IUD Logistics Overview

This section of The IUD Toolkit discusses logistics of IUD provision so programs can make IUDs available to clients when and where they need them. For more in-depth information on management of health commodities, please consult The Logistics Handbook and The Contraceptive Forecasting Handbook, DELIVER publications available at www.deliver.jsi.com.

The Six "Rights" of Logistics

A logistics system provides quality customer service by fulfilling six rights: ensuring that the right goods, in the right quantities, in the right condition, are delivered to the right place, at the right time, for the right cost.

Good Logistics Means Good Customer Service

Logistics is the process of getting goods through the supply chain from the point of origin to the point of consumption or use. Logistics works to ensure the uninterrupted supply of IUDs at all at the right time, for the right service delivery points by managing the flow of products from the manufacturer to port of entry through the in-country distribution system and to the final consumer.

Effective and efficient logistics systems:

- improve quality of care by ensuring the quality and availability of health commodities
- improve cost-effectiveness by reducing overstock, waste, expiry, damage, pilferage, and inefficiency

Appropriate personnel should be trained at all levels of the logistics system to enable them to forecast, procure, and deliver IUDs and other health commodities. This includes not only individuals who are responsible for planning or monitoring health commodity logistics systems in the public and private sectors, but also in-country managers from donor agencies. Management of IUDs is usually integrated with other contraceptives, so personnel should be trained to handle all products. However, during training, specific characteristics of IUDs should be highlighted, including the bundling of additional supplies required for IUD insertion and visual inspection.

Special Considerations for IUD Logistics

Without all of the necessary equipment needed for IUD insertion and removal, the IUD itself is useless. Therefore, it is essential that all supplies needed for insertion are

ordered and distributed when the IUDs are ordered and distributed.

IUDs should be managed using the same inventory management procedures as other full supply commodities. IUD Intermediate level facilities and service delivery points should order IUDs and related supplies according to a determined order interval up to the maximum stock quantity based on the average monthly consumption. Consult The Logistics and distributed when IUDs are Handbook for more information on inventory management procedures.

Insertion of IUDs requires supplies in addition to the IUD itself. Logistics system managers and service providers should ensure that these supplies are procured and distributed to the service delivery points along with the IUDs. If possible, all supplies should be bundled with the IUDs as a complete insertion kit, and distributed as a kit. The stock status of IUDs should be measured as the stock status of the necessary supply in the smallest quantity. So, in effect the stock status of IUDs relies as much on the stock of the supplies listed below as it does on supply of the IUD itself:[1]

drape to cover woman's pelvic area
clean cloth to place between woman and exam table
gloves (sterile gloves not necessary)
speculum
light source to see cervix
disinfectant for cleaning instruments
antiseptic solution
cotton wool
forceps
tenaculum
sound
scissors
cup /basin

Storage

IUDs should be stored using the same storage procedures of all other health commodities. Routine visual inspection of the IUDs and related supplies should be conducted on receipt, during physical inventory, and whenever there is any quality concern. The IUDs, other supplies, and their packaging and labeling should be inspected for damage or contamination.

Tarnish

The wire and sleeves of all types of copper-bearing IUDs occasionally discolor or darken the package. IUD packaging must be permeable to ethylene oxide gas used to

[1] For more detailed information, please refer to the Draft Discussion Document: Essential drugs and other commodities for reproductive health services, WHO/UNFPA, 2003.

sterilize devices. Hence, air can pass into the IUD package, sometimes causing a thin film of copper oxides or sulfides to form. Surface oxidation can produce a variety of colors depending on the thickness of the films that form. Laboratory studies and clinical experience show that these tarnished or darkened IUDs are safe and remain as effective as brighter Copper T 380s.

For copper ions to be released from the metallic copper of the IUD into the uterine cavity, oxidation must occur. Studies show that in the presence of serum whose composition closely resembles that of uterine fluids, tarnish is quickly dissolved. No differences can be detected in copper release from initially tarnished or from bright untarnished copper.

Tarnish does not diminish the availability of copper ions in utero. In fact, dissolution of copper from the wire ore sleeves proceeds through the same oxidative processes.[2]

Key Resources

The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs is a reference book that explains the major aspects of logistics management with an emphasis on contraceptive supplies. It is intended to help managers who work with supplies every day, as well as managers who assess and design logistics systems for entire programs.

The Contraceptive Forecasting Handbook for Family Planning and HIV/AIDS Prevention Programs is a reference book for forecasting commodity needs for family planning and HIV/AIDS prevention programs. Topics range from general methodological considerations to special considerations when forecasting for HIV/AIDS prevention programs.

Additional resources can be found at the DELIVER web site www.deliver.jsi.com.

[2] Source: Sivin, Irving; et al. The Copper T 380 Intrauterine Device: A Summary of Scientific Data; The Population Council, New York, 1992, p 9