



**REPUBLIC OF KENYA**

**MINISTRY OF PUBLIC HEALTH  
AND SANITATION**

**SDP CONTRACEPTIVES  
CONSUMPTION DATA REPORT  
AND  
REQUEST FORM**

## **WHEN TO COMPLETE AND HOW TO SUBMIT THE SDP CONTRACEPTIVES CONSUMPTION DATA REPORT AND REQUEST FORM**

THE SDP CONTRACEPTIVES CONSUMPTION DATA REPORT AND REQUEST FORM (SDP CDRR) MUST BE COMPLETED BY ALL SERVICE DELIVERY POINTS (SDPs) AT THE CLOSE OF THE LAST DAY OF THE MONTH.

**Note:**

- i. The reporting month lasts from the first to the last day of each month.
- ii. This report should be delivered to the DMOH's office no later than the **5<sup>th</sup> day of the month**.

**SDPs:**

1. Send the **original SDP CDRR** to the **District Medical Officer of Health (DMOH)**, for the attention of the **District Pharmacist**
2. Send the **duplicate SDP CDRR** to the **District Medical Officer of Health (DMOH)**, for the attention of the **District Public Health Nurse (DPHN)**
3. If you collect your contraceptives from the District Store, please contact the District Pharmacist for re-supply.
4. The triplicate copy is left in the CDRR booklet at the SDP level.

## HOW DO YOU COMPLETE THE SDP CONTRACEPTIVE CONSUMPTION DATA REPORT & REQUEST (SDP CDRR) FORM?

Use the following instructions to complete the SDP Contraceptive CDRR Form. This form is completed by the Health Facility In-Charge or the Family Planning Service Provider at the Health facility. Prior to completing the Contraceptive CDRR, the person preparing the report should conduct a **physical inventory** of the contraceptives.

### INSTRUCTIONS FOR COMPLETING THE MONTHLY REPORT

1. **Province:** Write the name of the province where the Service delivery point is located.
2. **County:** Write the name of the county where the Service delivery point is located.
3. **District:** Write the name of the district where the Service delivery point is located.
4. **Full SDP Name:** Write the full name of the Service delivery point.
5. **MFL No:** Write the Master Facility List (MFL) Number
6. **Facility Type:** Put a tick (✓) mark in the correct  to indicate the facility type for the Service delivery point.
7. **Agency:** Put a tick (✓) mark in the appropriate  to indicate the organization running the Service Delivery Point.
8. **Reporting Period:** Write the 1<sup>st</sup> day (date in full) and the last day (date in full) of the **month** you are reporting for i.e. the 1<sup>st</sup> day and the last day covered by this report e.g. 1<sup>st</sup> of January 2012 to 31<sup>st</sup> of January 2012.
9. **Beginning Balance (COLUMN):** Record the quantity of every contraceptive listed in the Monthly Report that is on hand at the Service delivery point at the beginning of the month. For those items where there is nil stock, write "NIL".

Note that the quantity is counted in CYCLES for PILLS, VIALS for INJECTABLES, PIECES for MALE CONDOMS, FEMALE CONDOMS and CYCLE BEADS, SETS for IUCDs and IMPLANTS (both 1- and 2-Rod) and DOSES for EMERGENCY CONTRACEPTIVE PILLS.

For Implants, split into;

- a) 1-Rod – e.g. Implanon, and
- b) 2-Rod – e.g. Jadelle

Note that the *beginning balance of the current month is always the same as the ending balance from the previous month.*

10. **Received This Month (COLUMN):** Record the total quantity of each contraceptive received from official sources during the month. This can be obtained from the Inventory control cards / Bin cards where you record all receipts for the facility.
11. **Dispensed (COLUMN):** From the Daily Activity Register, record the total quantity of each contraceptive that has been dispensed to clients during the month.

12. **Losses (COLUMN):** Record the quantity of any contraceptive that expired, was stolen, used for demonstration, damaged or any other loss at this facility within the reporting Month. Explain the losses in the "Comments" section.
13. **Adjustments (COLUMN):** Record the quantity of any contraceptive that has been withdrawn from this facility or given to other facilities at the same level and any contraceptives received from any other source other than through the official system. Also record any excess contraceptives discovered in a physical count. Any Adjustment *increasing* the Store's stock level is indicated in the column for positive adjustments while that which *reduces* the Store's stock level is indicated in the column for negative adjustments. Explain adjustments in the "Comments" section.
14. **Ending Balance (COLUMN):** At the end of every month, conduct a physical count of each contraceptive, and enter the quantity as the "Ending balance".

Transfer the physical count balance to your inventory control cards / bin cards and then to the "Beginning Balance" column of the *next* monthly report.

15. **Quantity Requested (COLUMN):** To calculate the Quantity to order for each contraceptive, multiply the number in the "Dispensed" column by 6, and then subtract the "Ending Balance".

(This gives you the quantity requested to top up to a 6 month "MAXIMUM" stock.)

For example: If the number of male condoms dispensed in the month is 3,000 pieces and the Ending balance from your physical count is 2,000, what is the "Quantity Requested"?

ANSWER:  $(3,000 \times 6) - 2,000 = 18,000 - 2,000 = 16,000$

(Quantity dispensed this month)      (to give 6 months "Maximum stock")      (Ending balance)      Quantity to order

16. **SERVICE STATISTICS:** For each Contraceptive Method, record the following
  - a) **"New Clients":** These are clients taking this method for the very first time in their lives.
  - b) **"Revisits":** These are clients not taking this method for the very first time in their lives, i.e. they have been using this method. They could have moved to another method earlier and are now back to this method. **NOTE:** Only record revisits where *actual contraceptive issue* took place and **NOT** those who came only for check-up.
  - c) **"Change of Method From":** Record the total number of clients within this month who have changed from this particular method to another contraceptive method.
  - d) **"Change of Method To":** Record the total number of clients within this month who have changed from any other contraceptive method to this particular one.

**"New Clients" and "Revisits":** Fill in the total number of New Clients and Revisit Clients seen during the month from the Daily Activity Register (*indicate only those who are actually issued with contraceptives. Do not include those who came only for check-up*). If more than one page of the FP Daily Activity Register (DAR) has been filled during the month, be sure to total across all the filled pages for that month.

17. **"Sterilization: Males / Females / Referrals":** Fill in the number of clients for Sterilization and Sterilization Referrals for the month from your FP Daily Activity Register.

18. **"Natural FP Counseling"** and **"Natural FP Referrals"**: Fill in the number of Natural FP clients counseled and Natural FP Referrals for the month from your FP Daily Activity Register.
19. **"HIV Counseling and Testing (C&T)"**:
  - **Counseled and Tested on site**: Fill in the number of clients counseled and tested on HIV during the month
  - **Referred for Counselling and Testing**: Fill in the number of clients referred by the facility for counseling and testing on HIV during the month
  - **Known HIV Status**: On the column labeled **1**, fill in the number of clients who tested positive, while in the column labeled **2** fill in the number of clients who tested negative during the month.
20. **"Cases for Emergency Pills"**: Record the total number of cases who were given Emergency Contraceptive Pills during the month at the facility.
21. **"Comments (Logistics & Clinical)"**: Explain any losses or adjustments and write any other important comments.
22. **"Submitted by"**, **"Signature"**, **"Designation"** and **"Date"**: Write the Name and Designation of the person completing the report in CAPITAL LETTERS, then sign and date the report.

**MINISTRY OF HEALTH  
SDP CONTRACEPTIVES CONSUMPTION  
DATA REPORT AND REQUEST FORM**

**ORIGINAL**

Province: \_\_\_\_\_ County \_\_\_\_\_ District: \_\_\_\_\_

Full SDP Name: \_\_\_\_\_ MFL No.: \_\_\_\_\_

Facility Type: Dispensary  H/C  SDH  DH  PGH  Referral Hosp.

Agency: GOK  FBO  NGO  Private

Reporting Month: \_\_\_\_\_ Beginning \_\_\_\_\_ 20 \_\_\_\_\_ Ending \_\_\_\_\_ 20 \_\_\_\_\_

| Contraceptive  | Beginning Balance | Received This Month | Dispensed                               | Losses | Adjustments                       |                                     | Ending Balance        | Quantity Requested |
|--|-------------------|---------------------|---|--------|-----------------------------------|-------------------------------------|-----------------------|--------------------|
|  |                   |                     |   |        | Positive                          | Negative                            |                       |                    |
| Combined Oral contraceptive Pills  |                   |                     |   |        |                                   |                                     |                       |                    |
| Progestin only pills   |                   |                     |   |        |                                   |                                     |                       |                    |
| Injectables  |                   |                     |   |        |                                   |                                     |                       |                    |
| Implants (1-Rod)   |                   |                     |   |        |                                   |                                     |                       |                    |
| Implants (2-Rod)   |                   |                     |   |        |                                   |                                     |                       |                    |
| Emergency Contraceptive pills  |                   |                     |   |        |                                   |                                     |                       |                    |
| IUCDs  |                   |                     |   |        |                                   |                                     |                       |                    |
| Male Condoms   |                   |                     |   |        |                                   |                                     |                       |                    |
| Female Condoms   |                   |                     |   |        |                                   |                                     |                       |                    |
| Cycle Beads  |                   |                     |   |        |                                   |                                     |                       |                    |
| Others   |                   |                     |   |        |                                   |                                     |                       |                    |
| <b>SERVICE STATISTICS</b> (Indicate only the number of <i>Clients issued with Contraceptives</i> ) |                   |                     |   |        | New Clients                       |                                     | Natural FP Counseling |                    |
|  | New Clients       | Revisits            | Change of method<br>from _____ to _____ |        | Revisits                          |                                     | Natural FP Referrals  |                    |
| Combined oral contraceptive Pills  |                   |                     |   |        |                                   |                                     |                       |                    |
| Progestin only pills   |                   |                     |   |        |                                   |                                     |                       |                    |
| Injectables  |                   |                     |   |        |                                   |                                     |                       |                    |
| Implants (1-Rod)   |                   |                     |   |        |                                   |                                     |                       |                    |
| Implants (2-Rod)   |                   |                     |   |        |                                   |                                     |                       |                    |
| IUCDs  |                   |                     |   |        |                                   |                                     |                       |                    |
| Male Condoms   |                   |                     |   |        |                                   |                                     |                       |                    |
| Female Condoms   |                   |                     |   |        |                                   |                                     |                       |                    |
| Cycle Beads  |                   |                     |   |        |                                   |                                     |                       |                    |
| Others   |                   |                     |   |        |                                   |                                     |                       |                    |
|  |                   |                     |   |        | <b>HIV COUNSELING AND TESTING</b> |                                     |                       |                    |
|  |                   |                     |   |        | Counseled and Tested              | Referred for Counseling and Testing | Known HIV Status      |                    |
|  |                   |                     |   |        |                                   |                                     | 1                     | 2                  |
|  |                   |                     |   |        |                                   |                                     | Sterilization         |                    |
|  |                   |                     |   |        |                                   |                                     | Males                 |                    |
|  |                   |                     |   |        |                                   |                                     | Females               |                    |
|  |                   |                     |   |        |                                   |                                     | Referrals             |                    |
|  |                   |                     |   |        | Cases for Emergency Pills         |                                     |                       |                    |

Comments: (Logistics & Clinical) \_\_\_\_\_

Submitted by: \_\_\_\_\_

Designation: \_\_\_\_\_ Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

*Monthly Report & Request for Contraceptives - Service Delivery Points*  
Send the original and duplicate copies to the District Medical Officer of Health (DMOH) for the attention of the relevant officers. Leave the triplicate copy in the CDRR booklet at your facility.

*Revised November 2011*