



THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY
AND CHILDREN**

Logistics Systems Standard Operating Procedure Manual

SEPTEMBER, 2018

ACRONYMS

Term	English	Swahili
ARV	Anti-Retroviral (drug)	Dawa ya kupunguza makali ya virusi vya UKIMWI
CHF	Community Health Fund	Mfuko wa Afya ya Jamii
CHMT	Council Health Management Team	Timu ya usimamizi wa afya katika Halmashauri
CHSB	Council Health Services Board	Bodi ya Halmashauri ya Huduma za Afya
DACC	District AIDS Control Coordinator	Mratibu wa shughuli za UKIMWI wa Wilaya
DED	District Executive Director	Mkurugenzi Mtendaji wa Wilaya
DHFF	Direct Health Facility Financing	Utaratibu wa kupeleka pesa za kugharimia shughuli za afya moja kwa moja vituoni
DIVO	District Immunization and Vaccination Officer	Afisa Chanjo wa Wilaya
DMO	District Medical Officer	Mganga Mkuu wa Wilaya
DTLC	District TB and Leprosy Coordinator	Mratibu wa Kifua Kikuu na Ukoma wa Wilaya
DTO	District Transport Officer	Afisa Usafirishaji wa Wilaya
DSS	Diagnostics Services Section	Sehemu ya uchunguzi wa magonjwa
EDP	Essential Medicines Package	Kitita cha Dawa Muhimu
EPI	Expanded Program on Immunization	Mpango wa Taifa wa Chanjo
eLMIS	Electronic Logistics Management Information System	Mfumo wa kieletroniki wa usimamizi wa taarifa za ugavi wa bidhaa za afya
FBO	Faith-Based Organization	Shirika la Dini
FP	Family Planning	Uzazi wa Mpango
GOT-HOMIS	Government of Tanzania Hospital Management Information System	Mfumo wa taarifa za afya wa Taifa
HFGC	Health Facility Governing Committee	Kamati ya usimamizi wa shughuli za afya ya kituo
HIV	Human Immunodeficiency Virus	Virusi vya Ukimwi (VVU)
HMIS	Health Management Information System	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya (MTUHA)
HTC	Hospital Therapeutic Committee	Kamati ya Tiba ya Hospitali

Term	English	Swahili
ILS	Integrated Logistics System	Mfumo wa Ugavi na Usambazaji wa Dawa na Vifaa tiba
IUD	IntraUterine Device	Kitanzi
MCH	Maternal and Child Health	Afya ya Mama na Mtoto
LMS	Logistics Management Services	Huduma za Mnyororo wa ugavi
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children	Wizara ya Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto
MSD	Medical Stores Department	Bohari ya Dawa
MTEF	Medium-Term Expenditure Framework	Mfumo wa Matumizi ya Kipindi cha Kati
NBTS	National Blood Transfusion Services	Mpango wa Taifa wa damu salama
NGO	Non-Governmental Organization	Asasi Zisizo za Serikali
NHIF	National Health Insurance Fund	Mfuko wa Taifa wa Bima ya Afya
NTD	Neglected Tropical Diseases	Magonjwa yasiyo pewa kipaumbele
NTLP	National Tuberculosis and Leprosy Program	Mpango wa Taifa wa Kifua Kikuu na Ukoma
PSU	Pharmaceutical Services Unit	Kitengo cha Huduma za Dawa
RACC	Regional AIDS Control Coordinator	Mratibu wa shughuli za UKIMWI wa Mkoa
RIVO	Regional Immunization and Vaccination Officer	Afisa Chanjo wa Mkoa
R&R	Report & Request for Medicines and Related Medical Supplies and Equipment	Fomu ya Taarifa na Maombi ya Dawa na Vifaa
STI	Sexually Transmitted Infection	Magonjwa yaambukizwayo kwa njia ya ngono
TFNC	Tanzania Food and Nutrition Center	Taasisi ya chakula na lishe Tanzania
VA	Voluntary Agency	Shirika la Kujitolea/Hiari

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FOREWORD

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), in collaboration with various stakeholders kept in continuous improving availability of health commodities at service delivery points through strong and vibrant supply chain management systems. To achieve this, the Ministry has been implementing a number of initiatives including but not limited to: integration of most health commodities into one supply chain logistics system (ILS), develop and implement the National Pharmaceutical Action Plan (NPAP) 2020, introduction of electronic systems that facilitate business processes and communications between health facilities and Medical Stores Department (eLMIS and ERP-E9) and increased the overall budget for health commodities. All these efforts have supported the transformation seen over the years in the public health supply chain in Tanzania. However, there are still challenges of low availability of health commodities, efficiency and others in all levels of the supply chain.

In order to mitigate those challenges, a Holistic Supply Chain Review (HSCR) of its entire supply chain was conducted and among the recommendations made were to increase the frequency of health commodity delivery to health facilities moving from quarterly to two months delivery, improve data visibility through monthly reporting, harmonize and integrate variable logistics system into one logistics system to achieve the value for money in health commodities distributions and management. Implementation of these interventions will achieve; reduced storage challenges at all levels of the supply chain, improved uptake of other sources of funds for health commodities procurement, improve supply chain data visibility for decision making and bring efficiency through integration of more health commodities into the ILS.

This Standard Operating Procedure (SOP) manual has been developed to provide a thorough understanding of the redesigned logistics system necessary for its implementation. Therefore, it is strongly recommended that this manual be read carefully before starting and on the course of implementation the redesigned logistics system. Every effort has been made to make the redesigned logistics system simple, reliable and trouble free as possible.

This manual provides a guide to all health facility levels and other supply chain actors to join hands and support the implementation of redesigned logistics system in the country.



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ACKNOWLEDGEMENT

Redesigning of health commodities logistics system through harmonization and integration of different logistics systems into one Integrated Logistics System (ILS) have been a joint effort of many stakeholders including but not limited to the public health sector engaged in the national supply chain management system, procurement agency and Implementing Partners.

This Standard Operating Procedure manual describes the logistics management procedures for management of health commodities falling under the scope of; Integrated Logistics System (ILS), TB and Leprosy medicines, Ant-retroviral and opportunistic medicines, Laboratory commodities including TB Laboratory commodities and blood transfusion, Neglected Tropical Diseases (NTD) and Nutritional Supplements and Therapeutic foods

This work has also been consultative, with the engagement of all the relevant parties in the health sector. On behalf of the Ministry, I would like to thank the technical staff from the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC); President's Office-Regional Administration and Local Governments (PO-RALG), Medical Stores Department (MSD), as well as Development and implementing partners.

Lastly but not least, I would like to recognise the technical support from Global Health Supply Chain Technical Assistance Program (GHSC TA-TZ) for providing technical guidance and advice to accomplishment of this important work.



Daudi Msasi

DIRECTOR OF PHARMACEUTICAL SERVICES

INTRODUCTION

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), in collaboration with various stakeholders, continues to improve availability of health commodities at service delivery points through strong and vibrant supply chain management systems. Over the years the Ministry has implemented many initiatives for this purpose which include but not limited to: integrating most health commodities into one supply chain logistics system (ILS), developing and implementing the National Pharmaceutical Action Plan (NPAP) 2020, implementing the electronic systems that facilitate business processes and communications between health facilities and MSD (eLMIS and ERP-E9), and advocating for an overall increase in the budget for health commodities. All these efforts have supported the transformation seen over the years in the public health supply chain in Tanzania. However, there are still challenges that need to be addressed to ensure improved product availability at the last mile and the end of product stock outs at all levels of the supply chain.

In line with initiatives to improve health commodity availability at service delivery point, the MOHCDGEC conducted a Holistic Supply Chain Review (HSCR) of its entire supply chain. The review came up with more than 80 recommendations to improve public health supply chain efficiency and performance at a reduced cost. One of the review recommendations was to increase the frequency of health commodity delivery to health facilities moving from quarterly to two months delivery. The Steering Committee which provided oversight to the HSCR activity prioritized seven strategic high-impact recommendations to be implemented within eighteen (18) months. Increasing the frequency of deliveries to health facilities and changing to monthly reporting to improve data visibility were priority recommendations. The implementation of these recommendations will bring about the following transformations to the country's supply chain for all health commodities; Reduced inventory levels at all levels of the supply chain

- Reduced storage challenges at all levels of the supply chain
- Improved mechanisms for using complimentary sources of funds for health commodities procurement
- Increased supply chain data visibility and improved decision making at all supply chain levels in Tanzania due to monthly reporting of logistics data by all health facilities
- Optimization of the electronic platforms (eLMIS, GOT-HOMIS, Epicor) to bring about the needed efficiencies
- Increased efficiency through integration of more health commodities in the ILS to facilitate easy business handling and processes by health facilities and MSD.

The Purpose of this Manual

This manual describes the logistics management procedures for management of health commodities falling under the scope of the following services and systems:

- Integrated Logistics System (ILS)
- TB and Leprosy medicines
- Ant-retroviral drugs and opportunistic drugs.
- Laboratory commodities including TB Laboratory commodities and blood transfusion.
- Neglected Tropical Diseases (NTD)
- Nutritional Supplements and Therapeutic foods

The purpose of the manual is to serve as a reference for health care staff throughout the supply chain levels to complete their tasks.

WHO USES THIS MANUAL

This manual is intended to be used by:

- Health facility staff to guide their management of health commodities in their facilities.
- CHMT and RHMT members as they monitor the performance of the supply chain and improve the capacity of health facility staff to manage health commodities.
- Training institutes which implement training programs for health commodities management.
- MOHCDGEC-PSU, Programs, MSD, and PORALG as a manual for technical reference in their work to ensure efficiencies in operationalization the country's health commodities supply chain.
- Other key stakeholders (such as CSO, NGO, IPs, Development partners) when planning or advocating for health commodities management.

SYSTEMS DESCRIPTIONS

This SOP manual provides description on how to operate three logistics systems which will be used to facilitate the supply and management of health commodities to health facilities in the country. These systems are:

- A. The Integrated Logistics System (ILS);
- B. The Tuberculosis (TB) and Leprosy logistics system and;
- C. The Laboratory Supplies logistics system

Each of the systems listed above is described in details below; including the tools and associated **Job Aids** to aid the users of this manual carrying out the activities operate each of the system.

1. THE INTEGRATED LOGISTICS SYSTEM (ILS)

The management of Anti-retroviral and Opportunistic drugs, Nutrition and Therapeutic foods under Tanzania Food & Nutrition Centre (TFNC) have been integrated into the ILS to increase efficiency. Under this integration:

Health facilities (hospitals and or primary health facilities) will:

- Be ordering their commodities bimonthly (every after two months)
- Keep a maximum of 4 months and a minimum of 2 months of stock.
- Have a lead time of one (1) month.
- Submit an emergency order when the stocks levels are at or below 1 month.
- Submit orders to the district (primary health facilities) for approval by 5th of the ordering month
- Submit orders to MSD (hospitals) by 10th of the ordering month.
-

Districts/councils will:

- Approve the orders by 10th of the reporting month.

MSD will:

- Have 20 days (from 11th to 30th) to process and deliver health commodities to the facilities after receiving approved orders

Note: Integration of ARV system in the ILS means that, there will be no more baby sites and all health facilities will be ordering from MSD.

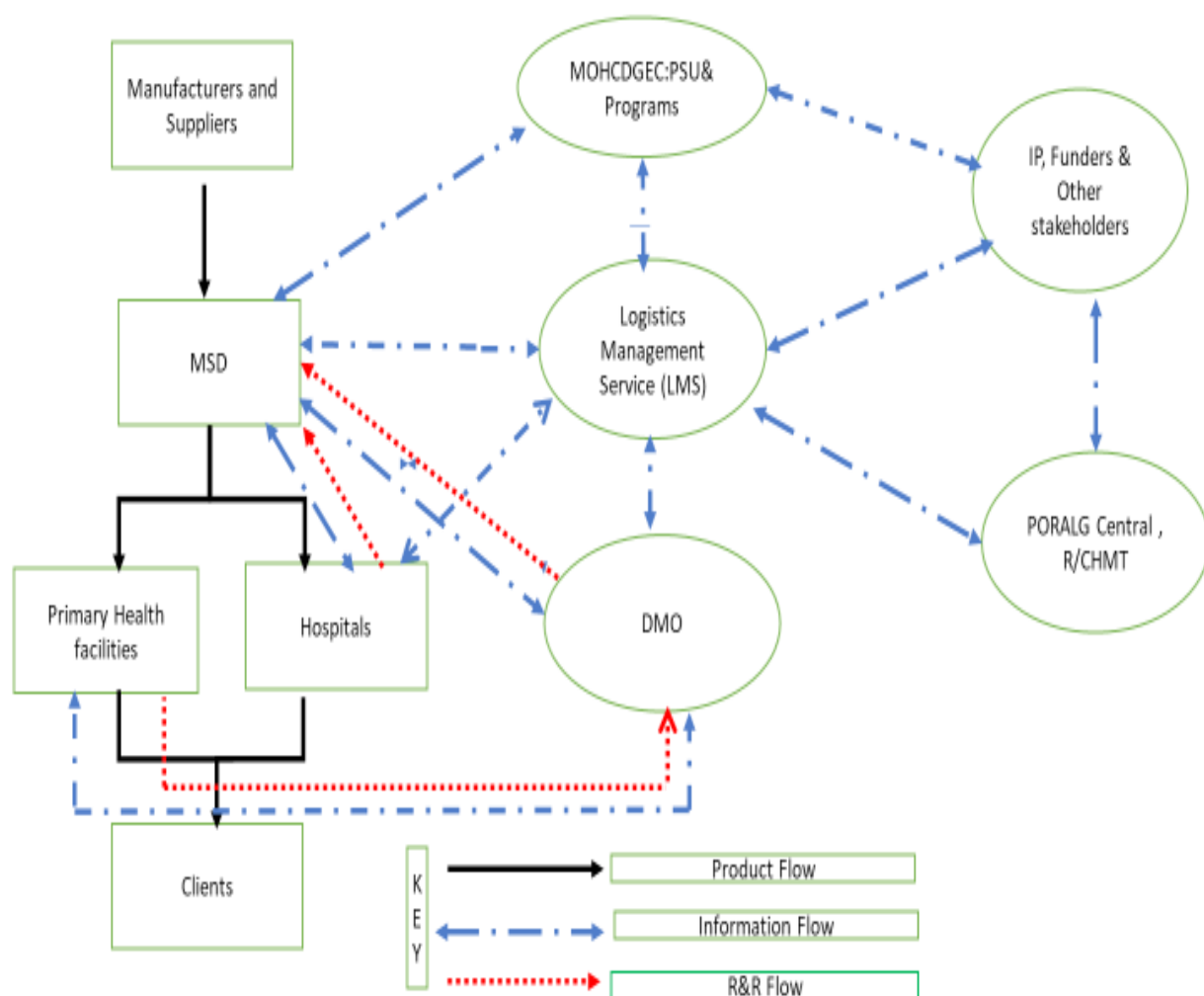
1.1 How does the ILS work?

The ILS is a pull system whereby health facility staff determines quantities to order from MSD. Determination of quantities to order are based on the quantities consumed by patients/clients over the reporting period and quantities of stock on hand at the facility at the time of review. Once the quantities to be ordered has been calculated, the facility staff will review the order and can adjust based on **need and/or funds availability** giving a reason for each modification. The order can be created and submitted electronically (via eLMIS) to MSD for processing after necessary review and approval depending on level or it can be created manually (paper based) submitted to the district for entry into the eLMIS by the District Pharmacist after which it is submitted to MSD after approval by the DMO.

1.1.1 Flow of Information and Commodities in the ILS System

Figure 1 below gives a basic overview of movement of health commodities and information by all levels in the ILS. (Dispensaries, Health centers and Hospitals)

Figure 1: Movement of Supplies and Information in the ILS



1.1.2 Summary of categories of supplies that are included in the ILS

- Essential medicines
- ARVs
- Contraceptives and condoms
- STI medicines
- Some Lab supplies
- Dental supplies
- Radiology and Imaging supplies
- Medical supplies
- NTD medicines
- Nutrition and Therapeutic foods

1.1.3 Classes of supplies included in the ILS

To make it easier to collect information on supplies, the ILS is divided into two classes of supplies:

#	Class	Definition
1	Priority supplies	These supplies that should always be in the health facility. Priority supplies were chosen to be pre-printed on ILS forms because they are consumable that are used in large volumes, respond to priority health needs, and need to be ordered frequently. When funding is limited, these supplies should be purchased first. For prepaid (donated) supplies, these are provided at no charge to the facility. Consequently, the facility should order as many as it can effectively use in two months (according to the formulas included in the ILS form/eLMIS).
2	Additional supplies	All additional supplies that are not pre-printed should also ideally always be in the facility. When funding is limited, however, it may not be possible to order 100% of the facility's needs. If a facility's full budget allocation or supplemental funding available has not yet been used for priority supplies, the facility should purchase additional supplies from the remaining funds. Facilities will use the blank form (form 2C) to order these additional medicines. The eLMIS has an option for additional commodities which should be used for this purpose.

1.1.4. Financing under ILS

How are health commodities financed at the dispensary, health center, or hospital level under the ILS?

A key feature of the Integrated Logistics System is that all facilities, from dispensaries to referral hospitals, will take charge of managing their own finances related to the purchase for health commodities.

Although the ILS includes some financial information, **this manual should not be the only source of information about financing**. What follows below is only an overview of the health commodities financing system.

One of the concerns of an integrated system is that the cost of needed supplies may exceed the value of allocated funds. Furthermore, as the government has decentralized funds allocations and responsibility for collecting funds to facility level, this means that each facility will be responsible for raising and managing the funding needed for health commodities. Apart from receipt in kind (deposited directly to MSD), other complementary funding mechanisms have been introduced at the facility level. These include:

- **Improved Community Health Funds:** At the community level, community health-care financing (ICHF) was introduced. ICHF is an insurance plan in which funds are collected from the community and placed in a central account. If a member of the community becomes ill, the ICHF account is used to pay for the health commodities (medicines and related supplies).
- **Health Insurance:** It is expected that several insurance plans will also provide funding of patients' needs. The largest current insurance plan is the National Health Insurance Fund (NHIF). Under NHIF members are issued an insurance card which they present at a facility. The cost of the medicines, related supplies and services they receive is billed to the NHIF and reimbursed to the health facility. In the future, private insurance plans, including those provided by employers, may also become a source of funds for some facilities.
- **User fees:** Some community members might choose not to join the CHF and these people

pay a user fee each time they visit a health facility to obtain services and supplies and services. (It is expected that, over time, these people will pay more for their illnesses than those who joined the CHF.) User fees are paid into the CHF account. Clients visiting facilities may be asked to pay a fee for the services and/or medicines they receive. While the amount requested is less than the actual cost of the service, the funds generated can be used to complement central-level allocations.

- **Donor funds:** Some districts or regions may benefit from the support of a donor agency. In this case, donors may provide funds that can be used to purchase health commodities.
- **Council own source:** These are funds allocated to health facilities by the council from its own sources.
- **Results Based Financing (RBF funds):** These are funds obtained by the health facilities through the RBF program based on their performance on various set criteria under the program
- **Other insurance schemes:** These are funds obtained from other schemes of insurance e.g. Strategies etc.

When ordering commodities, the health facilities should indicate the different amounts of funding per funding category (source e.g. in kind, NHIF, CHF, basket etc.) that is to be used in financing the purchase of the ordered medicines. The ILS form and eLMIS will be used to indicate this. For example, if the total amount of the order is 10,000,000/= the facility may indicate 5,000,000/= is from receipt in kind, 2,000,000 from NHIF and 3,000,000/= from basket funding. Upon delivery of the commodities to the respective health facility MSD should also deliver an invoice outlining the amount paid by the facility per funding source/category.

In using the funds from different sources to purchase health commodities, facilities should adhere to the guidance issued by the MOHCDGEC and other financial regulations on the use of such funds for purchasing of health commodities.

1.1.5. Staff and their Roles in the ILS System

1. Staff at the Dispensary and Health Centre

(i). Facility In-Charge

Does the following:

1. Review/authorize logistics reports/orders for the facility
2. Submit Report and orders to the DMO
3. Receive supplies at facility per established receiving procedures
4. Supervise health commodities management functions
5. Ensure proper inventory management
6. Ensures proper funding management for procurement of health commodities

(ii) Pharmacy/ Laboratory store in charge

At dispensaries or health centers, the dispensers or the staff in charge of the pharmacy/laboratory store is key persons in the management of health commodities. The dispenser/store in-charge will do the following:

1. Maintain Logistics Management Information tools
2. Record quantities of medicines dispensed to patients
3. Conduct physical inventory at specified times

4. Complete reports/orders and submit to the in charge for approval
5. Issue supplies within the facility
6. Receive supplies
7. Store supplies properly

(iii) Health Facility Governing Committee

The Health Facility Governing Committee plays an important role at the dispensary or health center. The Committee is involved in;

1. Witnessing the receipt of in-coming ILS shipments
2. Approving of cost sharing funds for purchasing health commodities
3. Committee members may also liaise with the village government to ensure security of the dispensary or health center.

2: Staff at the hospital

(i) Hospital in charge

The hospital in-charge will do the following;

1. Review and Approve all hospital reports and orders
2. Approve supplemental funds for commodities purchase
3. Authorize the local purchase of health supplies
4. Ensure availability of adequate storage facilities for health commodities at the health facility

(ii) Hospital Pharmacist/Lab in charge

This person will do the following;

1. Maintain stores records for hospital
2. Complete records/orders for hospital
3. Issues supplies within the hospital
4. Store supplies properly
5. Conduct physical inventory
6. Recommend local purchase of health commodities
7. Prepares logistics reports and orders

(iii) Hospital Medicines and Therapeutic Committee

This committee will do the following;

1. Receive medicines and supplies according to stipulated procedures
2. Establish hospital formulary
3. Conduct internal medicines audits including laboratory supplies
4. Receive, Review and Approve orders from the hospital pharmacist/lab technologist

(iv) Dispenser

The dispenser at the hospital will do the following;

1. Record quantities of medicines dispensed to patients
2. Conduct physical inventory monthly and at specified times
3. Inspect medicines properly before dispensing to patients
4. Give information and direction of use of medicines to the patient
5. Complete reports/orders of commodities to the store
6. Receive supplies
7. Store medicines properly in the dispensing area

3. Staff at the District Level

(i) District Medical Officer

The DMO will do the following;

1. Facilitate training and mentorship to health facility staff
2. Review and Approve orders for submission to MSD
3. Supervise overall health commodities management functions

(ii). District Pharmacist /lab technologist

This also includes persons who have been assigned by the DMO to perform duties that are normally performed by the District Pharmacist or lab technologist. In the ILS, the District Pharmacist will:

1. Support building capacity of dispensaries and health centers to report and order through the eLMIS
2. Review orders from dispensaries, health centers and submit them to the DMO for authorization
3. Reviews and approves health facility reports
4. Ensure proper storage of health commodities at the district store and all health facilities in the district
5. Conduct supply chain training and mentorship to health facilities
6. Supervises all health facilities in the district
7. Facilitate redistributions of health commodities within the district or outside the district
8. Conduct medicines audit to the lower health facilities

(iii)Other District Staff

Other staff members at the district level are also involved in the management of health commodities for the district and the health facilities they serve.

CHMT members not mentioned specifically in this manual, including the District Health Officer, District Nursing Officer, District Health Secretary, District Dental Officer, District Lab Technologist and other co-opted members will serve as supervisors of the health centers and dispensaries under their mandate. Also play a supervisory role to primary health facilities and hospitals that are owned by NGOs, FBOs and private companies receiving commodities through the public health facilities.

4. Staff at the Regional Level

Since supplies in the ILS are distributed from the Medical Stores Department (MSD) directly to health facilities, the role of the Regional Health Management Team will be to provide supportive supervision. RHMT members are required to conduct supervision visits at the districts and health facilities they supervise on a routine basis. SeeChapter8 for general guidelines for supervision

5. Staff at the Central Level

The central level performs a wide range of functions to provide support and to promote the availability of the supplies that are needed to serve the clients at facilities.

I. Ministry of Health Community Development Gender Elderly and Children (PSU&DSS)

The Pharmaceutical Services Unit and Diagnostic Services Section will do the following:

- monitor the overall performance of the system
- evaluate the supply chain performance
- liaise with other government ministries/agencies on issues relating to ILS
- provide technical support
- compile annual forecasts of supplies based on facility and programs data
- work with the Medical Stores Department to ensure timely procurement of supplies

- Liaise with MSD on issues relating to procurement/distribution
- analyze compiled data from facility and programs' reports
- monitor and coordinate funds from different sources including GOT and other partners
- maintain a mapping of supply chain partners
- allocate and facilitate disbursement of funds to health facilities
- liaise with other government ministries/agencies on issues relating to supply chain, including PO RALG
- coordinate the timely procurement planning and scheduling of shipments of commodities with MSD to ensure a continuous supply of high-quality products

II. Program (NMCP, NACP, NTD, RCHS, TFNC, NBTS)

The Program Managers will do the following:

- Provide feedback and program information to Health facilities, MSD personnel, program implementers, and stakeholders, e.g., donors
- report on program achievements
- collect and disseminate program-related information
- analyze compiled data from facility and program reports and share with stakeholders
- provide supportive supervision/mentorship on program-related supply chain activities
- coordinate and forecast commodities for campaigns
- mobilize funds for procurement
- coordinate stakeholders & TWG supply chain subcommittee meetings
- provide data for and be involved with quantification and demand planning
- coordinate commodities distribution and procurement
- coordinate donor funded procurements
- coordinate supply chain interventions and partnership

6. Medical Stores Department (MSD)

The Medical Stores Department (MSD) is a semi-autonomous institution under Ministry of Health, Community Development, Gender, Elderly and Children for provision of service to the public health sector. Its major responsibilities are to:

- Procure, store and distribute medicines, medical supplies and equipment
- Receive supplies and per established receiving procedures
- Store health commodities properly and maintain efficacy, safety and security of stock including quality of health commodities
- Ensure that the adequate quality of supplies is maintained according to max-min levels.
- Deliver supplies to dispensaries, health centers, and hospitals
- Account for quantities of the stock on hand and those at risk of expiry or damage, or no longer used at MSD
- Report routinely key performance indicators to Permanent Secretary for health,
- Maintain, produce and distribute financial statements
- Update and distribute price list to facilities
- Distribute Management Tools to health facilities during routine deliveries
- Organize the health facilities into groups of facilities to aid in efficient and regular delivery
- Ensure quality of health commodities it distributes

7. Logistics Management Services (LMS) staff

- Provide technical support and capacity building on health commodity supply chain
- Conduct Quantification coordination
- Conduct Logistics data management
- Enhance collaboration, communication and coordination on supply chain activities
- Produce and distribute feedback reports to health facilities, districts, program managers, R/CHMTs and PSU

- Advise R/CHMT on eLMIS data use for decision-making
- Conduct spot check on 10% of the approved reports and requests from the health facilities and councils on monthly basis
- Monitor logistics activities and build capacity of the personnel who implement them
- Calculate indicators of logistics system performance and share with facilities, districts, regions, MOH and IPs

8. PORALG

- Liaise with other government ministries/agencies on supply chain issues
- Provide supportive supervision to LGAs facilities
- Recruit and deploy human resource for supply chain
- Provide conducive infrastructure for management of health commodities
- Oversee the use of funds collected from health commodity schemes as per established guidelines.
- Enforce good governance in supply chain
- Coordinate funds from different sources
- Receive Medicines audit reports from RHMTs and act accordingly

9. Implementing and Development Partners

- Provide technical support on health commodities management.
- Support health commodities redistribution
- Support supportive supervision and mentorship on health commodities management
- Support procurement of commodities
- Support capacity building, training, and meetings by demonstrating skills transfer to the GoT staff
- Support outreach services
- Support improvement of supply chain infrastructure

1.1.6. Reporting and ordering of health commodities through the ILS system

On monthly basis all health facilities (dispensaries, health centers and hospitals) will be submitting a report with the following data for all items each manages **stock on hand** and **number of stockout days**

Health facilities with the needed infrastructure (computer and internet) will enter this for review by the medical officer in charge by **5th of every month**. The district/medical officer in charge should have reviewed the data and approved **by 10th of every month**

For dispensaries and health centers without the infrastructure, this information will be entered on to a manual monthly form and submitted to the district pharmacist who will in turn enter it into the eLMIS.

All primary health facilities **should have reported** to the district/entered data into the eLMIS **by 5th of every month**. At the hospital the pharmacist should have prepared this report and submitted it for review by the medical officer in charge by **5th of every month**. The district/medical officer in charge should have reviewed the data and approved **by 10th of every month**.

Under the ILS, health facilities will submit orders bi-monthly (every 2 months) to MSD for the supplies to meet the needs of their clients. Health facilities with the needed infrastructure (computer and internet) and trained staff can create their orders directly in the eLMIS. For primary facilities that do not have the needed infrastructure will do it manually (on the paper R&R) and submit it for entry to the district pharmacist. In both case orders should have reached the district pharmacist

by 5th of the ordering month. Hospitals on the other hand should submit their orders to MSD by 10th of the ordering month.

Detailed instructions on how to report and create an order can be found in the **Job Aids D&E: “Completing the ILS monthly report form”** and **“Completing Forms 2A & 2B Health Facility Monthly Report and Ordering Commodities”** respectively.

Ordering of additional medicines or any supplies should be done using the blank form (form 2C) **NB: If the facility does not ever use a specific product (e.g. some facilities may not ever issue intrauterine devices (IUDs) due to a lack of trained staff), it should not be ordered. In the eLMIS this can be skipped so that no any data field is entered to avoid distortion of the data**

Table 1: Summary of timelines for submission/approval of reports and orders by different levels

SN	DATE	ACTIVITY	RESPONSIBLE
1	By 5 th of the reporting only month	Submission of report to the district	Primary Health facilities
2	By 5 th of the reporting and ordering month	Submission of report and order to the district	Primary Health facilities
3	By 5 th of the reporting only month	Submission of report to the hospital medical officer in charge	Hospital Pharmacist
4	By 5 th of reporting and ordering month	Submission of report and order to the hospital medical officer in charge	Hospital Pharmacist
5	By 10 th of the reporting only month	Approval of reports by the district	DMO
6	By 10 th of the reporting and ordering month	Approval and submission of report and request from primary health facilities to MSD	DMO
7	By 10 th of the reporting only month	Approval of report	Medical officer in charge of a hospital
8	By 10 th of reporting and ordering month	Approval and submission of report and request to MSD	Medical officer in charge of a hospital

1.1.7. Description of the Data Elements to be Reported in the ILS System

Closing Balance (Stock on hand)

The ending balance for the health facility tells how much of each product at the health facility is available for use. The ending balance should always be taken from a physical inventory conducted at the end of the month. This should include the total quantities of the specific item available at the health facility (**dispensing room and in store**) by the end of the reporting month. See Section 6.2 for information on conducting a physical inventory.

Number of stock out days

These refer to the number of days during which the health facility was completely stocked out of the specific item during the reporting month. This is useful in adjusting the consumption and need to be reported correctly to avoid over resupply or under resupply. Zero in the stores ledger does not mean complete stock out at the health facility, this should be counterchecked in the dispensing register to see the last day when the item was dispensed to clients and that is when the days of stock out should start being counted.

1.1.8. Calculations for the Resupply Quantities

Quantity Needed: Based on a Maximum-Minimum Inventory Control system for determining stock levels

The Health facility maximum stock level for priority medicines (Essential Medicine, ARVs, TFNC, NTD) and medical supplies in the ILS is fixed at 4 months of stock. The use of 4 months of supply as the maximum is based on the fact that health facilities will order all priority supplies every 2 months. While a minimum of 2-months will provide a facility sufficient stock of each priority supply to use while waiting commodities from MSD following placing an order which covers 1 month stock to cover for the time it takes for orders to be processed and shipped, and one (1) month of buffer stock to cover for events that the need for any supply increases. The quantity needed is calculated based on the consumption reported and it is twice the sum of the consumption reported in the two months minus the stock on hand. If there were stock outs the quantity needed will take into account the number of stock out days in this case the adjusted consumption will be multiplied by two. If there was no stock out, the adjusted consumption will be equal to the reported consumption. Health facilities will however not see and use this formula since it is configured within the eLMIS.

The formula for adjusted consumption is;

$$\text{Adjusted consumption} = \frac{\text{Total of the two months reported consumption} \times 60}{60 - \text{number of stock out days in the two months}}$$

The formula for quantity needed is thus:

$$\text{Quantity Needed for the next two Months} = (\text{Adjusted Consumption for the two months} \times 2) - \text{Closing Balance}$$

As highlighted above the facility need to report correct data to avoid over resupply or under resupply. Again, facilities will not see or use this formula as it will be configured within the eLMIS.

Actual needed quantity

All of the above will be calculated by the eLMIS, however based on some factors as highlighted above the facility may decide to change/adjust the quantities that it needs to order. To do so it will use the column in the eLMIS (column H) to adjust to the quantity it actually needs for each respective item. It should be noted that the quantities entered here are still in the smallest unit that a facility can dispense to the patient/client. MSD's units of issue. NB this column is filled only when the facility needs to adjust the quantity to request for which it will produce a reason in column of remarks. Sometimes the facility is forced to adjust the needed quantities due to budget limitations, when this is the reason, the quantities should be adjusted until the total value of order is equal to or less than funding available from all sources that is intended for commodities purchase.

1.1.9. Emergency Orders

Stock outs are expected to be rare if the products are ordered and delivered to a maximum stock level. However, if it becomes apparent that a stock out will occur, an emergency order should be prepared through the emergency window of the eLMIS and enter the quantity for the product to be ordered. The levels of approval of emergency orders are the same like those of regular orders. Financing of emergency orders may be the same as for regular orders. The emergency order point is 1 month. If there are frequent stock-outs/shortages that necessitate frequent emergency orders, then try to find out why this is occurring. If a particular cause can be identified, try to address and resolve the issue.

1.1.10. District Review of Dispensary and Health Center Orders

After an order is completed and submitted by the facility level, it is taken/sent via eLMIS to the DMO or a person he has designated to perform such task for review. Reviewing an order involves a number of steps. During review of the R&R the DMO will consider the technical aspects of the report and order for completeness and correctness. DMO should verify that:

- The supplies being ordered are appropriate to the level of services that are offered at the dispensary or health center. The facility should not be ordering supplies that staffs are not qualified to dispense or to use correctly.
- The quantity of supplies being ordered is appropriate in terms of issues and stock on hand: order quantities should not result in overstock of supplies (more than the 4 months of stock).
- The quantities of complementary supplies are correct on the basis of medical requirements: if the facility will stock a total of 500 injections, then they should have not less than 500 syringes as well. Note: This does not mean that the order quantities must be identical. Rather, the total quantity in stock of each product, after the supplies are received, should be complimentary.
- The quantities of supplies being ordered reflect the standard treatment guidelines. For example, it would be expected that 1st line treatments would generally be ordered in larger quantities than 2nd line treatments; small quantities of medicines that are to be used “in rare instances” would be ordered.
- The individual data for each product being reported and ordered are correct.
- If the total cost of the facility order exceeds the total allocation available, how is the facility going to finance its order using other sources of funding

1.1.11. Tools used in the ILS

For the purpose of managing commodities that fall under the ILS the following tools highlighted in table2 below will be used.

Table 2: Tools used for the ILS

Form/Register Name	Purpose	Primary User
Prescription Form	Track the medicines prescribed and dispensed to patients	Prescriber
ILS Dispensing register	To collect data on medicines dispensed at both primary health facilities and hospitals	Dispenser
ARV dispensing register	To collect data on ARVs dispensed at both primary health facilities and hospitals	Personnel dispensing ARVs
Injection Register	Collect data on injections used	Nurse
Register for rapid tests	Collect data on rapid tests used	Personnel conducting test at the health facility
Health facility monthly Report forms	To report logistics data by health facilities	Primary health facilities and hospitals

Health Facility bimonthly Report and Request form (2A&2B)	To report logistics data and order medicines, and related supplies, from health facilities	2A for Dispensaries and Health Centers and 2B for hospitals. Form 2B is inbuilt in the eLMIS there is no hard copy
Form 2C (Blank Request form)	To request additional medicines and related supplies not in the report and request form	All health facilities. This form is also inbuilt in the eLMIS so facilities can directly use the eLMIS to request these commodities
Stores ledger	Keep record on commodities kept the health facility store	Store in charge
MSD Sales Invoice	Inform health facility on commodities shipped by MSD and serve as a comparison document against what was requested by the health facility	MSD and In charge of the health facility or store in charge
Customer Statement of Account	To denote the amount of funds remaining in the health facility's account at MSD	Health facilities
Goods Received Note	Describe on quantities of commodities received from MSD	In charge of health facility and in charge of the store
Verification and Claims Form	Record and report on discrepancies or commodities problems identified during receiving commodities from MSD at health facility	MSD and In charges of health facilities or In charge of the store
Bin cards	Keep record on individual commodities kept the health facility store/sub store	Store in charge
Issue voucher	Track transactions within health facility and between facilities	Store in charge

1.1.12. Job Aids for Filling Tools in the ILS

Job Aid A: Filling in an ILS Dispensing Register

SECTION A

TASK:	Opening a new Dispensing Register or making entries for a new day in an existing Dispensing Register
COMPLETED BY:	Dispenser(s)
PURPOSE:	To record medicines dispensed and related supplies used as per prescription at a facility
WHEN TO PERFORM:	When dispensing medicines and related supplies to patients visiting the facility
MATERIALS NEEDED:	Dispensing Register, a blue or black pen

SECTION B

Step	Action	Notes
1	Select the action by using the following logic:	
	<i>IF</i>	<i>THEN</i>
	Opening a new Dispensing Register	Continue to step #2
	Starting a new day/date in a Dispensing Register	Skip to step #7
	Starting a new day on an incomplete page	Skip to step #12
Opening a new Dispensing Register		
2	Name of the Region: Write the name of the region to which the facility is located.	e.g. Mwanza
3	Name of Council/: Write the name of the council and region to which the facility is located.	e.g. Sengerema
4	Facility Name: Write the name of the facility and level.	Facility level can be: <ul style="list-style-type: none"> • Dispensary • Health Centre • Hospital e.g. Ibisabageni dispensary
5	Facility Code: This code should be provided to you by Ministry of Health, Community Development, Gender, Elderly and Children. It is part of the facility identification.	This code can be found on the MSD sales invoice
6	Period of use: In the “ From ” column: Write the date when the register was started. In the “ To ” column.: Write the date when the register was closed	
7	Register number: Registers should be numbered serially. Write down the serial number of this register	
Starting a new day/date in a Dispensing Register		
7	Date: Write the date of the day of dispensing the medicines	Write the date in the format of day/month/year
8	Patient registration number: Write the number of the patient as seen on the prescription/file	In cases patient number is not available use patient name

9	Filling the dispensed medicines	
	Record the quantity of medicines dispensed as per prescription	
	<i>IF</i>	<i>THEN</i>
	Records of pre-printed items should be done under the respective medicine name heading as they are dispensed to respective patients	All medicines prescribed in tablet form or blisters (e.g. ALU), their quantities should be recorded in whole numbers. All syrups, suspensions/ointments etc. should be recorded in terms of bottles/tube etc. e.g. 1 bottle, 2 bottles etc., but not ½ a bottle, 10mls or 30cc etc. injections should be recorded in vials
	Dispensing infrequently used medicines as prescribed	All “ADDITIONAL MEDICINES” should be written in the heading of the blank columns. This shall be in the same alphabetical sequence from one page to another for the sake of overview of use and consumption.
10	Write dispensers’ name Each dispenser should write his/her name to the prescription dispensed and dispensing register	
Starting a new day on an incomplete page:		
11	When a day ends, and entries were not done to the end of the page, start a new day by skipping two lines from the previous day. Repeat steps as in Step 9 to continue	For each new month start a new page. Do not continue the page that was not completed on the last day of the month that just ended
12	Page total: Add up the quantities of each medicines dispensed for every completed page Write the total of each medicine per page in the row of boxes at the bottom of each page	
13	Total brought forward The total brought forward is the cumulative total from the previous page. If it is the start of the new month, then it will be zero.	
14	Cumulative Total: Fill the cumulative total by adding page total and total brought forward.	Cumulative total will last for a month and used to prepare monthly reports and bimonthly reports
SECTION C		
THIS TASK IS COMPLETED WHEN:		
<ul style="list-style-type: none"> • Top cover information has been filled • The date has been filled • The patient number has been filled • The dispensed medicines have been filled • The dispenser’s name has been filled 		

ILS Dispensing Register

THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH



INTEGRATED LOGISTICS SYSTEM

DISPENSING REGISTER

Name of Region-----

Name of Council -----

Name of Facility-----

Facility Code No. -----

Period of use: From -----/-----/----- To -----/-----/-----

Register Number-----

Job Aid B: Completing Form A1: Dispensing Register for ARVs and Ols medicines

SECTION A

TASK:	Completing Form A1: Dispensing Register for ARVs
COMPLETED BY:	Dispenser who dispenses ARVs to the patient
PURPOSE:	<ul style="list-style-type: none"> To document the quantity of ARVs dispensed to each patient. To document the number of patients in each regimen.
WHEN TO PERFORM:	<ul style="list-style-type: none"> Each time a patient presents the appropriate prescription to the pharmacy. When the end of a page is reached.
MATERIALS NEEDED:	Form A1: Dispensing Register for ARVs, a pen and Calculator.

SECTION B

Step	Action	Note
FILLING INFORMATION ON THE TOP COVER		
1	Select the action by using the following logic	
	<i>IF</i>	<i>THEN</i>
	Opening a new ARV/OI Dispensing Register	Continue to step #2
	Starting a new page in a Dispensing Register	Skip to step #8
	Starting a new day	Skip to step #9
2	Finishing a page in a Dispensing Register	Skip to step #18
	Facility Code: This code should be provided to you by Ministry of Health, Community Development, Gender, Elderly and Children. It is part of the facility identification.	This code can be found on the MSD sales invoice
3	Facility Name: Write the name of the facility and level.	Facility level can be: <ul style="list-style-type: none"> Dispensary Health Centre Hospital e.g. Ibisabageni dispensary
4	Type of Facility: Write the type of facility.	Facilities can be: <ul style="list-style-type: none"> (GOV) Government (NGO) Non-government Organization (Not for Profit) (FBO) Faith Based Organization Other
5	Name of the Council: Write the name of the council in which the facility is located.	e.g. Sengerema district council
6	Start date: Write the date when the register started being used	Date should be in the form of day/month/year
7	End date: Write the date when the register is completely used up	Date should be in the form of day/month/year

COMPLETING THE DETAILS FOR TRANSACTIONS DONE IN THE REGISTER		
8	Serial number: Write the serial number each time medicines are dispensed to the patient. Remember to write the same number on the side of medicines dispensed too	Start a new numbering sequence every day
9	Date: Write the date of the day the ARVs are dispensed to the patient	Write the date in the format of day/month/year.
10	Patient ID number: Write the patient ID number	
11	Regimen: Place a tick mark (✓) for the regimen that is prescribed. Any additional regimen should be written in the blank line provided, however, only regimens approved by the Ministry of Health should be used.	Place a tick for only 1 regimen. Depending on how the Prescriber has written the prescription, you may need to determine the regimen based on which drugs are prescribed.
12	Products dispensed: Document the quantity of each ARV dispensed to the patient by writing the number of tablets dispensed in the column provided for that ARV.	For liquids, write the number of bottles dispensed. If you have made an error when filling the form, cancel the error by a single line and sign thereafter. If there is no enough space to correct on the same line, skip it and write on the new line.
13	Initials – Provider: Each dispenser should write his/her initials.	Each dispenser should also write his/her name on the prescription dispensed.
14	Initials – Patients: Each patient should write his/her initials when receiving their medicines.	
15	Page total: Using the red pen, write the totals at the end of each page; write the total number of patients on each regimen by adding the tick marks for each regimen and the total quantity of each ARV dispensed by adding the quantities of each product dispensed.	Be careful with calculations. Start a new page whenever starting a new month
16	Cumulative Total: Fill the cumulative total by adding page total and total brought forward . Cumulative total will last for a month and used to prepare monthly and bimonthly reports.	The total brought forward is the cumulative total from the previous page. It starts zero after every month.

SECTION C: THIS TASK IS COMPLETED WHEN:

- The date, ID, regimen (tick mark), and actual quantity of drugs dispensed and provider and patient initials are filled.
- Page totals are summed, at the end of each page and Cumulative total filled.

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER ELDERY AND CHILDREN



Form A1: Daily Dispensing Register for Anti-Retroviral And OI Drugs

FACILITY CODE: _____

FACILITY NAME: _____

TYPE OF FACILITY (GOV/NGO/FBO/OTHER): _____

NAME OF THE COUNCIL: _____

STARTING DATE: _____

ENDING DATE: _____

Job Aid C: Filling of the register for rapid tests

SECTION A

TASK	Filling of the register for rapid tests
COMPLETED BY	Health care provider conducting the test or collecting sample for EID
PURPOSE	To keep record of rapid tests strips or DBS cards used
WHEN	Any time a rapid test strip or DBS card is used
M A T E R I A L S NEEDED	Register for rapid tests and quality control of testing, pen (blue or black)

SECTION B (1): FILLING OF THE INFORMATION ON THE TOP COVER

SN	ACTION	NOTE
1	Facility Name: Write the name of the facility and level.	Facility level can be: <ul style="list-style-type: none">• Dispensary• Health Centre• Hospital e.g. SIMA dispensary
2	Type of Facility: Write the type of facility.	Facilities can be: <ul style="list-style-type: none">• (GOV) Government• (NGO) Non-government Organization (Not for Profit)• (FBO) Faith Based Organization• Other
3	Name of the council: Write the name of the council in which the facility is located.	e.g. Sengerema district council
4	Section/ service provided: Put a tick (✓) to select the appropriate section/service provided at the section where this form is used e.g. VCT/CITC, PITC, PMTCT, Lab etc. If the section/service is not in the list specify it at the space for others	
5	Start date: Write the date when the register started being used.	Date should be in the form of day/month/year
6	End date: Write the date when the register is completely used up.	Date should be in the form of day/month/year
7	Register number: Registers should be numbered serially. Write down the serial number of this register.	

SECTION B (2): FILLING IN THE INFORMATION IN THE FORM

SN	ACTION	NOTE
8	Information on the top of the page: i) Facility name: Write the name and level of the facility e.g. Mnazi Mmoja dispensary ii) Facility type: Write the facility type e.g. GOV, FBO, NGO, nk iii) Type of service provided: Write the respective service offered e.g. VCT, PITC, PMTC iv) District: Write the name of the council in which the facility is located.e.g Ilala Municipal	This information should have filled on all pages
9	Serial number: (Column 1) They are preprinted. In some cases one client can be recorded more than once hence more than one serial numbers used for one client e.g. For HIV testing if the first test was invalid and the test has to be repeated In this case a note of repeating the test should be made on column 21. Information on the test repeated should be entered in the next line including the results	
10	Date: (Column 2) Write the date when testing or any other entry was done.	The format day/month/year should be used
11	Clients` number: (Column 3) Write the registration number of the client . Do not write names for confidentiality If the test is done for quality check IQC or EQA write the number of that sample. In case of wastage write a dash (-)	
12	Age: (Column 4) Write the age in years if unknown just estimate. For EID, write the age in months e.g write 2/12 for two months of age. In cases of IQC/EQA or wastage just write a dash (-)	
13	Sex: (Column 5) Write M for male and F for female. In cases of IQC/ EQA write a dash (-)	
14	Purpose of use: (Column 6) Circle the appropriate choice. EID= Early Infant Diagnosis, Training, IQC = internal Quality Control, EQA= External Quality Assessment. If other is circled write the purpose on the remark's column.	

15	<p>Type of the test: (Columns 7 to 17) (Below each test, write the lot/ batch number and expiry date as required . When one batch of a particular test is finished start a new page so that the total of each specific test on one page should only be of one batch/ lot number. Remember to transfer the details of other tests to the new page. This information is crucial for monitoring the quality of the tests used and in the overall quality assurance process .</p> <p>NB: For HIV tests: Write the name of the first and second test in columns 7 and 8 respectively in the line provided in front of the words “Name of the kit” e.g First test SD Bioline,Second test Unigold</p>	<p>Test results In columns number 7 to 17 Circle the appropriate choice based on the observed results. For NON-REACTIVE results , circle NR. For REACTIVE results , circle R. For INVALID results , circle INV. NB: results are invalid if the control line does not show up, it doesn't matter whether the test line shows or not. In this case the test should be repeated. Repeat only the test that showed invalid results.Refer step 9.</p> <p>For HIV testing if the first test (SD Bioline) was REACTIVE and the second test (unigold) is NON-REACTIVE. The overall results will be negative and the patient will be advised to repeat the test as guided by current testing algorithm.. If wastage of a test strip happens before it is used e.g. during opening circle W, For DBS on column number 10 Circle S if the sample was correctly taken and W if the sample was wrongly collected and thus wasted</p> <p>For the rest of tests, circle NEG for NON-REACTIVE results , POS for REACTIVE results , INV for INVALID results (invalid results are as described above) and W for wastage.</p>
----	--	--

16	<p>Final results (column 18) This column should be filled for HIV tests only Use the below table for HIV to guide you to circle the appropriate final result on column number 18</p> <p>SERIAL Scenario SD Bioline Unigold Final Results</p> <p>1 NR Not required NEG</p> <p>2 R R POS</p> <p>3 R NR IND</p>	
17	<p>Sample sent for quality assurance (Column 19). Indicate by √ in the cell if the Sample was sent out for quality assurance</p>	
18	<p>Results of the sample sent for quality assurance : (column 20) Circle the appropriate selection based on the results received for the sample that was sent for quality assurance . NB : Facilities should follow up for the results of the samples sent for quality assurance</p>	
19	<p>Remarks (Column 21): Use this column to record additional information like repeated for invalid tests or cases when the patient is required to repeat HIV testing following discordant results (IND). Use this column for indicating the date when a sample for quality assurance was received and also for reasons of wastage e.g breakage etc.</p>	
20	<p>Name of the provider (Column 22): The provider who performed the test write in his/her name</p>	

SECTION B (3): FILLING THE SUMMARY OF THE TABLE

SN	ACTION	NOTE
21	Results total: <ol style="list-style-type: none"> Total of Non-Reactive (NR)/Negative (NEG) results; add up all the results circled NR/Neg and write the total number obtained in the cell below the columns of NR/Neg. Total of Reactive(R)/Positive (POS) results: add all the results circled R/Pos and write the total number obtained in the cell below the columns of R/Pos. Total of Invalid (INV)/Indeterminate (IND) add up all the results circled INV/IND and write the total number obtained in the cell below the columns of INV/IND. 	
22	TOTAL OF TESTS STRIPS USED PER PAGE: For each test perform the summation Total used = NR+R+INV+W	
23	Total brought forward The total brought forward is the cumulative total from the previous page. If it is the start of the new month, then it will be zero.	
24	Cumulative Total: Fill the cumulative total by adding page total and total brought forward. .	Cumulative total will last for a month and used to prepare monthly reports and bimonthly reports

SECTION C

THE ACTIVITY WILL BE COMPLETE IF

- When the date, client registration number, purpose of the test, results for each type of the test done, final results and provider initials have been filled
- Page summary has been filled
- Total of test strips used per page has been filled
-

Register for Rapid Tests



MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

REGISTER FOR RAPID TESTS

Facility name: _____

Type of facility (GOV, NGO, FBO, PRIVATE , Others): _____

Council: _____

Section/service provided:(tick the appropriate)

- VCT/CITC AND MOBILE VCT/CITC
- PITC
- HBHTC
- PMTCT
- TB CLINIC
- LABORATORY
- OTHER (Specify): _____

Start date: ____/____/____

End date: ____/____/____

Register No (1, 2, ...): _____

REGISTER FOR RAPID TESTS																									
Facility name _____ Facility type _____ Service provided _____ District _____																									
TYPE OF TEST																									
1	14				15				16				17				18				19	20		21	22
SN	Hepatitis B test Lot/Batch No. _____ Expiry date --/~/----				Hepatitis C test Lot/Batch No. _____ Expiry date --/~/----				Helicobacter Pylori test Lot/Batch No. _____ Expiry date --/~/----				Cryptococcal Antigen test Lot/Batch No. _____ Expiry date --/~/----				Final Results				Indicate with (✓) if sample was taken for external quality check	Results of external quality test		Remarks	Name of the provider
	Results				Results				Results				Results												
	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS		IND	NEG		
1	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
2	NR	POS	INV	W	NR	POS	INV	W	NR	POS	INV	W	NR	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
3	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
4	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
5	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
6	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
7	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
8	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
9	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
10	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
11	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
12	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
13	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
14	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
15	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
16	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
17	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
18	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
19	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
20	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
21	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
22	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
23	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
24	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	
25	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	INV	W	NEG	POS	NEG	POS	IND	NEG	POS	IND	

Job Aid D: Completing the Health Facility Monthly Report Form for ILS commodities

SECTION A

TASK:	Completing the Health Facility Monthly Report Form for ILS commodities
COMPLETED BY:	Dispensary or Health Center In-charges or Pharmacy in-charge of Hospital.
PURPOSE:	To report on key logistics data
WHEN TO PERFORM:	Every end of the month
MATERIALS NEEDED:	Health facility monthly report form for ILS commodities, The Stores Ledger book(s) for all storage areas, ILS dispensing register, ARV dispensing register, register for rapid tests, physical count data for all items.

NB: Facilities with computer and internet can enter data directly into the eLMIS, however those without the needed infrastructure need to fill in the paper-based form and submit it to the district pharmacist

SECTION B

Step	Action	Notes
1	Facility Code: Write the facility code.	This code can be found on <i>Form 5: Customer Statement of Account</i> .
2	Facility Name: Write the facility name and level	e.g. Igalagalilo dispensary
3	Type of Facility: Write the type of facility.	Facilities can be: <ul style="list-style-type: none"> • (GOV) Government • (NGO) Non-government Organization (Not for Profit) • (FBO) Faith Based Organization • Other
4	Name of Council: Write the name of the district where the dispensary, health center, or hospital is located.	
5	Reporting month: Write the month that this report covers. Write the Month, and Year	Example: July 2018 if this report is for the month of July 2018
6	Date Submitted: Write the date that the report is submitted.	Dispensaries and Health centers should submit their reports to the council (district pharmacist) by 5 th of every month. On the other hand, hospitals should have submitted their report on the 10 th every month
7	If the facility does not manage a supply on the preprinted list, write "N/A" in the Closing balance column and leave the remaining columns blank. Go to the next supply.	"N/A" (not applicable) signifies that the supply is not stocked at the facility, since the facility never uses or never intends to use the supply.
8	MSD Unit of Issue (U): The unit of issue is pre-printed	

9	<p>Closing Balance (A): Calculate and write the Closing Balance at the end of the reporting month.</p> <p>This is done by counting the items physically then converting to the smallest unit of dispensing. Note: Estimate the number of supplies in an open bottle.</p> <p>The “Closing Balance” for the facility is total of the quantities on the shelf in the storeroom plus the quantities held by all the facility’s dispensing rooms.</p>	See Section VI-C of manual for instructions on estimating the supplies in a bottle.
10	<p>Number of stocks out days (B): Write the number of days when an item was completely not available at the facility in the reporting month. This means those days the facility was not able to offer service using such an item (it was not in store nor at the dispensing points)</p>	
11	<p>Prepared by: The person who prepares this report writes his/her name Signature and date</p>	
12	<p>Approved by: The health facility in charge who approves the report writes his/her name, signature and date</p>	

SECTION C

THIS ACTIVITY WILL BE COMPLETE IF

- The information on top of the page have been filled
- Closing balance have been filled
- Number of stock out days have been filled
- Person who prepared the report has written his/her name, signature and date
- Person who approves the report has written his/her name, signature and date

Health facility monthly report form for ILS commodities

Facility Code: _____ Facility Name: _____
Type (GOV/NGO/FBO/OTHER): _____

Name of Council _____ Reporting Month: _____
Date Submitted: _____

MSD Code	Item	Unit of Issue (U)	Closing Balance (A)	Number of stock out days (B)
ANAESTHETICS, ANALGESICS AND NSAIDS				
10010022MD	DICLOFENAC	100TB		
	TABLETS 50 MG			
10010176MD	PARACETAMOL	100TB		
	500MG (10X10) TABS			
10010044MD	PARACETAMOL			
	TABLETS 500 MG	1000TB		
10040012MD	PARACETAMOL	24BT		
	SYRUP			
	120MG/5MLS,100MLS			

Prepared by (Name)..... Approved by (Name).....
Signature..... Signature.....
Date..... Date.....

Job Aid E: Completing Form 2A, 2B& 2C Health Facility Bimonthly Report and Request form for essential health commodities and form 2C: Health Facility Bimonthly Report and Request form for additional commodities

SECTION A

TASK:	Completing Forms 2A: Health center and dispensary bimonthly Report and Request form for essential health commodities, 2B Hospital bimonthly Report and Request form for essential health commodities and form 2C: Health center and dispensary Bimonthly Report and Request form for additional commodities
COMPLETED BY:	Dispensary or Health Center In-charges or Pharmacy in-charge of Hospital.
PURPOSE:	To report on key logistics data and order health commodities from MSD
WHEN TO PERFORM:	Every two months
MATERIALS NEEDED:	Forms 2A: Health center and dispensary bimonthly Report and Request form for essential health commodities, 2B Hospital bimonthly Report and Request form for essential health commodities and form 2C: Health center and dispensary Bimonthly Report and Request form for additional commodities, The Stores Ledger book(s) for all storage areas, ILS dispensing register, ARV dispensing register, register for rapid tests, pen, calculator.

NB: Facilities with computer and internet can enter data directly into the eLMIS however those without the needed infrastructure need to fill in the paper-based form 2A and 2C and submit to the district pharmacist. Form 2B is used at hospital level and is electronic

Entries done in columns A to F should be in the smallest unit (dispensed to patients/used at the bench)

SECTION B

Step	Action	Notes
Select the appropriate form		
1	IF	THEN
	The facility is a health center or dispensary and is ordering essential health commodities	Use form 2A
	The facility is hospital and is ordering essential health commodities	Use form 2B
	The facility is a health center or dispensary and is ordering additional commodities	Use form 2C
Filling the top part of the page		
2	Facility Code: Write the facility code.	This code can be found on Customer Statement of Account.
3	Facility Name: Write the facility name and level	e.g. Igalagalo dispensary
4	Name of Council: Write the name of the council where the dispensary, health center, or hospital is located.	e.g. Sengerema District council

5	Type of Facility: Write the type of facility.	Facilities can be: <ul style="list-style-type: none"> • (GOV) Government • (NGO) Non-government Organization (Not for Profit) • (FBO) Faith Based Organization • Other
6	Group: Write your ordering group. Your facility can either belong to group A or B	
7	Date Submitted: Write the date that the report is submitted.	Dispensaries and Health centers should submit their reports to the council (district pharmacist) by 5 th of the ordering month. On the other hand, hospitals should have submitted their report and request by the 10 th of the same month
8	Reporting Period: Write the period (two months) that this report covers. Write the Date, Month and Year of the starting month and month and year when it ends	Example: Start 1 st July 2018 – End 31 st August 2018 if this report is for the months of July and August 2018
9	If the facility does not manage a supply on the preprinted list, write “N/A” in the Quantity received column and leave the remaining columns blank. Go to the next supply.	“N/A” (not applicable) signifies that the supply is not stocked at the facility, since the facility never uses or never intends to use the supply.
10	Unit of Issue: The unit of issue is pre-printed on <i>Forms 2A</i> and <i>2B</i> . For additional commodities in form 2C write the unit issue.	
11	Opening Balance(A): Write the stock on hand balance at the beginning of the reporting period	The Opening Balance for the current reporting period equals the Closing Balance (column D) from the previous report and request
12	Received This Period (B): Write the total quantity of the supply your facility received during the reporting period.	The quantity received is found in Stores Ledger Book. This includes quantities received from MSD and those bought from outside MSD
13	Lost/Adjusted (C): Write the total quantity of losses/adjustment for the reporting period. If they were not any losses/adjustments enter 0.	The quantity lost/adjusted is found in <i>Stores Ledger Book</i> . If the result is a positive place a plus (+) before the number If the result is a negative place a negative (-) before the number.
14	Number of stock out days (X): Write the number of days when an item was completely not available at the facility in the reporting period (the two months). This means those days the facility was not able to offer service using such an item (it was not in store nor at the dispensing points)	

15	<p>Closing Balance (D): Write the Closing Balance on the last day of the reporting period. This is done by counting the items physically then converting to the smallest unit of dispensing. Note: Estimate the number of supplies in an open bottle.</p> <p>The “Closing Balance” for the facility is total of the quantities on the shelf in the storeroom plus the quantities held by all the facility’s dispensing rooms.</p>	See Section VI-C of manual for instructions on estimating the supplies in a bottle.
16	<p>Quantity Consumed (E): Calculate and write the consumption during the reporting period.</p> <p>The consumption is obtained from adding up all the quantities of a respective item that have been dispensed during the reporting period (two months) of the report. The ILS dispensing register will be the source for essential commodities, the ARV dispensing register for ARVs, and the register for rapid tests, MTUHA number 8 for family planning commodities.</p>	For supplies like syringes, gauze, cotton wool, gloves, detergents, microscope slides and others of the like the total quantity issued from the store for facility use during the reporting period should be considered as the consumption.
17	<p>Adjusted consumption (Z): Calculate and write the adjusted consumption for the two months. The value obtained shows how much you would have dispensed/consumed if there was no stock out. The values in this column are calculated based on the total number of stock out days you reported in the two months.</p>	The formula for calculating the adjusted consumption $Z = (E \times 60)/(60 - X)$
18	<p>Maximum Quantity Needed (Y): Calculate and write the quantity of the supply needed to reach the maximum stock level. The maximum quantity that the facility can store based on the set system maximum stock level is 4 months stock</p>	<p>The quantity is twice the adjusted consumption. The formula for maximum quantity needed is</p> <p>$Y = Z \times 2$</p> <p>Where Z is the adjusted consumption of two months</p>
19	<p>Actual quantity needed(F): Calculate and write the quantity of the supply actually needed. This is the quantity that a facility should request based on the stock on hand and the Maximum quantity needed.</p>	<p>This quantity is the difference between the actual needed quantity and the stock on hand available at the health facility. The formula for the actual quantity to request is $F = Y - D$</p> <p>If the answer in this column is negative or zero, write zero in column G meaning that the balance you have is more than or equal to the quantity needed respectively and thus you do not need more.</p>

20	Quantity requested (G): Write the quantity of the supply you will order, rounded to the nearest MSD unit of issue.	By using the Column headings, the formula for calculation is: G = (F ÷ U) For Example: If the actual quantity needed for Paracetamol is 5,000 tablets and the MSD unit of measure is a box of 100 tablets, the quantity requested will be 50 boxes. (5000 ÷ 100 = 50) If you get decimal points after division, you should round up your answer to be a whole number. Example 2.3 = 3
21	Actual quantity requested (H): Write in this column the quantity that you need to request. This quantity can be based on your facility's funding capability or anticipated decrease or increase in the consumption trend in the following months before next order.	For ARVs you can use this column to accommodate quantities required for initiating new clients. If there will be campaigns that will need more commodities use this column to adjust to the quantity that suits the intended need.
22	Price (I): The price is pre-printed on Forms 2A and 2B For Additional Supplies, write in the price.	Use the most recent pricing information from the MSD Product Catalog
23	Cost (J): Calculate and write the cost of the supply you are requesting.	The Cost equals the Actual Quantity Requested (H) multiplied by the Price (I) for the unit of issue. The formula for the cost is J = H x I
24	Approved quantity (K): This is filled at the district	
25	Approved Cost (L): This is filled at the district	
26	Select the appropriate condition: IF	THEN
	More supplies need to be requested	Go to step #9. Repeat steps 9 –23 until all supplies on form are requested. There may be several pages of supplies to request.
	All supplies are requested	Continue with step #27
Calculating the Cost and Funds Allocation for the Supplies		
27	Total cost this page: Add up the Cost (J) for each supply on the page and write the total in the Total Cost this page box. Repeat this step for all pages	The box for approved cost should be left blank to be filled by the district level..
28	Cost Summary/Total Cost: Transfer the total cost for each page into the appropriate line in the Cost Summary table located on the last page of form 2A.	Take care not to make a mistake when copying over the numbers.
29	Sub-total: Add the costs from each page	This is the total cost for all priority supplies.

30	Total cost of additional supplies from Form 2C: Blank R&R (if any): Leave this blank until Step 33.	
31	Total cost of order: Leave this blank until Step 33.	
Sources of funds for buying health commodities		
32	Available allocation: Write the current total amount of allocated funds available to the facility at MSD	The current amount of allocated funds available is found on the most recent Form 5: Customer Statement of Account. The form arrived in a carton with the last shipment. If allocated funds are not available then write zero.
	Supplemental funds: Leave this blank until step #38	
33	Calculate the funds status by determining the difference between the Sub-total and total available allocation. The result will determine the next steps. Do the following subtraction, Total funds available at MSD minus (-) the Sub-total	If the result is a positive number, the sub-total is less than total available allocation, resulting in extra funds available. If the result is a negative number, the sub-total is more than total allocation, resulting in a shortage of funds.
34	Select the appropriate condition: <i>IF</i>	<i>THEN</i>
	If there are extra funds (a positive number in step #33.) and you need to order additional commodities you can do so by filling form 2C.	<i>Skip to Step #35</i>
	If there are extra funds and you do not need to order additional commodities write zero on the cost for additional supplies from form 2C then skip to step #37	
	Select the appropriate condition <i>IF</i>	<i>THEN</i>
	If there is shortage of funds, (a negative number in step #33) and you do not need to order additional supplies write zero in the Total cost of additional supplies from <i>Form 2C: Blank R&R</i> blank copy the Sub-total into the Total cost of order	Continue to step #37
	If there is shortage of funds, (a negative number in step #33.) and you have supplemental funds from other sources and you need to order additional supplies you can do so by filling form 2C	Continue to step #35

35	<p>Complete <i>Form 2C Report & Request for Additional Medicines and Related Medical Supplies and Equipment</i> that the facility needs.</p> <p>Go back to Step #1 and continue, until you reach step #30 Total Available Allocation</p>	
36	<p>Total cost of additional products from <i>Form 2C: Blank R&R.</i></p> <p>Write in the total cost from all pages of <i>Form 2C: Blank R&R.</i></p>	<p>Total cost of additional products from <i>Form 2C: Blank R&R.</i></p> <p>Write in the total cost from all pages of <i>Form 2C: Blank R&R.</i></p>
37	<p>Total cost of order: Add the Sub-total and the Total cost of additional products from <i>Form 2C: Blank R&R.</i></p>	<p>Total cost of order: Add the Sub-total and the Total cost of additional products from <i>Form 2C: Blank R&R.</i></p>

38	Select the appropriate condition: <i>IF</i>	<i>THEN</i>
	The new total amount exceeds the total available allocation (from Step #32).	<p>Consider the supplemental funds available for purchase of health commodities from other sources; Basket funds, User fees, ICHF, NHIF, Other insurance schemes, Council own sources, RBF and Others to see if when added to the available allocation it makes up the needed amount of the new total amount needed. Then select to do any of the following based on the situation;</p> <p>I: Consider reducing the quantities of Additional Supplies requested on Form 2C if the sum of the available supplemental funds and the available allocation do not add up to the new total till when the value of the remaining suppliers matches the new total then indicate the categories and amount of each category of the supplemental funds that you will use to finance your order.</p> <p>II: The sum of the available supplemental funds and the available allocation exceeds the new total, means that you have sufficient funds then just indicate the amount of the specific category (ies) of the supplemental funds you will use so that the sum of the available allocation and that of the category(ies) of the supplemental funds to be used matches the new total. (The extra funds will be used for the next order)</p> <p>NB: Ask the DMO or use the FFARS system to know the amount of supplemental funds available. The use of supplemental funds to buy commodities should adhere to the requirements stipulated in the “MWONGOZO WA USIMAMIZI WA FEDHA ZA UCHANGIAJI WA HUDUMA ZA AFYA KATIKA VITUO VYA KUTOLEA HUDUMA ZA AFYA”</p>
	The new total amount is less than the total available allocation (from Step #32).	The funds will be used in the next ordering month.
39	Remarks (K): If you adjusted the quantity requested and thus had a different value in column H, write the reasons for doing the adjustments in this column	
Signing and Approving the Forms		

40	Review the order with the Dispensary or Health Center In-Charge or the Medical Officer In-Charge: Make sure the order is correct and complete and that all priority supplies have been ordered.	In addition to checking for completeness and calculation errors
41	Completed by and Signature: Person completing the form writes their name and signs.	
42	Approved By: Completed at the District Level leave blank.	
43	Dispensaries and health centers should deliver <i>Form 2A: R&R</i> and <i>Form 2C: Blank R&R</i> , to the District for review by the District Medical Officer. Hospitals should deliver <i>Form 2B: R&R</i> and <i>Form 2C: Blank R&R</i> , to the Hospital Therapeutics Committee for review and approval.	
44	File bottom copy of <i>Form 2A-C: R&R</i> . When the DMO the form(s) a copy is filed at the dispensary, health center	

SECTION C

THIS TASK IS COMPLETED WHEN:

- The top section of the form(s) is (are) filled in.
- Data columns Unit of Issue through Cost have been filled for each of the supplies on the form or the Beginning Balance (col. A) is marked "N/A."
- The cost information has been filled on each page.
- The cost summary table is filled in.
- The form(s) have been delivered to the DMO/District Pharmacist for dispensaries and health centers or the HTC for hospitals for their review and approval.
- The bottom copy of *Form 2A-C: R&R* is filed at the facility after the DMO

Forms 2A and 2B

Facility Code:		Group (A/B)	
Facility Name:		Date Submitted:	
Name of Council		Reporting Period:	
Type (GOV/NGO/FBO/OTHER):		Start: (Month/Year)	
		End: (Month/Year)	

MSD Code	Item	Unit of Issue	Beginning Balance	Received This Period	Lost/Adjusted	Number of stock out days	Closing Balance	Quantity Consumed	Adjusted consumption (E x 60)/(60-X)	Maximum Quantity Needed	Actual Quantity needed	Quantity Requested	Actual Quantity Requested	Price	Cost	Remarks	Approved quantity	Approved cost
		(U)	(A)	(B)	(C)	(X)	(D)	(E)	(Z)	(Y)	(F)	(G)	(H)	(I)	(J)	(K)	(N)	(M)
1001003 7MD	ALBEND AZOLE 200MG	100TB																
4007000 5AB	HIV SD BIOLINE	K/25																
1001016 4AB	TLE	B/30																
2002000 6MD	GLOVES SURGICAL LATEX RUBBER STERILE	P/100																

TOTAL PAGE COST		SIGNATURE		APPROVED PAGE COST		SIGNATURE	
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COST SUMMARY			FUNDS		APPROVED AMOUNT	
PAGE	COST	APPROVED COST	CATEGORY OF FUNDS		AMOUNT	
1			AVAILABLE ALLOCATION			
2			SUPPLEMENTAL SOURCES			
3			BASKET FUND			
4			USER FEES			
5			ICHF			
6			NHIF			
7			OTHER INSURANCE SCHEMES			
8			COUNCIL OWN SOURCE			
9			RBF			
SUB TOTAL			OTHERS (SPECIFY)			
COST OF COMMODITIES FROM FORM 2C						
TOTAL COST			TOTAL FUNDS			

PREPARED BY (NAME).....
 SIGNATURE.....
 DATE.....

APPROVED BY (NAME).....
 SIGNATURE.....
 DATE.....

Form 2C

Facility Code:		Group (A/B)																
Facility Name:		Date Submitted:																
Name of Council		Reporting Period:																
Type (GOV/NGO/FBO/OTHER):		Start: (Month/Year) End: (Month/Year)																
MSD Code	Item	Unit of Issue	Beginning Balance	Received This Period	Lost/Adjusted	Number of stock out days	Closing Balance	Quantity Consumed	Adjusted consumption (E x 60)/(60-X)	Maximum Quantity Needed	Actual Quantity needed	Quantity Requested	Actual Quantity Requested	Pri ce	Cost	Remarks	Approved quantity	Appro ved cost
		TOTAL PAGE COST		SIGNATURE		SIGNATURE		APPROVED PAGE COST		SIGNATURE								

COST SUMMARY			FUNDS		
PAGE	COST	APPROVED COST	CATEGORY OF FUNDS	AMOUNT	APPROVED AMOUNT
1			AVAILABLE ALLOCATION		
2			SUPPLEMENTAL SOURCES		
3			BASKET FUND		
4			USER FEES		
5			ICHF		
6			NIHF		
7			OTHER INSURANCE SCHEMES		
8			COUNCIL OWN SOURCE		
9			RBF		
SUB TOTAL			OTHERS		
COST OF COMMODITIES FROM FORM 2c			(SPECIFY)		
TOTAL COST			TOTAL FUNDS		

PREPARED BY (NAME).....
 SIGNATURE.....
 DATE.....

APPROVED BY (NAME).....
 SIGNATURE.....
 DATE.....

2. THE TB LOGISTICS SYSTEM

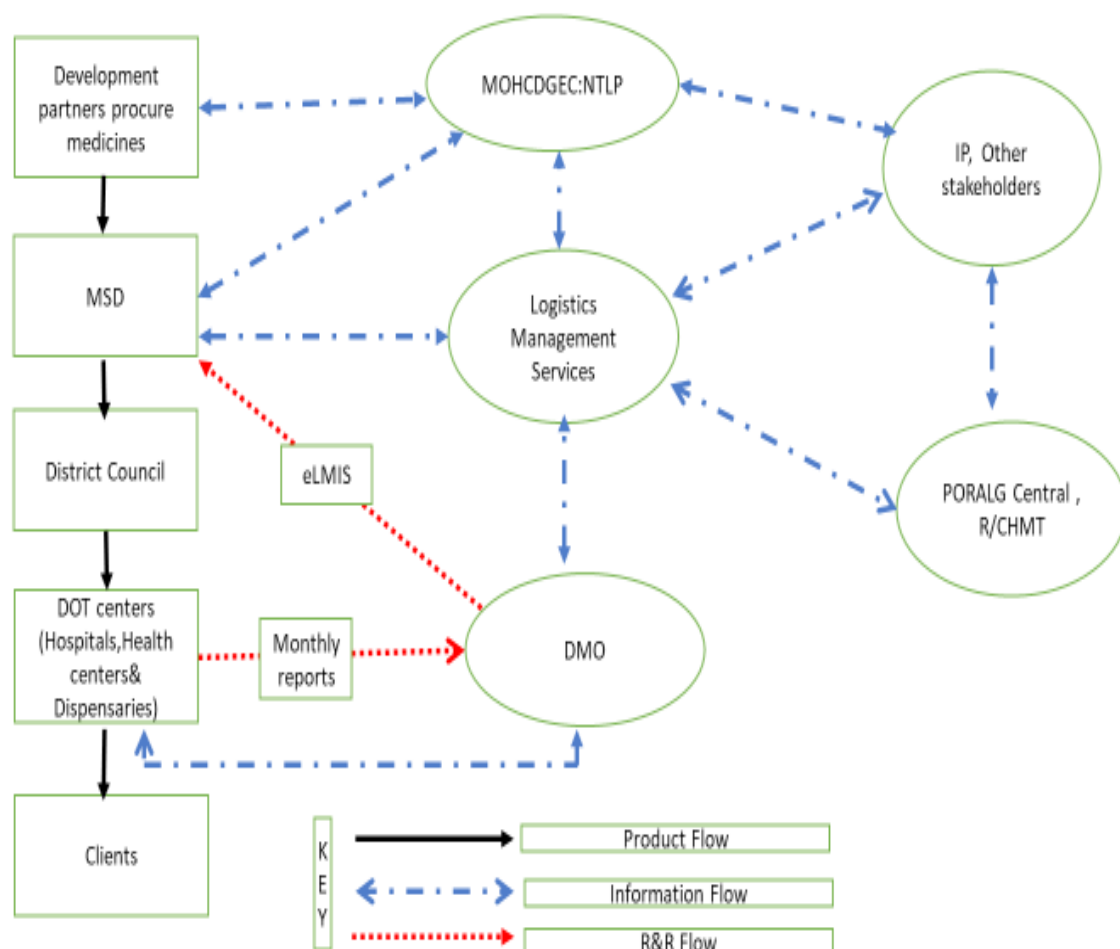
The system continues to be three levels (MSD, district and health facility) and continues to serve the resupply of TB and Leprosy medicines; however, at the district level the medicines for first and second line treatments will be ordered using one form.

2.1 How does the TB logistics system work?

The district will remain to be the ordering point while health facilities will continue to be resupplied by the district on monthly basis following their submission of their monthly reports indicating the number of patients they will have at different stages of treatment (months of treatment). Health facilities will use different report forms to report on first line medicines and medicines for drug resistant TB. Districts will be ordering their commodities bimonthly (every after two months). The health facilities (DOT centers) will keep a maximum of 2 months and a minimum of 1 month of stock, the lead time for the DOT centers will be two (2) weeks. Facilities should have their reports submitted to the district by 5th of every month while the district should have submitted to MSD its order by 10th of the ordering month. MSD will have twenty (20) days to process and deliver commodities to the districts. For districts the maximum and minimum stock levels will be 4 months and 2 months respectively with a lead time of one (1) month and an emergency order point of 1 month. See Figure 2 below.

2.1.1. Flow of Information and Commodities in the TB Logistics System

Figure 2: Movement of Supplies and Information in the TB logistics system



2.1.2. Staff and their Roles in the TB Logistics System

1. Staff at the Health Facilities (DOT - Centre)

(i). Facility In-Charge

The Facility In-Charge does the following:

1. Review/authorize the monthly reports before it is submitted to the DTLC
2. Ensure timely submission of the monthly report to the district
3. Receive supplies at facility per established receiving procedures
4. Supervise the management of TB medicines at the health facility
5. Ensure that patient treatment cards are filled correctly
6. Ensure that the health facility has sufficient quantities of the required medicines according to the number of available patients and their months of treatment
7. Follow up with the district in case of medicines shortages or delays in delivery
8. Facilitate return of expired medicines to the district
9. Appoint a person to perform duties pertinent to TB medicines management at the facility in case the responsible person is away
10. Ensure rational use of TB medicines at the health facility
11. Report on ADRs and poor-quality medicines

(ii) Store in-charge

The dispenser/store in-charge will do the following:

1. Receive TB medicines and enter record into the stores ledger
2. Issue TB medicines in line with FIFO & FEFO principles
3. Record quantities of medicines issued to the TB dispensing room
4. Conduct physical inventory at monthly
5. Store supplies properly
6. Report to the DOT nurse on damaged/expired medicines

(iii) DOT Nurse/Provider

The DOT provider will do the following:

1. Dispense correct TB and Leprosy medicines to patients
2. Counsel patients on medication use
3. Keep record of medicines dispensed to patients by filling the TB and Leprosy patient treatment cards
4. Follows up with the CTC in charge for the number of patients on IPT during preparation of the facility monthly report for first line TB and Leprosy medicines
5. Prepares Health Facility's monthly reports for both First line and second line medicines
6. Submits the monthly report form for review and authorization to the facility in-charge

2. Staff at the District Level

(i) DTLC

The DTLC will:

1. Receive monthly reports from health facilities
2. Review health facilities report forms for completeness and correctness
3. Calculate the quantities of medicines needed by each facility based on the number of patients on each month of treatment as reported by the health facility
4. Approve the quantities of medicines to issue to the health facilities
5. Submit to the District Pharmacist facility monthly forms with quantities of medicines to issue indicated to facilitate issuing of the needed medicines by the district pharmacist
6. Follow up with health facilities that delay to submit their monthly reports or do not submit at all

7. Participate in preparation of plans and budgets for supervisions on health commodities management
8. Conduct supply chain training and mentorship to health facilities
9. Coordinate supportive supervision visits to health facilities in the district
10. Facilitate redistributions of medicines within the district or outside the district
11. Support the district pharmacist in ensuring delivery of TB medicines to health facilities
12. Facilitate distribution of tools and guidelines to health facilities
13. Supervise facilities to ensure rational use of TB medicines

(ii) District Pharmacist

This also includes persons who have been assigned by the DMO to perform duties that are normally performed by the District Pharmacist. In the TB system, the District Pharmacist will be the custodian and responsible for:

1. Issue TB medicines in line with FIFO & FEFO principles to health facilities
2. Keep record of quantities of medicines issued to health facilities
3. Ensure that facilities get their TB medicines on monthly basis
4. Keep the facility monthly forms and use them for developing district reports
5. Conduct physical inventory on monthly basis
6. Submit a report on logistics data (stock on hand, adjustments, consumption and number of stock out days) monthly basis
7. Create orders of TB medicines on a bimonthly basis and submit to the DMO for approval
8. Order and distribute LMIS tools to health facilities
9. Receive medicines from MSD
10. Store supplies properly
11. Ensure proper storage of Tb medicines at the district store
12. Ensure that the district keeps appropriate stocks (Max-4 and Min of 2 Months) of TB medicines
13. Conduct supply chain training and mentorship to health facilities
14. Supervises all health facilities in the district
15. Facilitate redistributions of health commodities within the district or outside the district
16. Collaborate with the DTLC in following up with facilities that delay or do not submit their monthly reports
17. Create emergency orders as it deems necessary
18. Participate in preparation of plans and budgets for supervisions on health commodities management
19. Coordinate the collection of expired and or damaged medicines from health facilities
20. Coordinate return of unused medicines from health facilities to the district

(iii) District Medical Officer

The DMO will do the following:

1. Approve/authorize orders for submission to MSD
2. Facilitate training and mentorship to health facility staff
3. Support all initiatives for ensuring TB medicines availability at health facilities

3. Staff at the Regional Level

(i) RTLC

The RTLC will:

1. Review logistics reports and identify key areas of support to districts and health facilities
2. Participate in supportive supervision to district and health facilities
3. Work closely with the regional pharmacist to support all initiatives for ensuring TB medicines availability at health facilities in the region

(ii) Regional Pharmacist

The Regional Pharmacist will:

1. Review logistics reports and identify key areas of support to districts and health facilities
2. Coordinate and participate in supportive supervision to district and health facilities
3. Work closely with the RTLC to support all initiatives for ensuring TB medicines availability at health facilities in the region

4. Medical Stores Department (MSD)

The MSD will:

1. Perform customs clearance and storage of TB and leprosy commodities.
2. Receive and storing TB medicines properly to ensure that quality is preserved
3. Distribute TB medicines to all districts based on the ILS distribution schedule for each district.
4. Maintain adequate stock levels of medicines for fulfilling district orders for TB medicines
5. Receive, review and process approved orders received from the Districts on a bimonthly basis. The re-supply of TB medicines is directly linked to the completion of an order by a district, signifying that districts that fail to send their orders are not issued stock.
6. Make every reasonable effort to contact Districts who fail to send in orders so that their data can be included at the national level and so that these districts do not have stock outs.
7. Provide a report on quantities distributed to the MOHCDGEC.
8. Provide SOH information to MOHCDGEC. when needed
9. Store and distribute TB logistics LMIS tools

5. LMS Staff

The LMS staff will:

1. Provide technical support and capacity building on health commodity supply chain
2. Coordinate quantification
3. Manage Logistics data
4. Collaborate, communicate and coordinate on supply chain activities
5. Produce and distribute feedback reports to health facilities, districts, program managers and PSU
6. Advise R/CHMT on eLMIS data use for decision-making
7. Conduct spot review of approved reports and orders by councils and hospitals and provide the needed technical assistance
8. Monitor logistics activities and conduct supportive supervision
9. Calculate indicators of logistics system performance and share with facilities, districts, regions, MOH and IPs

6. MOHCDGEC-NTLP

The MOHCDGEC-NTLP will:

Oversee the overall management of the TB and leprosy supply chain.

1. Conduct (in collaboration with the GDF) quantification for TBL commodities.
2. Share procurement and shipment plans for TB medicines with the MSD.
3. Mobilize funding and resources required to support procurement of TB medicines
4. Coordinate activities aimed at monitoring and supporting system performance
5. Update the pipeline for TB medicines
6. Share relevant information like delivery schedules of TB medicines
7. Collect information on quantities distributed to districts and stock on hand for the purpose of generation required national quantities

2.1.3. Tools used in the TB Logistics System

For the purpose of managing commodities that fall under the TB logistics system, the tools highlighted in Table 3 below will be used.

Table 3: Tools used in the TB Logistics System

Form Name	Purpose	Primary User
Patient treatment card for patients on first line TB medicines	To record data on TB medicines dispensed/given to the patient on first line treatment	DOT provider
Leprosy Patient treatment card	To record data on medicines dispensed and treatment given to the Leprosy patient	DOT provider
Patient treatment card for patients on drug resistant TB treatment	To record data on second medicines/ treatment given to patients on drug resistant TB treatment	DOT provider
Facility Monthly report form for first line TB medicines	To report logistics data and number of patients who will be on different months of treatment using first line medicines	DOT provider
Facility Monthly report form for drug resistant TB medicines	To report logistics data and number of patients who will be on different months of treatment using medicines for drug resistant TB	DOT provider
District Monthly report form	To report logistics data	District pharmacists
District Report & Request form	To report logistics data and order medicines (both first line and for drug resistant), and related supplies, from MSD by districts	District pharmacists
Bin cards	Keep record on individual commodities kept the health facility store/sub store	Store in charge
Issue voucher	Track transactions within health facility and between facilities	Store in charge
Stores ledger	Keep record on commodities kept the health facility store	Store in charge
MSD Sales Invoice	Inform health facility on commodities shipped by MSD and serve as a comparison document against what was requested by the health facility	MSD and In charge of the health facility or store in charge
Customer Statement of Account	To denote the amount of funds remaining in the health facility's account at MSD	Health facilities
Goods Received Note	Describe on quantities of commodities received from MSD	In charge of health facility and in charge of the store
Verification and Claims Form	Record and report on discrepancies or commodities problems identified during receiving commodities from MSD at health facility	MSD and In charges of health facilities or In charge of the store

2.1.4. Reporting of Commodities through the TB System

On monthly basis (**by 5th every month**) all health facilities (dispensaries, health centers and hospitals) with TB patients and/or medicines will submit a report (separate reports for first and second line medicines) to the district (to the DTLC) which has with the following data:

1. Number of patients that the facility will have in different months of treatment in the month that follows the month of the report
2. Stock on hand of all medicines that the facility has
3. Quantity of medicines expired

On the other hand, all districts (**by 10th of every month**) will report on **stock on hand and number of stock out days**

Description of the data elements to be reported

Closing -Balance (Stock on hand)

The ending balance for the district tells how much of each product is currently available for use in the entire district. The ending balance should always be taken from a physical inventory conducted at the end of the month. This should include the total quantities of the specific item available at the district store and the stock on hand from all individual facilities in the district by the end of the reporting month the job aid for filling the district monthly report for TB medicines for more details

Number of stock out days

This refers to the number of days during which the district was completely stocked out of the specific item during the reporting month. This is useful in adjusting the consumption and needs to be reported correctly to avoid over resupply or under resupply.

2.1.5. Ordering of TB Medicines

The procedures for obtaining of TB medicines remain largely the same for both the DOT centers and the district.

- Facilities will continue to report on patients and stock on hand to the DTLC on monthly basis as part of the resupply process
- The DTLCs will continue to review and compute the quantities of medicines needed by each facility based on the data (stock on hand and number of patients on different months of treatment)
- Districts (district pharmacist) will be ordering on behalf of health facilities from MSD on bimonthly basis

Changes to the way that TB medicines are now managed are:

- Facilities will also be reporting to the DTLC on patients and stock on hand for drug resistant TB on monthly basis
- Districts will be ordering on a bimonthly basis instead of on a quarterly basis
- Districts will also be ordering drug resistant TB medicines
- One form will be used to report and order both first line medicines and medicines for drug resistant TB by the district.
- Districts will report on monthly basis on two logistics data (details will be given later in the following sections)
- The districts will submit orders bi-monthly (every 2 months) to MSD through the DMO for the supplies to meet the needs of their clients.

Detailed instructions on how to report and order can be found in the ***Job Aid: “Completing the District Report and request form for TB medicines.”***

NB:*If the district does not use a specific product (e.g., some districts may not have specific*

leprosy patient or drug resistant patient and thus keeping medicines for these purposes would mean depriving other areas with such patients), it should not be ordered. In the eLMIS, you may check the indicated box to mark the product as “inactive” for your facility; you can then skip the item so that no data field is entered (to avoid distortion of the data).

2.1.6. Calculations of the Resupply Quantities of TB Medicines

Quantity Needed: Based on a Maximum-Minimum Inventory Control System for determining stock levels

The DOT centers maximum stock level is fixed at 2 months of stock and the minimum is fixed at 1 month of stock. The maximum and minimum stock levels at the district are fixed at 4 months and 2 months respectively. At the district, the use of 4 months of supply as the maximum is based on the fact that districts will order TB medicines every 2 months while a minimum of 2 months will provide a district sufficient stock to use while waiting commodities from MSD following placing an order which covers one (1) month stock to cover for the time it takes for orders to be processed and shipped, and one (1) month of buffer stock to cover for events that the need for any supply increases.

The formula for ordering TB medicines by the district is the same as that for ordering ILS commodities described in section 4.1.8 above. As a reminder, the formulas are:

$$\text{Adjusted consumption} = \frac{\text{Total of the two months reported consumption} \times 60}{60 - \text{number of stock out days in the two months}}$$

The formula for quantity needed is thus:

$$\text{Quantity Needed for the next two Months} = (\text{Adjusted Consumption for the two months} \times 2) - \text{Closing Balance}$$

2.1.7. How to Determine the Month of Treatment of a Patient

To simplify distribution of TB and Leprosy medicines, a procedure has been set to enable the facility get the type of medicines that meets the number of available patients and their respective months of treatment. To facilitate this a facility is required to report the number of patients it has and their different months of treatment in the month next to the month of the report. For example, if the month of the report is February, the facility will report on the number of patients it will have in March with their months of treatment in March. Identification of the month of treatment is done using the patient treatment cards

2.1.7.1. Determining the month of treatment of a TB patient

Similar procedures will be used for both patients on first line treatment and those on treatment for drug resistant TB. This can be achieved through the following steps;

1. Determine the number of doses that have already been given to the patient by the end of the month for which the report is prepared. **(For first line patients this is simple since the number of doses given to the patient is readily read from the card; but for patients on drug resistant TB treatment, you determine the number of doses by counting the days from the start of treatment to the end of the month, excluding days on which the patient missed the doses).**

2. Then determine the month of treatment of the patient using the guidance in Table 4 and Table 5 below.

Table 4: Determining the month of treatment for a patient on first line treatment

SN	Type of patient	Doses that have been dispensed to the patient by the end of the month of the report	Month of treatment in which the patient will be
1	Child & Adult & Retreatment	1 to 27	1
2	Child & Adult & Retreatment	28 to 55	2
3	Child & Adult & Retreatment	56 to 83	3
4	Child & Adult & Retreatment	84 to 111	4
5	Child & Adult & Retreatment	112 to 139	5
6	Child & Adult & Retreatment	140 to 167	6
7	Child & Adult	168	Completed
8	Retreatment	168 to 195	7
9	Retreatment	196 to 223	8
10	Retreatment	224	Completed

Table 5. Determining the month of treatment for a patient on drug resistant TB treatment

SN	Type of patient's regimen	Doses that have been dispensed to the patient by the end of the month of the report	Month of treatment in which the patient will be
1	Regimens 1 to 5	Below 30	1
2	Regimens 1 to 5	30 to 59	2
3	Regimens 1 to 5	60 to 89	3
4	Regimens 1 to 5	90 to 119	4
5	Regimens 1 to 5	120 to 149	5
6	Regimens 1 to 5	150 to 179	6
7	Regimens 1 to 5	180 to 209	7
8	Regimens 1 to 5	210 to 239	8
9	Regimens 1 to 5	240 to 269	9
10	Regimen 1 for a patient who started continuation phase on the 121 st dose	270	Completed
11	Regimens 1 to 5	270 to 299	10
12	Regimen 1 for a patient who started continuation phase on the 151 st dose	300	Completed
13	Regimens 1 to 5	300 to 329	11
14	Regimen 1 for a patient who started continuation phase on the 181 st dose	330	Completed
15	Regimens 2 to 5	330 to 359	12
16	Regimens 2 to 5	360 to 389	13
17	Regimens 2 to 5	390 to 419	14
18	Regimens 2 to 5	420 to 449	15
19	Regimens 2 to 5	450 to 479	16
20	Regimens 2 to 5	480 to 509	17
21	Regimens 2 to 5	510 to 539	18
22	Regimens 2 to 5	540 to 569	19
23	Regimens 2 to 5	570 to 599	20
24	Regimens 2 to 4	600	Completed
25	Regimen 5	600 to 629	21
26	Regimen 5	630 to 659	22
27	Regimen 5	660 to 689	23
28	Regimen 5	690 to 719	24
29	Regimen 5	720	Completed

2.1.7.2. Determining the month of treatment of a Leprosy patient

For leprosy patient's determination of the month of treatment of patients follows the following steps

1. Determine the number of visits the patient has made since treatment by the end of the month of the report (This is done by counting the number of ticks (✓) so far marked on the card)
2. The month of treatment of the patient will be 1 plus the number of visits (ticks) counted. For example
3. e, if the number of ticks is 2 then this patient will be in month 3 and if number of ticks is 1 then the patient will be in month 2. etc.

NB: PB patients (adults and children) are treated for 6 months while MB patients (adult and children) are treated for 12 months

2.1.8. Job Aids for Filling Tools in the TB System

Job Aid F: Filling in TB Treatment Card TB01: Doses Dispensed to a Patient on First-line Treatment

SECTION A

TASK:	TO FILL IN DISPENSED DOSES TO PATIENTS INTO TB TREATMENT CARD (TB01)
COMPLETED BY:	DOT Provider
PURPOSE:	To keep records of dispensed doses
WHEN TO PERFORM:	After dispensing
MATERIALS NEEDED:	Treatment Card and pen

SECTION B

Step	Action	Notes
1	Boxes for filling in number of tablets per dose on intensive phase: Indicate number of tablets per dose according to patients' body weight as per treatment guideline. E.g. for a new smear positive case who uses 3 tablets of RHZE, you should write 3 in the first far left box which is written New case AFB+	For retreatment cases write patients information in boxes under retreatment, write strength of Streptomycin given to patient in the box marked with S. For pediatric TB cases below 25kg write their data in the fourth box. Remember that RHZ and Ethambutol (E) are dispensed separately. You should therefore, write number of tablets for RHZ and E in their respective boxes
2	Month/Year in Intensive phase: Write month and year in their respective boxes	As treatment goes on, months will be changing, remember to write names of months in which patients will be taking medication. Year may also change accordingly depending on when patient started treatment.

3	<p>Doses dispensed to patients under intensive phase;</p> <p>Write the number of dose on the date of DOT. Example if patient given first dose on 10th day of the month, you should write 1 in the box under 10th day of the month. Number of next doses should be written in the subsequent boxes</p>	<p>FACILITY DOT:</p> <p>Write the number of dose on the date of DOT Example for the mentioned patient the second dose will be 11th, second dose on 12th and the third dose will be on 13th day of the month.</p> <p>HOME BASED DOT:</p> <p>For patients on home-based DOT, draw a horizontal line to indicate the number of days' supply given to supporter, and then write number of dose on return date</p> <p>Always patients who are on HOME BASED DOT during intensive phase should take one dose under supervision of health care provider, then they will be dispensed with seven days' doses including the one that will have to be taken on the day of return to the clinic.</p> <p>Example for the patient started treatment on 1st November, number 1 should be written in the box under 10th November then line should be drawn to 16th November. The patient is expected return on 17th to take his/her 8th dose on 17th day of November. On the day of return, the patient will be 7th dose to take him/her to 24th of November where he/she will be given 15th dose therefore line should be drawn from 18th to 23rd November at the same time number 15 should be written in 24th box.</p> <p>For the months which have less than 31 days 'X' mark should be kept into respective boxes so that to avoid confusion that medicines were taken by patients.</p> <p>Always during intensive phase patients takes 56 doses for new TB cases.</p> <p>Likewise, patients take 84 doses during retreatment in intensive phase.</p>
4	<p>Boxes for filling in number of tablets per dose in continuation phase: Fill in the number of tablets to be dispensed to patient with respect to type of patient. Number of tablets should relate to their weight/age as per NTLP treatment manual. E.g. For new TB case who taking RH 3 tablets, you should write number 3 in the left box under continuation phase.</p>	<p>For retreatment patients write their data in the next box.</p> <p>For pediatric TB case with appropriate weight/age to use pediatric formulations, write their data in the third box.</p>
5	<p>Month/Year in continuation phase:</p> <p>Indicate year and month in which patient is in continuation phase.</p>	<p>As treatment goes on, months and years might change, therefore you should indicate month and year depending on when patient started treatment.</p>

6	<p>Dose dispensed/given to the patient in the continuation Phase: Write the total number of doses that you dispensed to the patient since the date he/she started medication.</p>	<p>For New patients and Children's, the first dose for the continuation phase will be dose number 57(the treatment continuation from the intensive phase). Please consider this when filling the Patients treatment Card.</p> <p>For Retreatment patients the First Dose of the continuation Phase is number 85 following the continuation of the intensive phase.</p> <p>As it was in the Intensive Phase</p> <p>Ø If the patient is taking medication at the Health Facility (FACILITY DOT). Every day the number of Doses given to the patient will be recorded. For example, a new Patient who is in continuation Phase on 10th November which will be taking the 57th dose, the 58th dose will be on 11th November, the 59th Dose will be on 12th November and the 60th Dose will be on 13th November, Etc.</p> <p>Ø For Retreatment Patients the 1st Dose of continuation phase will start on day 85 then wil continue daily to 86, 87, 88...(Following the Respective Dates).</p> <p>Ø If the patient is taking Medications at Home (HOME BASED DOT) Write the number of the Dose that the patient swallowed at the Health Facility, then a Line should be drawn to show the total number of the days that the patient has been given medications to go and swallow at home and write the number of dose that the patient will swallow the day he/she returns to the clinic.</p> <p>More often Patients which take medications under Home Based Care in the continuation phase swallows a single dose at the health facility and he/she is given medications for two weeks (14 Days) that includes a single dose which the patient will swallow when he/she returns to the health Facility to take more medications.</p> <p>For Example, a Patient who has started a 57th Dose on 10th November, number 57 will be written on the 10th November then a line will be drawn to 23rd November, the patient is expected to return to the health facility on 23rd November and he/she will swallow dose number 71 at the health facility. So number 71 will be written on 24th November. On the date 24th November the patient will collect 14 doses of medicines which he/she will use until 8th December which he/she will return to the health facility and swallow dose number 85, so the line should be drawn from 24th November to 7th December, number 85 should be written on 8th December. 31st November will be marked X because November has only 30Days.</p> <p>NB:</p> <p>The Final Dose of Continuation Phase for New Patients of Tuberculosis is dose number 168.</p> <p>The Final Dose of Retreatment Patients is dose number 224.</p>
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SECTION C

THIS ACTIVITY IS COMPLETED AFTER THE FOLLOWING:

- Number of tablets which the patient will be using is filled in the appropriate box.
- Number of doses which have been dispensed to the patient are recorded on the patients taking medications under FACILITY DOT
- Number of doses which the patient has administered together with the line drawn to show the number of days the patient has taken medicines under HOME BASED DOT.

First line TB patient treatment card

INTENSIVE PHASE:

Indicate number of tablets per dose

New Case AFB+ New Case AFB-/EP

RHZE

RHZE

Retreatment

S RHZE

Children

RHZ E

RHZE: Rifampicin, Isoniazid, Ethambutol (4FDC)

S: Streptomycin

RHZ: Rifampicin, Isoniazid, Pyrazinamide

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days supply given to supporter, and then write number of dose on return date

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CONTINUATION PHASE

Indicate number of tablets per dose

RH

(4 Months)

New case

Retreatment

RHE

(5 Months, daily)

RH

(4 Months)

Children

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT draw a horizontal line to indicate the number of days 'supply given to supporter, and then write number of doses on return date.

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Treatment outcome Date : ____ / ____ / ____

Cure
Treatment Completed
Treatment Failure
Died
Default
Transfer out

Remarks _____

Job Aid G: Recording the Attendance on a Leprosy Patient Treatment Card

SECTION: A

TASK:	Recording the attendance on a Leprosy Patient Treatment Card
COMPLETED BY:	DOT provider
PURPOSE:	Keeping record of the patients` attendance and stage of his or her treatment
WHEN TO PERFORM:	When the patient comes to the DOT center and medicines are dispensed to him or her
MATERIALS NEEDED:	Patient treatment card and pen (black or blue)

NB: The focus of this job aid is on the part of the card that is relevant to filling the monthly report only.

SECTION: B

Step	Action	Notes
1	Year: Fill the column of the year when the treatment is done	
2	Month: Indicate the month when the patient starts treatment by putting a tick (√) in the respective month	

SECTION: C

THIS ACTIVITY IS COMPLETED AFTER THE FOLLOWING:

- Year of treatment has been filled
- Months of treatment have been indicated

NEW ADULT PATIENT ON MB												
4 weekly consultations of MDT (please tick attendance)												
Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<i>PB stop after completing six-month course (6 blister packs)</i>						<i>MB: stop after completing 12-month course (12 blister packs)</i>						

Leprosy Patient Treatment Card

Job Aid H: Filling of Doses Dispensed to Drug Resistant TB Patient on the Patient Treatment Card

Card

SECTION: A

TASK:	Filling of doses dispensed to Drug Resistant TB Patient on the Patient Treatment Card
COMPLETED BY:	DOT provider
PURPOSE:	Keeping record of the doses dispensed to patients with drug resistant TB
WHEN TO PERFORM:	When medicines are dispensed to patients
MATERIALS NEEDED:	Patient treatment card and pen (black or blue)

SECTION: B

Step	Action	Note
1.	<p>Treatment regimen table:</p> <p>Write the treatment start date in the first column then write the dose in milligrams in the cells beneath the name of each respective medicine which the patient will be given on this day based on his/her regimen.</p> <p>In case one medicine in the regimen is withdrawn, write the date (in the column for date) and write ``STOP`` in the cell beneath the withdrawn medicines parallel to the date of withdraw</p> <p>In case the dose of one or more medicine is changed, write the date in the date column and the new dose in the cell beneath the medicines whose dose has been changed parallel to the date of dose change.</p> <p>In case a new medicine is added in the regimen, write the date in the date column and the dose of the new medicine in the cell beneath the medicines parallel to the date of dose change</p>	<p>Medicine names in the treatment card are written in short forms.</p> <p>Eg. If a patient is on regimen 1(short treatment regimen) doses should be written on the following medicines:(Acronyms used in the card in brackets) Isoniazid (H), Ethambutol (E), Moxifloxacin (Mfx), Kanamycin (Km), Prothionamide (Pto), Clofazimine (Cfz) and Pyrazinamide (Z)</p> <p>NB: The date should be written in the format Day/Month/Year</p>
2.	Intensive phase table:	
2a	Month: Write the calendar month in which the treatment is being provided in the space provided	The months will be changing as treatment continues thus write the name of each month in the space provided.

2b	Doses dispensed to the patient during the intensive phase; Use the following symbols to indicate medicines taken by the patient on daily basis X – Directly observed in hospital or by DOT Nurse · → - (Draw a line) if observed by treatment supporter · N – Not supervised · Ø – Medicines not taken	Note, Duration of treatment during intensive phase vary according to the type of regimen to which the patient is allocated as follows Regimen 1: Four (4) to 6 months (120 to 180 doses) based on follow up tests results at month 4,5 and 6 Regimens 2 - 4: Eight (8) months (240 doses) Regimen 5: Twelve (12) (360 doses)
3	Continuation phase table:	
3a	Month: Write the calendar month in which the treatment is being provided in the space provided	The months will be changing as treatment continues thus write the name of each month in the space provided
3b	Doses dispensed to the patient during the continuous phase; Use the following symbols to indicate medicines taken by the patient on daily basis · X – Directly observed in hospital or by DOT Nurse · → - (Draw a line) if observed by treatment supporter · N – Not supervised · Ø – Medicines not taken	Note, Duration of treatment during intensive phase vary according to the type of regimen to which the patient is allocated as follows; Regimen 1 starts on month 5 (121st dose) or month 6 (151st dose) or month 7 (181st dose) Regimen 2 - 4 starts on month 9 (241st dose) Regimen 5 starts on month 13 (361st dose) The last month and dose of treatment also depends on the type of regimen to which the patient is allocated as follows; For Regimen 1: Treatment stops on month 9 (270th dose) or month 10 (300th dose) or month 11 (330th dose) For Regimen 2 – 4: Treatment stops on month 20 (600th dose) For Regimen 5: Treatment stops on month 24 (720th dose)
SECTION C: THIS TASK IS COMPLETED WHEN <ul style="list-style-type: none"> • Treatment regimen table is completed. • Intensive phase table is completed • Continuous phase table is completed 		

MDR Patient Treatment Card

Patient name: _____ MDR TB Registration No. _____

Treatment Regimen (date treatment started and dosage [mg], change of dosage, and cessation of drugs

[illegible]

Administration of drugs (one line per month) INTENSIVE PHASE OF TREATMENT

[illegible]

Mark in the boxes: X = Directly observed (in hospital or by DOT Nurse)
 → = (Draw a line) Observed by treatment supporter
 N = Not supervised
 Ø = Drugs not taken

Date of Discharge from inpatient care to District level care:

11

MDR TB Registration No.

Administration of drugs (continued) CONTINUATION PHASE OF TREATMENT

[illegible]

Mark in the boxes: X = Directly observed (in hospital or by DOT Nurse)

→ = (Draw a line) Observed by treatment supporter

N = Not supervised

∅= Drugs not taken

Comments:

Treatment Outcome:

Outcome	Mark one	Date
Cured		
Completed		
Died		
Failed		
Lost to follow up		
Not evaluated		

Name of treating clinician/DTLC:

Signature:

Job Aid I: Filling of Facility Monthly Report Form for First line TB and Leprosy Medicines

SECTION A

TASK:	To fill FACILITY MONTHLY REPORT FORM
TO BE COMPLETED BY:	Health care provider who dispense TB and Leprosy medicines
PURPOSE:	To report number of patients on treatment, stock on hand and quantity of medicines expired or unfit for use
WHEN TO PERFORM:	At the end of each month
MATERIALS NEEDED:	Facility Monthly Report Form Book, Stock on hand at the end of the month, Pen (Blue or Black), quantity of medicines expired or damaged

SECTION B

STEP	Action	Notes
	Fill the facility registration number: This number is provided by the MOHCDGEC.	
2	Facility name: Fill the name of your facility.	
3	Facility type: Fill the type of facility.	Facility can be: · GOV · NGO · FBO
4	Council name: Fill the name of the council to which the facility is reporting.	
5	Reporting period: Fill the month and year you are reporting for.	This will be the month that has just ended, e.g. report for January will be written on the last day of January or at the beginning of February.
6	Date of submission: Write the date at which report has been submitted to DTLC	The form should be filled and submitted to the district before 5 th day of the coming month, e.g. January report should be submitted to the district by 5 th of February. Facility should submit original and one copy to the district. One copy should remain at the facility. Facility should not carry the whole book to the district unless requested to do so.

7	<p>Month of treatment: In the boxes with month of treatment you should write the number of patient(s) who will be on TB or Leprosy treatment</p> <p>In filling the table patient treatment cards will be used to help identifying month of treatment on which patient will be in the next month.</p> <p>It's advised that during this process to draw a draft of table like this on a piece of paper and then you tick at respective month of treatment after passing through patient treatment card. After passing through all patient treatment cards sum up the ticks per box to get number of patients for each respective month, you should transfer this information to the reporting form.</p>	<p>Also use the boxes to show the number of patients who are on Isoniazid Preventive Therapy together with their month of therapy.</p> <p>In the box for month 1 write number of new patients who are expected to start treatment in the next month, e.g. for the January report the number of new patients are those who will start treatment in February. This will be written if the facility has the information about these patients.</p> <p>If the facility has new TB patients (adult and pediatric) who were on month 6 and didn't have a patient who was on month 5 during this ending month, this means the facility will not have any patient on month six (6) of treatment, so you should write zero.</p> <p>It should be noted that:</p> <ul style="list-style-type: none"> • The duration of treatment for retreatment cases is 8 months • Duration of treatment for MB leprosy patients is 12 months • Duration of treatment for PB leprosy patients is 6 months
8	<p>Stock on hand: fill total quantity of tablets/capsules available after stock counting at the end of the month.</p>	
9	<p>Quantity expired or damaged: fill the quantity of tablets/capsules expired or damaged.</p>	<p>Inform the district pharmacist about presence of the expired and damaged medicines, so that you could agree on how to return them to the district.</p>
10	<p>Remarks:</p> <p>You should write remarks if column B was filled. The remarks can be "expired or damaged medicines"</p> <p>This column may also be used to write notes that will inform the district about medicines that are expected to expire in the next three months.</p>	

11	Facility remarks: You can use this space to write information about patients who need medicines apart from those listed in the form, so that DTLC could find a means to help	
12	Prepared by: The health care worker who prepared this report should write his/her name, signature and date.	Fill this form on the last day of the month or on the first days of the coming new month. The report should be submitted at the district by 5 th of the new coming month.
13	Reviewed by: Facility in charge should review the report and then sign it.	

SECTION C

THIS TASK WILL BE COMPLETED AFTER:

- Facility number, facility name and reporting period
- Filling the number of patients in the respective months
- Filling the stock on hand for every item
- Filling the expired or damaged medicines
- The reporter signed the form
- The facility in charge has reviewed the report

Facility monthly report for first line TB and Leprosy medicines

Facility monthly report for first line TB and Leprosy medicines

Facility Number: _____ Name of the facility: _____ Facility type(GOV/NGO/FBO/OTHER): _____
 Name of the council: _____ Reporting Period-Month/Year: _____ Submission date: _____

	1	2	3	4	5	6	7	8	9	10	11	12
TB	Month of treatment											
	Number of adult patients (New)											
	Number of Children (New)											
	Number of Retreatment patients											
LEPROSY	Number of adults on IPT											
	Number of Children on IPT											
	Number of adults on MB regimen											
	Number of adults on PB regimen											
	Number of Children on MB regimen											
	Number of Children on PB regimen											

Na	TO BE FILLED BY HEALTH FACILITY STAFF				TO BE FILLED BY DTLC					TO BE FILLED BY DISTRICT		
	Medicine Name	Unit of Measure	Stock on Hand	Only damaged & Expired	No of Patients on Treatment next month	Individual Monthly Requirement	Individual Monthly requirement	Monthly requirement needed by	Quantity needed by DTLC	Quantity needed by DTLC (converted to unit of measure)	Quantity needed by DTLC	Quantity needed by DTLC
1	RHZE150/75/400/27	Tablet	A	B		112		F=E*2	G=F-A	U	G/U	
2	RH150/75	Tablet				112				Blister/28		
3	MB(adult)	Blister				1Blister				Blister/28		
4	PB(adult)	Blister				1Blister				Blister		
5	RHZ 75/50/150	Tablet				112				Blister/6		
6	Ethambutol100mg	Tablet				84				Box/100		
7	RH 75/50	Blister/6				112				Blister/6		
8	MB(Peds)	Blister				1Blister				Blister		
9	PB(Peds)	Blister				1 Blister				Blister		
10	Isoniazid100mg	Tablet				56				Box/100		
11	Isoniazid300mg	Tablet				28				Blister/28		
12												
13												

REMARKS
 PREPARED BY:
 CHECKED BY:
 APPROVED BY:

SIGNATURE
 SIGNATURE
 SIGNATURE

DATE
 DATE
 DATE

Facility Number: _____ Name of the facility: _____

Job Aid J: Health Facility Monthly Reporting Form for Drug Resistant (DR) TB Medicines

This form should be completed by a facility that has Drug Resistant-Tuberculosis patients and/or medicines.

PART: A

TASK:	Completing Facility monthly reporting form for drug resistant (DR) TB medicines
COMPLETED BY:	Health care worker responsible with dispensing the DR -TB medicines at the health facility or the facility in charge
PURPOSE:	To report on number of patients on treatment, stock on hand and quantities of damaged and or expired medicines
WHEN TO PERFORM:	At the end of every month
MATERIALS NEEDED:	Facility monthly reporting form for drug resistant(DR) TB medicines, DR-TB patient treatment cards,pen (black or blue)

PART: B

Step	Action	Note
	Facility Name: Write the facility name and level	Level of the facility can be Dispensary, Health center and Hospital
2	Type of Facility: Write the type of facility.	Facilities can be: · (GOV) Government · (NGO) Non-government Organization (Not for Profit) · (FBO) Faith Based Organization · Other
3	Name of Council: Write the name of the council where the dispensary, health center, or hospital is located.	
4	Reporting Period: Write the month and year for which this report covers. Write Beginning with Month, Ending with the Year	This will be the month that has just ended. Example a report of January will be completed at the end of January 31 st or beginning of February.

5	<p>Date of submission: Write the date that the report is submitted to the DTLC.</p>	<p>Ensure that the report is completed and submitted to the DTLC by 5th of the next month. Example a report of January should be submitted to the DTLC by 5th of February.</p> <p>Ensure that two copies (including the original) of the report are submitted to the DTLC and one copy remains in the report book. Do not carry the entire book with you to the district</p>
6	<p>Months of treatment. Fill in the number of patients in the respective boxes based on the type of regimens to which they belong.</p> <p>Use the patient treatment cards to identify the regimens and months of treatment that each patient will be in the next calendar month. This can be easily done by drawing a similar table on a rough sheet of paper and make a tally in respective boxes, then make the additions and transfer the data into corresponding boxes in the reporting form.</p>	<p>Write in ``0`` in a box if there will be no patient on the month of treatment corresponding to that box.</p> <p>Note that</p> <ul style="list-style-type: none"> • Patients on regimen 1 are treated for 9 to 11 months • Patients on regimen 2a, 2b, 2c, 2d, 3a, 3b and 4 are treated for 20 months • Patients on regimen 5 are treated for 24 months
7	<p>Closing Balance: Write the total number of tablets, capsules, vials or ampoules after conducting end of the month's physical count</p>	<p>Entries for following medicines will be in vials or ampoules; Kanamycin, Capreomycin and water for injection</p>
8	<p>Quantities damaged and or expired: Write the total number of tablets, capsules, vials or ampoules that have been damaged and or expired</p>	<p>Entries for following medicines will be in vials or ampoules; Kanamycin, Capreomycin and water for injection</p> <p>Communicate with the district pharmacist for possible return of these waste medicines as part of the destruction process.</p>
9	<p>Comments: Write in information on medicines that might be needed by patients that are not pre-listed in the report form. E.g. Clofazimine 50mg, Levothyroxine etc. to make the DTLC aware of this</p>	

10	Prepared by: The person who prepared the report writes in his/her name, position signature and date	Ensure that the report is completed by 5 th of the next month. Example a report of January should be completed by 5 th of February.
11	Reviewed by: The person who reviewed the report writes in his/her name, position signature and date	

PART: C

This task is completed when

- Name of the facility, council and reporting period have been filled in.
- All months of treatment boxes the have been filled
- Closing balance for all items have been filled
- All cells on the column of damaged and or expired medicines has been filled
- Form has been signed by the person who prepared it
- Form has been signed by the in charge of the health facility

Facility monthly report form for drug resistant - TB medicines

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN																
NATIONAL TB AND LEPROSY PROGRAMME																
FACILITY MONTHLY REPORT FORM FOR DRUG RESISTANT - TB MEDICINES																
Facility Name	Type of facility GOV/PRIVATE/FBO OTHERS															
District	Submission Date															
Reporting period																
	Month of Treatment															
Regimen 1	Short regimen															
Month of treatment	1	2	3	4	5	6	Km/Mfx/Pto/Cfz/Z/H/E		Month of treatment	5	6	7	8	9	10	11
No. of Patient(s)- Intensive Phase									Continuation Phase							
Regimen 2a	Long Individualized Regimen															
Month of treatment	1	2	3	4	5	6	Km/Z/Eto/Cs/Lfx/Bdq/B6		7	8						
No. of Patient(s)- Intensive Phase																
Month of treatment	9	10	11	12	13	14	15		16	17	18					
No. of Patient(s)- Intensive Phase																
Regimen 2b	Long Individualized Regimen															
Month of treatment	1	2	3	4	5	6	Km/Z/Eto/Cs/Lfx/Dlm/B6		7	8						
No. of Patient(s)- Intensive Phase																
Month of treatment	9	10	11	12	13	14	15		16	17	18	19	20			
No. of Patient(s)- Intensive Phase																
Regimen 2c	Long Individualized Regimen															
Month of treatment	1	2	3	4	5	6	Cm/Z/Eto/Cs/Lfx/Bdq/B6		7	8						
No. of Patient(s)- Intensive Phase																
Month of treatment	9	10	11	12	13	14	15		16	17	18	19	20			
No. of Patient(s)- Intensive Phase																

Regimen 2d	Long Individualized Regimen					Cm/Z/Eto/Cs/Lfx/Dlm/B6									
Month of treatment	1	2	3	4	5	6	7	8							
No. of Patient(s)- Intensive Phase															
Month of treatment	9	10	11	12	13	14	15	16	17	18	19	20			
No. of Patient(s)- Intensive Phase															
Regimen 3a	Long individualized Regimen without new drugs					Km/Z/Eto/Cs/Lfx/B6									
Month of treatment	1	2	3	4	5	6	7	8							
No. of Patient(s)- Intensive Phase															
Month of treatment	9	10	11	12	13	14	15	16	17	18	19	20			
No. of Patient(s)- Intensive Phase															
Regimen 3b	Long individualized Regimen without new drugs					Cm/Z/ Eto/Cs/ Lfx/B6									
Month of treatment	1	2	3	4	5	6	7	8							
No. of Patient(s)- Intensive Phase															
Month of treatment	9	10	11	12	13	14	15	16	17	18	19	20			
No. of Patient(s)- Intensive Phase															
Regimen 4	Pre-XDR-TB					Cm/Z/Eto/Cs/Lfx/Bdq/Lnz/B6									
Month of treatment	1	2	3	4	5	6	7	8							
No. of Patient(s)- Intensive Phase															
Month of treatment	9	10	11	12	13	14	15	16	17	18	19	20			
No. of Patient(s)- Intensive Phase															
Regimen 5	XDR-TB					Cm/Z/PAS/Cfz/Lfx/Bdq/Lnz/Amax/Clav/B6									
Month of treatment	1	2	3	4	5	6	7	8	9	10	11	12			
No. of Patient(s)- Intensive Phase															
Month of treatment	13	14	15	16	17	18	19	20	21	22	23	24			
No. of Patient(s)- Intensive Phase															

S/N	TO BE FILLED BY HEALTH FACILITY STAFF					TO BE FILLED BY DTLC							TO BE FILLED BY DISTRICT PHARMACIST	
	Medicine Name	Unit of Measure	Stock on Hand	Quantity damaged & Expired		No of Patients on Treatment next month	Individual Monthly need	Total requirement	Total quantity needed by HF	Quantity to issue	Unit of measure	Quantity to issue (converted to unit of measure)	Quantity issued	Remarks
			A	B		C	D	E=C * D	F=E * 2	G = F - A	U	G/U		
1	Kanamycin inj 1g	Vial					20				Vial			
2	Capreomycin inj 1g	Vial					20				Vial			
3	Levofloxacin tabs 250mg	Tab					30				P/100			
4	Levofloxacin tabs 500mg	Tab					30				P/100			
5	Cycloserine caps 250mg	Cap					60				P/100			
6	Pyrazinamide tabs 500mg	Tab					90				Blister/28			
7	Ethambutol tabs 400mg	Tab					90				Blister/28			
8	Moxifloxacin 400mg	Tab					30				P/100			
9	Linezolid tabs 600mg	Tab					30				P/10			
10	Clofazimine caps 100mg	Tab					30				P/100			
11	Clofazimine caps 50mg	Tab					60				P/100			
12	PAS Sodium sachets 4g	Sachet					60				P/25			
13	Ethionamide tabs 250mg	Tab					90				P/100			
14	Isoniazid tabs 300mg	Tab					90				Blister/28			
15	Prothionamide tabs 250mg	Tab					90				P/100			
16	Amoxy/Clav tabs 875/125mg	Tab					90				P/12			
17	Bedaquiline tabs 100mg	Tab					188				P/188			
18	Delamanid tabs 50mg	Tab					120				P/100			
19	Pyridoxine tabs 50mg	Tab					60				P/100			
20	Water for inj	Ampoule					20				Vial			
21	Syringe 5cc 21G needle	Each					40				each			
22	Safety Box 5L	Each					0.5				Each			

Facility Remarks:

Prepared by; Name _____ Title _____ Date & Signature _____

Checked by; Name _____ Title _____ Date & Signature _____

Job Aid K: Completing the District Monthly Report Form for TB Medicines

SECTION A

TASK:	Completing the District Monthly Report Form for TB Medicines
COMPLETED BY:	District Pharmacist
PURPOSE:	To report on key logistics data
WHEN TO PERFORM:	Every end of the month
MATERIALS NEEDED:	District Monthly Report Form for TB Medicines, The Stores Ledger book(s) Health facility monthly report forms for first line TB medicines, Health facility monthly report forms for drug resistant TB medicines, physical count data for all items, pen (blue or black).

SECTION B

Step	Action	Notes
1	District code: Write the council MSD code.	This code can be found on <i>MSD sales invoice</i>
2	District Name: Write the District name	e.g. Sengerema District Council
3	Region: Write name of your Region	
4	Reporting Period: Write the period that this report covers. Write the Month, and Year.	Example: July 2018 if this report is for the month of July 2018th
5	Date Submitted: Write the date that the report is submitted	Districts should submit their reports by 10 th every mon
6	If the district not manage a supply on the preprinted list, write "N/A" in the Quantity received column and leave the remaining columns blank. Go to the next supply.	"N/A" (not applicable) signifies that the supply is not stocked at the facility, since the facility never uses or never intends to use the supply.
8	Unit of Issue (U): The unit of issue is pre-printed	
9	Closing Balance(A): Conduct physical count at the end of the month and update the stores ledger accordingly. Wait to receive health facility monthly reports (expect to receive all by 5 th each month) Add up the closing balances (stock on hand) reported for each item reported by all the facilities with the closing balance you obtained when doing physical count and write the resultant figure in the closing balance cell for each respective medicine	
10	Number of stock out days (B): Write the number of days when an item was completely not available in the district store in the reporting month.	

11	Prepared by: The person who prepares this report writes his/her name Signature and date	
12	Approved by: The DMO approves the report, writes his/her name, signature and date	

SECTION C

THIS ACTIVITY WILL BE COMPLETE IF

- The information on top of the page have been filled
- Closing balance have been filled
- Number of stock out days have been filled
- Person who prepared the report has written his/her name, signature and date
- Person who approves the report has written his/her name, signature and date

District monthly report form for TB and Leprosy medicines

District Code: _____ District Name: _____

Region _____ Reporting Period: _____

Date Submitted: _____

MSD Code	Item	Unit of Issue (U)	Closing Balance (A)	Number of stock out days (B)
10010087AE	RHZE 150/75/400/275	P/672 Tablets		
10010086AE	RH 150/75	P/672 Tablets		
10010110AE	MB (adult)	P/6 Blisters		
10010112AE	PB (adult)	P/6 Blisters		

Prepared by (Name)..... Approved by (Name).....

Signature..... Signature.....

Date..... Date.....

Job Aid L: Filling of the District Report and Request form for TB and Leprosy Medicines

SECTION: A

TASK	Filling of District Report and Request form for TB and Leprosy Medicines
TO BE FILLED BY:	District Pharmacist
REASON TO BE FILLED:	To report logistics data (quantity received, quantity issues, loss and adjustments, number of stock out days and stock on hand) and order medicines from MSD
WHEN TO BE FILLED:	At the end of the review period (every two months)
TOOLS NEEDED:	ledger book, facility monthly report forms (For both first line and drug resistant TB medicines) and Blue/black Pen, calculator

Fill in columns A – F in tablets, except Streptomycin, Kanamycin, Capreomycin and water for injection should be entered as vials/ampoules, leprosy medicines which should be in blisters and PAS in the number of sachets.

Also remember to fill in column "O" in the respective boxes if there are no receipts or stock issued, or loss/adjustments;(the boxes should not be left empty).

SECTION: B

Step	Action	Note
1.	District Name: Write name of your council	
2.	Region Name: Write name of your Region	
3.	MSD District Code: Write MSD district/ council code number (MSD), other Districts/councils use the same number as Hospital number.	
4.	Submission Date: Write the date on which the Report is submitted	This Form should be filled in and submitted by 10 th of each month. Example if the review period is January – February the form should have been submitted by 10 th March.
5.	Reporting Period: Write the period (two months) that this report covers. Write the Month and Year of the starting month and month and year when it ends	Example: Start July 2018 – August 2018 if this report is for the months of July and August 2018
6.	Item Description: The information is already written in the Form.	
7.	Unit of Issue: It is already preprinted on the Form.	
8.	Beginning Balance(A): Write the stock on hand balance at the beginning of the reporting period	The Opening Balance for the current reporting period equals the Closing Balance (column D) from the previous report and request

9.	Received This Period (B): Write the total quantity of the supply received during the reporting period.	The quantity received is found in Stores Ledger Book. This includes quantities only received from MSD. If quantities were received from other sources they will be recorded as adjustments as guided by step # 10
10	Loss/Adjustment (C): Fill in loss or any adjustment which occurred during the reporting period. Any Loss/Adjustment its source must be known and its explanations and remarks should be written in the appropriate column.	Make sure that you put a (-) whenever there is negative adjustment and (+) whenever there is positive adjustment. Example: (i) Negative Adjustment (-): This will be done when there is transferring of stock to another District or if there are some medicines which are damaged or expired. (ii) Positive Adjustment (+): This will be done when you have received stock from another District.
11.	Stock out days (x): If there is any medicine that is out of stock in the District Store within the Reporting period, write how many days the medicine had been out of stock.	The stock out days can be obtained from stores ledger book appears to be zero (0).
12.	Closing Balance(D): Conduct physical count at the end of the month and update the stores ledger accordingly. Wait to receive health facility monthly reports (expect to receive all by 5 th each month) Add up the closing balances (stock on hand) reported for each item reported by all the facilities with the closing balance you obtained when doing physical count and write the resultant figure in the closing balance cell for each respective medicine	
12.	Issued quantity (E): Fill in the quantities issued to facilities in the reporting month	This data is obtained from the stores ledger
13.	Adjusted consumption (Z): Calculate and write in this column the adjusted consumption. It shows how much you would have issued if there was no stock out. The values in this column are calculated based on the total number of stock out days you experienced in the two months reports.	The formula used here is $Z = (E \times 60) / (60 - X)$
14.	Maximum Quantity Needed (Y): Calculate and write the quantity of the supply needed to reach the maximum stock level. This is the quantity that the district can store based on the set system maximum stock level (4 months)	The quantity is twice the adjusted consumption. The formula for maximum quantity needed is $Y = Z \times 2$.

15.	Actual Quantity needed (F): This is the quantity that the district should request based on the stock on hand and the actual quantity needed.	This quantity is the difference between the actual needed quantity and the stock on hand available at the health facility. Using column heads the formula is F = Y - D
16.	Quantity Requested (G): Calculate the quantity of supply you will order rounded to the nearest MSD unit of issue.	By using the Column headings, the formula for calculation is: G = (F ÷ U) For Example: If the ordered quantity is 1,344 tablets of RHZE and the MSD unit of measure is a box of 672 tablets, the ordered quantity will be 2 boxes. (1,344 ÷ 672 = 2) If you get decimal points after division, you should round up your answer to be a whole number. Example 2.3 = 3
17.	Actual Quantity requested (H): Write in this column the quantity you need to request in MSD's unit of issue. This quantity should be based on anticipated decrease or increase in the consumption trend in the coming months before next order is placed	
18.	Remarks on the requested quantity(I): Write a reason as to why you adjusted the quantity in column H.	
19.	Prepared by: This information is about district Staff who prepared the order. Since each person is assigned an account and roles in the eLMIS this will automatically be captured	
20.	Submitted by: District Staff who prepared the order submits.	
21.	Approved by: The DMO approves the order This is also automatically captured in the eLMIS since this role is linked to the DMO in the eLMIS	

SECTION: C

THIS TASK IS COMPLETED WHEN

- ☐ Region Name, District Name and the Reporting Dates have been filled in
- ☐ Columns containing, Received Balance, issued quantity, losses/adjustments, number of stock out have been filled in.
- ☐ The report/order has been submitted by the staff who prepared it.
- ☐ The report/order has been approved by the DMO

The District Report & Request for Anti-Tuberculosis and Leprosy Medicines

Council Name: _____ Region: _____ MSD District code: _____

Reporting Period: Month: _____ Year: _____ Date of submission: _____

MSD Item code	Item	Unit Of Issue	Beginning Balance	Quantity Received	Losses/ Adjustments	Number of stock out days	Closing Balance	Quantity Issued	Adjusted consumption (Ex60)/(60-D)	Maximum quantity needed	Actual Quantity Needed	Quantity Requested	Actual quantity requested	Remarks
		(U)	(A)	(B)	(C)	(X)	(D)	(E)	(Z)	(Y)	Y- D	F/U	(H)	(I)
10010087AE	RHZE 150/75/400/275	P/672 Tabs												
10010086AE	RH 150/75	P/672 Tabs												
10010110AE	MB (adult)	P/6 Blisters												
10010112AE	PB (adult)	P/6 Blisters												

Prepared by Signature Date

Submitted by Signature Date

Approved by Signature Date

3. THE LABORATORY LOGISTICS SYSTEM

Laboratory supplies come in many different physical presentations and this will have implications on data collection and reporting. It will also have an implication on how laboratory supplies are stored, distributed and quantified. In the redesigned system, “laboratory commodities” includes laboratory commodities that are used for **TB and leprosy services** and those used for the **safe collection of blood**. The lab logistics system is largely meant to serve hospitals (at all levels) but also includes primary health facilities that have the capacity to carry out tests that are otherwise carried out at the hospital level. **The system thus also includes supplies that are used to conduct simple diagnostics services at primary health facilities, which should thus not be ordered through the ILS system by facilities implementing the laboratory system.**

3.1 How does the Laboratory logistics system work?

The system is two levels (MSD and health facilities) and will be handling commodities of three categories; Commodities with more than or equal to 24 months of shelf life (**category 1**), commodities with less than 24 months of shelf life but greater than or equal to 6 months of shelf life (**category 2**) and commodities with **less** than six (6) months of shelf life (**category 3**). In this system Lower Level Laboratory facilities with capacities the same as those of hospitals and also all hospital laboratories will be ordering laboratory commodities from MSD zonal stores. MSD will keep a maximum of 9 months and minimum of 5 months stock levels of category 1 commodities and maximum of 6 months and minimum of 3 months of category 2 commodities while for category 3 commodities MSD will not maintain any stock as they will be directly delivered from Manufacturers/Suppliers and to facilitate that, information and supply plans shall be shared with manufacturer **by MSD** for monthly delivery direct to facilities.

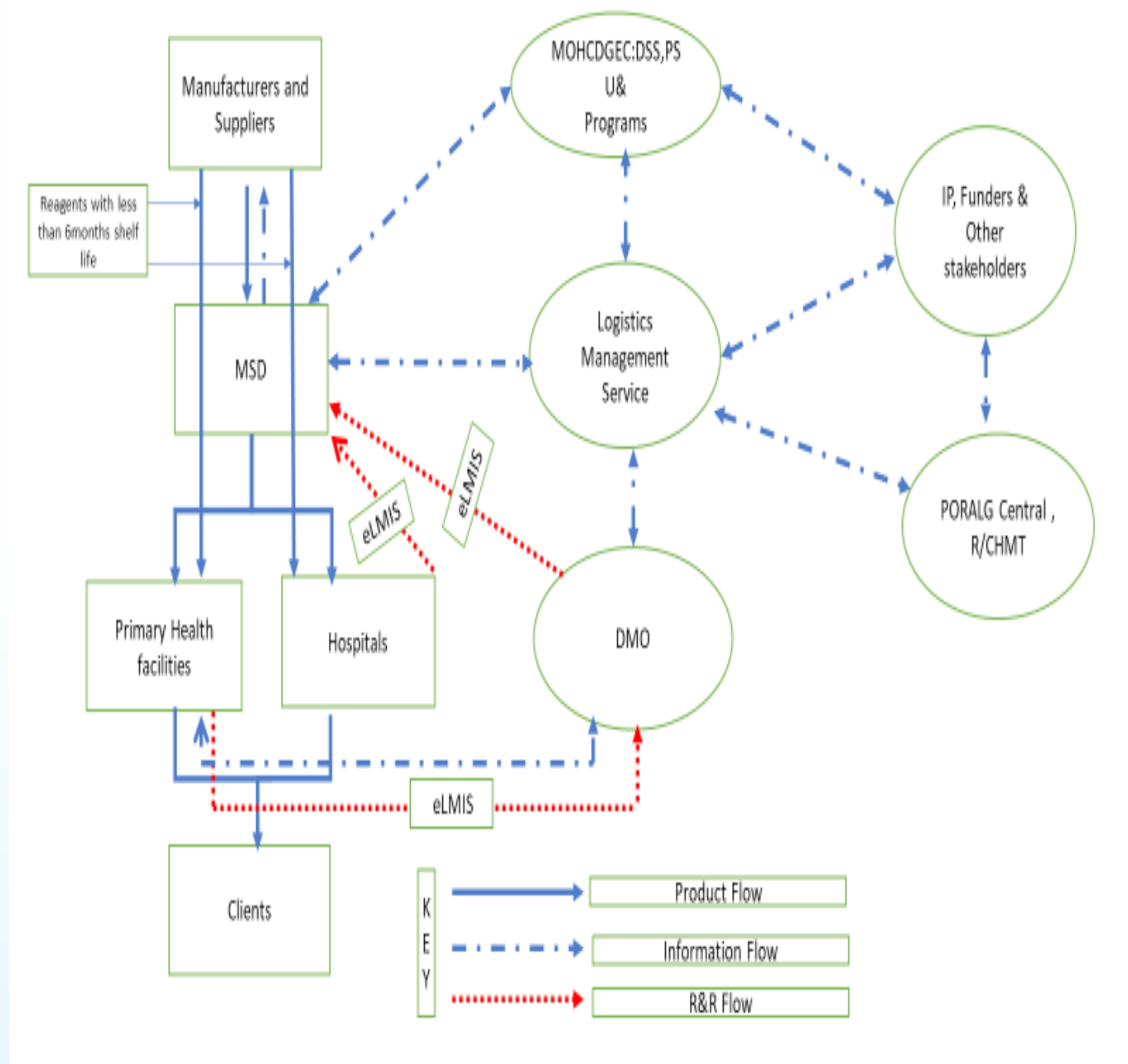
At health facilities, the maximum and minimum levels for category 1 and 2 items will be 4 months and 2 months respectively while for category 3 items there will be **NO** Maximum and Minimum levels, health facilities will not be ordering but they will be distributed to the facilities needing them on monthly basis in quantities determined by respective programs and or MSD with respect to the machine requirements.

There will be an emergency order point of 1 month for both category 1 and 2 commodities. Facilities will be only be reporting on category 3 commodities and their respective resupply will be based on the monthly distribution schedule agreed upon by MSD, programs and suppliers.

Primary health facilities implementing the laboratory system should submit their orders for review by the district by 5th of the ordering month, the districts in turn should submit orders to MSD by 10th of the ordering month. Hospitals on the other hand should have their orders submitted to MSD by 10th of the ordering month. MSD will have twenty (20) days from the 11th to 30th of the ordering month to process and deliver category 1 and 2 commodities to the facilities. Category 3 items should be delivered directly to the health facilities by the suppliers on monthly basis.

3.1.1 Flow of Commodities and Information in the Laboratory Logistics System

Figure 3: Flow of information and commodities in the laboratory logistics system



3.1.2. Staff and their Roles in the Laboratory Logistics System

1. Roles and Responsibilities at the Health facility

The responsibilities of the laboratory personnel at the health facilities for the management of products that follow the laboratory supplies logistics system include:

1. Store laboratory supplies properly to maintain efficacy, safety and security of stock.
2. Ensure quality of laboratory supplies through application of good storage procedures
3. Account for quantities of the stock on hand and those at risk of expiry, or damaged, or no longer used at the facility.

4. Maintain and update Ledger Books and fill out all necessary logistics forms.
5. Conduct physical inventory on monthly basis.
6. Account for laboratory supplies used with the appropriate recording tools
7. Calculate laboratory supplies needed to perform tests
8. Complete monthly Report for laboratory supplies
9. Order laboratory supplies bimonthly basis.
10. Receive supplies per established receiving procedures.
11. Monitor logistics activities and supervise the personnel who implement them.
12. Report to MSD laboratory supplies identified to be of substandard for follow up actions

1. Roles and responsibilities at the District level

2.1. Roles of the District Laboratory Technologist

1. Follow up with health facilities that delay to submit their monthly reports or do not submit at all
2. Participate in preparation of plans and budgets for supervisions on health commodities management
3. Conduct supply chain training and mentorship to health facilities
4. Coordinate supportive supervision visits to health facilities in the district
5. Facilitate redistributions of laboratory supplies within the district or outside the district
6. Review reports and orders from health primary health facilities

2.2. Roles of the District Medical officer

1. Approve report and orders for submission to MSD
2. Facilitate training and mentorship to health facility staff
3. Support all initiatives for ensuring laboratory supplies availability at health facilities

2. Roles and Responsibilities at the Medical Stores Department

The responsibilities of staff at the Medical Store Department (MSD) for the management of products that follow the laboratory supplies logistics system include:

1. Distribute to facilities based on the order quantities determined by the facilities and reported to MSD. Lab supplies will be issued bimonthly as per bimonthly requests as per quantities determined on the bimonthly monthly reports and requests.
2. In coordination with MOHCDGEC, PSU, procure laboratory supplies

3. Store laboratory supplies properly and maintain efficacy, safety and security of stock including quality of laboratory supplies
4. Account for quantities of the stock on hand and those at risk of expiry or damage, or no longer used at MSD.
5. Maintain Ledger Books and fill out all necessary logistics forms
6. Conduct physical inventory counting on annual and perpetual basis
7. Ensure that the adequate quality of supplies is maintained according to max-min levels.
8. Receive supplies and per established receiving procedures and ensure that are available to health facilities.
9. Report as it may be deemed necessary to MOHCDGEC, Diagnostic Services, MSD stock levels for laboratory supplies
10. Report status (products, quantities, and date of delivery) of expected procurement to MOHSW, Diagnostic Services on routine basis
11. Report to Manufactures and Supplier on a monthly basis or as agreed procurement contracts on products to be resupplied directly to Health Facilities.
12. Provide feedback to facilities on logistics issued
13. Conduct quality checks of commodities entering the supply chain

3: Roles and Responsibilities at MOHCDGEC, Diagnostic Services

The responsibilities of staff at MOHCDGEC, Diagnostic Services for the management of products that follow the laboratory supplies logistics system include:

1. Coordinate funds from different sources including from the government of Tanzania and other partners.
2. Coordinate the timely procurement planning and scheduling of shipments of laboratory supplies with MSD to ensure a continuous supply of high quality products.
3. Monitor logistics activities and supervise the personnel who implement them.
4. Develop or review guidelines for the management of laboratory supplies at each level.
5. Disseminate policy guidelines, or directives regarding laboratory supplies management.
6. Analyse data received from Health facilities through MSD to forecast and quantify laboratory supplies needs.
7. Coordinate with different stakeholders on issues relating to laboratory supplies management.
8. Provide feedback information to Health facilities and MSD personnel.

4: Roles and Responsibilities of LMS staff

- Provide technical support and capacity building on commodity supply chain
- Quantification coordination
- Logistics data management
- Collaboration, communication and coordination on supply chain activities
- Produce and distribute feedback reports to health facilities, districts, program managers, R/CHMTs and PSU
- Advise R/CHMT on eLMIS data use for decision-making
- Conduct spot check of the approved reports and requests from the health facilities and councils on monthly basis
- Monitor logistics activities and build capacity of the personnel who implement them
- Calculate indicators of logistics system performance and share with facilities, districts, regions, MOHCDGEC and IPs

3.1.3. Tools used in the Laboratory Logistics System

For the purpose of managing commodities that fall under the laboratory logistics system the following tools highlighted in table 6 below will be used:

Table 6: Tools used in the Laboratory Logistics System

Form Name	Purpose	Primary User
Monthly Report form for laboratory commodities	To report logistics data	Laboratory commodities in charge at a Health facility (Dispensary, Health Center and hospitals – District, Regional, Zonal and National)
Bimonthly Report & Request form for Laboratory commodities	To report logistics data and order laboratory supplies on bimonthly basis	Laboratory commodities in charge at a Health facility (Dispensary, Health Center and hospitals – District, Regional, Zonal and National)
Register for rapid tests	Collect data on rapid tests used	Personnel conducting test at the health facility
Stores ledger	Keep record on commodities kept the health facility store	Store in charge
MSD Sales Invoice	Inform health facility on commodities shipped by MSD and serve as a comparison document against what was requested by the health facility	MSD and In charge of the health facility or store in charge
Customer Statement of Account	To denote the amount of funds remaining in the health facility's account at MSD	Health facilities

Form Name	Purpose	Primary User
Goods Received Note	Describe on quantities of commodities received from MSD	In charge of health facility and in charge of the store
Verification and Claims Form	Record and report on discrepancies or commodities problems identified during receiving commodities from MSD at health facility	MSD and In charges of health facilities or In charge of the store
Bin cards	Keep record on individual commodities kept the health facility store/sub store	Store in charge
Issue voucher	Track transactions within health facility and between facilities	Store in charge

3.1.4. Reporting of health commodities through the Laboratory logistics system

On a monthly basis **by 10th of every month** all hospitals (district hospitals, regional hospitals, zonal hospitals and national hospitals) will be submitting their logistics reports. Primary health facilities implementing the laboratory logistics system should submit to the district their logistics reports **by 5th of every month**. The following data will be submitted on monthly basis:

- Closing balance (stock on hand)
- Number of stock out days and
-

NB: The reports from the different health facility levels are similar except that the list of items differs depending on the tests conducted at each level.

Description of the data elements to be reported

Quantity received this reporting period

Closing -Balance (Stock on hand)

The ending balance for the health facility tells how much of each product is currently available for use at the respective facility. The ending balance should always be taken from a physical inventory conducted at the end of the month. This should include the total quantities of the specific item available at the main store and the stock on hand from all individual testing points at the facility by the end of the reporting month.

Number of stock out days

This refers to the number of days during which the facility was completely stocked out of the specific item during the reporting month. This is useful in adjusting the consumption and needs to be reported correctly to avoid over resupply or under resupply.

3.1.5. Ordering of Laboratory Supplies

Under the laboratory logistics system, health facilities will submit orders bi-monthly (every 2 months) to MSD for the supplies to meet the needs of their clients. In most cases facilities implementing the laboratory system (mostly hospitals) directly use the eLMIS in creating and submitting their report and requests. Detailed instructions on how to create an order can be found in the *Job Aid: “Completing Form the Health facility bimonthly Report & request form for Laboratory commodities”*

NB: If the facility does not use a specific product, it should not order it. In the eLMIS, you may check the indicated box to mark the product as “inactive” for your facility; you can then skip the item so that no data field is entered (to avoid distortion of the data).

3.1.6. Calculations of the Resupply Quantities of Laboratory Products

Quantity Needed: Based on a Maximum-Minimum Inventory Control System for determining stock levels

For laboratory products, maximum and minimum stock levels are based on whether the product is category 1 and 2 or category 3. The maximum and minimum stock levels at the health facility for categories 1 and 2 commodities are fixed at 4 months and 2 months respectively. The use of 4 months of supply as the maximum is based on the fact that facilities will order lab supplies every 2 months while a minimum of 2 months will provide the facility sufficient stock to use while waiting commodities from MSD following placing an order which covers one (1) month stock to cover for the time it takes for orders to be processed and shipped, and one (1) month of buffer stock to cover for events that the need for any supply increases. For category 3 commodities there will be no Maximum and Minimum, levels, health facilities will be resupplied on monthly basis in quantities that will be determined by respective programs and MSD based on the available machines.

The formula for ordering laboratory supplies by health facilities is the same as that for ordering ILS commodities described above; the difference is that the laboratory system uses issues data in the place of consumption data except for the rapid test kits

3.1.7 Job Aids for Tools in the Laboratory Logistics System

Job Aid M: Completing the Health Facility Monthly Report Form for Laboratory commodities

SECTION A

TASK:	COMPLETING THE HEALTH FACILITY MONTHLY REPORT FORM FOR LABORATORY COMMODITIES
COMPLETED BY:	LAB PERSONNEL AT DISPENSARY, HEALTH CENTER AND HOSPITALS
PURPOSE:	TO REPORT ON KEY LOGISTICS DATA
WHEN TO PERFORM:	EVERY END OF THE MONTH
MATERIALS NEEDED:	HEALTH FACILITY MONTHLY REPORT FORM FOR LABORATORY COMMODITIES, THE STORES LEDGER BOOK(S) PEN, PHYSICAL COUNT DATA FOR ALL ITEMS.

NB: Facilities with computer and internet can enter data directly into the eLMIS, however those without the needed infrastructure need to fill in the paper-based form and submit it to the district laboratory technologist

SECTION B

Step	Action	Notes
1	Facility Code: Write the facility code.	This code can be found on Form 5: Customer Statement of Account.
2	Facility Name: Write the facility name and level	e.g. Igalagalilo dispensary

3	Type of Facility: Write the type of facility.	Facilities can be: <ul style="list-style-type: none"> • (GOV) Government • (NGO) Non-government Organization (Not for Profit) • (FBO) Faith Based Organization • Other
4	Name of Council: Write the name of the district where the dispensary, health center, or hospital is located.	
5	Reporting Period: Write the period that this report covers. Write the Month, and Year.	Example: July – August 2018 if this report is for the months of July to August 2018
6	Date Submitted: Write the date that the report is submitted	Dispensaries and Health centers should submit their report and requests to the council (district Lab technologist) by 5 th of every month. On the other hand, hospitals should have submitted their report by the 10 th of the reporting only month
7	If the facility does not manage a supply on the preprinted list, write “N/A” in the Quantity received column and leave the remaining columns blank. Go to the next supply.	“N/A” (not applicable) signifies that the supply is not stocked at the facility, since the facility never uses or never intends to use the supply.
8	Unit of Issue (U): The unit of issue is pre-printed	
9	Closing Balance(A): Calculate and write the Closing Balance for the day the order form is completed. This is done by counting the items physically then converting to the smallest unit of use as possible. The “Closing Balance” for the facility is total of the quantities on the shelf in the storeroom plus the quantities held by all the facility’s usage areas for the case of rapid test kits.	
10	Number of stockout days (B): Write the number of days when an item was completely not available at the facility in the reporting month. This means those days the facility was not able to offer service using such an item (it was not in store nor at the dispensing points)	
11	Prepared by: The person who prepares this report writes his/her name Signature and date	

12	Approved by: The health facility in charge who approves the report writes his/her name, signature and date	
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SECTION C

THIS ACTIVITY WILL BE COMPLETE IF

- The information on top of the page have been filled
- Closing balance have been filled
- Number of stockout days have been filled
- Person who prepared the report has written his/her name, signature and date
- Person who approves the report has written his/her name, signature and date

Health facility monthly report form for laboratory commodities

Facility Code: _____ Facility Name: _____

Type (GOV/NGO/FBO/OTHER): _____

Name of Council _____ Reporting Period: _____

Date Submitted: _____

MSD Code	Item	Unit of Issue (U)	Closing Balance (A)	Number of stock out days (B)
TESTKITS AND OTHER CONSUMABLES				
40070008AB	SD Bioline for Syphilis	Kit/30		
40070030BE	MRDT for Malaria	Kit/30		
40060010AB	Hemo control cuvettes for HB	50 PIECES		
40060007AB	Hemocue Cuvettes Hb 201	4x50pcs		

Prepared by (Name)..... Approved by (Name).....

Signature..... Signature.....

Date..... Date.....

SECTION A

- TASK:** Completing the bimonthly Report and Request Form for Laboratory Supplies.
- COMPLETED BY:** The Laboratory in-charge at the Hospital, or lab technologist, lab technician, lab assistant at the facility
- PURPOSE:**
- To provide a report on essential logistic data (stock status, consumption and losses/adjustment) of laboratory supplies
 - To order laboratory supplies.
- WHEN TO PERFORM:**
- At the end of the order interval (every after two months).
 - a. Report and request is prepared and submitted to the district between the last day of the review and the 5th day of the new month for primary health facilities.
 - b. Report and request is prepared and submitted to MSD between the last day of the review period and the 10th day of the new month for hospitals.
- MATERIALS NEEDED:**
- Ledger Books (Stock on Hand/Physical Inventory, losses and adjustments). Monthly Report and Request Form for Laboratory Supplies. Pen (black or blue)

Fill columns A- F in terms of test strips or bottle of reagents used.

Also remember to write “0” in the boxes if there was no quantity received or used, or no losses or adjustments. Do not leave any box blank.

SECTION B

Steps	Actions	Notes
1	Facility Code: Write the facility code	This code can be found on the MSD sales invoice
2	Facility Name: Write the name and level of the facility	e.g. Geita Regional Referral Hospital
3	Name of Council: Write the name of the district where the dispensary, health center, or hospital is located.	
4	Type of Facility: Write the type of the facility.	Facilities can be: <ul style="list-style-type: none"> • (GOV) Government • (NGO) Non-government Organization (Not for Profit) • (FBO) Faith Based Organization Other

Steps	Actions	Notes	
5	Group: Write your ordering group. Your facility can either belong to group A or B		
6	Date Submitted: Write the date that the report is submitted.	Dispensaries and Health centers should submit their reports and requests to the council (district Lab technologist) by 5 th of every month. On the other hand, hospitals should have submitted their report and requests to MSD by the 10 th every month	
7	Reporting Period: Write the period (two months) that this report covers. Write the Date, Month and Year of the starting month and month and year when it ends	Example: Start 1 st July 2018 – 31 st August 2018 if this report is for the months of July and August 2018	
8	Beginning Balance(A): Write the stock on hand balance at the beginning of the reporting period	The Opening Balance for the current reporting period equals the Closing Balance (column D) from the previous report and request	
9	Quantity Received this period (B): Write the total quantity of supplies received during the past two months	The quantity received should be taken from the Ledger and are only the quantities received from MSD and those procured outside MSD using facility funds.	
10	Losses /Adjustments (C): Write the total quantity of losses/adjustment for the reporting period. If they were not any losses/adjustments enter 0.	Make sure that you put a (-) whenever there is negative adjustment and (+) whenever there is positive adjustment. Example: (i) Negative Adjustment (-): This will be done when there is transferring of stock to another facility or if there are some supplies which are damaged or expired. (ii) Positive Adjustment (+): This will be done when you have received stock from another facility.	

Steps	Actions	Notes
11	Number of stockout days (X): Write the number of days when an item was completely not available at the facility in the reporting period. This means on those days the facility was not able to offer service using such an item (it was not in store nor at the testing points)	
12	Closing Balance (D): Write the total stock on hand at the end of the Reporting Period	This is the result after doing physical inventory at the end of reporting period in the store N.B for rapid tests the closing balance includes that at the testing points
13	Total quantity used (E) Write the total quantity issued from the store to user units during the reporting period.	The total quantity issued from the store is assumed to be the quantity consumed (represents the number of bottles/containers or kits issued from stores ledger for the past two months). N.B for rapid tests the quantity used is calculated from the log books from all testing points.
14	Adjusted consumption (Z): Calculate and write the adjusted consumption in this column. It shows how much you would have issued if there was no stock out. The values in this column are calculated based on the total number of stockout days you experienced in the two months reports.	The formula used here is $Z=(E*60)/(60-X)$
15	Maximum Quantity Needed (Y): Calculate and write the quantity of the supply needed to reach the maximum stock level. This is the quantity that the facility can store based on the set system maximum stock level (4 months)	The quantity is twice the adjusted consumption. The formula for maximum quantity needed is $Y= Z \times 2.$

Steps	Actions	Notes
16	Actual Quantity needed (F): This is the quantity that the facility should request based on the stock on hand and the actual quantity needed.	This quantity is the difference between the actual needed quantity and the stock on hand available at the health facility. Using column heads the formula is F = Y - D
17	Quantity Requested (G): Calculate the quantity of supply you will order rounded to the nearest MSD unit of issue.	By using the Column headings, the formula for calculation is: G = (F ÷ U) If you get decimal points after division, you should round up your answer to be a whole number. Example 2.3 = 3
18	Actual quantity requested (H): Write in this column the quantity that you need to request. This quantity can be based on your facility's funding capability or anticipated decrease or increase in the consumption trend in the following months before next order.	If there will be campaigns that will need more commodities use this column to adjust to the quantity that suits the intended need. Adjustments are made in MSD's units of issue
	Price (I): The price is printed on the forms	
19	Cost (J): Calculate and write the cost of the supply you are requesting.	The Cost equals the Actual Quantity Requested (H) multiplied by the Price (I) for the unit of issue. The formula for the cost is J = H x I
20	Remarks on the requested quantity(K): Write a reason as to why you adjusted the quantity in column H.	
21	Total cost this page: Add up the Cost for each supply on the page and write the total in the Total Cost this page box.	Repeat this step for each page.
	Cost Summary/Total Cost: Transfer the total cost for each page into the appropriate line in the Cost Summary table located on the last page of the form	Take care not to make a mistake when copying over the numbers.
Sources of funds for buying laboratory commodities		

Steps	Actions	Notes
22	Total available allocation: Write the current total amount of allocated funds available to the facility at MSD	The current amount of allocated funds is the proportional amount that can be used for the purchase of diagnostics and laboratory supplies as indicated in the “Guidelines for preparing CCHP” of the amount that is available at MSD as per the most recent form 5: Customer Statement of Account. If allocated funds are not available then write zero.
23	Supplemental sources: If the total amount exceeds the total available allocation, consider using other supplemental sources of funds. For each type of fund calculate the proportional of available funds that can be used for buying diagnostics and laboratory supplies as indicated in the “Guidelines for preparing CCHP” and indicate it on the form	
Signing and Approving the Forms		
22	Review the order with the Dispensary or Health Center In-Charge or the Medical Officer In-Charge: Make sure the order is correct and complete and that all priority supplies have been ordered.	
23	Completed by and Signature: Person completing the form writes their name and signs.	
24	Approved By: Completed at the District. For primary health facilities Level leave this blank. For hospitals this is filled by the medical office in charge	

Steps	Actions	Notes
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SECTION C

The task is completed when:

- The top information has been filled in correctly.
- The columns A- K have been filled in for each product.
- Total cost per page has been filled
- Cost summary has been filled
- The Report & Request form is approved and signed

Bimonthly report and request form for laboratory commodities for all levels

Facility Code:		Group (A/B)															
Facility Name:		Date Submitted:															
Name of Council		Reporting Period:															
Type (GOV/NGO/FBO/OTHER):		Start: (Month/Year)															
		End: (Month/Year)															
MSD Code	Item	Unit of Issue	Beginning Balance	Received This Period	Lost/ Adjusted	Number of stock out days	Closing Balance	Quantity Consumed	Adjusted consumption (E x 60)/(60-X)	Maximum Quantity Needed	Actual Quantity needed	Quantity Requested	Actual Quantity Requested	Price	Cost	Remarks	
TESTKITS AND OTHER CONSUMABLES																	
40070008AB	SD Bioline for Syphilis	Kit/30															
40070030BE	MRDT for Malaria	Kit/30															

TOTAL PAGE COST

COST SUMMARY		FUNDS FOR THE ORDER	
PAGE	COST	CATEGORY OF FUNDS	AMOUNT
1		AVAILABLE ALLOCATION	
2		SUPPLEMENTAL SOURCES	
3		BASKET FUND	
4		USER FEES	
5		ICHF	
6		NHIF	
7		OTHER INSURANCE SCHEMES	
8		COUNCIL OWN SOURCE	
9		RBF	
10		OTHERS (SPECIFY)	
SUB TOTAL			
TOTAL COST		TOTAL FUNDS	

PREPARED BY (NAME).....
 SIGNATURE.....
 DATE.....

APPROVED BY (NAME).....
 SIGNATURE.....
 DATE.....

4. DISTRIBUTION OF HEALTH COMMODITIES

Distribution of health commodities is one of the core responsibilities of the Medical Stores Department (MSD). In the redesigned system, MSD will continue to fulfill this role with direct delivery to health facilities, except for TB medicines which will be delivered to the districts.

4.1 Distribution of ILS commodities

ILS commodities will be distributed directly to primary health facilities and hospitals. (Note: There will be no mother and baby sites for ARVs; all facilities will be ordering and ARVs will be delivered directly to all health facilities.) Health facilities including hospitals will be categorized in two groups (A and B). The grouping (discussed below) has been done to spread the workload for MSD in processing and delivering of orders. Delivery of commodities to the facilities in the different groups will be done in alternate months. (i.e. if group A receives commodities in January, group B will receive in February). **By 30th day of the ordering month MSD should have delivered the commodities to the respective facilities (so, if facilities placed orders in January then by 30th January MSD should have delivered to the respective facilities).**

4.2 Distribution of TB medicines

MSD will distribute TB medicines on a bimonthly basis to the district level; the districts will in turn facilitate the distribution to DOT centers. Distribution of TB medicines to the districts will be integrated with that of ILS commodities, such that when MSD goes to the district for direct delivery to the primary health facilities and passes through the district, they can drop off TB medicines at the district store and then proceed to the lower health facilities to deliver the ILS items. **By 30th day of the ordering month MSD should have delivered the medicines to the respective council (e.g., if council placed an order in January then by 30th January MSD should have delivered to the respective council).**

Experience shows that most of the DOT centers receive their medicines on the day they submit their reports to the districts. This practice needs to be strengthened and promoted as it saves resources. It is the responsibility of the DMO to ensure that TB medicines reach the respective health facilities. The timeline for the district to deliver medicines to DOT centers is not later than 14th of every month (e.g., **if the DOT center submitted its monthly report to the council in January, then by 14th of January the council should have delivered to the respective DOT center**).

4.3 Distribution of Laboratory commodities

Like ILS commodities, lab commodities will also be distributed by MSD directly to the health facilities together with other ILS commodities on bimonthly basis. Laboratory commodities with very short shelf life (less than six months) will be directly delivered to the respective health facilities by manufacturers/suppliers on a monthly basis.

4.4 Grouping of health facilities

Grouping of health facilities is a practice that helps MSD to better serve the facilities. It allows MSD to handle a manageable number of orders at one time and thus spreads the workload by allowing facilities in one group to order in one month while others order in the other month. After the redesign of the logistics system, facilities have been divided in only two groups: A and B; this is a reduction of groups from the previous three (A, B and C).

The use of two groupings will apply for all systems: the ILS system, the TB system, and the

laboratory logistics system. Each group will initiate its orders bimonthly (see the sample calendar below), with the related tasks being done following placement of the order. In other words, at the time that one group (A or B) is preparing to place an order, another group will be receiving its previous order.

Allocation of health facilities into groups is carried out by MSD. In allocating facilities into the A and B groups, a whole region is placed in one group (and more than one region can be in one group). Depending on the location of the district and MSD root optimization considerations, some districts in a region can belong to a different group other than that to which the other districts in the region belong. Also based on the same factor, some districts in a region may be served by another MSD zonal warehouse than that serving the rest of the districts in the region. The MOHCDGEC should inform regions/districts to which group they belong, so they can place their orders on time. The ordering process and distribution processes repeat themselves bimonthly, so that each facility makes six orders and receives six deliveries each year as highlighted in Table 7 below. For all systems the following guidelines need to be adhered to:

Table 7: Months of ordering and MSD distributions health facilities/councils

Group	Ordering		MSD delivery months
	Order Month	Based on data from	
GROUP A HEALTH FACILITIES	January	Nov - Dec	By end of January
	March	Jan - Feb	By end of March
	May	March - April	By end of May
	July	May - June	By end of July
	Sept	July - August	By end of September
	Nov	Sept - October	By end of November
GROUP B HEALTH FACILITIES	February	Dec - January	By end of February
	April	February - March	By end of April
	June	April - May	By end of June
	August	June - July	By end of August
	October	August - September	By end of October
	December	October - November	By end of December

Remember that all facilities are to report monthly, even if they are not placing an order during that month!!!

5. ISSUING HEALTH COMMODITIES TO FACILITIES

ILS and lab commodities are delivered directly to the health facilities by MSD vehicles, while TB commodities go to the districts. Supplies for hospitals are also delivered to hospitals directly from MSD zonal warehouses. The steps involved in issuing supplies from MSD to the Facilities include:

5.1. Processing orders and issuing commodities

1. MSD Receives R&R from DMO electronically

MSD receives the approved orders that are sent in by the DMO or hospitals. Orders should reach MSD by the 11th of the month when the orders are submitted. MSD verifies that centrally allocated funds are available or that supplemental funds have been guaranteed by the health facility. MSD cannot fill orders that are not fully funded unless they are vertical [free] items orders. Verifies available stock and fills the order as per MSD business processes.

2. MSD fills the orders

MSD staff members pick and pack the products and seal them in cartons. Inside one carton from the shipment, MSD will include *MSD Sales Invoice*, *Customer Statement of Account*, and *Verification and Claims Form*. The shipment advice will note the exact quantities of each product that will be shipped; the facility will use this information to verify that all shipped supplies have been received. *Form 5: Customer Statement of Account* will inform the facility of its remaining funding allocation that can be used to cover the cost of future orders.

3. MSD delivers the orders

MSD assembles all of the cartons in the shipment going to each facility/hospital/council. Based on the established delivery schedule, MSD vehicles deliver the shipments to each facility/hospital/council with the shipments arriving by the end of the ordering month. MSD will also include *Goods Received Note (GRN)* to be signed at the facility on delivery.

4. Facility/hospital/council receives the commodities

The Facility In charge/ Pharmacy In charge/Pharmacist /Pharmaceutical Technician, Pharmacy Assistant / Laboratory Scientist /Laboratory Technician/Laboratory Assistant or any other appointed person receives the shipment in the presence of the Health Governing Committee/ Medicine and Therapeutic committee and sign MSD Sales Invoice/Delivery Note for the shipment and stores the commodities in the storeroom. In case of any discrepancies, the receiving facility will complete a Verification and Claim form.

6. INVENTORY MANAGEMENT AT HEALTH FACILITIES

6.1 Receiving supplies at health facilities

For all commodities, procedures should be in place to monitor and document the movement of supplies from the upper levels (e.g. MSD) to the lower levels (e.g. Dispensing rooms, testing points etc). When supplies arrive at your health facility, they should be accompanied with a Goods Received Note (GRN), Sales Invoice and the Delivery Note. The following table summarises the processes of receiving consignments.

Receiving commodities by facilities			
Event	Step	Action/ Process	Responsible
Receiving supplies from MSD	1	Ensure that you have adequate space to store the incoming shipment and staff for unloading the consignment if this is not provided by the supplier	In charge of the health facility
	2	Depending on the facility type, assemble the health facility governing committee/ Hospital Medicines and Therapeutic Committee (HMTc)	In charge of the health facility
	3	Count the number of cartons or items so that they match with the delivery note and then sign it	In charge of the store on behalf of the health facility governing committee and the hospital pharmacist/ lab technician for the HMTc
	4	Verify the quantity indicated with what was delivered by doing physical count of received items while doing visual inspection of the label, nature of contents inside	Receiving team
	5	Fill in the Goods Received Note (GRN) as an evidence that supplies sent to the district or health facility have been received in the required condition	In charge of the store on behalf of the health facility governing committee and the hospital pharmacist/ lab technician for the HMTc
	6	If you have identified invoice product mismatch between what is in the invoice and what was delivered, damaged products, products nearing expiration, or products issued but not requested then enter the discrepancies in the Verification and Claim Form. The Claim should reach MSD within seven days of recording the discrepancy	In charge of the store on or the hospital pharmacist/ lab technician
	7	Enter the products that have not expired or damaged into your facility store ledger.	In charge of the store

Job Aid L: Interpreting and Completing the MSD Sales Invoice

SECTION: A

TASK:	Interpreting and Completing Form 4: MSD Sales Invoice
COMPLETED BY:	MSD Personnel complete the form and it is used by Dispensary or Health Center In-Charge or Hospital sub-HTC
PURPOSE:	<ul style="list-style-type: none">• MSD: To document the quantity and value of supply issued the facility.• Facility: To verify the quantity of supplies received from MSD
WHEN TO PERFORM:	When an order is shipped to a facility
MATERIALS NEEDED:	Forms 2A,2B and 2C: Report & Request for health commodities and Equipment from facility placing the order, pen, and calculator

SECTION: B

Step	Action	Notes
Interpreting how MSD has completed the form		
1	Page__of__: This is the page number and the total number of pages in the order.	Depending on the size of the order, there may be several pages to the form.
2	District/Region: This is the name of the district and region for which the facility has ordered.	
3	Facility Code: This is the MSD-assigned code number that designates the dispensary, health center, or hospital that has ordered.	
4	Facility Name: This is the name that designates the dispensary, health center, or hospital that has ordered.	
5	Date facility noted as submitted: This is the date that the facility reported as the date submitted to the District Pharmacist or HTC.	Date Submitted is taken from the top of <i>Form(s) 2A,2B and 2C Report and Request</i> of the requesting facility.
6	Date order received by MSD: This is the date on which <i>Form(s) 2A,2B and 2C: R&R</i> were received at MSD.	
7	MSD Code: This is the MSD code number for the supply.	
8	Supply Item: This is the name, strength/size and form of the supply at MSD.	
9	Unit of Issue: This is the packing size of the supply.	

10	Quantity Requested (A): This is the quantity requested by the facility from column G on <i>Forms 2A-C:R&R</i> .	
11	Quantity Approved (B): This is the quantity approved by the DMO or HTC from column J on Forms 2A,2B and 2C:R&R.	If the DMO or HTC has changed the quantity requested, MSD will only deliver the quantity approved.
12	Order Note (C): If applicable, MSD will select and write the letter that represents the Order Note. Errors are errors on the part of the facility making the order. MSD will not change the order but is notifying the facility of the error with these codes.	The codes are: Code Note (a) Closing balance of last quarter not equal to opening balance this quarter—column D of the previous report should equal column A of the current report. (b) Math error in estimated consumption—in calculating column E, an error was made (c) Math error in quantity requested—the math in column F is incorrect (d) Math error in cost—the calculation in column I is incorrect
13	Quantity Issue (D): This is the quantity of the supply issued by MSD.	
14	Total Value (E): This is the total value of the supply issued by MSD.	

15	<p>Mod. Code (F): [Modification Code] If applicable, MSD may not be able to supply the quantity approved. In this case, MSD will note the reasons for the modification of the quantity issued:</p> <ul style="list-style-type: none"> • MSD low/out of stock • Change in unit of issue • Change in strength • Change in form • Change in price • Substitute equivalent • Supply no longer available • Insufficient facility funds • Facility not authorized for this item 	<ul style="list-style-type: none"> • MSD low/out of stock—If MSD does not have sufficient stock (or no stock), the quantity issued (column D) may be less than the quantity requested (column G) or quantity approved (column J) • Change in unit of issue—if the unit of issue changes from, for example, 1,000 tablets per bottle to 250 tablets per bottle, the total amount issued may be changed • Change in strength—if the strength of a supply changes, for example, from 500mg to 250mg, the total quantity may be changed • Change in form—if a product changes form, for example, from a tablet to a capsule, this will be noted • Change in price—if the price has changed, MSD will note it, sending the total amount possible, given the financial constraints • Substitute equivalent—if an equivalent supply is available, the requested supply may be 0 and the new supply will be the amount issued • Supply no longer available—if a supply is no longer available, the quantity issued will be 0 • Insufficient facility funds—if the order exceeds the amount of funds, MSD will reduce the order • Facility not authorized for this supply—if the facility orders a supply it is not authorized to receive, for example, if a dispensary orders Pethedine, the quantity issued will be 0
16	<p>Form 4: MSD Sales Invoice/Shipment Advice will be placed in one of the cartons being sent to the facility. MSD will mark the carton with the word “DOCUMENTS” so the facility knows which carton contains the documents.</p>	<p>This carton will also contain <i>Form 5: Customer Statement of Account</i>.</p>

Completing the Shipment Advice at the Dispensary or Health Center or Hospital when the shipment arrives

17	<p>Inform the Village Health Committee or HTC that the cartons have arrived.</p> <p>In the presence of a committee member:</p> <ul style="list-style-type: none"> • Open the carton that has the documents. • Retrieve Form 4: MSD Sales Invoice/ Shipment Advice • Quantity Received (G): Count the quantity of a supply received and write in the number in column G for the appropriate supply. Repeat this sub-step for each supply listed on the Shipment Advice and supplies in cartons. • Received by and Date: Write the name of the Storekeeper that receives the supply and the date. • Witnessed by and Date: Write the name of the person that witnessed the receipt of the supply and the date. 	
18	<p>Form 4: MSD Sales Invoice distribution:</p> <ul style="list-style-type: none"> • If there are no discrepancies, the facility keeps the signed form. • If there are discrepancies report the problem to the DMO District Pharmacist. 	

SECTION: C

THIS TASK IS COMPLETED WHEN:

- The facility has counted the supply and completed the Quantity Received column.
- The person receiving the supplies and the witness have signed and filed the form or taken the appropriate action.

Form 4: MSD Sales Invoice

District/Region: _____

Facility Code: _____

Facility Name: _____

Date facility noted as submitted: _____ Date order received by MSD: _____

MSD CODE	SUPPLY ITEM	UNIT OF ISSUE	QUANTITY REQUESTED (A)	QUANTITY APPROVED (B)	ORDER NOTE (C)	QUANTITY ISSUED (D)	BATCH NUMBER	EXPIRY DATE	TOTAL VALUE (E)	MODIFICATION CODE (F)	QUANTITY RECEIVED (G)

Order Note	(a) End last ¹ beginning this quarter	(b) Math error in estimated consumption	(c) Math error in quantity requested	(d) Math error in cost

Mod. Code	(1) MSD low/ out of stock	(2) Change in unit of issue	(3) Change in strength	(4) Change in form	(5) Change in price	(6) Substitute equivalent	(7) Product no longer available	(8) Insufficient facility funds	(9) Facility not authorized this item	

Received by: _____

Date: _____

Witnessed by: _____

Date: _____

Job Aid M: Completing the Goods Received Note

SECTION: A

TASK:	Completing the Goods Received Note
COMPLETED BY:	MSD, council, dispensary, health center or hospital personnel
PURPOSE:	To track the shipment status of an order
WHEN TO PERFORM:	Whenever supplies are shipped from MSD to health facilities
MATERIALS NEEDED:	Cartons of received supplies, The R&R

SECTION: B

Step	Action	Notes
Cartons are shipped by MSD accompanied by the Goods Received Note for each of the facilities or council that will be receiving an order.		
1	Name of Supplier: Write the name of the organization supplying the facility/ council.	e.g. MSD
2	Supplier Invoice number: Write the number as indicated on the invoice brought with the shipment.	
3	Transporter: Write the name of the transportation agent delivering the shipment to the facility.	It can be: <ul style="list-style-type: none">• The MSD trucks• The District Vehicle• A program vehicle e.g. RCHS• Other
4	Boxes in Shipment: Write the number of boxes the driver has been handed over by MSD.	
5	Indent/LPO number: Enter your R&R order number	
Actions at the council/facility level when the shipment arrives from MSD		
6	Supplier Receipt number: Enter the MSD receipt number	
7	Supplier Delivery Note: Enter the number appearing on the delivery note accompanying the shipment.	e.g. DN 0456
8	Driver: The driver writes his name and signature	
9	Boxes received: Write the number of boxes received	

Actions at the dispensary, health center, or hospital when the shipment arrives		
10	<p>Conditions of Items Received: Visually inspect all the cartons. Look for signs of damage, opened, etc.</p> <ul style="list-style-type: none"> • Code: Fill the code number for the boxes (if any) • Item Description: Write the description of boxes in question that would distinguish them from the rest of the boxes. • Unit: Write the unit of measure of the boxes • Quantity: Write the quantity of boxes • Condition: Write the condition the boxes have arrived with • Signature: The In charge of the pharmacy store and one witness should sign in the spaces provided upon receiving the boxes and noting any unusual event 	<p>See Section VIII for details on visual inspection</p> <p>E.g. Large boxes, small boxes</p> <p>E.g. each, box etc</p> <p>E.g. 10</p> <p>E.g. good, opened, torn etc. The boxes should arrive at the district sealed, if not, indicate that in the GRN.</p> <p>These persons should only sign after the boxes have been inspected thoroughly</p>
11	<p>Physical Control of the Items: While opening the boxes, have a copy of the R&R and the MSD invoice against which the shipment was made. Count each item and compare the quantity to what was ordered, received and invoiced.</p> <p>For items that were ordered but not received</p> <p>For Items that arrived with close expiry date (3 months or less)</p> <p>For Any Discrepancies (breakages, missing items, over issued, other problem)</p>	<p>Go to # 12</p> <p>Go to #13</p> <p>Go to #14</p>

12	<p>Items ordered but not received:</p> <p>Order form: Write the reporting period for which the order was submitted.</p> <p>Code: Write the MSDs code number for the item not received but ordered.</p> <p>Item Description: write the name of the item, strength and formulation.</p> <p>Unit: Write the MSD unit of issue for that item</p> <p>Ordered: Write the quantity as ordered in the R&R</p> <p>Received: Write the quantity received</p>	<p>e.g. Amoxycillin 250mg</p> <p>E.g. a tin of 1000</p>
13	<p>Items with close Expiry Date (3 months or less)</p> <p>Code: Write the MSD code number for the item in question</p> <p>Item Description: write the name of the item, strength and formulation.</p> <p>Unit: Write the MSD unit of issue for that item</p> <p>Quantity: Write the quantity that has a close expiry date</p> <p>Expiry Date: Write the expiry dates of the products.</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p> <p>e.g. June 2006</p>
14 (a)	<p>Discrepancy</p> <p>Breakages: For all the items that are broken and can't be used fill the following</p> <p>Invoice: write the MSD invoice number</p> <p>Code: Write the MSD code number for the item in question</p> <p>Item Description: write the name of the item, strength and formulation.</p> <p>Unit: Write the MSD unit of issue for that item</p> <p>Quantity: Write the quantity that has a close expiry date</p> <p>Remarks: Write comments on the problem if any</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p> <p>e.g. broken vials or tins</p>

(b)	<p>Invoiced but Missing For all items that appear in the invoice and the facility was charged for but have not been issued to the facility fill this section</p> <p>Invoice: write the MSD invoice number Code: Write the MSDs code number for the item in question Item Description: write the name of the item, strength and formulation. Unit: Write the MSD unit of issue for that item Quantity: Write the quantity that is missing but invoiced Remarks: Write comments on the problem if any</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p>
(c)	<p>Over Issued For all items that whose quantity issued to the facility exceeds the quantity ordered fill this section</p> <p>Invoice: Write the MSD invoice number Code: Write the MSDs code number for the item in question Item Description: write the name of the item, strength and formulation Unit: Write the MSD unit of issue for that item Quantity: Write the quantity that was over issued Remarks: Write comments on the problem if any</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p>
(d)	<p>Other: Fill this section for any other discrepancy that is not covered in a, b and c</p> <p>Invoice: Write the MSD invoice number Code: Write the MSDs code number for the item in question Item Description: write the name of the item, strength and formulation Unit: Write the MSD unit of issue for that item Quantity: Write the quantity that was in excess Remarks: Write comments on the problem if any</p>	<p>e.g. 10034005</p> <p>e.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p> <p>e.g. tins were arrived at the facility opened.</p>

15	Received by at the facility and date: The person receiving the shipment writes their name at the date that they received the shipment. The witnesses, who are members of the Village health Committee should sign at spaces provided	
16	Distribution of Form 6: Goods Received Note: The district staff delivering the shipment retains the original to give to the DMO. The remaining copy is filed at the receiving dispensary or health center. Hospitals keep the original and discard the remaining copy.	

SECTION C

THIS TASK IS COMPLETED WHEN:

- The district has received and signed for the cartons to be delivered to the dispensaries and health centers they supervise.
- A copy of Goods Received Note with the district acknowledgement of receipt is returned to MSD.
- The dispensary, health center, or hospital has received and signed for the cartons arriving at the facility.
- The original Form 6: Goods Received Note is returned to the DMO and a remaining copy if filed at the dispensary or health center. Hospitals keep the original.

GOODS RECEIVED NOTE

MINISTRY OF HEALTH

Goods Received Note

PART I

Received goods from Supplier: Indent/LPO No.
 Name of Supplier:..... Supplier Receipt No.:.....
 Supplier Invoice No.:..... Supplier Delivery Note:.....
 Transporter:..... Driver:.....
 Boxes in Shipment:..... Boxes Received:.....

Condition of Items Received

Code	Item Description	Unit	Quantity	Condition

In charge of the Hospital Pharmacy

Signature

Date...../...../.....

Witness 1, Name

.....

Signature

Date...../...../.....

PART II

Physical Control of Received Items:

Items Ordered but not Received

Order from	Code	Item Description	Unit	Ordered	Received

Items with close Expiry Date (3 months)

Code	Item Description	Unit	Quantity	Expiry Date

Discrepancy

Breakages						
	Invoice	Code	Item Description	Unit	Quantity	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Invoiced but missing						
	Invoice	Code	Item Description	Unit	Quantity	Remarks
1						
2						
3						
4						
5						

Over-Issued						
	Invoice	Code	Item Description	Unit	Quantity	Remarks
1						
2						
3						
4						
5						

Other						
	Invoice	Code	Item Description	Unit	Quantity	Remarks
1						
2						
3						
4						
5						

In charge of the Hospital Pharmacy

Name.....
Name.....

Witness 1,

Signature Date.../...../.....

Date.....Signature

Witness 2, Name.....

Signature.....Date...../...../.....

Job Aid N: Completing and Interpreting the Verification and Claims Form

SECTION A

TASK:	Completing the Claims <i>and Verification form</i>
COMPLETED BY:	dispensary, health center, or hospital personnel
PURPOSE:	To notify MSD on any problems with the items received at the facility
WHEN TO PERFORM:	Whenever supplies are shipped from MSD to dispensaries or health centers
MATERIALS NEEDED:	Individual items received, Copy of R&R, Copy of MSD Invoice

SECTION B

Step	Action	Notes
Cartons are shipped by MSD accompanied by <i>Form 8: Verification and Claims Form</i> for each of the facilities that will be receiving an order.		
1	Name of Health facility: Write the name of the health facility	E.g. Wotta dispensary
2	Cycle: Write the ordering cycle for the year for which the order being verified was	E.g. first order, 2 nd order
3	Group: Write the group to which the facility is assigned by the district	E.g. A,B
4	Name of the Supplier: Write the name of the supplier	E.g. MSD
5	Supplier Delivery Note: Enter the number appearing on the delivery note accompanying the shipment	
6	Supplier Invoice number: Enter the number as indicated on the invoice from MSD.	
7	Supplier Receipt number: Enter the MSD receipt number	
8	Transporter: Write the name of the transportation agent delivering the shipment to the facility.	It can be: <ul style="list-style-type: none">• The MSD trucks• The District Vehicle• A program vehicle e.g. RCHS• Other
9	Driver: The driver writes his name and signature	
Before items shipped to the facilities are used, they are counted and the quantities received and invoiced are compared against the quantities ordered.		

For items that were ordered but not received		Go to # 10
For Items that arrived with close expiry date (3 months or less)		Go to #11
For Any Discrepancies (breakages, missing items, over issued, other problem)		Go to #12
10	<p>Items ordered but not received:</p> <p>Order form: Write the reporting period for which the order was submitted.</p> <p>Item Description: write the name of the item, strength and formulation.</p> <p>Quantity Ordered: Write the quantity as ordered in the R&R</p> <p>Quantity Received: Write the quantity received</p>	<p>e.g. Amoxycillin 250mg</p> <p>E.g. 10,000</p> <p>E.g. 5000</p>
11	<p>Items With close Expiry Date (3 months or less)</p> <p>Item Description: write the name of the item, strength and formulation.</p> <p>Quantity: Write the quantity that has a close expiry date</p> <p>Expiry Date: Write the expiry dates of the products.</p>	<p>E.g. Amoxycillin 250mg</p> <p>e.g. 10 tins</p> <p>e.g. June 2006</p>
12 (a)	<p>Discrepancy</p> <p>Breakages: For all the items that are broken and can't be used by the facility.</p> <p>Invoice: write the MSD invoice number</p> <p>Code: Write the MSD code number for the item in question</p> <p>Item Description: write the name of the item, strength and formulation.</p> <p>Unit: Write the MSD unit of issue for that item</p> <p>Quantity: Write the quantity that has a close expiry date</p> <p>Remarks: Write comments on the problem if any</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p> <p>e.g. broken vials or tins</p>

(b)	<p>Invoiced but Missing For all items that appear in the invoice and the facility was charged for but have not been issued to the facility.</p> <p>Invoice No: write the MSD invoice number Code: Write the MSDs code number for the item in question Item Description: write the name of the item, strength and formulation. Unit: Write the MSD unit of issue for that item Quantity: Write the quantity that is missing but invoiced Remarks: Write comments on the problem if any</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p>
(c)	<p>Over Issued For all items that whose quantity issued to the facility exceeds the quantity ordered fill this section</p> <p>Invoice No: Write the MSD invoice number Code: Write the MSDs code number for the item in question Item Description: write the name of the item, strength and formulation Unit: Write the MSD unit of issue for that item Quantity: Write the quantity that was over issued Remarks: Write comments on the problem if any</p>	<p>E.g. 10034005</p> <p>E.g. Amoxycillin 250mg</p> <p>e.g. 1000</p> <p>e.g. 10 tins</p>
13	<p>Names and Signatures After verification and all discrepancies noted, the health facility in charge and the witnesses (Village health committee members or appointees) have to write their names, sign and note the date on spaces provided</p>	<p>Not less than three witnesses should sign the form</p>
14	<p>Distribution of Form 7: Claims and Verification Note: The health facility staff upon verifying the shipment sends the original to MSD through the DMO. The DMO keeps a copy of the form too. The remaining copy is filed at the receiving dispensary or health center.</p>	

SECTION C

THIS TASK IS COMPLETED WHEN:

- The facility has noted all the shortfalls in the shipment received on the form.
- A copy of *Verification and Claims Form* with the district approval is returned to MSD.
- The original *Verification and Claims form* is sent to the MSD/ZMS and a remaining copy is filed at the dispensary or health center. DMO keeps a copy after signing before sending it to the MSD.

VERIFICATION AND CLAIMS FORM

UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH

Verification and Claim Form

Name of Health Facility Cycle Group

Name of Supplier Supplier delivery note

Supplier Invoice NO. Supplier Receipt No.

Transporter Driver

Physical Control of Received Items

Item Ordered but not received accordingly			
Order Form	Item Description	Quantity Ordered	Quantity Received

Items with close expiry date (3 months)		
Item Description	Quantity	Expiry Date

Discrepancy

Breakages					
Invoice No.	Code	Item Description	Unit	Quantity	Remarks
Invoiced but missing					
Invoice No.	Code	Item Description	Unit	Quantity	Remarks

Over Issued					
Invoice No.	Code	Item Description	Unit	Quantity	Remarks

Name of HF in-chargeSignature.....Date

Name of Witness 1.....Signature.....Date

Name of Witness 2Signature.....Date

Name of Witness 3.....Signature.....Date

DMO Office:

Seen and forwarded to MSD/ZMS

Name.....Signature.....Date

Job Aid O: Opening or Starting a New Page of a Stores Ledger

TASK:	Opening a <i>Stores Ledger</i> for the first time or when starting a new page in a ledger
COMPLETED BY:	Dispensary or Health Center in charge or Hospital pharmacy in charge
PURPOSE:	To keep track of supplies at a facility
WHEN TO PERFORM:	Where there is no ledger page for a supply, to start a new page in a current ledger
MATERIALS NEEDED:	Stores Ledger, pen (blue, black, red)

Step	Action	Notes
1	Select the action by using the following logic: <i>IF</i>	<i>THEN</i>
	Opening a new Ledger Book.	<i>Skip to step #2</i>
	Starting a new page in <i>Stores Ledger</i> book.	<i>Skip to step #10</i>
Opening a new Ledger Book		
2	Facility Code: This code should be provided to you by MOHCDGEC.	
3	Facility Name: Write the name of the facility as it appears from MSD forms.	
4	Type of Facility: Write the type of facility.	Facilities can be: <ul style="list-style-type: none"> • (GOV) Government • (NGO) Non-government Organization • (FBO) Faith Based Organization • Other
5	Name of District (Council): Write the name of the district to which this facility reports.	
6	Date Stores Ledger Opened: Write the date the ledger was started.	New ledgers should only be opened when older ledgers are full. Reference to the previous ledger must be made
7	Date Stores Ledger Closed: Write the date of the last entry in this book.	When a: <i>Stores Ledger</i> book is filled, the balances should be transferred to a new book.
8	Book number: Write the serial number of this book	The ledgers should be serially numbered

Starting a new page in a Ledger Book		
9	Table of Contents	
	<i>IF</i>	<i>THEN</i>
	Opening a new Ledger Book.	Supply Item: Write the name of each supply to be noted in the Ledger Book next to a page number. Entering the names in alphabetical order will facilitate the process.
	Starting a new page in a Ledger Book.	Supply Item: Write in the name of the supply on the next available page number. Continued: Go to the line where this supply is previously recorded and write in the number of the new page in the “Continued” column. This may even be a reference to a page in another book.
Note: The Table of Contents will help you to find the supplies in the Ledger Book.		
10	Page No.: Write in the corresponding page number.	
	<i>IF</i>	<i>THEN</i>
	Opening a new Ledger Book.	Start with page number 1 and number the pages sequentially.
	Starting a new page in a Ledger Book.	Look at the corresponding page number in the Table of Contents and write in that number.
11	Description of Supply Item: Write the name, strength and form of the item.	When entering the description of supplies follow the order in the Table of Contents. List one supply per page in the Ledger Book following the order Example: Condom 52 mm No Logo
12	Unit of Issue: Write the packing size of the supply.	This information can be found in the MSD Product Catalog. If you have the supply on hand, the “unit of issue” is the smallest amount received through MSD. Example: EACH, TIN/1,000, 500, BOX/1000, CARTON/3000 ETC
13	Dispensing Unit: Write the minimum dispensing unit for the supply.	Dispensing units: tablet, vial, piece, cycle, etc. Example: 1 piece
14	Date: Write the date of entry.	

15	Select the actions by using the following logic:	
	<i>IF</i>	<i>THEN</i>
	Opening a new Ledger Book because previous ledger is full.	Close the old ledger: In the To/From column: Write the words “Balance carried forward” as the last entry in the old ledger) In the Balance column: Write the closing stock balance.
	Starting a new page in a Ledger Book.	In the To/From column write “ balance brought forward ” (BF) if new page is not continuous with the previous page make appropriate reference to the relevant page In the Balance column: Write the ending stock balance from the previous page
16	Initials: Write your initials.	Example J.S for Juma Saidi
THIS TASK IS COMPLETED WHEN: <ul style="list-style-type: none"> • The cover of the book is completely filled out. • Every supply managed at the facility is listed on Stores Ledger Book. • New pages are filled and referenced to previous records • The person filling in the ledger has put his/her initials. • Table of contents is complete. 		

Job Aid P: Updating the Stores Ledger

TASK:	Updating <i>Stores Ledger</i> when recording receipts, issues, issues on loan/ losses/receipt on loan and physical inventory.
COMPLETED BY:	Dispensary or Health Center In-Charge, or Storekeeper and Hospital Pharmacy or Stores in-charge or Storekeeper
PURPOSE:	<ul style="list-style-type: none"> • To record supplies received • To record supplies issued • To track transfers • To track losses/adjustments
WHEN TO PERFORM:	<ul style="list-style-type: none"> • When supplies are received or issued • When supplies are transferred from one facility to another facility (not from the district or MSD) • When supplies are removed from the storage area for reasons other than for issuing to clients (e.g., for demonstrations, expiration, damage) • When recording the result of a physical inventory
MATERIALS NEEDED:	<i>Stores Ledger</i> , pen (red for receipts and blue/black for issues), supplies or receipt or issue voucher

Step	Action	Notes
1	Locate page to record supply transaction: Use the Table of Contents to identify the page you need.	
2	Date: Write the date of the transaction.	
3	Select the transaction and write the appropriate information in the boxes on the ledger. <i>IF</i>	<i>THEN</i>
	Supply Received from MSD or District (e.g.TB medicines)	<p>In the To/From column: Write the Name of the Facility that issued/shipped the supply</p> <p>In the Ref. No column: Write the appropriate receipt/ issue voucher number</p> <p>In the Quantity Received column: convert the quantity received into dispensing of units</p> <p><i>Skip to Step #5</i></p>

	Supply Issued from a District to a Dispensary or Health Center, or from a Store to a Dispensing Area within the health facility	<p>In the To/From column.: Write in the Name of Location where the supply was Sent In the Ref. No column: Write the reference number of the transaction.</p> <p>Quantity Received: Skip</p> <p>Quantity Issued: Write in the quantity of supply issued. Enter as the total Dispensing Units issued.</p> <p><i>Skip to Step #5</i></p>
	Supply Transferred in from or to a facility.	<p>In the To/From column: Write in the Name of the Facility where transferred from or to In the Ref. No column: Write the reference number of the transaction.</p> <p>Supply Transferred, are supplies that have entered or left the facility's supply by means other than regular flow of supplies from MSD.</p> <p><i>Skip to Step #4</i></p>
	Supply Locally Bought	<p>In the To/From column: Write "Local Purchase"</p> <p><i>Skip to Step #4</i></p>
	Supply Damaged in facility.	<p>To/From: Write "Damage"</p> <p><i>Skip to Step #4</i></p>
	Supply Expired in facility.	<p>To/From: Write "Expired"</p> <p><i>Skip to Step #4</i></p>
	Physical Inventory conducted in facility	<p>To/From: Write "Physical Inventory"</p> <p><i>Skip to Step #6</i></p>
4	<p>Adjustments: Write in the quantity of the adjustment.</p> <p>If the adjustments increase the supply of the supply, it is a positive adjustment, place a + sign next to the adjustment number.</p> <p>If the adjustment decreases the supply of the supply, it is a negative adjustment, place a – sign next to the adjustment number.</p>	<p>Transferred supply can be an increase or decrease.</p> <p>Example: Condom - 3,000 Microval + 600</p> <p>Supply Locally Bought is an increase</p> <p>Supply Damaged or Expired is a decrease.</p> <p>Example: Condom - 200</p>

5	Balance: Bring the ledger page up to date by calculating the balance and write the quantity in the box. <i>Skip to Step #8</i>	<p>Quantity Received is an increase to the supply and should be added to the balance.</p> <p>Quantity Issued is a decrease to the supply and should be subtracted from the balance.</p> <p>Adjustments can be an increase or decrease to supply. See previous step and calculate as appropriate.</p>
6	Balance: (From Physical Inventory) Count the actual quantity of usable supplies available and write the quantity you counted in the balance box.	<p>Usable supplies should not include supplies that are damaged, expired, or supplies that will expire before they can be issued or used.</p>
7	Select the appropriate condition. IF THEN	
	The balance of the previous entry on the ledger equals the quantity you counted in the physical inventory.	<i>Skip to Step #8</i>
	The balance of the previous entry on the ledger DOES NOT equal the quantity you counted in the physical inventory.	<p>There is a possibility that errors were made. Use the following steps to help locate an error or to validate the difference.</p> <ol style="list-style-type: none"> 1. Check the ledger for math errors. 2. Recount the stock, there could have been an error when counting the stock. 3. If the difference still exists, after the two previous steps are completed, an adjustment to the stock balance needs to be recorded. In the adjustment's column enter the quantity of the adjustment, (it can be positive or negative). <p>Example: Condom + 100</p> <ol style="list-style-type: none"> 4. If an adjustment is made, investigate why it had to be made.
8	Remarks: Write any remarks relevant to transaction just entered	<p>Adjustments should be explained in this box.</p>
9	Initials: Write your initials.	<p>E.g. JM</p>
SECTION C THIS TASK IS COMPLETED WHEN: <ul style="list-style-type: none"> • The transaction is recorded in the To/From boxes • The quantity of the transaction is recorded in the Qty Received, Qty Issues, or Adjustment box. • The balance on the ledger page is brought up to date. • The transactions have been explained in the remarks box. • The person filling in the ledger book has put his/her initials. 		

STORES LEDGER

FACILITY CODE NUMBER: _____

FACILITY NAME: _____

TYPE OF FACILITY (GOV/NGO/FBO/OTHER): _____

NAME OF COUNCIL /REGION _____

DATE LEDGER BOOK OPENED: _____

DATE LEDGER BOOK CLOSED: _____

LEDGER NO.

TABLE OF CONTENTS:

Serial No.	Supply Item	Page or Folio No.	Serial No.	Supply Item	Page or Folio No.
1			26		
2			27		
3			28		
4			29		
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25			50		

Page No: _____

DESCRIPTION OF SUPPLY ITEM		MSD CODE
UNIT OF ISSUE	DISPENSING UNIT	

[illegible]

6.2 Conducting Physical Count

A physical inventory is a count of the quantity of each supply in a facility and is one of the most frequent activities in dispensaries, health centers, and hospitals. Because the supplies are actually counted, the inventory information comes from two locations: the quantities on the shelf in the storeroom and from the quantities kept by dispensing/user units in the facility.

Quantities on the shelf in the storeroom could be taken from *Stores Ledger* book. However, in a physical inventory, the quantity on the shelf should be compared to the quantity recorded on the ledger. If the quantity in the ledger does not match the quantity on the shelf, the ledger should be updated and an adjustment entered. Since the shelf should contain whole bottles of each supply, a physical count of the storeroom can be completed quickly.

The number of tablets in a bottle marked for 1,000 tablets may not be exact because some tablets may have broken during transportation and because manufacturers often weigh the bottles rather than count the individual tablets. For example, a bottle marked for 1,000 tablets may actually contain 998-1,002 tablets.

Quantities kept by dispensing/user units in the facility will also need to be counted. Using the *Stores Ledgers*, the Storekeeper should look for the most recent issues of a product from the storeroom to a dispensing unit. The store in-charge should then visit the dispensing/user units to count the product. Some supplies may have been issued to more than one unit. For example, Co-Trimoxazole may have recently been issued to serviceproviders (e.g. CTC and MCH clinics). It will be necessary to count the product in both locations.

The stores in-charge should not physically touch or count the tablets in open containers, since handling the tablets may damage them. It will therefore be necessary to estimate the quantity in a bottle to the nearest one quarter of a bottle. For a bottle of 1,000 tablets, one quarter is equal to 250 tablets and for a bottle of 500 tablets; one quarter is equal to 125 tablets.

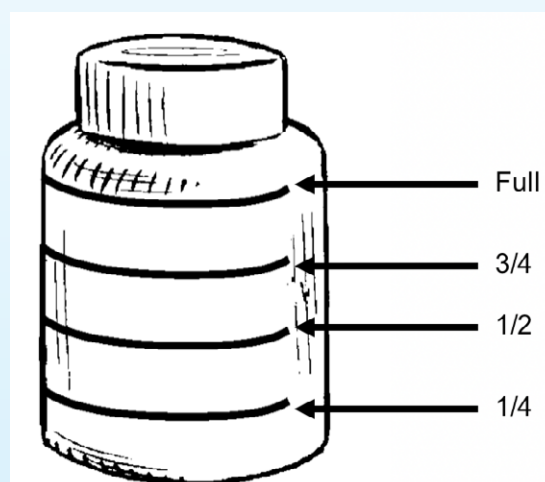
To help estimate the quantity in a bottle, Dispensers may follow these steps when opening a new bottle:

- Remove any inner seal or cotton wadding.
- Tap the bottle lightly to settle the tablets.
- Using a wax crayon or marker, mark the top of the bottle where the tablets stop. Bottles are rarely filled to the top.
- Mark a point halfway between the first mark and the bottom of the bottle.
- Mark a point halfway between the second mark and the bottom of the bottle.
- Mark a point halfway between the first and second marks.

The bottle should now be marked in quarters, as in the picture shown to the right.

When estimating closing balance, use the marks on the side of the bottle to estimate each quarter of a bottle.

The physical inventory for the facility is the total of the quantity on the shelf in the storeroom plus the quantities held by all dispensers. For example, if there are two tins of 1,000 tablets on the shelf and an estimated 250 tablets (one quarter of one tin) held by a dispenser, the inventory for the facility is the total or 1,250 tablets. The total is used to complete the *Report for Medicines and Related Supplies and Equipment*.



It is necessary to count the stock both in the storeroom and with dispensing/user units because they may be holding significant quantities of a product, especially in a small dispensary. For example, consider a dispensary that has one bottle of 1,000 Vitamin A capsules on its shelf. When that bottle is issued to a dispensing unit, the balance on *Stores Ledger* is 0. However, the actual stock is the 1,000 capsules that remain with the dispensing unit. If an order were placed, it would appear that a stock out had occurred, when in fact, there was no stock out. Additionally, using the formula would result in ordering a new bottle of Vitamin A, when none was truly needed. Thus, when dispensing/user units stocks are not included, over-ordering will occur. It is therefore important to include stock available within the entire facility.

7. DISTRIBUTION OF HEALTH COMMODITIES DURING OUTREACH SERVICES

Outreach services in the context of this manual include all community services, campaigns, distribution of commodities through HBC program, distribution of ready to use therapeutic food (RUTF), distribution of condoms from health facilities in the community, use of some reagents for collecting blood from the community and all related services that use commodities from the public health commodities' supply chain. The items for providing the services highlighted are ordered by health facilities using the public health commodities logistics systems: **integrated logistics system (ILS)**, **TB logistics system** or **the lab logistics system**. The practice of conducting these services should be coordinated in a way that the responsible program liaises with district commodities managers (District Pharmacists and Lab Technologists) to facilitate the use a nearby health facility to order (**during their regular ordering time**) the required commodities in an optimum period of time prior to the services, campaign etc. Commodities used during the service should be appropriately recorded in the appropriate tools (dispensing register, register for rapid tests, etc.) and the information returned to the facility from where the commodities were taken to form part of the routine report prepared by the health facility. Commodities remaining during such services should also be returned to the same health facility from which they were taken.

NB: MSD will not issue commodities direct to programs for these activities.

8. MONITORING AND SUPERVISION

8.1 Monitoring, Supervision and Providing Feedback

Three of the most important responsibilities that MOHCDGEC, the Medical Stores Department, R/CHMT, LMS and In-Charges at the Health facilities carry out are:

- Monitoring of logistics activities,
- Systems supervision,
- Providing feedback to health care workers and managers.

These three responsibilities form the supportive backbone of an effective logistics system. But what is it that makes a logistics system effective? In brief, we know that an effective logistics system is one in which **the right products, in the right quantities and in the right condition** are delivered to **the right place, at the right time and for the right cost**. The six rights will be achieved only through monitoring, supervision and providing feedback.

Health personnel responsible for the work of others are therefore in a unique position to make sure that this “effectiveness” happens – and not just once, but all of the time.

When it comes to the monitoring and supervision of the Laboratory supplies logistics system, there are several reasons why personnel need to be supervised and logistics activities need to be monitored on a regular basis:

1. Many commodities are expensive commodities and most have relatively short shelf lives. They cannot be wasted.
2. Information about the different types and quantities of commodities being used is critical for managing an uninterrupted supply of products.
3. The health supplies logistics system has been designed to follow certain policies and procedures. For example, deadlines for completing and sending reports and orders. Constant support and guidance from supervisors is highly valuable to keep the system performing effectively.
4. Identify training needs, or staffing needs for effective implementation of the system
5. Staffs needs to know how the work they do contributes to Tanzania’s overall battle against HIV/AIDS.
6. Identify system problems that need to be addressed by the higher level
7. To establish good relationship with the personnel you supervise

8.1.1. Logistics Monitoring

In general, most logistics systems and activities can be monitored by reviewing reports submitted by health facilities. These reviews can frequently be done from an office and in most cases do not need visiting the facility. For example, checking reports can determine if a facility is maintaining stock balances above the emergency order point, or if there are unusual quantities of supplies expiring or lost. Reference should be made to the supply chain key performance framework while collecting and analysing indicators.

8.1.2. Logistics Indicators

The indicators that are routinely monitored are:

(i) At Health facility level:

- **Timeliness of reports from the Health Centres:** Are reports filled out in time and sent to the District Medical Officer (i.e., in time so that the District Chief Medical Officer is able to review the reports?)
- **Accuracy of the reports:** Do the ending balances from one report equal the beginning balances of the following report? Do the numbers reported make sense
- **Completeness of reports:** Is all the information required included in the reports quantity?
- **Stock outs:** Do the reports indicate any stock outs of any supplies? Consider also looking at the number of stock out days to ascertain the seriousness of the stock out.
- **Stocked according to maximum and reorder levels:** Are the stock levels within the designated maximum and reorder levels for that facility?
- **Losses:** What quantities of stock were lost due to theft, damage or expiry?

(ii) At Medical Stores Department:

- **Timeliness of deliveries of reagents and supplies to Health facilities:**
Are orders arriving at the health facilities on schedule when reports have been received on time at the Medical Stores Department from the facilities? (i.e., in time so that the Medical Stores Department is able to fill orders and distribute to the facilities)
- **Completeness of orders:** Is the Medical Stores Department supplying all the requested products to the Health facilities?
- **Stock outs:** Are there stock outs at the Medical Stores Department
- **Stocked according to maximum and reorder levels:** Are the stock levels within the designated maximum and reorder levels at the Medical Stores Department?
- **Losses:** What quantities of stock were lost due to theft, damage or expiry

8.1.3. Logistics Supportive Supervision

Effective supportive supervision, on the other hand, can only take place in the presence of the facility staff. Supervisors should plan to spend time supervising and providing on-the-job training during each supervisory visit. In conducting logistics supportive supervision, planning is needed and the objective of the supervision must be clearly determined before visit. Unplanned logistics supportive supervision is as good as wastage of resources. For supportive supervision to be fruitful, managers must be familiar with the areas they are going to supervise. While not all identified areas during logistics supportive supervision may be addressed at the facility level with the health care staff, supervisees will expect supervisors to be able to address most of the issues identified.

Preparing for a Logistics supportive supervision

Being prepared for a Logistics supportive supervision visit ensures that each visit is as efficient, productive, and useful as it can be for both the supervisor and the staff at the health facilities. Complete this checklist prior to logistics supportive supervision

	Task	Completed √
1	Schedule visit to facility (including date, time and place).	
2	Select & notify team members for the Logistics supportive supervision visit	
3	Locate & review previous Logistics supportive supervision Checklist and Report for selected facility. --note any issues to check during this visit in a notebook	
4	Organize all of the materials needed, SOPs, , calculator, pen/pencil, notepad, transparency markers, and, if possible, buffer	
5	Schedule transport and secure resources for per diem and fuel.	

Each Logistics supportive supervision visit is an opportunity to strengthen the operation of the logistics system for laboratory supplies. It is also an opportunity for District/Regional level staff to interact with facility level staff to discuss challenges and successes of implementation on the ground. This section of provides a short list of activities to complete upon arrival at the facility and checklists that should be completed at visit.

The Logistics supportive supervision team should make sure to complete the following short tasks/activities upon arrival at the health facility to ensure a successful visit:

- Sign the visitor's book
- Introduce the Logistics team to the facility in-charge
- Describe the purpose of the logistics visit and discuss any issues that that transpired in the previous visit.

The following list provides suggestions for how to conduct logistics supportive supervision during a supervisory visit to health facilities, so that the visit is useful for the person doing the supervision and for the people who are receiving the visit as well. These suggestions can be applied when the supervision is done from a higher level (like the MOHCDGEC and Diagnostic Services), or when it is done within the facility by the In-Charge:

- Conduct supervisory visits based on objective criteria such as standard operating procedures, agreed-upon job descriptions, the work plan of a given unit, the objectives of the supervisory visit, and the calendar of visits.
- Select the most important observations; organize observations into those that are general observations and those that are specific to the person supervised; provide feedback by giving specific examples of things that need changing and do this in a non-threatening, supportive manner.

- Help the person being supervised to participate in the process: It is important to help the person being supervised to participate because it allows him/her know that his/her opinions are important, that he/she is part of the solution and can do something about resolving the problem.
- Be ready to provide technical or other assistance when needed. Offer help without removing responsibility for action. When you provide on the job training or coaching do not take over the actual execution of the activity.
- Hold organized and productive meetings with an agenda that meets the needs of the participants (health workers, Laboratory supervisors, etc.). Be conscious of workers' needs that can be responded to.
- Show interest in employees but give them independence and responsibility.
- Reinforce positive behaviour
- Take appropriate measures to correct negative behaviour
- Give feedback in a timely manner.
- If discipline is required, be specific and consistent with all employees.
- Ensure that all tasks that are appropriate for the removal of expired/damaged/excess supplies are undertaken.

Some of the things that you would wish to look at during logistics supportive supervision at the facility that can be observed by the supervisor includes:

- Orderly arrangement of products in the stores and at the lab work bench (es).
- Proper record keeping.
- Stores ledgers are up to date.
- Cleanliness of the stores.
- Adequate storage space.
- Availability of management tools
- Stock out of laboratory supplies
- Storage challenges

Supervision should be an integral part of the work at both the MSD and the Health facility. It is not possible always to supervise by reviewing reports. Visits to health facilities are required. However, they need to be planned and conducted systematically and not in a haphazard way. Resources for supervision are scarce. It is important to use them wisely and for the purpose of supporting effective logistics systems. What follows is a basic logistics checklist of considerations for conducting a supervisory visit.

A harmonized Supervision Checklist includes areas for Supervisors to review and discuss when conducting supportive supervision.