



Logistics Management Information Systems

The journey of one tablet, and the numbers it leaves behind

Health Supply Chain Micromodules · Webinar · Wednesday 28 October 2026, 7:00 to 8:30 PM EAT



Before we start



Participants are on mute by default

Use the Q&A tab for questions. Answer the questions we throw out in the chat; we will read your answers aloud.



Polls will pop up

Seven of them, one at each checkpoint. They are quick and they steer the conversation.



Rename yourself now

Zoom display name as Full Name. That is how we match you to your certificate and CPD points.



CPD points and certificate

Pharmacists, pharmaceutical technologists, nurses and clinical officers all earn points tonight. Attendance of at least 45 minutes earns the certificate. How to claim is at the end.



Who is walking with you tonight



MODERATOR

Adijah Anwar

Associate, inSupply Health, Kenya



SPEAKER

Dr Francis Kimani

Public Health Pharmacist, BPharm,
MPH
Sub County Pharmacist, Gilgil Sub
County, Nakuru



SPEAKER

Dr Louizer Mong'are

Public Health Pharmacist, BPharm,
MPH
Sub County Pharmacist, Subukia Sub
County, Nakuru

What you will leave with



Six checkpoints

Every time a commodity changes hands it is counted and a number is written down. You will know what is verified at each checkpoint, by whom, and on which tool.



The tools and the three essential data items

Stock control cards, the S11, the delivery note, the daily activity register and the consumption data report and request (Report), and how stock on hand, consumption and losses and adjustments move through them.

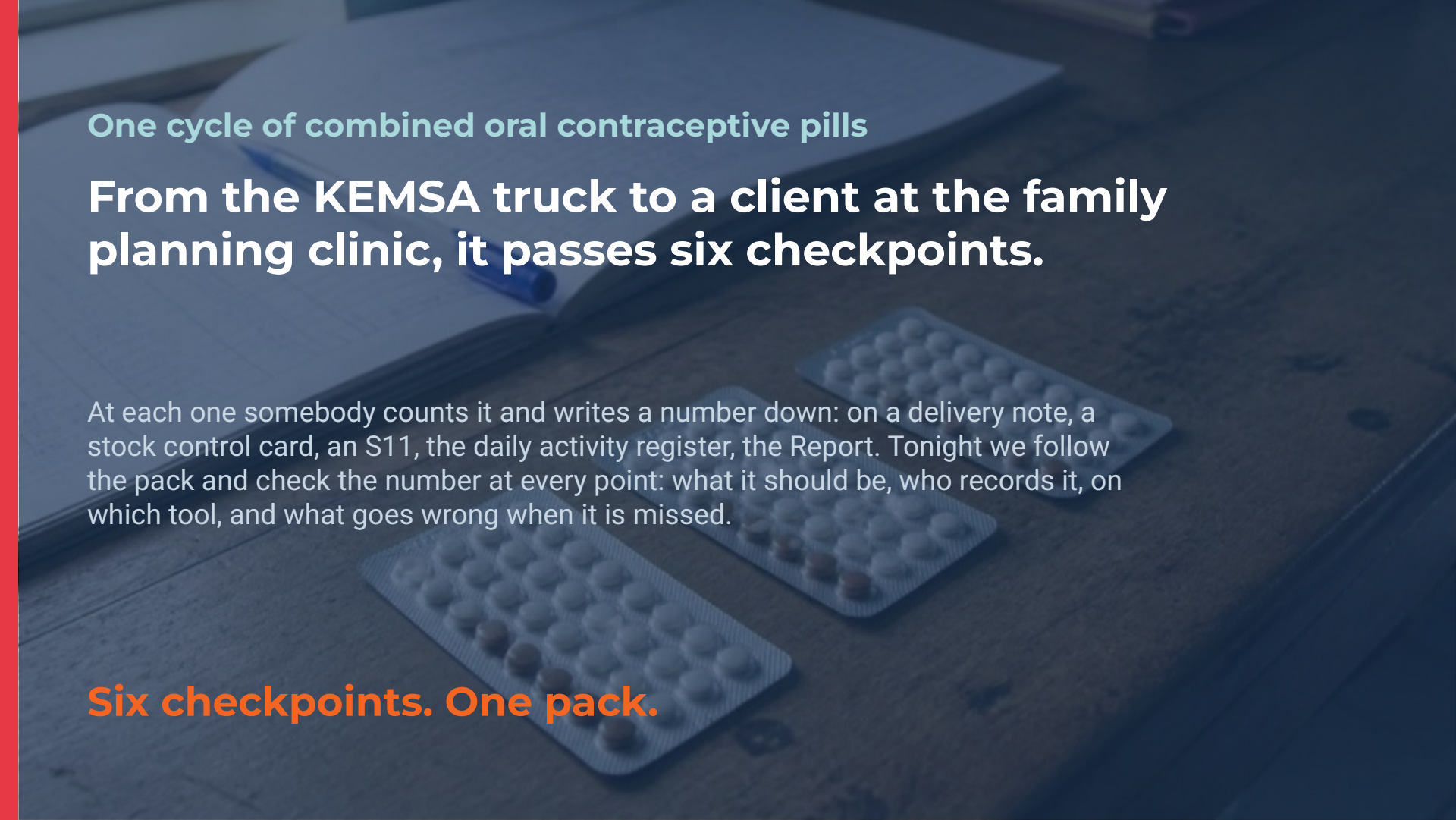


A report you can stand behind

How the Report is compiled from the cards and the register, what one missed entry does to the next order, and what good feedback looks like.

Sixty minutes beside one cycle of pills

7:00	Welcome, and a poll: which checkpoint are you at?	5 min
7:05	The six rights, the inventory management cycle and the stock control cards	4 min
7:09	Six checkpoints, from receiving to the sub county review, with a poll at each	36 min
7:45	Private sector checkpoints: the same pack through a chemist	4 min
7:49	What to verify at each checkpoint, and your commitment	5 min
7:54	Questions, inSupply Learn, CPD and your certificate	6 min



One cycle of combined oral contraceptive pills

From the KEMSA truck to a client at the family planning clinic, it passes six checkpoints.

At each one somebody counts it and writes a number down: on a delivery note, a stock control card, an S11, the daily activity register, the Report. Tonight we follow the pack and check the number at every point: what it should be, who records it, on which tool, and what goes wrong when it is missed.

Six checkpoints. One pack.

The six rights, and the data behind each one



Right product

The method, brand and presentation that was ordered. Checked against the S11 or the delivery note at receiving.



Right quantity

Enough to cover consumption until the next delivery. The Report works it out from dispensed and ending balance.



Right condition

Intact, in date, stored as the label says. Expiry date and batch number. Nothing received with less than six months to expiry.



Right cost

No emergency orders, no expiries, no transport to move what should have been ordered right. Good data keeps the cost down.



Right place

At the service delivery point that will use it, not sitting in a store 12 km away.



Right time

Timely report submission and ordering Before the shelf runs empty. A client who leaves without her method is the cost of a late number.

The LMIS exists so that every one of the six rights can be checked with a number rather than a guess.

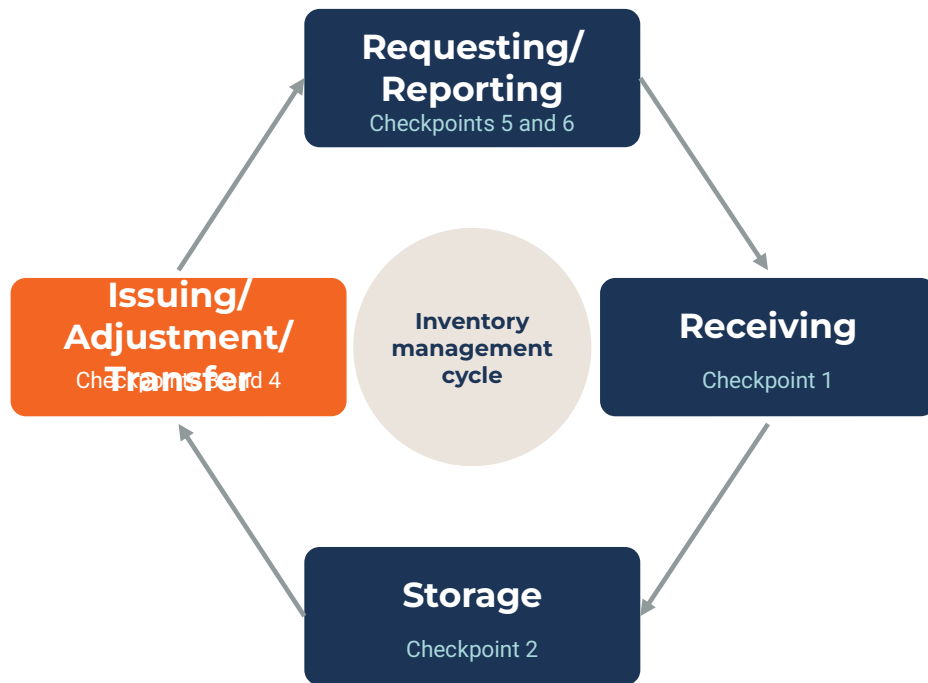
Which checkpoint are you at?

In a typical week, where do you handle commodities or their records most?

- 1 Receiving deliveries into the store
- 2 Keeping the Storage: stock control cards, expiries, counts
- 3 Issuing/Adjustment/Transfer of stock to a clinic, pharmacy, ward or lab
- 4 Dispensing to clients, or using commodities in the lab
- 5 Compiling or uploading the report on KHIS
- 6 Reviewing reports and dashboards for several facilities



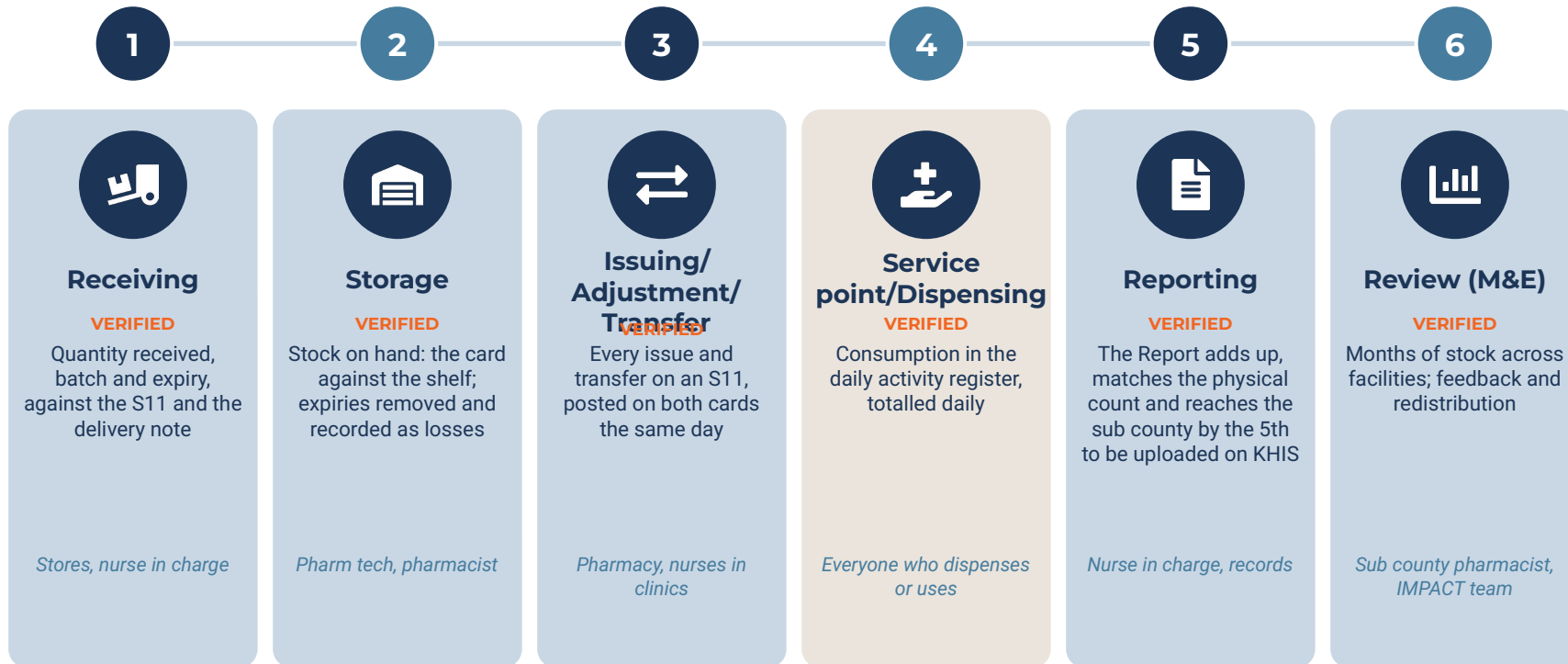
Where the six checkpoints sit in the cycle



- 1 Receiving**
Checkpoint 1: the delivery is checked against the S11 and the delivery note
- 2 Storage**
Checkpoint 2: the Storage, stock control cards, monitor expiries
- 3 Issuing/Adjustment/Transfer**
Checkpoint 3: to dispensing points inside the facility, or to another facility
- 4 Service point/Dispensing**
Checkpoint 4: the service delivery point, where consumption is recorded
- 5 Reporting**
Checkpoint 5: the Report shows consumption and requests the resupply of stock outs
- 6 Review (Monitoring & Evaluation)**
Checkpoint 6: the sub county checks the request and feeds back

Every turn of the cycle starts with a request built on the numbers from the last turn. Issuing/Adjustment/Transfer feeds the service delivery point, and what is dispensed there drives the next request.

Six checkpoints. What is verified at each one.



Consumption is recorded only at checkpoint 4, the service delivery point. Everything before it is movement; everything after it is adding up.

1

Receiving: the delivery arrives

Nurse in charge, pharm tech, stores

CHECKPOINT 1 OF 6

5 MIN



What arrives is not always what was ordered



At receiving

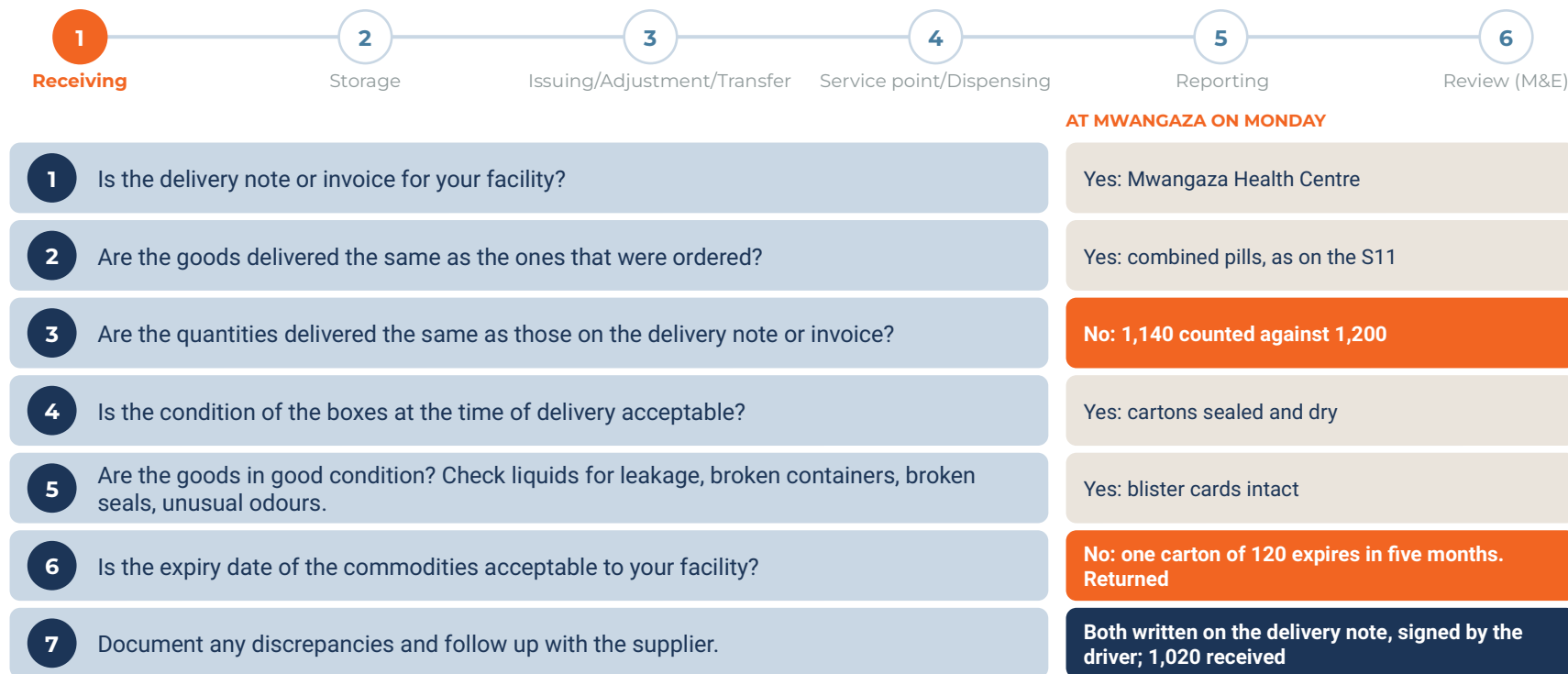
- Mwangaza Health Centre ordered 1,200 cycles of combined oral contraceptive pills on the quarterly S11.
- The delivery note says 1,200. The count on the tailgate is 1,140: one carton of 60 short.
- One carton of 120 cycles carries a batch with five months to expiry.
- The driver has four more facilities to reach before dark.

ZOOM POLL

What is recorded as received?

- A** 1,200, as the delivery note says
- B** 1,140, as counted
- C** 1,020, after sending back the 120 cycles with short expiry and note on the delivery note
- D** Nothing until KEMSA confirms the difference

Seven checks before you sign the delivery note



Then post only what was accepted on the stock control card, one line per batch, with the delivery note number. A chemist receiving a wholesaler invoice runs the same seven checks.

2

The Storage: the card and the shelf

Pharm tech, pharmacist, nurse in charge

CHECKPOINT 2 OF 6

6 MIN



Ninety cycles came off the shelf today



In the Storage

- The stock control card for combined pills reads 1,380 after the delivery.
- The pharm tech finds 90 cycles from an older batch that expired last month.
- They go into the expiry box in the corner, to be collected for disposal.
- The queue at the window is long. The card stays where it is.

ZOOM POLL

Where do the 90 go on paper?

- A** Nowhere. They are gone
- B** On the stock control card, reason expired, and in the losses column of the Report
- C** On the Report only, when it is filled in
- D** In the expiry file only

Stock control cards: one product, one card, every movement

Item Description (in full): _____ Unit of Issue: _____

Expiry Date: _____

Date	Reference Number (S-11, Delivery Note)	Receipts	Issues	Balances	Name of Issuing/Receiving Officer
Balance Brought Forward and Card No.					

1 Item and unit of issue

One card per product. Pills in cycles, injectables in vials, implants and IUCDs in sets, condoms in pieces.

2 Expiry date

Written the day the stock is received. Two batches with two expiries means two cards.

3 Reference number

Delivery note number for a receipt, S11 number for an issue. The count can always be traced to a paper.

4 Receipts, issues, balance

Every movement on its own line, the balance updated on that line, the same day, signed.

The Ministry of Health stock control card. A bin card is one kind of stock control card: the shorter version that stays with the product on the shelf, while the ledger stays with the storekeeper. Whichever your facility uses, the receipts, issues and balance must agree with the shelf.

Three essential data items every logistics system runs on



Stock on hand

The usable stock available at a given moment. Not what the card says: what is on the shelf, in date and fit to dispense. The card is corrected to the count, never the other way round.



Consumption

What was dispensed to clients or used in a period. It exists only at the service delivery point. Nobody above the facility can supply it.



Losses and adjustments

Losses leave the pipeline for any reason other than use: expiry, damage, theft, demonstration. Adjustments move stock sideways: transfers to or from another facility, and corrections after a count. Both are explained in the comments.

3

Issuing/Adjustment/Transfer: from the Storage to the clinics

Pharmacy, nurses, clinics, lab

CHECKPOINT 3 OF 6

5 MIN

Three movements in one week, three pieces of paper



Leaving the Storage

- Wednesday: the family planning clinic requisitions 300 cycles on an S11 for its own cupboard.
- Thursday: Kiptoo Dispensary, 12 km away, is stocked out. The nurse in charge agrees to transfer 200, on an S12, with the sub county pharmacist informed.
- Friday: the youth centre requisitions male condoms on an S11.
- The S11s are in a drawer at the clinic. The Storage card has not been touched.

ZOOM POLL

The 300 to the clinic and the 200 to Kiptoo: what are they?

- A** Both are consumption
- B** Both are losses
- C** 300 is an issue within the facility; 200 is a negative adjustment (a transfer out)
- D** 300 is an adjustment; 200 is consumption

On the form: the S11 counter requisition and issue voucher



Ministry: _____ Dept/Branch: _____

Unit: _____ To (Issue Point): _____

Please issue the stores listed below to (Point of use): _____

Code No.	Item Description	Unit of Issue	Quantity Required	Quantity Issued	Remarks/Purpose
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

1 Unit and issue point

Who is asking and where the stock goes: the FP clinic, the youth centre, or another facility.

2 Quantity required, quantity issued

The clinic asks for 300; the store may issue less. The quantity issued is what goes on both cards.

3 Remarks or purpose

For the transfer to Kiptoo: the reason, and the sub county approval the Report will refer to.

4 Issued by, received by

Two signatures, two dates. One copy in the store, one with the stock. Neither in a drawer.

Ministry of Health form S11. It is used for requisitions and issues inside the facility and for transfers between facilities. Issues inside the facility do not appear on the Report; transfers to another facility do, as an adjustment.

Issuing/Adjustment/Transfer within the facility, and between facilities



Intra facility Issuing/Adjustment/Transfer

Within the same facility

What moves	From the Storage to a dispensing point: the FP clinic, the outpatient pharmacy, the lab, a ward
Tool	S11, raised by the dispensing point, issued and signed by the store
Recorded on	Issue on the Storage card; receipt on the dispensing point's card or register
On the Report	Not reported. The stock has not left the facility
At Mwangaza	300 cycles to the FP clinic

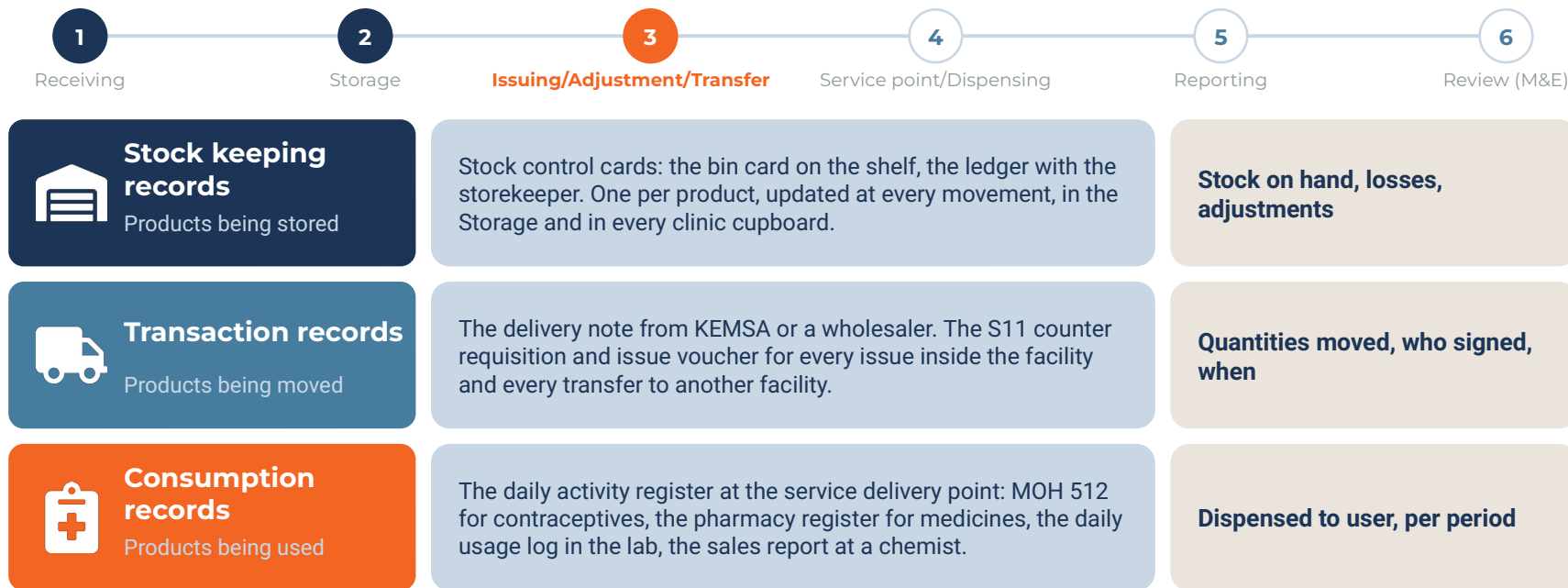
Inter facility Issuing/Adjustment/Transfer

To another facility at the same level

What moves	Stock lent or redistributed to a nearby facility that is stocked out
Tool	S12, with the sub county pharmacist informed or approving
Recorded on	Issue on the giving facility's card; receipt on the receiving facility's card
On the Report	Negative adjustment for the giver, positive for the receiver, reason in the comments
At Mwangaza	200 cycles to Kiptoo Dispensary

Neither one is consumption. A commodity is consumed only when it reaches a client at the service delivery point.

Three records, three moments, one report



The Report is not a fourth record. It is these three added up. If the register, the S11 and the stock control card disagree, the report cannot be right.

4

The service delivery point: dispensed to a client

Nurses, clinical officers, pharmacy, lab

CHECKPOINT 4 OF 6

6 MIN



She usually leaves with three cycles. Today she gets one.



At the clinic

- A revisit client on combined pills. Her resupply is normally three cycles.
- The clinic cupboard is nearly empty after the week's queue. The nurse gives one cycle and asks her to come back in three weeks.
- She enters the visit in the MOH 512 daily activity register.

ZOOM POLL

What goes in Qty Disp. for this client?

- A** 3, the standard resupply
- B** 1, what was dispensed
- C** 0, until she collects the rest
- D** 1, and the short supply written in Remarks

On the register: where consumption is born



										Contraceptives D												
										Oral Contraceptives												
										(Cycles)												
										Combined oral contraceptive pills						Progestin only pills						
Bbf																						
Received																						
On Hand																						
Date	Name of Client	Client Number	Age	Sex	Sub Location	Village/Estate	Client Type		New	Rev	New	Rev	Change of Method		Qty Disp.	New	Rev	Change of Method		Qty Disp.	New	Rev
							New	Rev					From	To				From	To			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U		

Totals																				
Losses																				
Bal on Hand																				

Total New clients:

- Bbf, received, on hand**
Three rows above each method: brought forward, received from the store, on hand. The clinic's own stock record.
- New, revisit, change of method**
Who the client is, columns J to M for combined pills. Service statistics come from here.
- Qty Disp.**
Column N: the cycles actually handed over. One, not three. The only place consumption exists.
- Totals, losses, balance on hand**
Bottom of the page, every day: dispensed totalled, clinic losses recorded, balance carried forward.

Ministry of Health MOH 512, the daily activity register for contraceptives. Column letters as printed on the register. The Report's dispensed column is the sum of these pages.

Issues data is not dispensed to user data



Issues data

Quantities moved between two storage points: county store to facility, Storage to the FP clinic. It comes from the S11 and the stock control cards, and every level of the system has it.

Dispensed to user data (consumption)

Quantities given to clients in the period. It comes from the MOH 512 register totals, and only the service delivery point has it. This is the number the Report asks for.

Report issues as consumption and the Report breaks: the month the clinic draws a big batch looks like high demand and the facility over orders; the month it draws nothing looks like zero use and the request comes in short.

CHECKPOINT 4 · EVERY CADRE OWNS A REGISTER

Consumption is recorded only at the service delivery point



The LMIS is the facility's system, not the pharmacy's. The number at checkpoint 4 is written by whoever hands the commodity over.

5

The Report: reporting consumption, requesting resupply

Nurse in charge, records officer, pharm tech

CHECKPOINT 5 OF 6

7 MIN



One form, two jobs: consumption and resupply



Contraceptive	Beginning Balance	Received This Month	Dispensed	Losses	Adjustments	Ending Balance	Quantity Requested
Combined Oral contraceptive Pills							
Progestin only pills							
Injectables							
Implants							
Emergency Contraceptive pills							
IUCDs							
Male Condoms							
Female Condoms							
Standard Days							

1 Beginning balance

Last month's ending physical count, never a figure copied from the card.

2 Received, dispensed

Received from the stock control cards; dispensed from the MOH 512 totals.

3 Losses and adjustments

Expired, damaged, stolen; transfers in or out with a sign. Both explained in comments.

4 Ending balance

A physical count at month end, carried to next month's beginning balance.

5 Quantity requested

Dispensed times three, minus the ending balance: a top up to three months of stock.

The Ministry of Health contraceptives consumption data report and request (Report): it reports what was consumed this month and is the requisition for the next resupply. MOH 747A on KHIS; this printed version predates devolution. Completed by the facility in charge or the FP provider after a physical count, and delivered to the sub county by the 5th.

Let us fill the Report together



Combined oral contraceptive pills (cycles) • Mwangaza Health Centre • this month

+	Beginning balance (last month's physical count)	360
+	Received this month, counted on the tailgate	1,020
-	Dispensed, from the MOH 512 totals	430
-	Losses: the expired batch	90
-	Adjustment: transfer to Kiptoo on an S12	200
=	Expected ending balance	?

ZOOM POLL

What should the ending balance be?

A 890

B 750

C 660

D 1,060

The count says 660. Now take one number away.



Expected 660. Counted 660. The Report reconciles because every checkpoint wrote its number, and the quantity requested is $430 \times 3 - 660 = 630$ cycles: a top up to three months of stock.

The MOH 512 was never totalled

Dispensed drops from 430 to 200.

230 cycles unexplained, and this shows facility is overstocked: the facility orders nothing and runs out next month.

The S11s stayed in the drawer

Nothing changes on this Report, but the clinic cupboard and the Storage card do not tally

The next count finds a gap nobody can explain.

The expired batch was never recorded

Losses read zero. Ending balance figure becomes more than actual balance on the shelf

90 cycles unexplained; the sub county reads it as a facility that does not do the monthly physical count.

Last month's ending balance was copied

The beginning balance is wrong, so everything after it is wrong, and the count is skipped to make it balance.

The report describes a facility that does not exist.

6

The sub county review: what comes back

Sub county pharmacist, IMPACT team

CHECKPOINT 6 OF 6

8 MIN

Three facilities report a stock out in the same week



At the sub county pharmacist's desk

- Facilities X, Y and Z report stock outs of DMPA-IM, DMPA-SC, implants and IUCDs.
- The next KEMSA delivery is weeks away. Clients are being turned away or offered a method they did not choose.
- The Reports for every facility in the sub county are open on the screen.
- Mwangaza's Report shows 660 cycles of pills and a comment about a transfer to Kiptoo.

ZOOM POLL

What would you do first?

- A** Raise an emergency KEMSA order for X, Y and Z
- B** Check months of stock at every facility in the sub county
- C** Phone X, Y and Z and ask them to count again
- D** Wait: the next scheduled delivery is three weeks away

What the data showed, and what the pharmacist did with it



What the LMIS gave the SCP

- Visibility of every facility's stock at once, not one phone call at a time
- Stock on hand against consumption and projected need, so a surplus is a real surplus
- Who needs urgent support, and who can safely give
- A record to document the transfer and plan the next resupply

What the SCP did, in order

1. Validated the reports and the stock out alerts
2. Confirmed physical balances and consumption with each facility
3. Matched facilities with shortages to facilities with stock to spare
4. Checked expiry, batch, storage needs and what the receiving facility actually uses
5. Coordinated and documented the transfer, updated the stock records
6. Followed up: did availability improve, and what does this mean for the next order

How you know it worked

Facilities reporting stock outs before and after · Commodities and quantities moved · Stock outs resolved · Days from the stock out report to the transfer · Reporting completeness and timeliness the following month



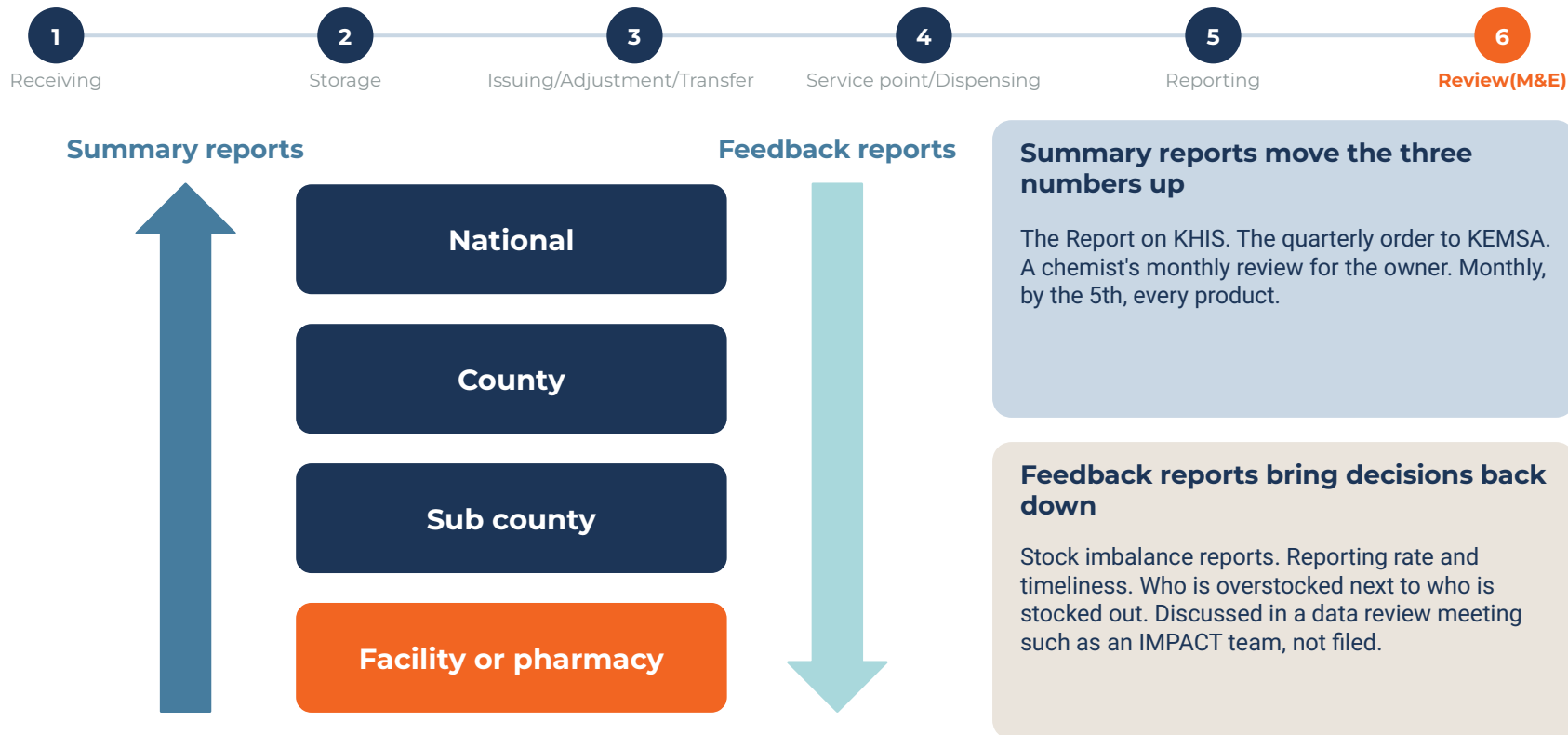
LMIS is more than a reporting platform. It is a decision support tool. When facility data are timely, accurate and routinely reviewed, managers can see the imbalances, respond to stock outs, coordinate redistribution and get commodities to where they are needed most.

From the case scenario shared by our speakers, Nakuru County

Which is the reason the five checkpoints before this one matter.



Reports go up. Feedback must come down.





Private sector checkpoints: Tumaini Chemist

The same pack through a private pharmacy

4 MIN

Same six checkpoints. Different paper. Same three numbers.

Checkpoint	Mwangaza Health Centre	Tumaini Chemist
1 Receiving	KEMSA delivery note, S11	Your order, then the wholesaler invoice, counted and expiry checked on arrival
2 Storage	Stock control cards: bin card, ledger	Stock card, or the stock module in the point of sale
3 Issuing/Adjustment/Transfer/Transfers	S11 to the clinic; S11 transfer to Kiptoo	Transfer note to a branch or clinic store; the borrowing book
4 Dispensing	MOH 512 register	The till: sales by product, not 'general item'
5 Reporting	FP Report (MOH 747A) by the 5th	The same form, handed to the sub county records officer, or a monthly review with the owner
6 M/E (Review)	Sub county review, KHIS, IMPACT team	A stock imbalance report printed from the till

Faith, the pharm tech who runs Tumaini all day, rings up half the sales as 'general item' when the queue is long, has not counted the shelves since March, and borrows pills from Josephat across the road most Thursdays. Private facilities with a Master Facility List code report family planning on the same MOH 747A, through the sub county health records officer; many already do.

ONE PREMISE OR MANY BRANCHES

In the private sector the journey starts with your order

One premise

A chemist, a clinic with its own pharmacy, a nursing home



You place the order

Phone, WhatsApp or the wholesaler app. Order quantity from consumption, not memory. The days until it arrives are your lead time.



Delivered to your door

Checkpoint 1: count and check expiry against the invoice before you pay or sign. One line per batch on the stock card or in the till.



Shelf and till

Checkpoints 2 and 4 happen at the same counter. Sales by product are your consumption; the shelf count is your stock on hand.



Your monthly review

Checkpoints 5 and 6 rolled into one: expiries, slow movers, stock outs, and the next order.

Several branches

A chain of chemists, or a clinic group with a central store



Head office orders

One order for all branches, sized from each branch's sales. Lead time runs from this order to the branch shelf, not to the central store.



Central store receives

Checkpoints 1 and 2 at the store: count against the invoice, a stock card per product and batch.



Transfers to branches

Checkpoint 3: a transfer note for every movement, signed at both ends, posted the same day. A branch borrowing from a branch is still a transfer.



Branch tills, one review

Checkpoint 4 at each till, 5 and 6 at head office: which branch is overstocked next to which branch is out.

Private or public, the pack passes the same six checkpoints. The difference is who signs the paper, and that the order is yours to size.

Does Tumaini have an LMIS?

Yes.

An LMIS is any system that collects stock on hand, consumption, and losses and adjustments, and turns them into decisions. Tumaini's point of sale is one. A stock card and a sales book is one. KHIS is one. The question is never whether you have a system. It is whether the three numbers inside it are true.

From the module: the purpose of the LMIS is to collect, organise and report the data that lets you decide.



Stock on hand

Nobody has counted since March. The system balance drifted a little every day.



Consumption

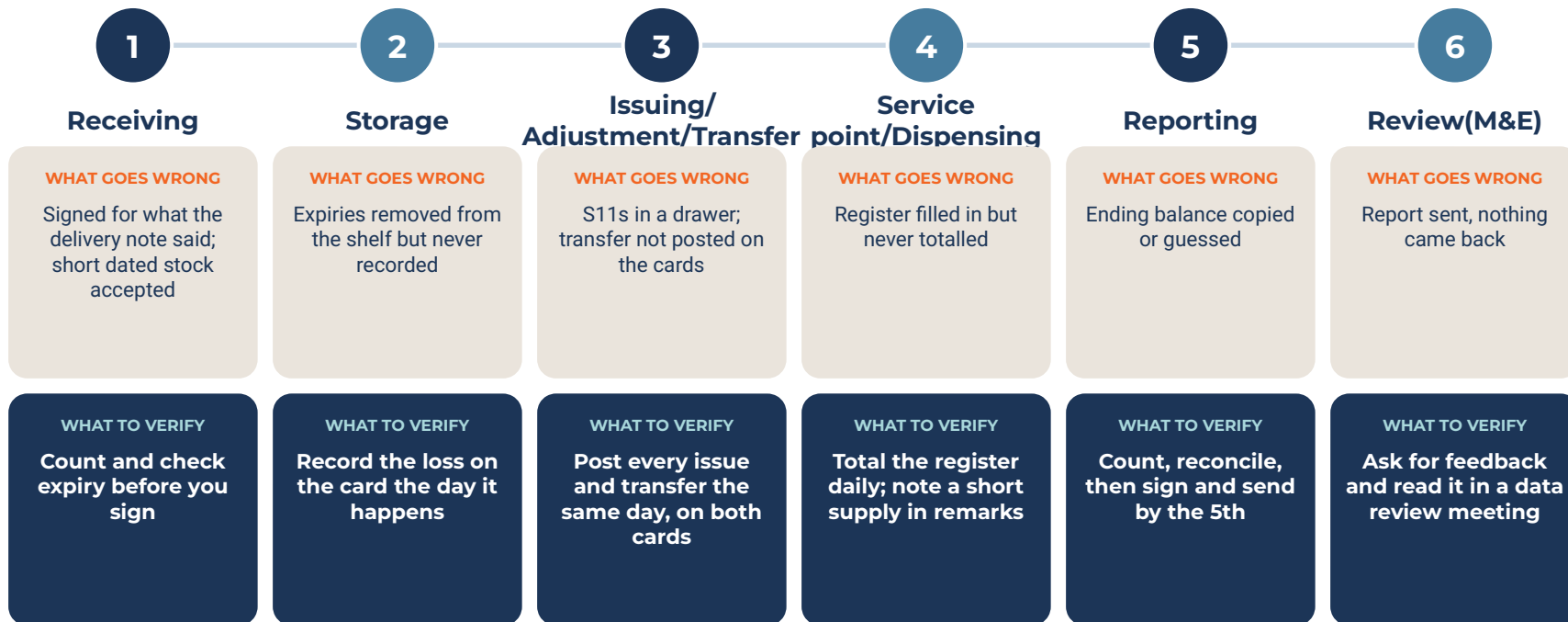
Half the sales are 'general item'. The till cannot tell pills from cough syrup.



Losses and adjustments

Expired packs go in a box. Borrowed packs come and go. None of it is entered.

Six checkpoints: what goes wrong, and what to verify



One verification per checkpoint, before the 5th. In a dispensary, a county hospital, a lab, a nutrition room or a chemist on the high street, one of these is yours.

The background of the slide is a dark blue, slightly blurred photograph of a group of people in a meeting or workshop setting. In the foreground, a person's arm is visible, wearing a dark blue t-shirt with a white logo that reads "Co-creating Innovation for Health". The logo features a stylized human figure with a red dot above it. The overall atmosphere is professional and collaborative.

DISCUSSION

If your facility's report was not submitted next month, who would notice first, and what would they lose?

Questions

Use the Q&A tab or raise your hand. The store, the ward, the lab, the clinic and the chemist each see a different checkpoint, so tell us what you see from where you stand.



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Keep going on inSupply Learn, free, with a certificate Search on google search for inSupply Learn

learn.insupplyhealth.com

Every checkpoint we walked tonight is a self paced micromodule you can finish on your phone, with a certificate for each one you complete. Register free with your email, pick your cadre, and start with the checkpoint that is yours.



Health Supply Chain Micromodules

Understanding client needs · LMIS · Inventory management · Storage and distribution · Performance management



Essential Facilitation Skills

For anyone who trains, mentors or runs a meeting



Foundations of Problem Solving

Find the root cause before you fix the symptom



Free. Certificated. Built for health workers, every cadre.

Link also posted on the Chat

BEFORE YOU GO

Claiming your CPD points



Pharmacists and pharmaceutical technologists

Claim on the PPB CPD portal under tonight's accredited webinar Under the name - **Logistics Management Information Systems**. Attendance is recorded from Zoom.



Nurses

Use the CPD code sent to you by email and claim before 30 October 2026. The code is case sensitive.



Clinical officers

Subscribe to this event on the COC portal Under the name - **Logistics Management Information Systems**; matched attendees receive a token. Otherwise self report with your certificate.



Questions about CPD, certificates or the recording: learning@insupplyhealth.com

Your webinar certificate



Stay at least 45 minutes

Attendance is taken from the Zoom log. If you drop and rejoin, your time is added up.



Be findable

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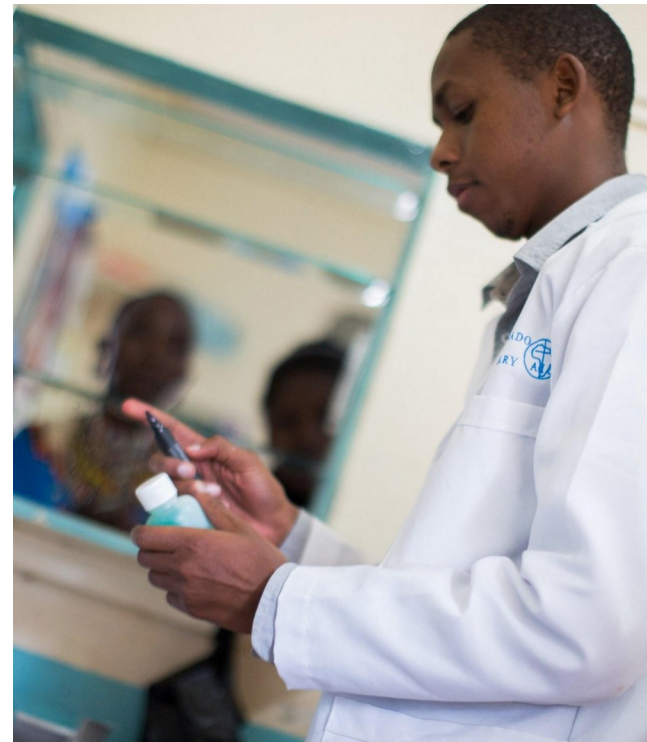
Check your inbox

Certificates and CPD instructions go out by email from learning@insupplyhealth.com within a day.



Verify any time

Every certificate carries a code you can verify on learn.insupplyhealth.com, and a link to join the alert list for the next webinar.





Thank you

See you at the next Health Supply Chain Micromodules webinar.

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