted and warehouses and highest level suppliers were omitted. Out of 311 appropriate facilities, 50 were selected as initial survey sites with input from public health nurses, regional nursing supervisors and other regional representatives. Using stratified random sampling, facilities of each type identified were selected for survey in each region. Due to the unavailability of some sites, a total of 47 of the 50 selected sites were surveyed.

Table 1. Sample of Health Facilities Selected

Region	Parish	No. of Health Facilities selected	Types of Facilities
Southern (SRHA)	Clarendon	3	Type 1-2, Type 3-1
	Manchester	5	Type 1-1, Type 2-2, Type 3-1, Type 4-1
	St. Elizabeth	3	Type 1-1, Type 2-1, Type 3-1
	Total	**11**	
Southeast (SERHA)	Kingston & St. Andrew	8	Type 1-2, Type 2-1, Type 3-3, Type 5-1, Type 7-1
	St. Thomas	4	Type 1-2, Type 2-1, Type 3-1
	St. Catherine	3	Type 1-1, Type 2-1, Type 3-1
	Total	**15**	
Northeast (NERHA)	Portland	3	Type 1-1, Type 2-1, Type 3-1
	St. Ann	4	Type 1-1, Type 2-1, Type 3-1, Type 7-1
	St. Mary	4	Type 1-2, Type 2-1, Type 3-1
	Total	**11**	
Western (WRHA)	St. James	4	Type 1-2, Type 2-1, Type 5-1
	Hanover	3	Type 1-1, Type 2-1, Type 4-1
	Trelawny	3	Type 1-1, Type 3-1, Type-6-1
	Westmoreland	3	Type 1-1, Type 2-1, Type 3-1
	Total	**13**	
Total Health Facilities in Study Sample			**50**

Data Collection

Data was collected using the LIAT by trained NFPB staff. Regional and Parish representatives assisted NFPB field staff sporadically throughout the assessment to ensure facility access and to ease the data collection process. Prior to data collection, field staff comprising regional or parish healthcare providers and NFPB participated in a one-day training course in Kingston, Jamaica on the use of the assessment tool and the objectives of the survey. Participants received a comprehensive set of guidelines on the CLMIS, tips for data collection and interviewing and a comprehensive review of the LIAT instrument.

Field work consisted of eight (8) teams (two to three persons per team), two (2) teams per region, comprising mostly NFPB staff. Fieldwork was conducted over 2 weeks (14 days) during the month of December 2015. Please see Appendix B for a complete list of data collectors and their associated teams.

Quality Assurance

For Quality assurance, skip patterns were included in the LIAT. Data collectors also participated in a one-day training course prior to field work to ensure comprehension of questions and sources of data. Participants were also made aware of potential issues that could arise and the possible impact of recall and interviewer bias.

Field work included pre-scheduled visits and assigned team leaders. Additionally, data collection teams were encouraged to confirm the completion of all LIAT instruments prior to leaving their assigned facilities. Following the review, the team leader submitted all completed instruments to the Monitoring, Evaluation and Research Unit at the NFPB.

Limitations of the Survey

The survey had several limitations.

Lack of funding- Due to funding limitations, the scope of the survey was limited and involved a shorter than anticipated training schedule. In cases were survey sites where in neighbouring parishes it would have been ideal to provide hotel accommodations. However, as funding could not allow for this, on several occasions, data collectors have to travel many hours to visit data collection sites several days during a week.

Inconsistent data entry- in some cases the data that was recorded in LIAT instruments was incomplete. In these cases the M.E.R Unit of the NFPB made contact with the necessary field staff to account for the information.

Potential bias- The M.E.R Unit acknowledges the possible influence of Interview Bias as some Health Care providers were under the impression that the assessment was auditing by the NFPB. Another potential for bias was Recall Bias as some information gathered by the teams were not consistently documented by health care providers (such as ‘real demand’). In those cases, Health Care Providers relied on memory or inconsistent recording of information.

National-Level Findings

Findings in this study are presented as nationally aggregated and data is presented on indicators measuring stock status and logistics system performance from all sites that manage contraceptives throughout the four regions in the sample (SRHA, SERHA, NERHA and WRHA). Where necessary, the analysis is disaggregated by facility types or regions to give further clarity of data results.

Store and Facility Information

A total of 47 facilities (all service delivery points) were visited during this assessment including comprising only health centres. From the initial sampling list of facilities, fewer than five (5) replacement facilities were selected during the data collection process due to the unavailability of some initially selected facilities. Each replacement site mirrored the original facility in parish and facility type to ensure accurate representation from the initial random sample. All but one (1) facility operated under the Ministry of Health, the other facility operated by Non-Governmental Organisation (NGO). All but one (1) facility had operational electricity on the day of the visit and 93.5 per cent (n=43) had operational water on the day of the visit. Furthermore, 73.9 per cent had a paved road to the facility, while 87.2 per cent of facilities had an operational telephone.

Sixty three (63.8%) percent (n=30) of survey respondents had worked at their respective facilities for three years (3) or less. Of those interviewed, 6.4 per cent (n=3) had worked at the facility between 4 and 7 years, 17 per cent (n=8) for 8 to12 years, 2 per cent for 13 to 16 years and 10.6 per cent (n=5) for more than 15 years. The majority of sample being relatively new staff does suggest that there are possibilities of a high staff turnover rate, a shift system of nurses or increased enrollment of these health care providers.

It was noted by more than half of respondents that the person who principally managed contraceptive commodities on site was the public health nurse on duty (n=19, 40.4%), followed by a registered nurse midwife (RNM) (n=17, 36.2%), midwife (n=7, 14.9%) and nurse (n=4, 8.5%). As these were positions with other roles in each facility including immunisations, program coordination, surveillance, general patient care, among others, 28.3 per cent of all survey respondents stated that logistics and stock management was the primary responsibility of the person who is responsible for managing contraceptive supplies, an increase from 10 per cent in 2013.

In all facilities, the contraceptive commodities being carried and assessed included Microgynon and/or another type of OCP, Jadelle contraceptive implants, Male Condoms identified by the categories

'Condoms-FP clients', 'Condoms HIV/STI clients', Copper-T IUCDs and Depo-Provera or another type of injectable contraceptive.

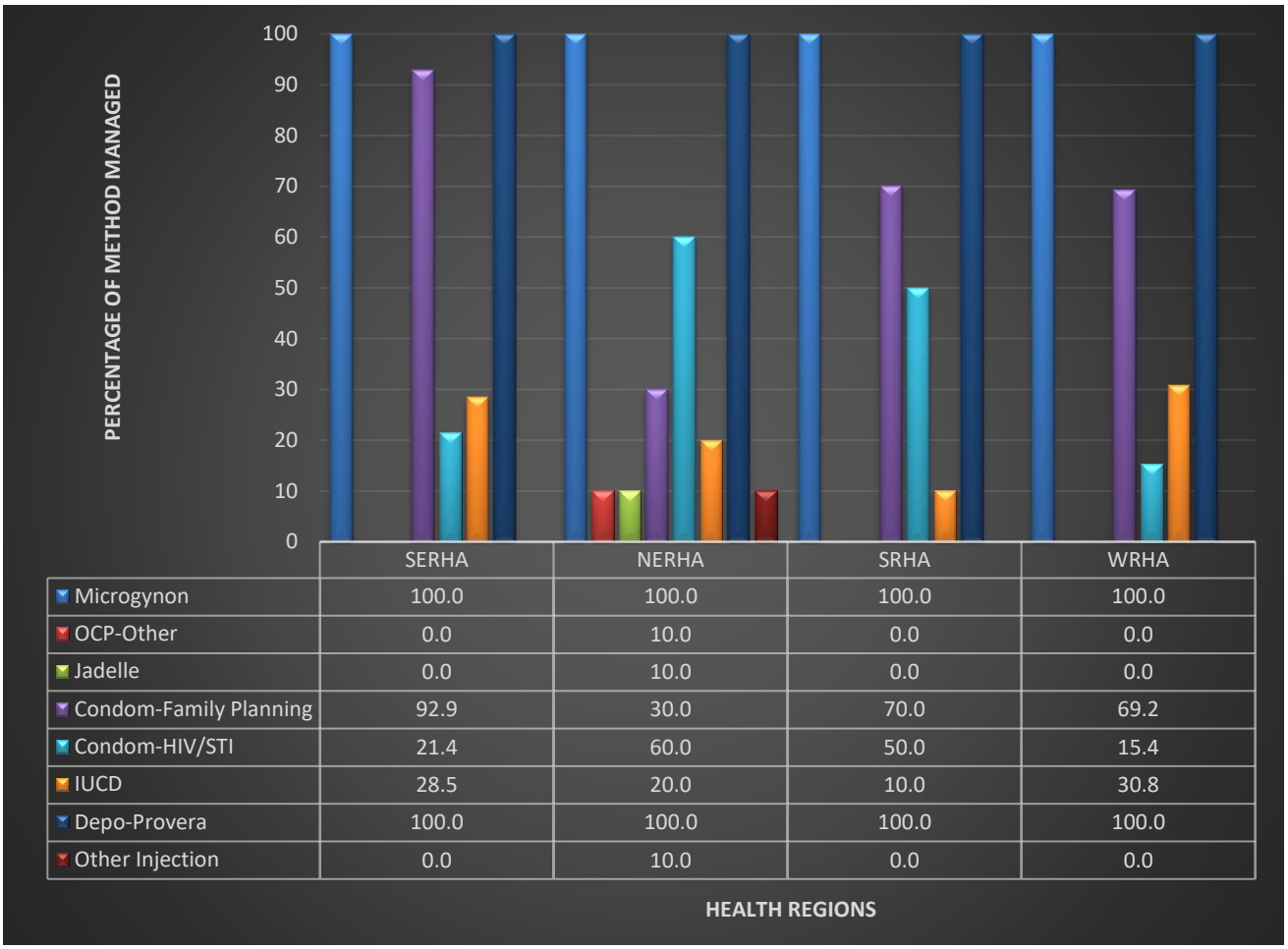
A total of 47 facilities were visited during this assessment. Of the 47 facilities visited, clinics on average managed three (3) of the eight (8) products; none of the clinics carried every method or brand of commodity.

Table 2: Number of Products Managed at Facilities (mean and Mode)

Region	**Total Number of Facilities**	**Number of products managed at each facility**	
	Frequency	Mean	Mode
SERHA	14	3.4	3
NERHA	10	3.5	3
SRHA	10	3.3	3
WRHA	13	3	3

Every region carried Microgynon, Male Condoms and Depo Provera. Depo-Provera, the injectable contraceptive, is the most popular hormonal method issued in each region, followed by Microgynon. Only 10 per cent of facilities in SRHA carried the IUCD. The Northeast Region was the only region carrying the Jadelle contraceptive implant. It was noted in several facilities that methods in most cases were stocked based on availability- as stock was not usually representative of what had been ordered (See Figure 1).

Figure 1. Percentage of Facilities Managing Various Contraceptive Commodities by Region



	SERHA	NERHA	SRHA	WRHA
Microgynon	100.0	100.0	100.0	100.0
OCP-Other	0.0	10.0	0.0	0.0
Jadelle	0.0	10.0	0.0	0.0
Condom-Family Planning	92.9	30.0	70.0	69.2
Condom-HIV/STI	21.4	60.0	50.0	15.4
IUCD	28.5	20.0	10.0	30.8
Depo-Provera	100.0	100.0	100.0	100.0
Other Injection	0.0	10.0	0.0	0.0

The limited number of facilities managing the Contraceptive Implant (Jadelle) is directly related to unavailability of the method. Jadelle was previously donated by the United Nations Population Fund (UNFPA) to the NFPB for regional distribution. However, as donations are no longer received the NFPB is presently procuring the method through Government of Jamaica funding. On the other hand management of the IUD is usually handled at a hospital level, as such very few health centres would have carried the method.

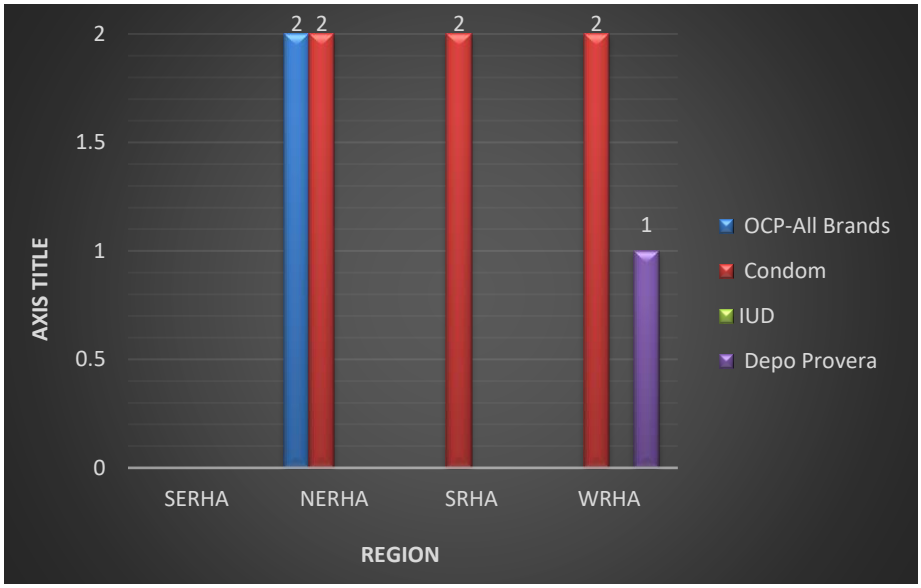
Stock Status

The survey found that there were very few stockouts islandwide on the day of the survey visit. A 'stockout' refers to an absolute absence of any commodity usually carried at that facility. Only 8 (17%) facilities experienced a stockout on the day of the visit compared with 22 facilities (44.9%) in 2013. The Male Condom was the method most commonly reported as being out of stock on the day of the visit (n=6,11%) with the exception of the Southeast Region which reported no stockouts. Stockouts were also

noted for the OCP (n=2, 4.3%) and Depo Provera (n=1, 2%). Type 3 facilities had the highest reported stockout on the day of the survey visit, followed by Type 1 clinic.

As seen in the Figure below, two (2) facilities in NERHA were stocked out on both OCP and condoms on the day of the survey, two (2) facilities in SRHA were stocked out of the Male Condom and in the Western Region, two (2) facilities were stocked out of the Male Condom and one (1) facility was stocked out of Depo Provera.

Figure 2. Number of Facilities with Stockout of Contraceptive Products on Day of Survey Visit by Region and Method

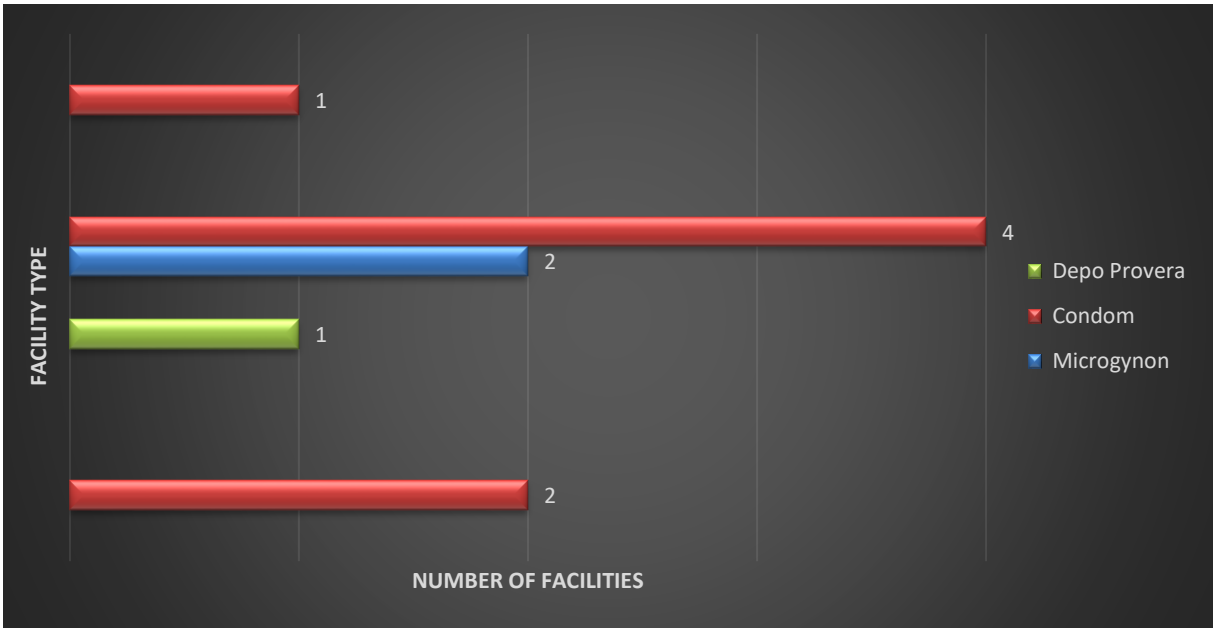


It was also important to examine the stockout data by looking at disaggregation by facility type (1-7). Type 3 facilities recorded the highest number of Stockouts. Among Type 3 facilities there were three (4) facilities stockout for the condom and two (2) facilities were stocked of Microgynon. Among Type 1 facilities, 2 facilities were stocked out of the Condom, among Type 2 facilities there was 1 facility stocked out of Depo Provera and 1 Type 7 facility stocked out of the Male Condom.

Types of Facilities Experiencing Stockout on the Day of Survey Visit

- Type 1 (2 out of 12 facilities)- 16.6%
- Type 2 (1 out of 4 facilities)- 25%
- Type 3 (5 out of 30 facilities)- 16.7%
- Type 7 (1 out of 1 facility)- 100

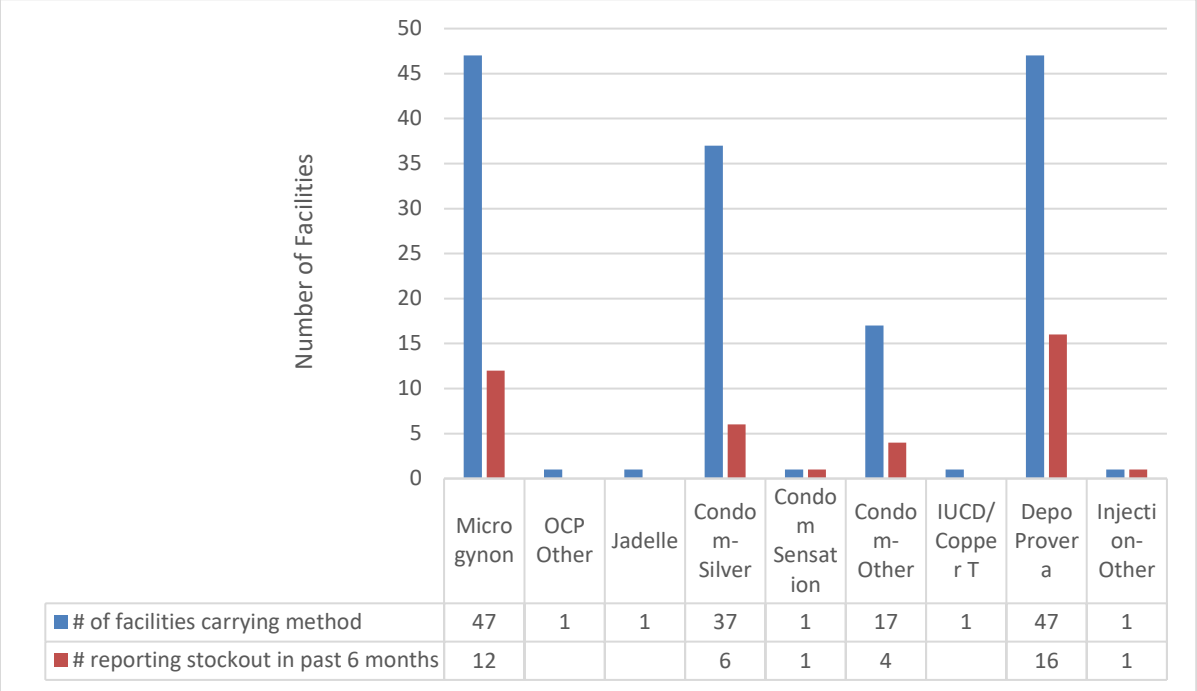
Figure 3. Methods Experiencing Stockout Within Different Facility Types



To further understand the availability of contraceptive methods at each facility, field workers reviewed stock books regarding the incidence and frequency of stockouts and the average duration of those stock outs over the six month period leading up to the survey (July to November 2015).

In the six (6) months prior to the assessment, 85 per cent (n=40) of clinics experienced a stockout of at least one contraceptive method. This represents a 20% increase compared with 65 per cent (n=32) of facilities in 2013.

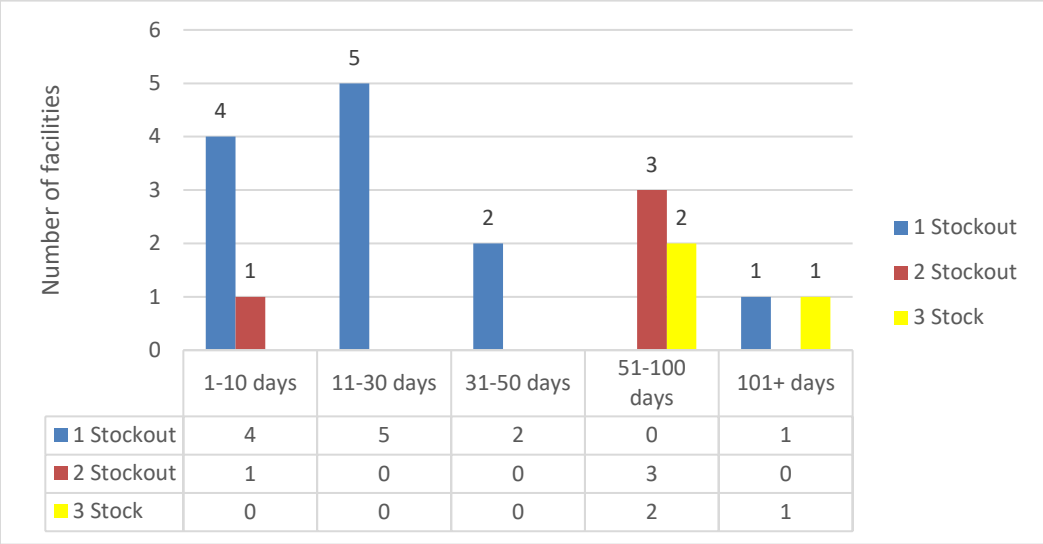
Figure 4. Methods Experiencing Stockouts in Last 6 Months at All Facilities



Approximately 20 per cent of facilities carrying condoms reported at least one (1) stockout of the method in the last six months.

As seen in Figure 5, the duration of stockouts varied. A total of four (4) facilities had a stockout lasting between 1 to 10 days while another facility had two (2) stockouts lasting for the same time period. A total of five (5) facilities had a stock out lasting between 11 to 30 days, three (3) facilities had two (2) stockouts lasting between 51 to 100 days and another two (2) facilities had three (3) stockouts lasting for the same time period. For stockouts lasting over 100 days, one (1) facility had a stockout lasting for this time period while another facility had three stockouts with similar durations.

Figure 5. Number of Stockouts and Days Lasting in Last 6 Months



	1-10 days	11-30 days	31-50 days	51-100 days	101+ days
1 Stockout	4	5	2	0	1
2 Stockout	1	0	0	3	0
3 Stock	0	0	0	2	1

Interviews with Health Care Providers determined that it was not uncommon to have stockouts for an extended period of time. In cases where there may be a stockout of the most popular hormonal contraceptive method (Depo Provera), clients may be offered the OCP or other methods that are in stock. However, where clients are not willing to switch their contraceptive method, a few will purchase the method at a nearby pharmacy if it is not provided by Drug Serv. Other individuals will forgo contraception altogether until their method of choice once again becomes available.

During discussions with the Health Care Providers, it was determined that stockouts do not usually occur due to a lack of reporting from the clinic level. It was explained that gaps occur due to the amount procured by the RHAs and the amount distributed to each clinic. Some clinics reported adequate supply for example, while others mentioned not having a steady supply of contraceptive methods.

Logistic System Performance

The findings within this section provide insight into the level of performance of the CLMIS. This will be assessed in the areas of: Logistics Management Information Systems (LMIS), Reporting, Inventory Control, Ordering, Supervision, Recordkeeping, Transportation and Storage Conditions.

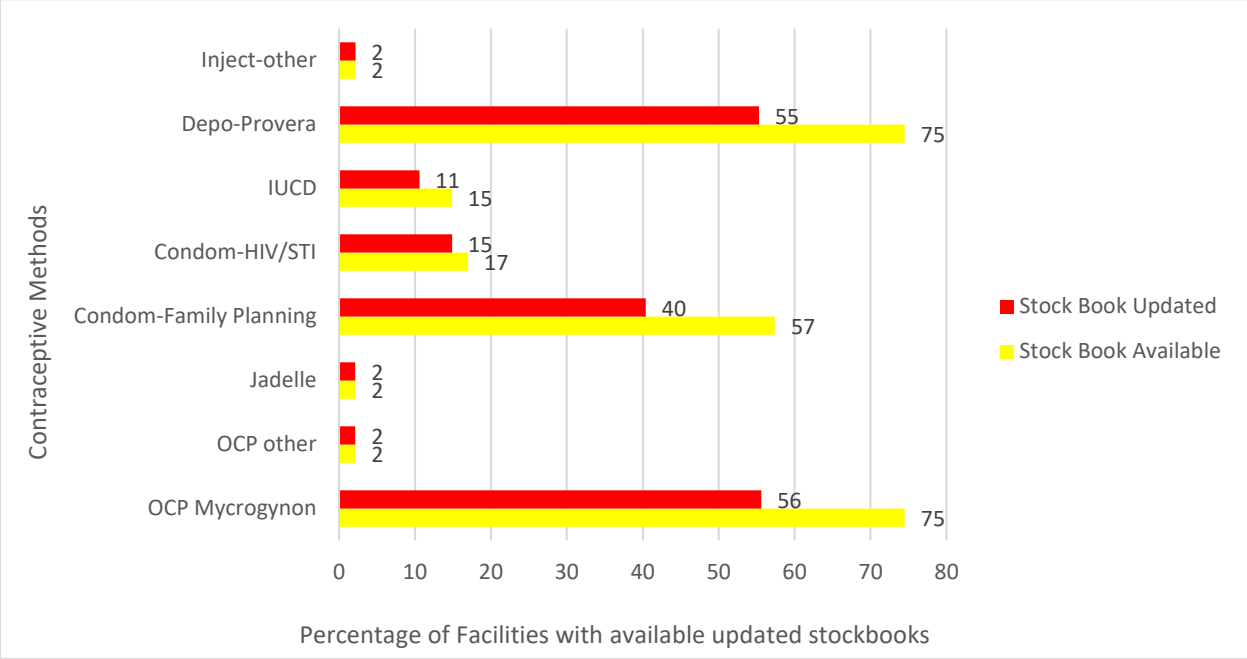
Logistics Management Information System

Training is an important component for the effectiveness of the CLMIS. Comprehensive training will ensure proper record keeping and stock management protocols are followed and will ensure Quality of Care. The assessment determined that 68.1 per cent of respondents (n=32) received on-the-job training. This training was either provided by a supervisor at the facility or health department level or through

training conducted by the Ministry of Health. Formal training on logistics systems, such as in a logistics workshop, was undertaken by 10.6 per cent (n=5) of survey respondents. A total of eight (8) participants (17%) stated that they received both formal logistics training and 'on the job' training while two (2) participants (4.3%) stated that they have never received training.

Of a total of 38 facility representatives, 71 per cent stated that they did not use stock cards/bin cards or inventory cards to manage contraceptive commodities. However, 76.6 per cent of all respondents stated that they used a stock ledger or a stock book to manage these commodities. The vast majority of health facility representatives (89.4% n=42) stated that MCSR reports used within health facilities have information regarding the quantities of commodities used and stated that MCSR reports did not contain information regarding stock on hand or losses and adjustments.

Figure 6. Percentage of Available and Updated Stock Books by Method



A total of 75 per cent of facilities reported to have their stock book for Depo Provera available, while 55 per cent stated that this stock book was updated. In total, 15 per cent of facilities stated that a stock book on IUCD was available, with 11 per cent of facilities reported such a book being updated. Regarding condoms for use among family planning clients, 57 per cent of facilities had a stock book for the method available while 40 per cent of facilities updated these stock books. For the OCP Microgynon, 75 per cent of facilities had an available stock book while 56 per cent of these facilities updated their stock books.

It is promising to note that there has been an increase in the percentage of facilities managing their contraceptive commodities in a stock book. An average of 27.6 per cent of facilities across the four (4) regions did not have a stock book for at least one (1) method. This declined significantly from the 65.6% of reported in 2013.

Table 3. Percentage of Facilities Without a Stock Book for at Least One Method they Managed

Region	# Contraceptives Without Book	% of Methods without a stock book available for a method
SERHA	7	14.89%
NERHA	10	25.64%
SRHA	15	48.38%
WRHA	8	21.62%

Reporting

A critical key to an effective logistics management system in Monitoring and Evaluation (M&E). Through continuous M&E and reporting accountability, reliability and validity are ensured and the system in continually strengthened. The opportunity for feedback, revision and sustainability planning is channeled through the M&E and reporting process. A key tool in Monitoring and Evaluation is the Monthly Clinic Summary Report (MCSR) form. Data for family planning clients is recorded using the MCSR forms and the data sent to the health departments, the regional health authorities and then the Ministry of Health.

MCSRs overwhelmingly only include information about quantities used, as only a very small number of facilities reported recording information about stock on hand (n=5) or losses and adjustments (n=2) on the MCSR form. Completed MCSR forms viewed by the interviewer were found to only reflect quantities used. In this assessment, the NFPB only reviewed condom distribution logs managing condoms used for family planning clients or the general population. This differed from the 2013 assessment which reviewed condoms logs only recording HIV/STI clients.

Regarding the Contraceptive Logbook/Stock book for condoms, only 33 per cent (n=12) of facilities had a log for condoms. A total of 16.6 per cent of facility representatives stated that the logs reported on stock on hand, 27.8 per cent stated that the log recorded quantities used and only 5.6 per cent stated that the log recorded losses and adjustments.

It is important to note, however, that for the purposes of reporting on condom distribution for Family Planning clients and the general population, the distribution of condoms would also be recorded in the MCSR tally Sheets and submitted to the Ministry of Health. Distinctions between condoms used for Family Planning clients and the general population, must, however, be made as most Health Care Providers used whichever condoms were available, regardless of intended key population.

Some clinics are also responsible for receiving completed reporting forms from other facilities to submit on their behalf. A total of 10 facilities (32%) do not require that MCSR reports from other facilities be sent to them. However, 9.7 per cent of facilities (n=3) had one (1) facility reporting to them. Two (2) facilities (n=6.5%) have two (2) facilities reporting to them. And one (1) facility each have six (6) or seven (7) facilities reporting to them.

Inventory Control

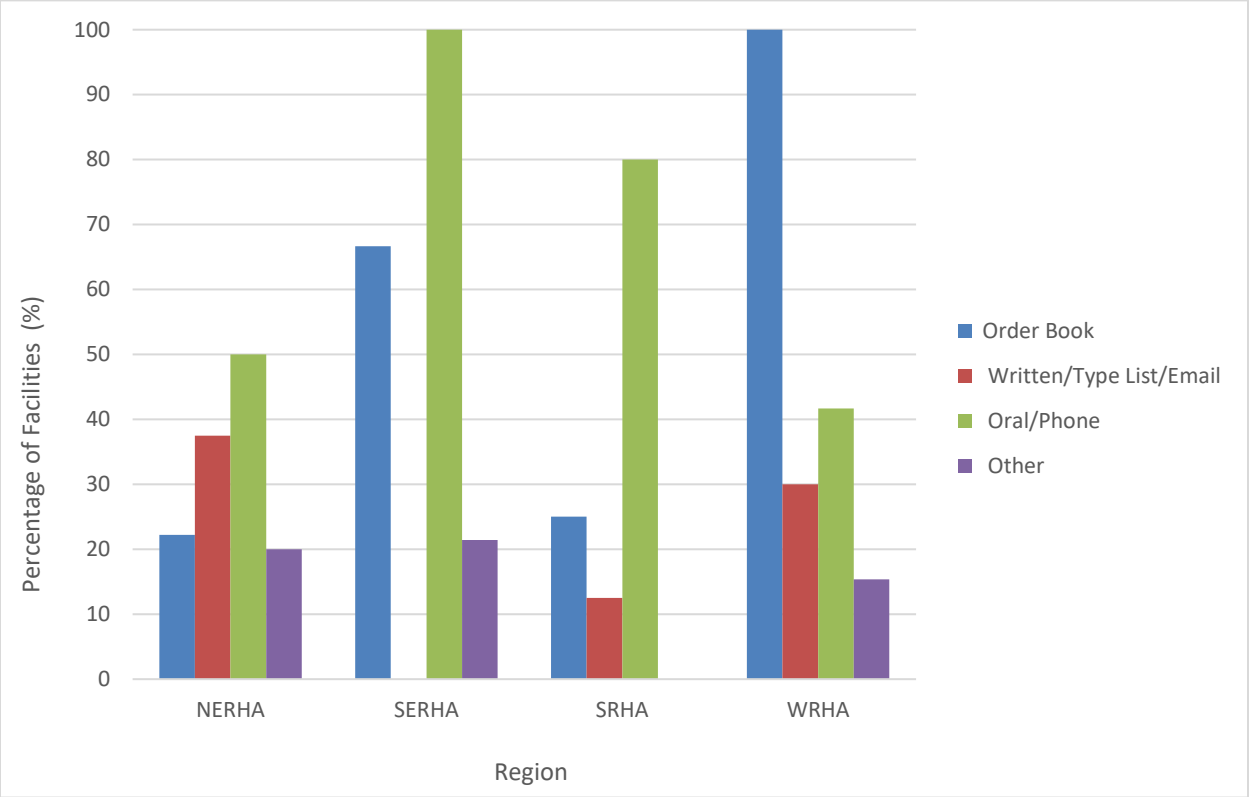
Inventory control is key to effective stock management and is imperative in ensuring a steady supply is maintained with contraceptive stock ordered weeks or months before stock it at a critical level. Regarding emergency orders, a total of 72.7 per cent (n=32) of facilities did not place any emergency orders in the past 3 months, a decline from 79.6 per cent in 2013. Analysis revealed that 13.6 per cent (n=6) of facilities placed one emergency order with only six (6) facilities placing two (2) or more emergency orders in that space of time.

Ordering

Ordering procedures are essential in any CLMIS as without streamlined ordering formats the adequate resupply quantities will not be provided. This may result in stockouts of essential contraceptive methods and by extension will increase the unmet need for contraception which may result in an increased percentage of unplanned pregnancies. The lack of formal and standardized ordering formats may also result in a lack of accountability with orders made by telephone unable to be followed up or crosschecked further in the system to ensure accuracy in request versus receipt.

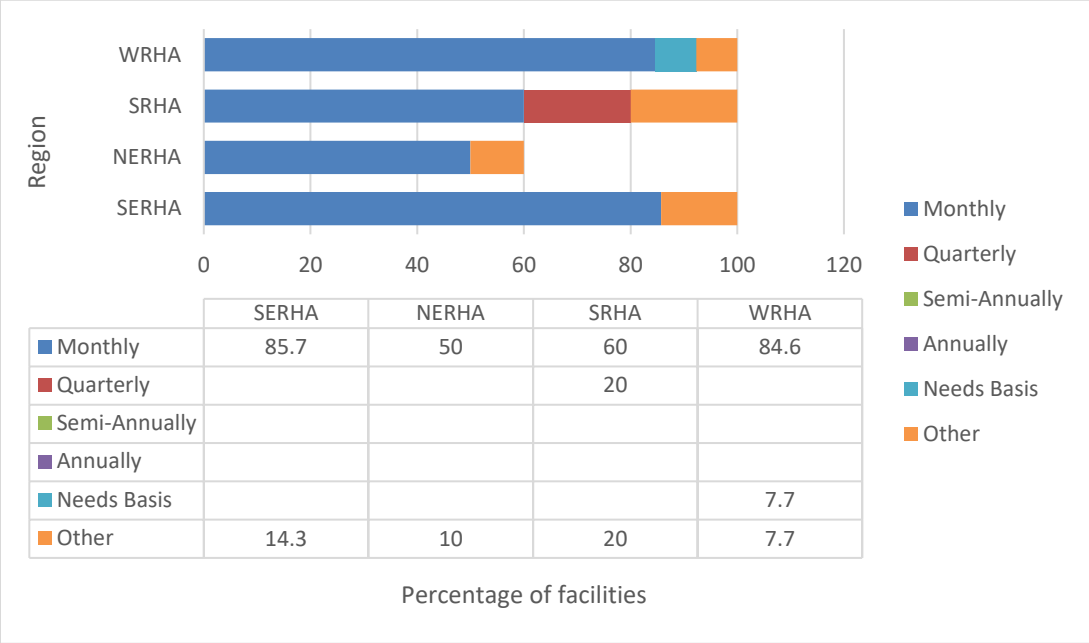
Regarding ordering procedures, 56.8 per cent (n=21) of facilities used an order book to manage their contraceptive commodities. This represents a substantial increase of 31.8 per cent from 25 per cent in 2013. A total of 25 per cent (n=7) facilities used a List/Email to order their methods while 65.8 per cent (n=25) of facilities surveyed make their orders orally or by phone. Other methods of ordering include visiting the health department or designated health facility to place an order (n=5).

Figure 7. Ordering Formats Used by Facilities in Each Region



A total of 44.7 per cent (n=17) facility representatives explained that formats for ordering included stock on hand, 51 per cent stated that it includes quantities used and only 5.9 per cent stated that it included 'losses and adjustments'.

Figure 8. Ordering Request Frequency by Region and Number of Facilities



	SERHA	NERHA	SRHA	WRHA
Monthly	85.7	50	60	84.6
Quarterly			20	
Semi-Annually				
Annually				
Needs Basis				7.7
Other	14.3	10	20	7.7

All regions reported that orders for contraceptives were placed monthly. A total of 72 per cent placed orders monthly, 20 per cent were done quarterly, 7.7 per cent on a needs basis and 52 per cent ordered over different time frames. The Southeast Region had 85.7 per cent of facilities making orders for contraceptive methods monthly.

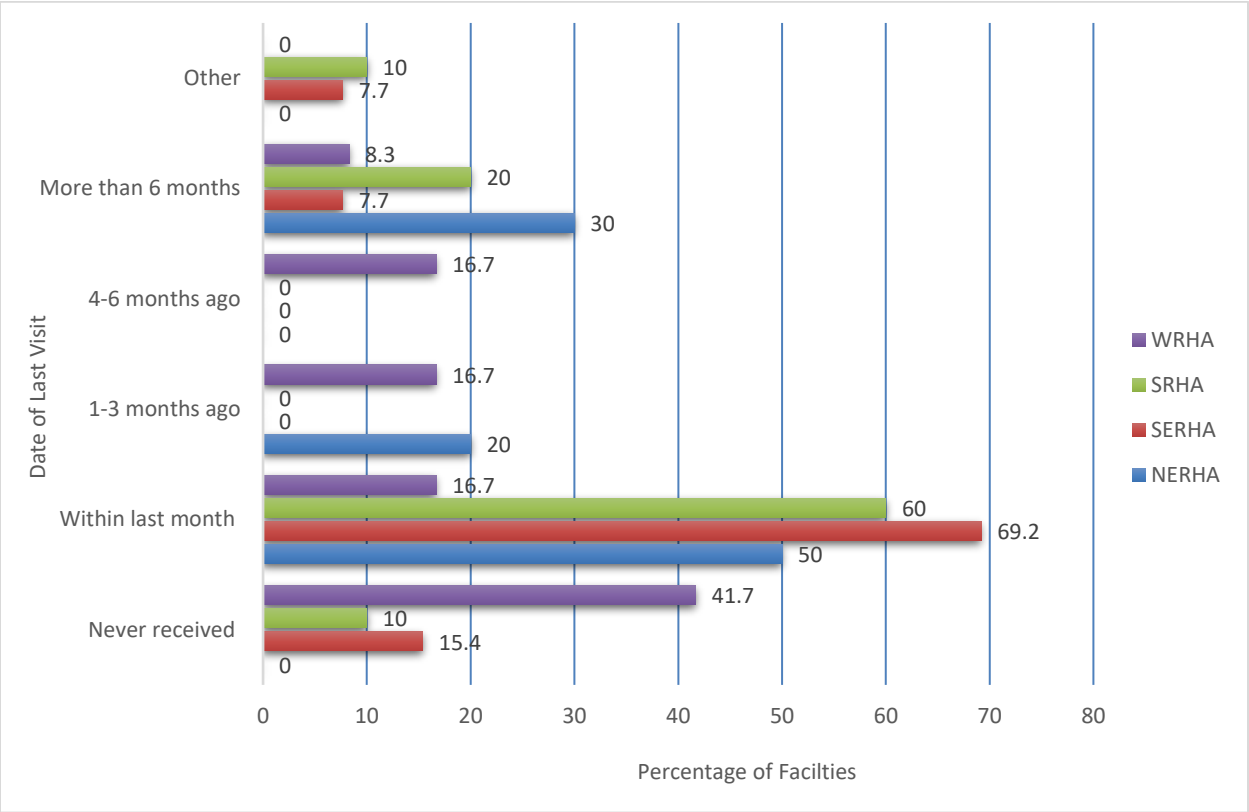
It is crucial that facilities use a formula or specified calculation to determine resupply quantities. However, where forced ordering is not mandatory, it is key to determine resupply quantities using not only past usage as a guide, but also, upcoming appointments and real demand. Real demand speaks to the commodities that would be dispensed if facilities had the adequate stock to meet their demand. This concept will be collected as health care facilities commencing in 2016 as new reporting forms for elements of the CLMIS have been recently developed.

Supervision

Regular supervisory visits are crucial to the strengthening of the CLMIS are they promote quality assurance, improve quality of care and ensure clients' needs for contraception are met.

When the nature and frequency of supervisory visits were assessed across health facilities, 69.2 per cent of facilities within SERHA stated their last supervisory visit was within the last month. This was compared with 60 per cent of those with the Southern Region, 50 per cent of those facilities within the Northeast and 16.7 per cent within the Western Region. Conversely, 10 per cent of facilities in the Southern Region stated they had never received a supervisory visit compared with 15.4 per cent of facilities within SERHA and a total of 41.7 per cent of facilities in the Western Region.

Figure 9. Percentage of Facilities Receiving Supervisory Visits



Active drug management for contraceptives includes managing and checking stock books, reports, removing expired stock and checking storage conditions. Of those (n=43) who reported having had a supervisory visit, 55.8 per cent of facilities (n=24) stated that the visit included drug management compared with 41`.7 per cent in 2013.

A total of 25.6 per cent (n=11) said the visit did not include drug management compared with 36 per cent in 2013 and 16.3 (n=7) per cent stated that said they were unclear as to what occurred at the supervisory visit compared with 22 per cent in 2013.

Recordkeeping

It is crucial for recordkeeping to be accurate in order to have a true representation of contraceptive demand and supply. It is also essential that recordkeeping tools are standardised across health facilities which will ensure ease of data comparison, trend analysis and an accurate island-wide representation of commodity uptake and management.

Every ordering and reporting format identified by the facilities was hand-written; there were no computerised systems or type-written formats used for managing any contraceptive logistics. On average, 50 per cent (n=21) of facilities who had stock book available did *not* record the balance of contraceptive commodities on hand in the book, compared with 71.9 per cent in 2013. This means that critical information about stock on hand is not readily available to staff or was available to data collectors on the day of the survey visit. Of those facilities who did provide a balance for their stock on hand, the average figures by region are listed in Table 4.

Table 4. Available Balance of Select Commodities Carried by Region at Day of Visit

Contraceptive Method	SERHA		NERHA		SRHA		WRHA	
	Average	Min/Max	Average	Min/Max	Average	Min/Max	Average	Min/Max
OCP-MicroG	63.86	0-116	48.43	0-233	8.75	0-29	240.56	0-2910
OCP-OralCon	-	-	-	-	-	-	-	-
OCP-Other	-	-	-	-	-	-	-	-
IMPL-Zarin	-	-	-	-	-	-	-	-
IMPL-Jadelle	-	-	2	2-2	-	-	-	-
IMPL-Other	-	-	-	-	-	-	-	-
CON-MOH	867.57	0-3976	90.2	0-204			291.63	0-1584
CON-Sensation	-	-	-	-	-	-	-	-
CON-Other/Pinch	3400	3400-3400	-	-	166	152-180	-	-
IUCD-CopperT	16	16-16					44	0-100
IUCD-Other	-	-	-	-	-	-	-	-
INJECT-Depo	264.5	0-1375	78.86	0-400	45.33	0-103	21.44	0-75
INJECT-Other	-	-	18	0-18	-	-	-	-

***Unit count for each method is as follows: OCP- single cycle, Zarin/Jadelle Implant- single item, Condom- single item, IUCD- single item, Depo-Provera- single dose.

In looking at the minimum and maximum levels reported of select contraceptives, it does raise a concern that some facilities in each of the four regions have a minimum level of zero for the OCP Microgynon and Depo Provera.

Limitations in Assessing Recordkeeping

Physical inventory counts were conducted by the data collector of each method currently managed at each facility. To use this information correctly to ascertain recordkeeping completeness, inventory counts (current stock on hand) would be compared with the balance of each method noted in the stock book over the last six months. This would enable data collectors and facility staff to determine if they were accurately keeping records of their current in-house stock and that it matched what was being disbursed to clients and kept in storage. In most cases, distribution is verified through MCSR reporting forms or tally sheets. In cases were optimal records are kept, the tallies comparing the MCSR tally sheet and the various contraceptive logbooks should coincide.

Table 5. Average Amount of Select Methods Issued Per Region in Last 6 Months

Contraceptive Method	SERHA	NERHA	SRHA	WRHA
OCP-MicroG	207.14	155.3	44.8	298.55
OCP-OralCon	-	-	-	-
OCP-Other	-	16	-	-
IMPL-Zarin	-	-	-	-
IMPL-Jadelle	-	36	-	-
IMPL-Other	-	-	-	-
CON-MOH	2556.15	402.89	160.6	3440.55
CON-Sensation	-	39	-	-
CON-Other/Pinch	2759.00	787	802	89
IUCD-CopperT	21.33	7.5	12	33.75
IUCD-Other	-	-	-	-
INJECT-Depo	493.86	616.4	171.3	519.18
INJECT-Other	-	944	-	-

***Unit count for each method is as follows: OCP- single cycle, Zarin/Jadelle Implant- single item, Condom- single item, IUCD- single item, Depo-Provera- single dose.

Only one (1) facility stated that their reporting and ordering formats included all information about stock on hand, quantities used and losses and adjustments, and not just one component of the three.

Recording of Methods Used

Transportation

Transportation is also a key factor in the operational of an effective and efficient CLMIS. At present the NFPB transports supply which has been ordered to the Regional Health Authorities (RHAs). The RHAs are then responsible for ensuring that the parish level and clinic level facilities are adequately supplied. At the clinic level, transportation methods vary. Most facilities, including those at the parish health departments, personally pick up supplies (n=39, 83%).

Most clinics have public health nurses or midwives who are traveling officers, that is, they have permissions to travel as needed for work purposes. Such traveling officers can also facilitate pickups in many instances.

Storage Conditions

The storage of contraceptives requires specific conditions to ensure the safety, functionality and integrity of all products. Data collectors noted that contraceptive stock was kept in multiple places, namely store

rooms, clinic exam rooms, file cabinets or desk drawers, private offices in several of the facilities . Often, the multiple areas were due to personnel. While this was not a question on the survey, it relied on observation and notation by data collectors, and so the numbers could be much higher.

Table 6. Acceptable Storage Conditions for Contraceptive Commodities

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

Where applicable for facilities that were large enough to store multiple large boxes and cartons, interviewers also observed the height boxes sat off the floor, the distance from walls and the height of the stacked boxes.

Crucial findings for storage conditions included a lack of fire safety equipment across all four (4) regions and the poor stacking and storage of boxes containing contraceptive commodities. The majority of storage areas were, however, clean and secure. The majority of products were stored at room temperature.

Figure 10. Percentage of Facilities Meeting Individual Storage Conditions - Southeast Region

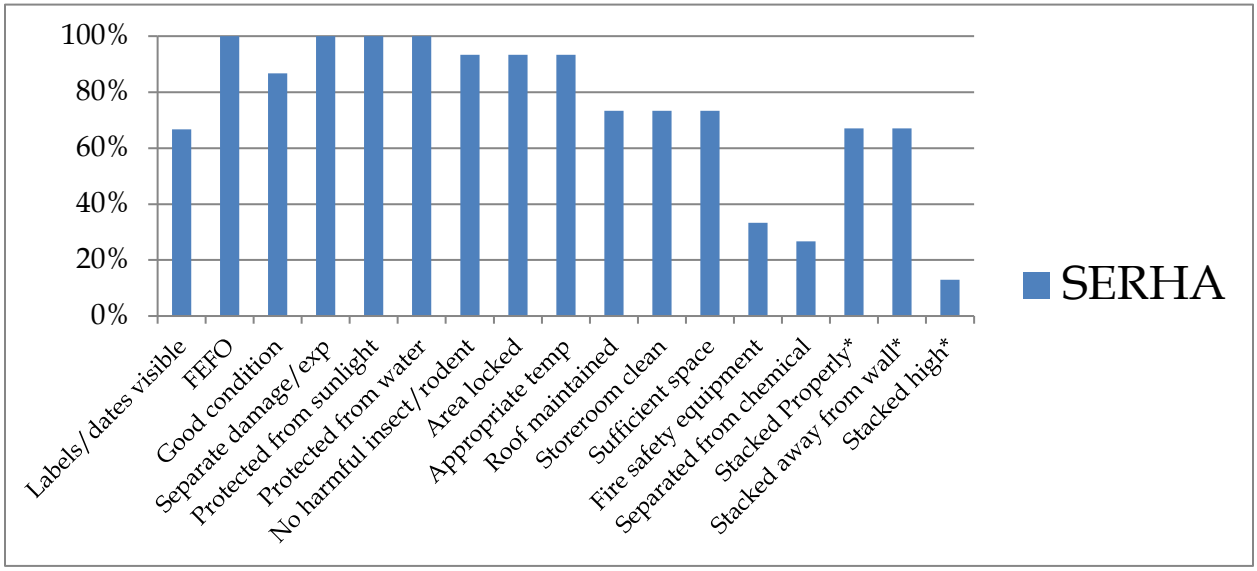


Figure 11. Percentage of Facilities Meeting Individual Storage Conditions- Southern Region

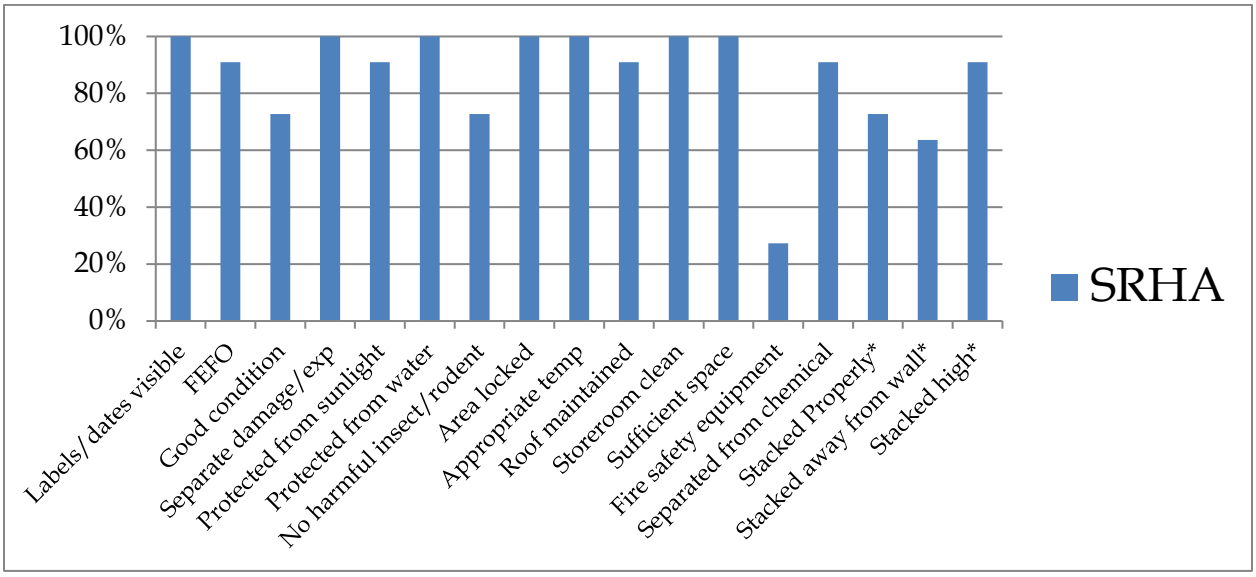


Figure 12. Percentage of Facilities Meeting Individual Storage Conditions- Western Region

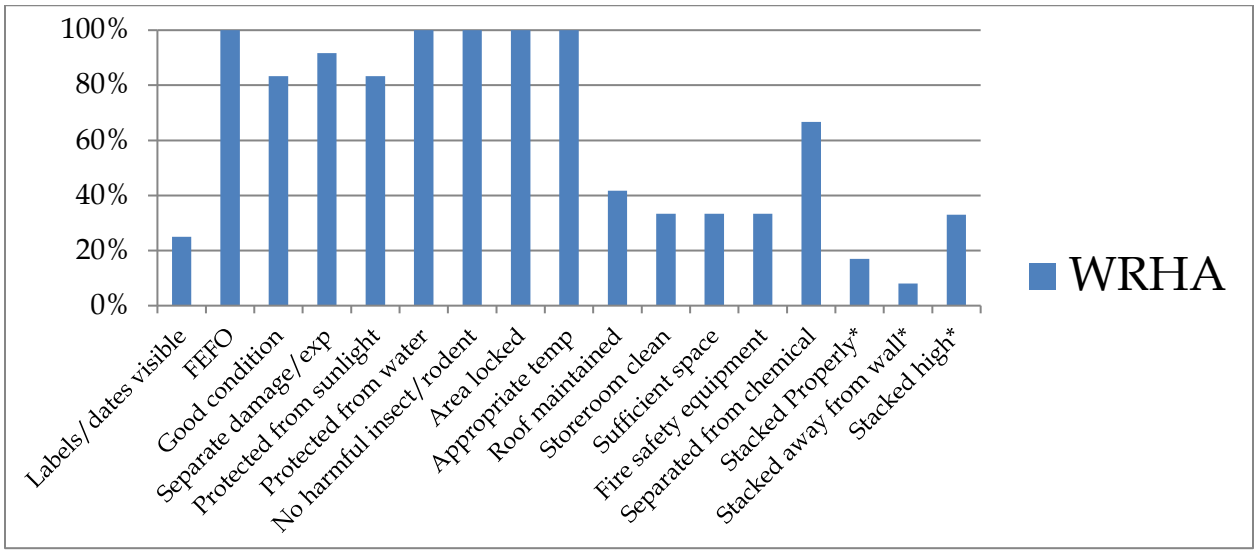
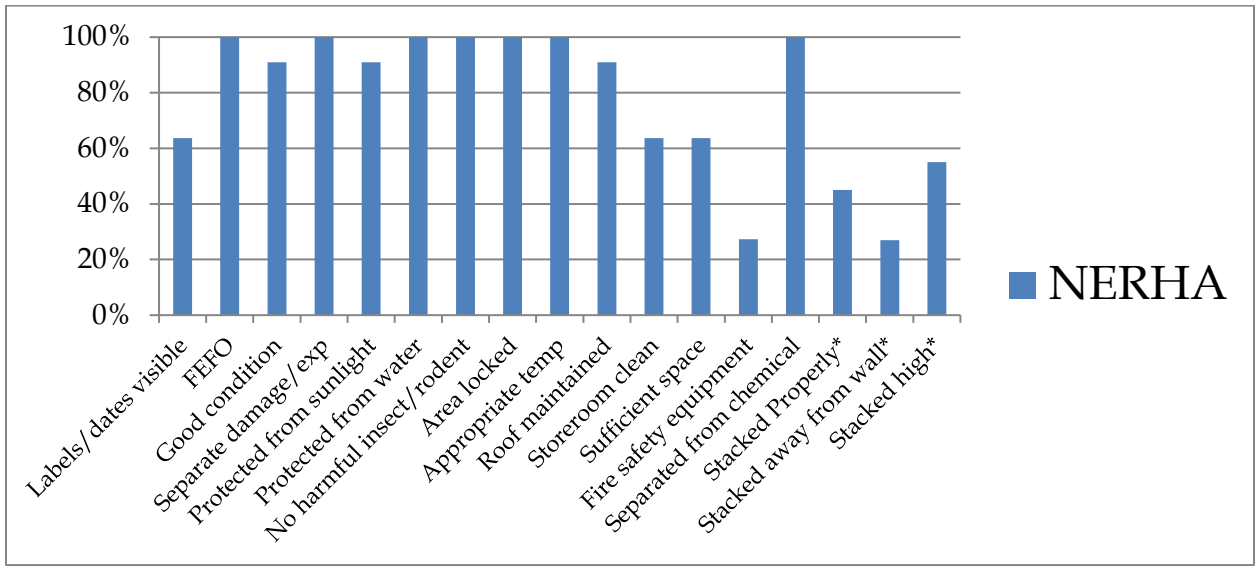


Figure 13. Percentage of Facilities Meeting Individual Storage Conditions - Northeast Region



Conclusion

Improvements have been noted in the record keeping and ordering formats within the CLMIS, however, stockouts of contraceptive commodities continue to present as the major weakness of the system. The M.E.R Unit envisions that the CLMIS will be strengthened with the implementation of the recommendations proposed within this assessment report.

Recommendations

1) **Utilisation of revised reporting instruments used for recordkeeping.**

   The NFPB has standardized a contraceptive logbook and Family Planning register which will be disseminated to RHA's in January 2016. The NFPB recommends that RHA's meet with their Regional Nursing Supervisors and ensure that the revised reporting instruments are used within health facilities island-wide for system strengthening.

2) **Create national standards for minimum stock levels of contraceptive commodities.**

   As was recommended in the 2013 assessment, the Government of Jamaica has not designated mandatory minimum stock levels for service delivery points or higher level facilities, and so there is no recommended standard supply level in which to hold individual clinics accountable. It is recommended that the NFPB , MOH and RHAs meet to establish minimum stock levels.

3) **Condom distribution at health facilities (Condoms procured for Family Planning clients and general population versus those for HIV/STI clients)**

   In addition to consultations to set minimum stock levels, discussions should also include the distribution of donor funded methods for HIV and STI clients versus methods supplied by the Government of Jamaica for Family Planning clients. In the 2015 assessment, it was widely reported that Health Providers island-wide would supply family planning clients or clients from the general population with condoms from the stock reserved for HIV/STI clients. This may occur due to the large numbers of family planning clients and general population versus HIV/STI clients. The NFPB M.E.R unit recommends that an advisory be sent for the proper method distribution to enforce accountability and transparency.

4. **Rigorous training of Data Collection Team**

   Due to financial constraints the data collection team was trained over a one day period prior to fieldwork. However, due to some errors in some aspects of data collection which were encountered in the field, it is recommended that in future, training encompass 2-3 days.

APPENDICES

Appendix A. List of Facilities by Region, Parish and Type

Region Name	Parish Name	Facility Name	Type
Southern Regional Health Authority (SRHA)			
SRHA	Clarendon	Moravia	**1**
SRHA	St. Elizabeth	Myersville	**1**
SRHA	Clarendon	Rocky Point	**1**
SRHA	Manchester	Royal Flat	**1**
SRHA	Manchester	Lincoln	**2**
SRHA	St. Elizabeth	Aberdeen	**2**
SRHA	Clarendon	Sandy Bay	**2**
SRHA	Clarendon	Kellits	**3**
SRHA	Manchester	Porus	**3**
SRHA	St. Elizabeth	Maggotty	**3**
SRHA	Manchester	Mandeville Comprehensive	**4**
Southeast Regional Health Authority (SERHA)			
SERHA	KSA	Bull Bay	**1**
SERHA	St. Thomas	White Horses	**1**
SERHA	St. Catherine	Troja	**1**
SERHA	KSA	King Weston	**1**
SERHA	St. Thomas	Danver's	**1**
SERHA	St. Catherine	Ewarton	**2**
SERHA	KSA	Gordon Town	**2**
SERHA	St. Thomas	Trinity-ville	**2**
SERHA	St. Catherine	Sydenham	**3**
SERHA	KSA	Norman Gardens	**3**
SERHA	KSA	Glen Vincent	**3**
SERHA	St. Thomas	Yallahs	**3**
SERHA	KSA	Edna Manley	**3**
SERHA	KSA	Comprehensive	**5**
SERHA	KSA	Victoria Jubilee	**7**
Northeast Regional Health Authority (NERHA)			
NERHA	St. Ann	Madras	**1**
NERHA	Portland	Fairy Hill	**1**
NERHA	St. Mary	Hampstead	**1**
NERHA	St. Mary	Robin's Bay	**1**
NERHA	St. Ann	Moneague	**2**
NERHA	Portland	Fellowship	**2**
NERHA	St. Mary	Windsor Castle	**2**
NERHA	St. Ann	Ocho Rios	**3**
NERHA	St. Mary	Highgate	**3**
NERHA	Portland	Manchioneal	**3**
NERHA	St. Ann	Beth Jacobs Family Planning	**7**

Western Regional Health Authority (WRHA)			
WRHA	St. James	Goodwill	**1**
WRHA	St. James	Flankers	**1**
WRHA	Trelawny	Lowe River	**1**
WRHA	Westmoreland	Berkshire	**1**
WRHA	Hanover	Kingsvale	**1**
WRHA	Hanover	Sandy Bay	**2**
WRHA	St. James	Mount Salem	**2**
WRHA	Westmoreland	Lamb's River	**2**
WRHA	Westmoreland	Darliston	**3**
WRHA	Trelawny	Duncan's	**3**
WRHA	St. James	Montego Bay	**5**
WRHA	Trelawny	Ulster Spring	**6**

Appendix B. List of Data Collection Teams for Each Region

Contraceptive Logistics Assessment Team Member List

WRHA TEAM	
Launa Binns-Watson	Regional Nursing Supervisor
Cheryl Belcher-Peart	Regional HIV Prevention Technical Officer
Joseph Reynolds	Director of Finance, NFPB
Nicone Lewis	Registrar
Ainsley Reid	Greater Involvement of Persons Living with HIV/AIDS (GIPA) Coordinator, NFPB
NERHA TEAM	
Damion Grant	Biostatistician, NFPB
Joulene Martin	Monitoring and Evaluation Officer, NFPB
Nickiesha Barnes	Liasion Officer, NFPB
Andre Black	
SRHA TEAM	
Ann-Marie Johnson	Training Officer, NFPB
Genice Wright	Technical Coordinator, NFPB
Ghanesh Graham	Data Entry Clerk, NFPB
Marvin Douglas	Data Entry Clerk, NFPB
SERHA TEAM	
Nickishia Wheatley	Marge Roper (SRH Counsellor), NFPB
Sacha-Marie Hill	Research Officer, NFPB
Sheldon Whorms	Database Manager, NFPB
Anna-Kay Green	Administrative Assistant, NFPB

Inventory Control Sheet

Unit count is total number of single doses/items/cycles of the product. All numbers below are listed as single unit counts (i.e. 600= 600 actual single counts of the method, not 600 boxes)

Method	Unit	Per box	Per carton
Oral Contraceptives			
Oral Con	Single cycle	100	2,000
Microgynon	Single cycle	30	720
IUCD			
Copper T	Single item	50	600
Condoms			
MOH Issued	Single item	100	6,000
UNFPA Issued	Single item	144	7,200
Female Condom	Single item	-	1,000
Injectable			
Depo-Provera	Single dose	25	1,000
Other injectable	Single dose	12	240
Implant			
Jadelle	Single item	10	-
Zarin	Single item	10	-

MINISTRY OF HEALTH
MONTHLY CLINIC SUMMARY REPORT
For
Centres offering FAMILY PLANNING SERVICES ONLY

(Please PRINT, Press Down HARD, Write LEGIBLY)

1. IDENTIFICATION

(A) Parish Code
(B) Health Centre Code
(C) Month of Report
(D) Year

(E) Region _____
(F) Parish _____
(G) H/C Name _____
(H) Type _____

PLEASE DO NOT WRITE IN THE SHADED AREAS

9. FAMILY PLANNING SERVICES

	AGE and GENDER			
	10-19	20-29	30+	TOTAL
(A) F P Visits by MALES				
(B) F.P. Visits by FEMALES				
(C) No. of new Family Planning acceptors by method (not incl. P/N)				
1. Pill				
2. Injection				
3. IUD				
4. Diaphragm				
5. Norplant				
6. ECP(Emergency Contraception Pill)				
7. Condom				
(D) Dual Method				

	TOTAL	
(E) SUPPLIES DIST. TO ALL F.P. ACCEPTORS		
1. Pill		
2. Injection		
3. IUD		
4. Diaphragm		
5. NORPLANT		
6. ECP (Emergency Contraception Pill)		
7. Koramex (Diaphragm Cream)		
8. Condom		
(F) No. of condom distributed for sexually transmitted disease		
(G) TOTAL NO. OF STERILIZATION	M	F
1. Referred to Hospital		
2. Done at Health Centre		

COMMENTS:_____

COMPLETED By: Name _____ Title_____

APPROVED By: Name: _____ Title_____

NOTICE: Complete form in Quadruplicate; send Original to MOH, Planning and Evaluation Branch; First copy to **Regional Office**; second copy to **Parish Public Health Department;** and retain fourth copy for **health centre records.**

TRELAWNY HEALTH DEPARTMENT

REQUISITION FORM

Name of Health Facility:_____

Order for Period:- ☐ Fortnight ☐ Monthly Date: _____

ITEMS	AMOUNT REQUIRED	AMOUNT IN STOCK	AMOUNT SUPPLIES	REMARKS

Request made by:_____ Date:_____

Delivered by: _____ Date:_____

Received by: _____ Date: _____

WESTERN REGIONAL HEALTH AUTHORITY
TRELAWNY HEALTH SERVICES
PURCHASE REQUEST FORM

FROM_____ REQUISTION No._____

TO: Purchasing Department

Please order the item(s) listed below to be delivered to _____

Item No.	Amount in Stock	Quantity Required	Unit	Item Description	Estimate Cost	Total

Prepared by: (1)

Name: _____

Title: _____

Date: _____

(2)
Signed: _____
(Procurement Officer)

Date: _____

Authorized for purchase (3)

Signed: _____
(Administrator)

Date: _____

(4)
Signed _____
(Parish Manager)

Date: _____

MCSR TALLY SHEET FOR FAMILY P

ANNING SERVICES

MONTH _____ YEAR _____

HEALTH CENTRE _____

COL 1	COL 2				COL 3																COL 4						COL 5										COL 6	COL 7			
Days of Month	F P VISITS				No. OF NEW FAMILY PLANNING ACCEPTORS BY METHOD (not incl. P/N)																						SUPPLIES DISTRIBUTED TO ALL F.P. ACCEPTORS										CONDO DIST FOR STD	TOT STERILIZATION PERF TO INCL DONE AT H/C			
	M	F			PILL			INJ			IUD			DIAPHRAGM			NORPLANT			ECP			CONDOM			DUAL METHOD			PILL	INJ	IUD	DIAP	NORP	ECP	ORA	COND		M	F	M	F
		10-19	20-29	30+	10-19	20-29	30+	10-19	20-29	30+	10-19	20-29	30+	10-19	20-29	30+	10-19	20-29	30+	29	20-29	30+	10-19	20-29	30+	10-19	20-29	30+													
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LOGISTICS INDICATORS ASSESSMENT TOOL (LIAT)

INTERVIEWER'S GUIDE

Facility Identification	Record the name of the facility and location. Using the codes provided for each question, place all other responses in the boxes on the right.
Information about Interview	Record the date the interview took place and list the names of the interviewers.
Introduction	Use the text here to guide your introduction of the survey to facility staff.
Questions 01 to 05	Receive permission to conduct the interview and record information regarding the interviewee.
Questions 101 to 117	Record responses by clearly circling either the number or letter that corresponds to the interviewee's response. Questions with letters may have multiple responses; questions with numbers have only a single response.
Questions 118 to 122	These questions are to be asked at facilities that are part of a cold chain system.
Questions 123 to 126	The following questions in this section should be asked of the storeroom manager.
Table 1: Stock Status	Record the maximum months of stock, minimum months of stock, and order interval above the table. If the interviewee does not know these, mark DK as the response. To fill in the cells, follow the instructions above the table.
Table 2: Storage Conditions	Record observations on the main storage area (even if it is a cabinet) by responding to storage conditions 1 to 14 for every facility visited. For large storage areas that require stacking of multiple boxes, continue to complete storage conditions 15 to 17.
Table 3: Data Quality	Complete the table for all or for a selection of products.
Table 4: Forecast Accuracy	Complete the table for all or for a selection of products.
Table 5: Order Fill Rate	Complete the table for all or for a selection of products.
End Interview	Ask the interviewee/s if they want to ask you any questions. Thank them for their time and cooperation.

Facility Services and Infrastructure

FACILITY IDENTIFICATION

Name of the facility_____	
Facility location	
City/town: _____	Region..... ☐
Region_____	District ..... ☐☐
District _____	
Code of the facility	Facility Code ..... ☐☐
Facility Type: (1=SDP)	SDP..... ☐
If SDP, mark type of facility: (1=Community hospital; 2=Hospital; 3=Health centre; 7=Other _____)	SDP Facility Type..... ☐
Operating Authority 1=MOH; 2=NGO.....	Operating Authority ..... ☐
Facility characteristics: Paved road to the facility? (0=no; 1=yes)	Paved road ..... ☐
Operational electricity on day of visit? (0=no; 1=yes)	Electricity..... ☐
Operational water in the building on the day of visit? (0=no; 1=yes)	Water..... ☐
Operational telephone (land line or mobile) on day of visit? (0=no; 1=yes)	External Communication ..... ☐

Date: _____ DAY/ MONTH/ YEAR

Interviewer/s: _____

_____

Introduce all team members and ask facility representatives to introduce themselves.

Explain the objectives of this survey:

Good day. My name is _____. My colleague and I are representing the National Family Planning Board. We are conducting a survey regarding the health commodity logistics system. We are looking at the availability of selected commodities and information about how you order and receive those products. We are visiting selected health facilities throughout the country; this facility was selected to be in the survey. The objectives of the survey are to collect current information on logistics system performance and stock status of key health products. This is not a supervisory visit and the performance of individual staff members is not being evaluated.

The results of this national survey will provide information to make decisions and to promote improvements. The survey will be conducted again in the future to measure changes in the logistics system. We would like to ask the person in charge of contraceptive management a series of questions about the products and supplies available at this facility. In addition, we would like to actually count selected products you have in stock today and observe the general storage conditions. Do you have any questions?

Ask the in-charge to introduce the team to the person managing commodities. Extend the invitation to the in-charge to stay with the team but explain that we are aware that they have other responsibilities. Offer to check back with him/her before leaving the facility.

No.	Question	Code Classification	Go To
01.	Can we continue?	Yes .....1 No.....0	 ➔STOP
02.	Name and title and contact phone number of person interviewed for this survey	Name: _____ Title: _____ Contact number: _____	

03.	Number of years and months you have worked at this facility?	Years: _____ Months: _____	
04.	Who is the principal person responsible for managing contraceptive supplies at this facility?	Nurse .....1 Public Health Nurse .....2 Pharmacy Technician .....3 RNM.....4 Pharmacist..... 5 Midwife.....6 Other (Specify) _____.....9	
05.	Is supplies/stock management the primary role of this person at this facility?	Yes .....1 No.....0	

First, ask the following questions of the person in-charge. After asking questions 101–122, visit the warehouse, storeroom, or storage area where the health products listed are managed. If you are referred to another staff member for the stocktaking exercise, introduce the survey goals and objectives as you did during the introduction. Hand the respondent the list of products that are included in the survey, and explain that we will refer to the list for some of the following questions.

No.	Questions	Code Classification	Go To/ Comments
101.	Do you use the following stock keeping logistics forms to manage contraceptive commodities in this facility?		
	A. stock cards/bin card/ inventory control card	Yes 1 No 0	
	B. stock ledger/stock book (ruled)	Yes 1 No 0	
	C. other	Yes 1 (specify)_____ No 0	

102.	What forms or formats do you use for reporting on contraceptives?		
	A. MCSR	Yes 1 No 0	
	B. HMSR	Yes 1 No 0	
	C. Condom Distribution Log	Yes 1 No 0	
103	What form or formats do you use for ordering contraceptives?		
	A. Order Book	Yes 1 No 0	
	B. Written/typed list or email	Yes 1 No 0	
	C. Oral/Phone order	Yes 1 No 0	
	D. Other	Yes 1 (specify)_____ No 0	
104.	Do MCSR reports include the following for reporting?		
	A. stock on hand	Yes 1 No 0 N/A 99	
	B. quantities used	Yes 1 No 0 N/A 99	
	C. losses and adjustments	Yes 1 No 0 N/A 99	
105	Do HMSR reports include the following for reporting?		
	A. stock on hand	Yes 1 No 0 N/A 99	
	B. quantities used	Yes 1 No 0 N/A 99	
	C. losses and adjustments	Yes 1 No 0 N/A 99	
106	Does Condom Distribution Log include the following for reporting?		
	A. stock on hand	Yes 1 No 0 N/A 99	

	B. quantities used	Yes 1 No 0 N/A 99	
	C. losses and adjustments	Yes 1 No 0 N/A 99	
107	Do the formats used for ordering include the following?		
	A. stock on hand	Yes 1 No 0 N/A 99	
	B. quantities used	Yes 1 No 0 N/A 99	
	C. losses and adjustments	Yes 1 No 0 N/A 99	

Ask interviewee to see most recently completed MSCR, HMRS and Condom Distribution Logs

108	Do your <u>completed</u> MCSR reports include the following? **(must be verified with completed report)**		
	A. stock on hand	Yes 1 No 0 Completed report not available 9	
	B. quantities used	Yes 1 No 0 Completed report not available 9	
	C. losses and adjustments	Yes 1 No 0 Completed report not available 9	
109.	Do your <u>completed</u> HMSR reports include the following? **(must be verified with completed report)**		
	A. stock on hand	Yes 1 No 0 N/A 99 Completed report not available 9	
	B. quantities used	Yes 1 No 0 N/A 99 Completed report not available 9	
	C. losses and adjustments	Yes 1 No 0 N/A 99 Completed report not available 9	
110	Do your <u>completed</u> Condom Distribution Log report include the following? **(must be verified with completed report)**		

	A. stock on hand	Yes 1 No 0 Completed report not available 9	
	B. quantities used	Yes 1 No 0 Completed report not available 9	
	C. losses and adjustments	Yes 1 No 0 Completed report not available 9	
111	How often are MCSR reports sent to the higher level? *(Circle all that apply.)*	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other..... W	
112	How often are HMSR reports sent to the higher level? *(Circle all that apply.)*	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other..... W Not Applicable..... 99	
113	How often are Condom Distribution Logs sent to the higher level? *(Circle all that apply.)*	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other..... W	
114	How often are ordering requests sent to the higher level? *(Circle all that apply.)*	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other..... W	
115	When was the last time you sent a MCSR report for products at this facility?	Never ..... 1 Within the last month ..... 2 2 months ago ..... 3 3 months ago ..... 4 More than 3 months ago 5	
116	When was the last time you sent a HMSR report for products at this facility?	Never ..... 1 Within the last month ..... 2 2 months ago ..... 3 3 months ago ..... 4 More than 3 months ago 5	
117	When was the last time you sent a Condom Distribution Log report for products at this facility?	Never ..... 1 Within the last month ..... 2 2 months ago ..... 3 3 months ago ..... 4 More than 3 months ago 5	

118	When was the last time you made an order request for products at this facility?	Never .....1 Within the last month .....2 2 months ago .....3 3 months ago .....4 More than 3 months ago 5	
119	How many facilities are supposed to send MCSR reports to this facility?	_____ Not Applicable.....9	**If all are 'Not Applicable' SKIP to 125**
120	How many facilities are supposed to send HMSR reports to this facility?	_____ Not Applicable.....9	
121	How many facilities are supposed to send Condom distribution log reports to this facility?	_____ Not Applicable.....9	
122	How many facilities submitted complete MCSR for the month of _____ (two months prior to survey month)?	_____ Ask to see reports and check here if verified. _____ Not Applicable.....9	
123	How many facilities submitted complete HMSR for the month of _____ (two months prior to survey month)?	_____ Ask to see reports and check here if verified. _____ Not Applicable.....9	
124	How many facilities submitted complete Condom distribution reports for the month of _____ (two months prior to survey month)?	_____ Ask to see reports and check here if verified. _____ Not Applicable.....9	
125	How did you learn to complete the forms/records used at this facility? *(Circle all that apply.)*	During a logistics workshop .....A On-the-job training ..... B Never been trained.....C Other (specify)_____ W	
126	How many emergency orders for contraceptives have you placed in the last 3 months?	None .....0 1.....1 2.....2 3.....3 More than 3.....4 NA.....9	
127	Who determines this facility's resupply quantities? *(Circle all that apply.)*	The facility itself .....A Higher-level facility ..... B Other_____ W	
128	How are the facility's resupply quantities determined?	Formula (any calculation) _____ 1 Don't know .....2 Other means 9	

129	Who is responsible for bringing products to your facility? *(Circle all that apply.)*	Delivery from local (within Region) .A Delivery from higher level (National) B This facility picks up .....D Other (specify)_____W	
130	What type of transportation is *most often* used? Pick one.	Facility vehicle .....1 Public transportation .....2 Private vehicle .....3 Motorcycle .....4 Bicycle .....5 Other (specify)_____ 9	
131	On average, approximately how long does it take between ordering and receiving products?	Less than 2 weeks .....1 2 weeks to 1 month .....2 Between 1 and 2 months .....3 More than 2 months 4	
132	When did you receive your most recent supervisory visit? *Check visitors book, if necessary.*	Never received .....1 Within the last month .....2 1 - 3 months ago.....3 4 - 6 months ago .....4 More than 6 months ago .....5 Other (specify)_____ 9	
133	Did your last supervisory visit include drug management (e.g., stock book checked, reports checked, expired stock removed, storage conditions checked)?	Yes 1 No 0 Don't know ..... 9 (provide further clarification in comments as needed)	

Thank you for your time and information. You have been very helpful. Our remaining questions will require looking at products in the storeroom and speaking with the person who oversees the store.

D. Supervision

When in the Store Room (if with a different person) repeat the introduction to the survey and data collection team members.

No.	Question	Code Classification	Go To
134	Name and title and mobile phone number of person interviewed for this survey	Name: _____ Title: _____ Mobile number: _____	
135	Number of years and months you have worked at this facility.	Years: _____ Months: _____	

136	Who is the principal person responsible for managing medical supplies at this facility?	Nurse .....1 Clinical Officer.....2 Pharmacy Technician .....3 Pharmacy Assistant .....4 Pharmacist .....5 Medical Assistant.....6 Other (Specify)_____ 9	
137.	Is supplies/stock management the primary role of this person at this facility?	Yes .....1 No.....0	

Table 1. Stock Status (Specify a full six month period prior to the survey; and the day of visit)

YOU WILL NEED THE MOST RECENT STOCK BOOK AND MCSR REPORTS DATING BACK TO THE LAST 6 MONTHS

Column:

1. Name of all authorized products that will be counted
2. Unit of count for the product

Note: Columns 1 and 2 should be filled out before questionnaires are printed for the survey.

3. Whether or not the product is managed at this facility, answer Y for yes or N if no. Note that for some products, at certain levels all facilities should manage the product. In such cases, this column should be marked Y.
4. Record the quantity of product in an open container. Estimate the quantity of the product to 1/4, 1/2. or 3/4 full using the smaller unit of count established in column 2.
5. Record if the facility is experiencing a stockout of the product on the day of the visit, *according to the physical inventory*, answer Y for yes or N for no.
6. Record the quantity of expired products. Count all expired products on the day of the visit. If there are products that are near expiry (within one week), note in the comments section.
7. Check if the stock book is available, answer Y for yes or N for no.
8. Check if the stock book had been updated within the last 30 days, answer Y for yes or N for no. Note: If the stock book was last updated with the balance of 0 and the facility has not received any resupply, consider the stock card up-to-date.
9. Record the balance on the stock book
10. Record if the facility has had any stockout of the product during the <u>most recent</u> 6 full months before the survey, answer Y for yes or N for no.
11. Record how many times the product stocked out during the most recent full 6 months before the survey according to stock cards (i.e June 1- 15)
12. Record the total number of days the product was stocked out during the most recent full 6 months before the survey.
13. Record the quantity of product dispensed to users or issued from the storeroom during the most recent 6 months before the survey.
14. Record the number of days the issued data represents (may be less than 180 if you are looking at 6 months of data); record the days for which there is any data recorded, including 0

Table 1. Stock Status **(Note: For any product that experienced a stockout in the last 6 months (including the day of visit), please note reasons (by product).**

Product	Units of count	Managed at this facility? (Y/N)	Physical inventory – Store room	Stockout today? (Y/N)	Quantity of expired products	Stock book available? (Y/N)	Stock book updated? (Y/N)	Balance in stock book	Stockout most recent 6 months (Y/N)	Number of stockouts	Total number of days stocked out	Total issued (most recent 6 months)	Number of days of data available
1	2	3	4	5	6	7	8	9	10	11	12	13	14
OCP-Microgynon	Single cycle												
OCP- Oral Con	Single cycle												
OCP –Other	Single cycle												
IMPL-Zarin	Single item												
IMPL-Jadelle	Single item												
CON-MOH Issued	Single item												
CON-Sensation	Single item												
CON- Other	Single item												
IUCD-Copper T	Single item												
INJECT-Depo-Provera	Single dose												
INJECT-Other	Single dose												

Comments:

Notes:

Physical Inventory- Storeroom- Conduct a physical count for each commodity being assessed:

1) Count unopened/complete cartons first. Multiply the number of cartons by the number of boxes in the each carton. This will give you total number of boxes.

2) Next take the total number of boxes and multiply it with the total number of bottles/cycles/pieces per box. This will give you total commodity available based on the smallest unit of count.

3) Any product that has expired or is damaged should NOT be counted.

Add up the total units of usable stock from the unopened cartons, unopened boxes, and in open boxes in the storeroom. That is your total physical inventory in the store room.

4) Column 14 (Number of days)

"Based on the MCSRs, in May, June and July we issued 150 total IUCDs. We had one stockout lasting 14 days. So, over a 90 day period, we had 76 days of available data on IUCDs

Table 2. Storage Conditions

Items 1–14 should be assessed for all facilities for products that are ready to be issued or distributed to clients. Place a check mark in the appropriate column based on visual inspection of the storage facility; note any relevant observations in the comments column. ***To qualify as "yes," all products and cartons must meet the criteria for each item.***

No	Description	No	Yes	Comments
01.	Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible.			
02.	Products are stored and organized in a manner accessible for first-to-expire, first-out (FEFO) counting and general management.			
03.	Cartons and products are in good condition, not crushed due to mishandling. If cartons are open, determine if products are wet or cracked due to heat/radiation (fluorescent lights in the case of condoms, cartons right-side up for Depo-Provera®).			
04.	The facility makes it a practice to separate damaged and/or expired products from usable products and removes them from inventory.			
05.	Products are protected from direct sunlight.			
06.	Cartons and products are protected from water and humidity.			
07.	Storage area is visually free from harmful insects and rodents. (Check the storage area for traces of bats and/or rodents [droppings or insects].)			
08.	Storage area is secured with a lock and key, but is accessible during normal working hours; access is limited to authorized personnel.			
09.	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 (clean, all trash removed, sturdy shelves, organized boxes).			
12.	The current space and organization is sufficient for existing products and reasonable expansion (i.e., receipt of expected product deliveries for foreseeable future).			
13.	Fire safety equipment is available and accessible (any item identified as being used to promote fire safety should be considered).			
14.	Products are stored separately from insecticides and chemicals.			

The additional standards below can be applied to any facility large enough to require stacking of multiple boxes.

No.	Description	No	Yes	Comments
15.	Products are stacked at least 10 cm off the floor.			
16.	Products are stacked at least 30 cm away from the walls and other stacks.			
17.	Products are stacked no more than 2.5 meters high.			

Additional guidelines for specific questions:

Item 2: In noting proper product arrangement, consider the shelf life of the different products.

Item 3: Check cartons to determine if they are smashed due to mishandling. Also, examine the conditions of the products inside opened or damaged cartons to see if they are wet, cracked open due to heat/radiation (e.g., for condoms, because of fluorescent lights), or crushed.

Item 4: Conduct the discarding of damaged or expired products according to the facility's procedures (this may differ from one facility to another). Specify if procedures exist and note what they are.

Item 7: It is important to check the storage area for traces of rodents (droppings) or insects harmful to the products.

Item 8: This refers to either a warehouse secured with a lock or to a cabinet in a clinic with a key.

Item 13: Fire safety equipment does not have to meet international standards. Consider any item identified as being used to promote fire safety (e.g., water bucket, sand). Do not consider empty and/or expired fire extinguishers as valid fire safety equipment.

Ask the person/people you interviewed if they want to ask you any questions.

Comments or general observations on products management:

Thank the person/people who talked with you. Reiterate how they have helped the program achieve its objectives, and assure them that the results will be used to develop improvements in logistics system performance.

Notes/Comments

CONTRACEPTIVE LOGISTICS MANAGEMENT INFORMATION SYSTEM (CLMIS)

NOVEMBER 20, 2015

TRAINING REPORT

A. Introduction

On Friday, the 20th of November 2015, the National Family Planning Board (NFPB) staff and health care representatives from the regional and parish offices gathered at the National Family Planning Board offices in Kingston, Jamaica for a one (1) day training on the Contraceptive Logistics Management Information System (CLMIS). The training sought to introduce all participants to the CLMIS, the LIAT, review utilisation of the tool and provide a guide to interviewing.

Introductions

A warm welcome was extended to all participants from Sacha-Marie Hill (Research Officer, NFPB) who was the coordinator of the training exercise and CLMIS assessment. The goals and objectives of the CLMIS assessment were explained and participants were asked to introduce themselves. . Participants in attendance were as follows:

ATTENDEES

Regional/Parish Staff	**NFPB Staff**
SERHA • Natalie Facey Cole • Narfeen Francis Smith	• Ann-Marie Johnson • Damion Grant • Sheldon Whorms • Marvin Jospeh • Anna-Kay Green • Joseph Reynolds • Andre Black • Ghanesh Graham • Joulene Martin • Ainsley Reid • Nicone Lewis • Trudy Brennan • Doneika Plowright • Genice Wright • Jennifer Williams • Jada Wint • Sacha-Marie Hill

NERHA • Norda Spencer Dekid • Ailen Robinson	
WRHA • Cheryl Belcher- Peart • Launa Binns Watson Jennifer Pearson	
SRHA Nadine Johnson-Griffiths	

CLMIS and Regional Recommendations presentation

The 'CLMIS and Regional Recommendations' presentation provided a summary of the findings of the 2013 CLMIS assessment through a review of the sampling methodology indicators of assessment, limitations and key component areas including record keeping and stock management. One key finding discussed was that an average of 54 per cent of facilities across a four regions did not record at least one of their methods in a stock book. Also, 72 per cent of facilities who have a stock book available did not record a balance of commodities on hand. It was also found that between 42 and 56 per cent of facilities across all regions placed their orders for contraceptive commodities orally. These and other findings of the 2013 assessment were discussed with trainees.

Regarding regional recommendations, regional consultations with the NFPB and Regional Health authority representatives resulted in various recommendations provided to improve the CLMIS. These were discussed with trainees and included:

1) Standardise all books and forms used for reporting

2) Create national standards for minimum stock levels

3) Increase training and staffing for nurses in IUD and implant insertion

4) Ensure facilities produce copies of all documents reported on

'Logistics Indicator Assessment Tool (LIAT) training' presentation

It was explained to participants during this presentation that the LIAT is a tool for collecting baseline data in each of the selected facilities across the four regions that will inform future policy and protocol on contraceptive logistics in Jamaica. The LIAT can be used to monitor the performance of certain processes involved in the logistics management of health commodities over time, to evaluate certain outcomes of logistics interventions, to provide ongoing supervision and performance monitoring, and to monitor commodity availability. It was explained to trainees that during survey visits, participants should be made aware that this is not an audit exercise and that names will not be used in this assessment.

Instrument Review

Trainees were introduced to the LIAT tool in its entirety. Reviewing the entire tool ensured that feedback would be given from all trainees regarding how questions were worded, appropriate responses and omissions needed to make the tool as appropriate to the Jamaican context as possible. An interviewer's guide at the beginning of the LIAT was reviewed to explain the objective of each question and by extension, of the assessment.

Each survey contained the following sections:

A. Introduction statement and consent to be surveyed
B. Facility identification information
C. Interviewee information
D. Contraceptive commodity management sections (ordering and issuing, recordkeeping, reporting, monitoring and supervision)
E. Stock status < 6 months (Table 1)
F. Storage conditions (Table 2)

Each section was reviewed in detail. This was also necessary to determine if there were questions that may be redundant at the facility level, to understand the pattern of skip questions and to

ensure participants understood each question in detail. Following the instrument review, participants were paired to run through the instrument in a 'mock interview' exercise. In each mock interview participants would take on the role of interviewer and interviewee and go through the instrument in its entirety. At the end of the exercise, the training coordinator addressed all questions regarding the instrument.

Site Selection and Team Assignments

Using USAID recommendations, a sample size of 15% of eligible facilities (those providing family planning services and carrying contraceptives) was selected. Out of the 311 eligible facilities, a sample of 50 clinics was selected. While there are seven types of facilities across the country, a strata of each type was selected proportional to the overall population size, which differed in each region. Each facility is a service delivery point and the survey would not include warehouses or highest level suppliers.

The data collection process was thoroughly explained o participants. This involved the created of eight (8) teams of two (2) for a total of two (2) teams in each region. Each team would consist of a team leader and survey monitor, and likely include one NFPB staff person and one RHA representative. The timeline for data collection, analysis and report writing was also discussed. The list of data collection sites previously selected and send to each Regional Health authority prior to the training were reviewed with participants during the session.

During this stage, it was determined that a few of the selected sites were either not suitable for the data collection process or were no longer in operation. Where this occurred the RHA representatives guided the NFPB inn the selection of substitute facilities. Through the day's proceedings, participants selected their team leader who would be responsible for managing the data collection process and submitting completed forms to the M.E.R Team at the NFPB for data entry and analysis.

‘A Guide to Interviewing’ Presentation

In the presentation, ‘A Guide to Interviewing’, the Training Coordinator explained the types of quantitative data collection techniques, with emphasis on the interviewer administered questionnaire as this was the format of the LIAT. Disadvantages and advantages of this data collection method were discussed as well as the detail of closed ended and open ended questions. Various interviewing tips were also provided and expounded upon including:

1. Encourage respondents to cooperate by your approach
2. Ask the questions as they are written in the survey tool
3. Be straightforward
4. Never suggest answers to the respondents
5. Ask all applicable questions
6. Handle hesitant respondents tactfully
7. Minimise survey interference with the health workers ability to see patients
8. Offer no opinions or advice on specific facility practices during the actual interview
9. Never raise expectations of immediate changes in the situation of the staff or facility
10. Check your instrument carefully prior to leaving the facility

Appendix 1. Health Facilities by Region

Region Name	Parish Name	Facility Name	Type
Southern Regional Health Authority (SRHA)			
SRHA	Clarendon	Moravia	**1**
SRHA	St. Elizabeth	Myersville	**1**
SRHA	Clarendon	Rocky Point	**1**
SRHA	Manchester	Royal Flat	**1**
SRHA	Manchester	Lincoln	**2**
SRHA	St. Elizabeth	Aberdeen	**2**
SRHA	Clarendon	Sandy Bay	**2**
SRHA	Clarendon	Kellits	**3**
SRHA	Manchester	Porus	**3**
SRHA	St. Elizabeth	Maggotty	**3**
SRHA	Manchester	Mandeville Comprehensive	**4**
Southeast Regional Health Authority (SERHA)			
SERHA	KSA	Bull Bay	**1**
SERHA	St. Thomas	White Horses	**1**
SERHA	St. Catherine	Troja	**1**
SERHA	KSA	King Weston	**1**
SERHA	St. Thomas	Danver's	**1**
SERHA	St. Catherine	Ewarton	**2**
SERHA	KSA	Gordon Town	**2**
SERHA	St. Thomas	Trinity-ville	**2**
SERHA	St. Catherine	Sydenham	**3**
SERHA	KSA	Norman Gardens	**3**
SERHA	KSA	Glen Vincent	**3**
SERHA	St. Thomas	Yallahs	**3**
SERHA	KSA	Edna Manley	**3**
SERHA	KSA	Comprehensive	**5**
SERHA	KSA	Victoria Jubilee	**7**
Northeastern Regional Health Authority (NERHA)			
NERHA	St. Ann	Madras	**1**
NERHA	Portland	Fairy Hill	**1**
NERHA	St. Mary	Hampstead	**1**
NERHA	St. Mary	Robin's Bay	**1**
NERHA	St. Ann	Moneague	**2**
NERHA	Portland	Fellowship	**2**
NERHA	St. Mary	Windsor Castle	**2**
NERHA	St. Ann	Ocho Rios	**3**
NERHA	St. Mary	Highgate	**3**
NERHA	Portland	Manchioneal	**3**

NERHA	St. Ann	Beth Jacobs Family Planning	**7**
Western Regional Health Authority (WRHA)			
WRHA	St. James	Goodwill	**1**
WRHA	St. James	Flankers	**1**
WRHA	Trelawny	Lowe River	**1**
WRHA	Westmoreland	Berkshire	**1**
WRHA	Hanover	Kingsvale	**1**
WRHA	Hanover	Sandy Bay	**2**
WRHA	St. James	Mount Salem	**2**
WRHA	Westmoreland	Lamb's River	**2**
WRHA	Westmoreland	Darliston	**3**
WRHA	Trelawny	Duncan's	**3**
WRHA	St. James	Montego Bay	**5**
WRHA	Trelawny	Ulster Spring	**6**