



Ministry of Health and Social Welfare

The Gambia

**NATIONAL STANDARD OPERATING PROCEDURES AND JOB
AIDS MANUAL FOR MANAGEMENT OF HEALTH COMMODITIES**

September 2018



Enquiries regarding these Standard Operating Procedures and Job Aids Manual for Management of Health Commodities should be addressed to:

The Director

National Pharmaceutical Services

Ministry of Health and Social Welfare

Banjul, The Gambia

Telephone: +220 4466302 Email: saballo45@hotmail.com

Recommended Citation:

Ministry of Health and Social Welfare, The Gambia. Standard Operating Procedures and Job Aids Manual for Management of Health Commodities. September 2018.

Development of this document was made possible by the generous support of the Ministry of Health and Social Welfare and The Global Fund through Crown Agents Limited under the terms of Supply Chain Redesign contract agreement.

The contents are the responsibility of the National Pharmaceutical Services Directorate, Ministry of Health and Social Welfare, The Gambia and its partners and do not necessarily reflect the views of Crown Agents Limited or The Global Fund.

ACKNOWLEDGEMENTS /

The National SOP and Job Aids Manual was developed with financial support from The Global Fund grants. Special thanks to the following individuals for their contribution in the development of these procedures and job aids:

- Sabally Babading- Director, National Pharmaceutical Services
- Stanley Chindove- Health Supply Chain Specialist, Crown Agents UK
- Tilly Peterken-Health Supply Chain Specialist, Crown Agents UK
- Ally Kilino- Supply Chain Consultant, Crown Agents UK
- Dr Moise Touhon- Health Product Specialist, The Global Fund
- Vanessa Rousselle- Fund Portfolio Manager, The Global Fund

The contribution of health programme staff, health facilities and other supply chain stakeholders greatly appreciated.

CONTENTS

ACKNOWLEDGEMENTS /	ii
1. INTRODUCTION /	1
1.1 Purpose of this Manual	1
1.2 User of this Manual	1
2. Logistics System for health commodities	2
2.1 Flow of commodities and information	2
2.2 LMIS forms and purpose	3
2.3 Roles and Responsibilities of personnel	4
2.4 Key Parameters of the logistics system	9
2.4.1 Minimum/Maximum Inventory levels	9
2.4.2 Ordering cycle	9
3. Summary of logistics activities and dates	9
Section 2: STANDARD PROCEDURES FOR LOGISTICS ACTIVITIES /	11
4. Receiving health commodities	11
4.1 SOP Title: Conducting a Visual Inspection	11
4.2 SOP Title: Receiving health commodities at health facility	12
4.3 SOP Title: Receiving health commodities at CMS/RMS	14
5. Storage of Health Commodities	16
5.1 Storage Guidelines	16
5.2 SOP Title: Storage of health commodities	18
5.3 SOP Title: Handling damaged or expired health commodities	20
5.4 SOP Title: Conducting a physical count for health commodities	21
6. Reporting logistics Information for health commodities	23
6.1 SOP Title: Reporting monthly logistics information by health facilities	23
6.2 SOP Title: Reporting monthly logistics information by Regional Health Team	25
6.3 SOP Title: Reporting monthly logistics information at National level	27
6.4 SOP Title: Reporting monthly logistics information by Regional Medical Stores	29
6.5 SOP Title: Reporting quarterly logistics information by RMS	31
7. Requesting health commodities	33
7.1 SOP Title: Requesting health commodities by health facilities from RMS/CMS	33
7.2 SOP Title: Requesting health commodities by RMS from CMS	34
7.3 SOP Title: Placing an emergency order	35
8. Issuing health commodities from RMS/CMS	37
8.1 SOP Title: Issuing health commodities from RMS/CMS	37
8.2 SOP Title: Issuing health commodities within a health facility	39
9. Dispensing to health commodities to clients	41
9.1 SOP Title: Dispensing health commodities to clients	41
10. Supportive supervision for health commodities management	43
10.1 SOP Title: Supportive supervision for health commodities management	43
10.2 SOP Title: Providing feedback to support health commodities management	45
10.3 SOP Title: LMIS Data Validation	47
11. Job Aid 1: Completing the Combined Requisition and Issue Note when placing orders	51
	iii

12. Job Aid 2: Completing the Combined Requisition and Issue Note when receiving health commodities	53
13. Job Aid 3: Recording transactions on the Inventory Control Card	54
14. Job Aid 4: Determining the Months of Stock	59
15. Job Aid 5: Completing the Monthly Facility Stock Report	61
16. Job Aid 6: Completing the Aggregated Monthly Regional Stock Report	65
17. Job Aid 7: Completing the Monthly National Stock Report	69
18. Job Aid 8: Completing the RMS/CMS Monthly Stock Report	74

APPENDICES

Appendix A: Transfer and Return Form	78
Appendix B: Combined Requisition and Issue Voucher	79
Appendix C: Inventory Control Card	80
Appendix D: Temperature Control Log	81
Appendix E: Stock Sheet	82
Appendix F: Monthly Facility Stock Report	83
Appendix G: Aggregated Monthly Regional Stock Report	84
Appendix H: Aggregated Monthly National Stock Report	85
Appendix I: RMS Monthly Stock Report	86
Appendix J: RMS Quarterly Stock Report	87
Appendix K: Stock Status Assessment Sheet	88
Appendix L: Daily Consumption Form	89
Appendix M: Prescription Form	90
Appendix N: CMS Monthly Stock Report	91
Appendix O: Guidelines And Preparation For Supportive Supervision	92
Appendix P: Guidelines for a Problem-Solving Discussion	93

TABLES

Table 1: LMIS forms and their purpose	3
Table 2: Roles and responsibilities of personnel managing logistics activities	5
Table 3: Minimum and Maximum stock levels.....	9
Table 4: Ordering cycle for health commodities	9
Table 5: Calendar of monthly logistic activities for health commodities	9
Table 6: General Storage Guidelines	16
Table 7: Guidelines for Pre – review preparations by the Regional LMIS Data Clerk	48
Table 8: Implementation of Review Meetings	49

FIGURES

Figure 1: Flow of health products and logistics information.....	2
--	---

ABBREVIATIONS

ADR	Adverse Drug Reactions
AMC	Average Monthly Consumption
AMNSR	Aggregated Monthly National Stock Report
AMRSR	Aggregated Monthly Regional Stock Report
CMS	Central Medical Store
CRIV	Combined Requisition and Issue Note
DAR	Daily Activity Register
EOP	Emergency Order Point
FEFO	First Expiry First Out
LMIS	Logistic Management Information System
MFSR	Monthly Facility Stock Report
MOHSW	Ministry of Health and Social welfare
MoS	Months of Stock
MSV	Monitoring Supervision Visits
NPS	National Pharmaceutical Services
OIC	Officer-In-Charge
OJT	On Job Training
POD	Point of Delivery
PSM	Procurement and Supply Management
QA	Quality Assurance
QRSR	Quarterly Regional Stock Report
RHMT	Regional Health Management Team
RMS	Regional Medical Stores
SOP	Standard Operating Procedures

1. INTRODUCTION /

1.1 Purpose of this Manual

This manual is intended to simplify and standardise the activities required for the functioning of the health commodities logistics system in The Gambia. The manual is a consolidation of standard operating procedures (SOPs) focussing on management of health commodities at various levels of the health care system in The Gambia. In addition, the manual serves as a reference for the health personnel in performing tasks related to the management of health commodities.

The purposes of these SOPs are to:

- Help to ensure the quality and consistency of health commodity management activities
- Serve as useful tools for training new and existing members of staff since they provide detailed work instructions
- Clarify roles and responsibilities
- Serve as quick reference when in need of clarification.
- Harmonize supply chain activities across the disease programmes nationally.

The SOPs manual is designed to manage the supply chain activities for all health commodities, including:

- Essential medicines
- Non-drug consumables (medical supplies, disposables)
- Family planning commodities
- Dental supplies and
- Laboratory supplies

Proper execution of supply tasks in an orderly manner is critical to ensuring continuous availability and security of health commodities. Clarity in description of various supply chain tasks provides a platform to monitor and supervise the performance of the various stakeholders and hold them to account.

1.2 User of this Manual

This manual is intended to be used by personnel that carry out logistics functions at all levels of the system- from National stakeholders to health facilities. The following categories of personnel will find this manual extremely useful:

- All personnel and program management staff with logistics responsibilities at central and regional level
- Health facility personnel with responsibility to manage health commodities

2. Logistics System for health commodities

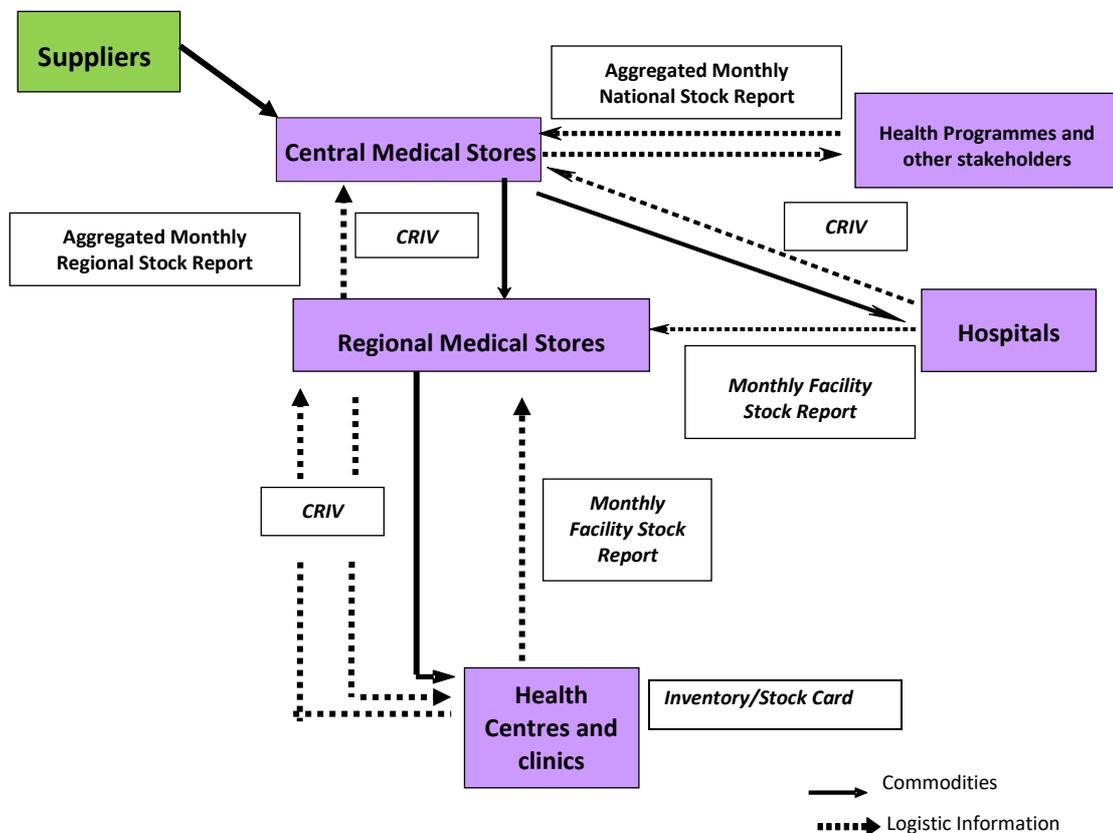
A functional and robust logistics system must ensure continuous availability of health commodities at health facilities by providing the following Six Rights¹:

- The **Right** products
- In the **Right** quantities
- In the **Right** condition
- delivered.....
- to the **Right** place
- at the **Right** time
- for the **Right** cost

2.1 Flow of commodities and information

Figure 1 shows the flow of health products and logistics information across the supply chain system in The Gambia.

Figure 1: Flow of health products and logistics information



¹ USAID | DELIVER PROJECT, Task Order 1. 2011. The Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1. Second edition.

2.2 LMIS forms and purpose

Table 1: LMIS forms and their purpose

LMIS forms	Purpose	Users
Inventory Control Card (stock card)	<ul style="list-style-type: none"> • A primary LMIS tool to track health commodities • To record receipts, issues, losses and adjustments • To record changes in stock balances. 	<ul style="list-style-type: none"> • Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store². • Staff in charge of dispensing health commodities (or designated proxy)
Monthly Facility Stock Report ³	<ul style="list-style-type: none"> • To report on losses, adjustments, stock on hand (physical inventory, days out of stock). • To calculate order quantities. 	<ul style="list-style-type: none"> • Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store • Health facility Officer-in-Charge (OIC)
Monthly RMS Stock Report	<ul style="list-style-type: none"> • To report on losses, adjustments, stock on hand (physical inventory, days out of stock). 	<ul style="list-style-type: none"> • RMS-in-Charge (Warehouse Manager) (or designated proxy) • RMS LMIS Data Entry Clerk
Quarterly RMS Stock Report	<ul style="list-style-type: none"> • To report on losses, adjustments, stock on hand (physical inventory, days out of stock). 	<ul style="list-style-type: none"> • RMS-in-Charge (Warehouse Manager) (or designated proxy) • RMS LMIS Data Entry Clerk
Combined Requisition and Issue Voucher	<ul style="list-style-type: none"> • To requisition health commodities • To trigger picking and packing at RMS or CMS • To serve as proof of delivery 	<ul style="list-style-type: none"> • Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store • Health facility Officer-in-Charge (OIC) • RMS/CMS Stores Officers.
Aggregated Monthly Regional Stock Report	<ul style="list-style-type: none"> • To sum up all the losses, adjustments, stock on hand, consumption for the health facilities in the region. This includes stock status at the RMS. 	<ul style="list-style-type: none"> • RMS-in-Charge (Warehouse Manager) • Regional LMIS Data Entry Clerk(or designated proxy) • Regional Health Management Team

² Includes all supply chain focal persons at health facility, RMS or CMS (pharmacists, pharmacy technicians, pharmacy assistants as well as nurses, laboratory assistants and medical assistants with responsibilities to manage health logistics activities.

³ Formerly monthly LMIS return form (LMIS Form 1)

LMIS forms	Purpose	Users
		<ul style="list-style-type: none"> LMIS Data Manager
Aggregated Monthly National Stock Report	<ul style="list-style-type: none"> To sum up all the losses, adjustments, stock on hand, consumption for the health facilities in the region. This includes stock status at the CMS 	<ul style="list-style-type: none"> LMIS Data Manager Director, National Pharmaceutical Services Public Health Procurement and Supply Chain Management Committee (PHPSCMC)
Prescription Form	<ul style="list-style-type: none"> To record the health commodities prescribed to the patient, as part of plan of care. To serve as record of dispensary records for health commodities issued/consumed. 	<ul style="list-style-type: none"> Medical doctors Medical officers Practicing nurses Staff in charge of dispensing health commodities (or designated proxy)
Daily Activity Register (DAR) (e.g. <i>Daily Consumption Form</i>)	<ul style="list-style-type: none"> To record the quantity of each product dispensed to patients (by name or client/patient number) and date To serve a daily record of dispensary activities (consolidation of health product consumption). 	<ul style="list-style-type: none"> Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store Health facility Officer-in-Charge (OIC)
Transfer/Return Form	<ul style="list-style-type: none"> To record quantity of health commodities returned to the RMS/CMS or transferred between RMS or health facilities 	<ul style="list-style-type: none"> Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store Health facility Officer-in-Charge (OIC) Designated person at the RMS responsible for filling the report RMS-in-Charge

2.3 Roles and Responsibilities of personnel

The roles and responsibilities of key personnel involved in logistics activities for health commodities are listed in table below. Depending on the position or assigned responsibilities of health personnel, this SOP manual will help in carrying out the logistics activities responsibilities according to the calendar of activities in a timely and efficient manner.

Table 2: Roles and responsibilities of personnel managing logistics activities

Level	Personnel	Roles and Responsibilities
Health Facility	Dispensers	<ul style="list-style-type: none"> Record quantity of health commodities received from the health facility store and quantity issues/dispensed to clients within the health facility Updates the stock cards after each transaction Consolidate the total quantity issued/dispensed to clients daily. Properly file all transaction records Assist in preparation of the monthly facility stock report
	Staff in charge of the health commodities bulk store, facility store or other store	<ul style="list-style-type: none"> Request health commodities needed by the health facility Receives supplies from RMS/CMS and completes the CRIV Issues health commodities to dispensing areas with the health facility Updates stock cards after each transaction Conduct physical inventory at the end of every month Completes the Monthly Facility Stock Report (MFSR) no later than the 5th of the month following the reporting period, <i>if there is no designated LMIS data entry clerk,</i> Monitors stock levels at the health facility and places emergency orders when required. Properly file all transaction records Record receipts and issues executed at the drug store
	Data entry clerk (<i>if available at health facility</i>)	<ul style="list-style-type: none"> Assists in conducting physical inventory at the end of every month Completes the Monthly Facility Stock Report (MFSR) no later than the 5th of the month following the reporting period Properly file all transaction records
	Health facility Officer-in-Charge (OIC)	<ul style="list-style-type: none"> Supervises and provide guidance to staff in charge of health facility store, dispensers and data entry clerk Verifies logistics information entered on Monthly Facility Stock Report and stock cards. Review and approve the monthly facility stock report. Organises validation meeting to reconcile HMIS and LMIS data
Regional level	RMS Stores Officers	<ul style="list-style-type: none"> Request health commodities needed by the Region

Level	Personnel	Roles and Responsibilities
		<ul style="list-style-type: none"> • Receives health commodities from CMS • Receives CRIV for each health facility in the region • Sends CRIV to RMS-in charge for approval • Updates stock cards after each transaction • Monitors stock levels and inform RMS-in-Charge of available stock and gaps that need to be filled • Ensures good storage practices, including First Expiry First Out, are maintained • Keep a copy of signed CRIVs and other delivery documents. • Conducts physical inventory for health commodities for routine reporting. • Properly file all transaction records • Completes the RMS Monthly Stock Report no later than the 5th of the month following the reporting period and submits to RMS-in-Charge.
	LMIS Data entry clerk	<ul style="list-style-type: none"> • Completes the Aggregated Monthly Regional Stock Report (AMRSR) no later than the 12th of the month following the reporting period.
	RMS-in-Charge	<ul style="list-style-type: none"> • Supervises and provided guidance to RMS staff in accordance to approved processes, procedures and tools. • Verifies logistics information entered on Aggregated Monthly Regional Stock Report and stock cards • Reviews and approves the RMS Monthly Stock Report and Aggregated Monthly Regional Stock Report. • Participates in Monitoring and Supervision visits within the region and provides feedback to health facilities and RHMT. • Sets schedule and facilitates delivery of health commodities to health facilities in the Region • Follows up on previous feedback report to ensure follow through on action points developed.
	Regional Health Team	<ul style="list-style-type: none"> • In conjunction with NPS, plan and conduct joint Monitoring & Supervisory Visits (MSV) to identify what is working well, challenges and develop suitable action points to improve supply chain management activities. • Review consolidated MSV report findings and discuss at regional/national RHMT meetings • Follows up on previous feedback report to ensure follow through on action points developed.

Level	Personnel	Roles and Responsibilities
National/Central level	CMS Pharmaceutical Stores Officer	<ul style="list-style-type: none"> • Receives CRIV for each region • Sends CRIV to In-charge for approval • Updates stock cards after each transaction • Monitors stock levels and inform in-Charge of available stock and gaps that need to be filled • Ensures good storage practices, including First Expiry First Out, are maintained • Keep a copy of signed CRIVs and other delivery documents. • Conducts physical inventory for health commodities for routine reporting. • Completes the CMS Monthly Stock Report no later than the 5th of the month following the reporting period and submits to In-Charge.
	CMS Logistics Officer	<ul style="list-style-type: none"> • Receives health commodities from suppliers • Provide record of the commodity shipments every 2 weeks • Conducts visual inspections and verifies health commodities against delivery documents upon arrival and hand them over to the designated Store Keeper • Notifies CMS management on short landing commodities and any discrepancies. • Takes note of products with shelf life of less than 18 months upon arrival and reports to CMS management • Properly file all records
	Principal Pharmacist (Inventory Control Officer)	<ul style="list-style-type: none"> • Supervises team of supply chain staff who work together to ensure that the necessary information on inventory is captured/recorded into the warehouse management system • Implements policies and procedures on maintenance of proper inventory levels in partnership with the storage and distribution teams. • Routinely leads team to audit all inventory levels. This may include running a report that documents all inventory or physically count all stocks in the warehouse. • Assigns inventory codes when new goods are received and enters items into the database including any other information required by policy.
	LMIS Data Manager	<ul style="list-style-type: none"> • Receives Aggregated Monthly Regional Stock Reports • Completes the Aggregates Monthly National Report no later than the 22nd of the month following the reporting

Level	Personnel	Roles and Responsibilities
		<p>period and submits to NPS Director.</p> <ul style="list-style-type: none"> • Provides guidance and support to health facilities and regional teams on logistics management information system. • Routinely reviews health facility and regional LMIS reports to check for data quality and provide feedback. • Participate in regular review meeting on performance of logistic system, including assessments against agreed key performance indicators. • Routinely leads team to audit all inventory levels. This may include running a report that documents all inventory or physically count all stocks in the warehouse. • Assigns inventory codes when new goods are received and enters items into the database including any other information required by policy. • Works closely with the relevant technical units within the Ministry of Health and partners to ensure logistics data are regularly used as the basis for commodity replenishment requests • Enhance information-sharing and fostering partnerships among the various procurement and supply chain stakeholders to achieve greater efficiency, problem-solving and synergy.
	CMS Deputy Manager	<ul style="list-style-type: none"> • Manages overall supply chain and logistics functions at the CMS • Collaborates with CMS supply chain focal persons to plan and execute the distribution plan, to enable smooth processing of RMS and HFs resupply requests • Supervises CMS warehouse staff on day-to-day activities.
	The CMS Director	<ul style="list-style-type: none"> • Directs the activities of all staff at the Central Medical Store and ensure all goals and objectives of the organization are reached. • Ensures that Central Medical Store obligations to partners are fulfilled in a timely and sustainable manner. • Manage administration functions to ensure smooth and efficient operations of the Organization. • Monitor and ensure that supervisors and staff are at their assigned areas and implementing their duties • Receives and reviews the Aggregated Monthly National Stock Reports • Shares Aggregated Monthly National Stock Reports with key stakeholders including PHPSCMC.

2.4 Key Parameters of the logistics system

2.4.1 Minimum/Maximum Inventory levels

The minimum/maximum inventory control levels (Min-Max) requires that for each storage facility at each level of the logistics system, minimum and maximum stock levels are established and maintained for health products managed by the logistics system.

The most basic activity in managing a logistics system is the re-supply of health commodities and the procedures for resupply are based on the established inventory control levels. Health commodities must be ordered and received on a regular basis and the quantities of health commodities that are received must be enough to cover expected demand during the ordering cycle, considering available storage capacity at the health facility or regional medical stores. Minimum stock level is set as low as possible but includes safety margin to prevent stock outs. Maximum stock level is always set high enough to guarantee adequate supply during the ordering cycle, but low enough to prevent overstock and waste due to expiry. Table below summarises the established stock levels across the different levels of the logistics system.

Table 3: Minimum and Maximum stock levels

Facility Type	Minimum stock level (in months)	Maximum stock level (in months)	Emergency Order Point (in months)
Hospitals	3	6	1
Health centres and clinics	1	2	0.5 (2 weeks stock)
Regional Medical Stores	3	4	1
Central Medical Stores	6	12	3

2.4.2 Ordering cycle

The table below summarises ordering cycle for health commodities for the various facility/store types.

Table 4: Ordering cycle for health commodities

Facility/Store Type	Ordering Frequency
Hospital	Quarterly
Health centres and clinics	Monthly
Regional Medical Stores	Quarterly

3. Summary of logistics activities and dates

Table 5: Calendar of monthly logistic activities for health commodities

Date (no later than)	Level	Person responsible	Activity
30 th of each month	Health Facility	Staff in charge of the health commodities bulk store, facility store or other store	Conduct a physical count of inventory in the stores and updates stock cards

Date (no later than)	Level	Person responsible	Activity
5 th of the month following the reporting period	Health Facility	Staff in charge of the health commodities bulk store, facility store or other store or LMIS data clerk (<i>if available</i>)	Complete the Monthly Facility Stock Report and send to Regional Health Office
5 th of the month following the reporting period	RMS and CMS	RMS in-Charge	Complete the RMS/CMS Monthly Facility Stock Report
By 12 th of the month following the report period	Regional	Regional LMIS Data Entry Clerk	Complete the Aggregated Monthly Regional Stock Report
By 22 nd of the month following the report period	National	LMIS Data Manager	Completes the Aggregated Monthly National Stock Report

SECTION 2: STANDARD PROCEDURES FOR LOGISTICS ACTIVITIES /

4. Receiving health commodities

4.1 SOP Title: Conducting a Visual Inspection

SOP Title: Conducting a Visual Inspection

Procedure Number:

Number of pages: 1

Date Written: August 2018

1. Objective

To describe the procedure for conducting a visual inspection of health commodities during receipt at the store (bulk store, health facility store or other store holding health commodities)

2. Responsible Persons

Staff in charge (or designated proxy) of the bulk store, health facility store or other store holding health commodities. At RMS/CMS this is the Warehouse Officer/Receiving Officer or designate; and at health facility this is the Supply Chain Focal Person or designate.

3. Tools Needed

None

4. Procedure

The designated/authorized staff shall:

4.1. Complete a visual inspection of cartons/packages or products each time products are handled: when receiving, issuing, conducting physical count or use at the health facility.

4.2. Check for the following during a visual inspection:

- damage to the packaging or containers (tears, perforations, stains, cracked bottles etc)
- missing or illegible product labels
- date of manufacture, expiry date, manufacturer's name, batch/lot number

4.3. Remove from the inventory any products identified to be damaged or expired and store them separately awaiting transfer to CMS/RMS for destruction.

4.4. Complete the **Transfer/Return Form** (*Refer to Appendix A*)

4.4. Update the inventory control card (stock card) for the respective products with date, quantity removed from inventory and any remarks.

4.2 SOP Title: Receiving health commodities at health facility

SOP Title: Receiving health commodities at health facility

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure for receiving health commodities at the health facility store or other store holding health commodities for the health facility)

2. Responsible Persons

Staff in charge (or designated proxy) of the health facility store or other store holding health commodities for the health facility (Supply Chain Focal Person).

3. Tools Needed

3.1. Delivery documents e.g.

- Combined Request and Issue Voucher (CRIV) (*Refer to Appendix B*)
- Delivery note,
- Packing list,
- Invoice,
- Proof of delivery (POD) form).

3.2. Inventory Control Card (Stock card) (*Refer to Appendix C*)

3.3. Facility copy of the order form used to request for the supply of the health commodities (CRIV or other).

4. Procedure

The designated/authorized staff shall:

4.1. Only accept health commodities that are accompanied by an appropriate delivery document (e.g. CRIV, delivery note, packing list, POD form).

4.2. Meet the delivery personnel and countercheck that the number of packages indicated on the delivery document matches the number of packages delivered.

4.3. Inspect and check the shipment against the delivery documents and corresponding order form (copy of facility CRIV) for the following discrepancies:

- Requirements from the order that have not been met
- Items listed on the order form or delivery document that are missing from the shipment
- Items received that were not ordered or were not listed on the delivery documents
- Broken, cracked, or leaking vials where seals are broken
- Broken containers/pills
- Commodities that arrive past their expiry date

- Commodities that have no labels, inadequate or illegible labelling
- Any other discrepancies.

4.4. Record any discrepancies in the remarks section of the CRIV or other delivery document and append your signature, have a witness also countersign and note the date.

4.5. Endorse the delivery documents, including the CRIV with name, signature and date. Retain Copy 2 of CRIV at the health facility and return Copy 3 of CRIV to the supplier agency or issuing facility.

4.6. Where applicable, prepare a List of any unusable or excess commodities and set them aside using the **Transfer/Return Form**. Notify the supplier immediately for exchange, withdrawal or re-distribution.

4.7. Record each health commodity received in its respective inventory control card (stock card). Clearly indicate the

- Date of receipt
- Receipt document number
- Quantity received
- Stock Balance, and any other relevant information specified in the inventory control card (stock card).

4.8 Store health commodities according to the Procedure for Storage of health commodities (see SOP #).

5. Storage of Tools

5.1. Copies of CRIVs (with all completed request and receipt information) shall be filed chronologically by date for easy retrieval in the store.

5.2. Each serialised CRIV document has 3 copies:

- Copy 1 and 2 remain with the health facility. Copy 1 remains in the CRIV booklet. Copy 2, upon completion of the receipt function, has completed quantities supplied and received, names and signatures of the receiving team.
- Copy 3 is retained by the supplier agency or issuing facility.
- All copies shall be filed chronologically.

4.3 SOP Title: Receiving health commodities at CMS/RMS

SOP Title: Receiving health commodities at CMS/RMS

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure for receiving health commodities at CMS or RMS or other store holding health commodities at central or regional level)

2. Responsible Persons

2.1 CMS/RMS in-Charge (Warehouse Managers);

2.2.CMS/RMS Receiving Officers

2.3. CMS/RMS Store Officers

3. Tools Needed

- a) Delivery documents e.g.
 - Combined Request and Issue Voucher (CRIV)
 - Delivery note,
 - Packing list,
 - Invoice,
 - Proof of delivery (POD) form).
- b) Inventory Control Card (Stock card)
- c) Copy of CMS Purchase Order or RMS copy of the order form used to request for the supply of the health commodities (CRIV or other).

4. Procedure

The designated/authorized staff shall:

4.1. Only accept health commodities that are accompanied by an appropriate delivery document (e.g. CRIV, delivery note, packing list, POD form).

4.2. Meet the delivery personnel and countercheck that the number of packages indicated on the delivery document matches the number of packages delivered.

4.3. Inspect and check the shipment against the delivery documents and corresponding order form (copy of facility CRIV) for the following discrepancies:

- Requirements from the order that have not been met
- Items listed on the order form or delivery document that are missing from the shipment
- Items received that were not ordered or were not listed on the delivery documents
- Broken, cracked, or leaking vials where seals are broken

- Broken containers/pills
- Commodities that arrive past their expiry date
- Commodities that have no labels, inadequate or illegible labelling
- Any other discrepancies.

4.4. Halt unloading if major contamination, infestation or breakage has occurred during transit.

4.4.1 Under normal circumstances, damages are to be refused at point of receipt.

4.4.2 In the event that damages cannot be immediately returned, the damaged goods need to be moved to the damages cage or any allocated space away from usable stock. Return is to be arranged where possible; if not, then destruction of goods is to take place at the supplier's expense.

4.4.3 All damages are to be clearly noted on the delivery note/invoice and faxed to the supplier, pending authorization regarding action to be taken with these goods from the supplier's QA designated representative.

4.5 Record any discrepancies in the remarks section of the CRIV or other delivery document, for CMS to RMS shipments, and append your signature, have a witness also countersign and note the date.

4.5. Endorse the delivery documents with name, signature and date.

4.6. Retain the original copy at the health facility and return a copy to the supplier agency or issuing facility.

4.6. Where applicable, prepare a List of any unusable or excess commodities and set them aside using the **Transfer/Return Form**. Notify the supplier immediately for exchange, withdrawal or re-distribution.

4.7. Record each health commodity received in its respective inventory control card (stock card). Clearly indicate the

- Date of receipt
- Receipt document number
- Quantity received
- Stock Balance, and any other relevant information specified in the inventory control card (stock card).

4.8 Store health commodities according to the Procedure for Storage of health commodities.

5. Storage of Tools

5.1. Copies of CRIVs and other delivery documents shall be filed chronologically by date for easy retrieval in the store.

5. Storage of Health Commodities

5.1 Storage Guidelines

Storing is the safe keeping of drugs to avoid damage, expiry, and theft. Proper storage procedures help ensure that storage facilities protect the shelf life of malaria commodities, that only high-quality commodities are issued, and that there is little or no waste due to damaged or expired commodities. If proper storage procedures are followed, patients can be assured that they have received a high-quality product.

Storage conditions will affect the quality of the commodities being stored. Rooms that are too hot, stacks of cartons that are too high, and other poor storage conditions can cause damage to medicines or cause a reduction in shelf life. A well-organized storeroom will simplify a facility's work; time will not be wasted trying to find needed supplies.

Each health commodity has a shelf life which is specified by the manufacturer. When the commodity reaches the end of its shelf, it has expired and should not be distributed to patients. It is important to follow proper storage procedures to ensure that the shelf life is protected.

In general, all health commodities should be protected from sun, heat, and water. Follow manufacturer recommendations for storing these supplies. This information is usually printed on the product carton and boxes.

Shelf life is the length of time a product may be stored without affecting the usability and safety of the item, if the product is stored under the prescribed conditions.

The following general storage guidelines should be strictly adhered to at all storage facilities.

Table 6: General Storage Guidelines

1.	Clean and disinfect the storeroom regularly.	Pests are less attracted to the storeroom if it is regularly cleaned and disinfected. If possible a regular schedule for extermination will also help eliminate pests. Keep food and drink out of the storeroom.
2.	Store products in a dry, well-lit, well-ventilated storeroom - out of direct sunlight.	Extreme heat and exposure to direct sunlight can degrade products and dramatically shorten shelf life. Temperatures in the storeroom should not exceed 25°C. Direct sunlight raises the temperature of the product and can reduce its shelf life. Store supplies in their original shipping cartons.
3.	Protect storeroom from water penetration.	Water can destroy both supplies and their packaging. If the packaging is damaged, the product is still unacceptable to the patient even when the product is not damaged. Repair the storeroom so that water cannot enter. Stack supplies off the floor on pallets at least 10 cm high and 30 cm away from walls as moisture can seep through walls and floors.
4.	Keep fire safety equipment available⁴, accessible, and functional, and train employees to use it.	Stopping a fire before it spreads can save expensive supplies and the storage facility. The right equipment should be available; water is able to put out paper fires, but is ineffective on electrical and chemical fires. Place well-maintained fire extinguishers at suitable positions in the storeroom. If a fire extinguisher is not available, keep sand or soil in a bucket nearby. Regardless of the method used, train the staff in the use of the available fire safety equipment.

⁴ This include sand buckets, fire extinguishers, fire hydrants/hoses.

5.	Limit storage area access to authorized personnel and lock up controlled substances.	To prevent theft and pilferage, lock the storeroom and/or limit access to personnel other than authorized staff. Access must not, however, prevent appropriate distribution, thus a spare set of keys should be kept in the office of the Officer- In-Charge. Physical counts should be conducted on a regular basis to verify inventory records.
6.	Stack cartons at least 10 cm off the floor, 30 cm away from the wall and other stacks, and no more than 2.5m high.	<p>Pallets keep the products off the floor so they are less susceptible to pests, water and dirt damage. Stack pallets 30 cm away from the walls and each other to promote air circulation and to ease movement of stock, cleaning and inspection.</p> <p>Do not stack cartons more than 2.5m as the weight of the products may crush the cartons at the bottom. This will reduce potential injury to warehouse personnel. If cartons are particularly heavy, stack cartons less than 2.5m.</p> <p>At health facilities, where the use of pallets is inappropriate, shelving is used.</p>
7.	Store medical supplies away from insecticides, chemicals, old files, office supplies and other materials.	Exposure to insecticides and other chemicals may affect the shelf life of medical supplies. Old files and office supplies may get in the way and reduce space for medical supplies or make them less accessible. Remove clutter from the storeroom regularly to avail more space for storage.
8.	Store flammable products separately from other products. Take appropriate safety precautions.	Some medical procedures use flammable products, such as alcohol, cylindered gas, or mineral spirits. Such products should be stored away from other products and near a fire extinguisher.
9.	Store health commodities to facilitate FEFO procedures and stock management.	FEFO (First- to- Expire, First Out) is a method of managing drugs in a storage facility where the drugs are managed by their expiry date. Health commodities that will expire first are issued first, regardless of when they were received at the health facility.
10.	Arrange cartons with arrows pointing up, and with identification labels, expiry dates, and manufacturing dates clearly visible.	Identification labels make it easier to follow FEFO, and make it easier to select the right product. Items should be stored according to manufacturer's instructions on the cartons; this includes paying attention to the direction of the arrows.
11.	Separate damaged or expired products from usable commodities, complete the transfer/return form and return the commodities to RMS/CMS for destruction.	Do not dispense expired drugs to the patients. Designate a separate part of the storeroom for damaged and expired goods.

5.2 SOP Title: Storage of health commodities

SOP Title: Storage of health commodities

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedures and good practices for storage of health commodities

2. Responsible Persons

2.1. Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store.

2.2. Staff in charge of dispensing health commodities (or designated proxy)

3. Tools Needed

3.1. Inventory control cards (stock cards)

3.2. Temperature Logs (*Refer to Appendix D*)

3.3. Minimum and Maximum Thermometer

4. Procedure

4.1. Record quantities of all health commodities on the stock cards upon receipt.

4.2. Ensure that heat sensitive items (where applicable) are stored in a cool room, refrigerator or cold room as soon as possible upon receipt.

4.3. Storage Areas

4.3.1. Store health commodities in a clean, well ventilated room that is free from pests.

4.3.2. Protect health commodities from direct exposure to sunlight by using shades/curtains/paint on windows or by keeping cupboards shut.

4.3.3. Protect health commodities from moisture by ensuring that there is adequate drainage and that there are no leaking roofs or ceilings.

4.3.4. Limit access to storage areas to authorized persons and keep storage areas locked when not in use. Designated authorized staff shall always keep keys to storage areas in their possession while on duty, and hand over appropriately.

4.3.5. Place bulky commodities on pallets. **NO COMMODITIES SHOULD HAVE DIRECT CONTACT WITH THE FLOOR.**

4.3.6. Ensure easy access to functional fire equipment and train all health staff on how to use them.

4.4. Stock Arrangement

4.4.1. Arrange health commodities on shelves in chronological order.

4.4.2. Arrange health commodities on shelves using FEFO (first to expire, first out) principle.

4.4.3. Place stock cards next to the corresponding commodities at all times.

4.4.4. Arrange bulky cartons on pallets with arrows pointing up and with labels, dates and manufacturers names clearly visible. If it is not possible, write the commodity name and expiry date clearly on the visible side.

4.4.5. Stack bulky cartons on pallets at least 10 cm off the floor, 30 cm away from walls and other stacks and no more than 2.5 m high to avoid crushing.

4.4.6. Store health commodities away from flammable products or poisons.

4.5. Monitoring Temperature

4.5.1. Maintain a functional min-max thermometer in the bulk store and dispensing areas.

4.5.2. Monitor and record temperature of health commodities storage areas. Where applicable, assign one staff member on a permanent or rotational basis to monitor and record temperature of storage areas.

4.5.3. Check the temperature of the bulk store and the dispensing areas **TWICE** daily in the morning and in the afternoon.

4.5.4. Check the temperature of the refrigerators and/or cold room **ONCE** daily (where applicable).

4.5.5. Record the temperature in Temperature Control Logs.

Note:

- Acceptable temperature range for the storage areas are: 18–25°C
- Cold Storage (where applicable) refrigerator temperature: 2–8°C

4.5.6. Report temperatures not within acceptable range to the Health Facility Officer- in- charge or designated proxy.

4.5.7. Where applicable, check to ensure that the bulk store air-conditioning system or fan is working effectively on a daily basis.

4.5.8. Report any problems with air conditioning or fans to the Officer-in Charge or his/her proxy IMMEDIATELY.

5. Storage of Tools

5.1. Place inventory control cards (stock cards) next to the corresponding health commodities at all times. Filled up stock cards shall be filed chronologically by commodity name in the health commodity bulk store.

5.2. A temperature log (where applicable) for the cold room or refrigerator shall always be affixed on the door of the cold room or refrigerator in clear view.

5.3. Temperature logs for the dispensing area and bulk store shall be hung on the wall next to the minimum-maximum thermometer and are always in clear view.

5.4. Filled-up temperature logs shall be filed chronologically by date and kept in the dispensing area or bulk store as is applicable.

5.3 SOP Title: Handling damaged or expired health commodities

SOP Title: Handling damaged or expired health commodities

Procedure Number:

Number of pages: 1

Date Written: August 2018

1. Objective

To describe the procedures handling damaged or expired health commodities

2. Responsible Persons

- 2.1. Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store.
- 2.2. Staff in charge of dispensing health commodities (or designated proxy)

3. Tools Needed

- 3.1. Inventory control cards (stock cards)
- 3.2. Transfer/Return Form

4. Procedure

- 4.1. Remove damaged or expired health commodities from the shelves and separate from any usable stock.
- 4.2. Place damaged or expired health commodities in box (es) and store in a secure, lockable room or cupboard to ensure they are not mistakenly used/dispensed to patients.
- 4.3. Place a label on the cartons/packages/boxes as **“DAMAGED/EXPIRED PRODUCTS. DO NOT USE”**.
- 4.4. Update the respective stock card(s) to record quantities of damaged or expired products (losses), date and signature.
- 4.5. Complete the Transfer/Return Form and return the damaged or expired products to RMS/CMS.

5.4 SOP Title: Conducting a physical count for health commodities

SOP Title: Conducting a Physical count for health commodities at the Store

Procedure Number:

Number of pages: 2

Date Written: August 2018

A physical count is an actual count of the quantity on hand for each health commodity at any given time.

1. Objective

To describe the procedure for conducting a physical count of health commodities at the health facility store.

2. Purpose:

- Verify the quantity of usable stock available for use (Usable stock is stock that is not expired or damaged)
- Identify discrepancies between actual supplies and the stock balance on the stock card
- Detect damaged or expired health commodities
- Provide an opportunity for store re-organization.

3. Responsible Persons

3.1. Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store.

3.2. Staff in charge of dispensing health commodities (or designated proxy)

4. Tools Needed

4.1. Inventory control card (stock card)

4.2. Stock sheet (*Refer to Appendix E*)

5. Procedure

Monthly, as part of the monthly close out; when discrepancies have been noted or suspected; or when appropriate, the Supply Chain Focal person (or designated/authorized proxy) shall:

5.1. Physically count all health commodities available in the store:

- Count by hand every commodity by product name and/or dosage form.
 - count the number of unopened or complete cartons and multiply by the number of units in a carton to determine the total number of units in every carton.
 - if an open carton contains unopened packs, count the number of packs and multiply by the number of units in the pack.
 - count all the units that are in open packs, on racks/shelves and add them together.

Note: Do not count stock that has already been issued or dispensed but awaiting collection

- Add the total units from unopened cartons and packs, open packs, on racks/shelves to give you the total number of units of the commodity available in your store (**Quantity on Hand**).
- Identify the usable stock for each health commodity
- Separate count and, label any expired, damaged or obsolete commodities
- Organize the health commodities according to expiry dates and batch numbers to comply with FEFO
 - mark the expiry dates clearly with large dark numbers on each face of every pack or carton.

- for any health commodity with batch (es) with less than 6 months to expiry, record on the stock sheet.

5.2. Reconcile the current stocks in the manual and/or electronic records (where applicable) (i.e. stock cards, and electronic ledgers) with the physical stock:

- Identify the discrepancies between the health commodities counted and the stock balance on the records and adjust the records for any Losses and Adjustments.
- List any expired, damaged, or obsolete commodities. Arrange for their disposal following the laid down procedures.
- Record the date of the physical count and the quantity counted on the stock cards.

5.3. Calculate the Months of Stock (MoS) on hand for each health commodity. The formula for calculating MoS is as follows:

$$\text{Months of Stock} = \text{Stock on Hand} \textit{ divided by } \text{Average Monthly Consumption (AMC)}$$

where AMC is the total quantity dispensed/issued over the last 3 months (from stock cards or daily activity registers) divided by 3.

5.4. In the event of short-dated or over-stock of commodities (MoS more than **6** months hospitals or **3** months (health centres and clinics), arrange with the RMS/CMS for re-distribution.

5.5. In the event of under-stock or stock-out of commodities (MoS less than **3** months (hospitals) or **1** (health centres and clinics), arrange for topping up or re-supply with RMS/CMS.

6. Storage of Tools

6.1. Manual records (stock cards): shall be filed chronologically by date for easy retrieval in the store.

6.2. Where applicable, electronic records: should have a backup facility

6.3. The Stock sheets should be filed for easy retrieval in the store.

6. Reporting logistics Information for health commodities

6.1 SOP Title: Reporting monthly logistics information by health facilities

SOP Title: Reporting monthly logistics information by health facilities using the Monthly Facility Stock Report

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure used by the health facilities to report routine logistics information for health commodities.

2. Responsible Persons

- 2.1. Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store.
- 2.2. Staff in charge of dispensing health commodities (or designated proxy)

3. Tools Needed

- 3.1. Blank form of the Monthly Facility Stock Report (MFSR) (*formerly referred to as LMIS Form 1*) (*Refer to Appendix F*)
- 3.2. Updated Inventory Control Cards (stock cards)
- 3.3. Calculator and pen

4. Procedure

- 4.1. At the end of every calendar month, conduct a Physical stock count of health commodities in the health facility or RMS (*Refer to SOP: Conducting a physical count of health commodities*) to obtain the stock on hand, days out of stock and health commodities with less than 6 months to expiry date. Update the respective stock cards.
- 4.2. Complete the Monthly Facility Stock Report according to instructions provided in the inner front cover page of the Monthly Facility Stock Report book.
- 4.3. Using the stock cards for respective health commodities prefilled on the Monthly Facility Stock Report, record the Beginning balance for the month. Aggregate the stock receipts and stock issues for the month, as well as the losses and adjustments. Record these totals on the Monthly Facility Stock Report. Record the physical stock as the Ending balance.
- 4.4. Using the Daily Consumption Form (or other Daily Activity Registers), sum the quantities consumed during reporting period for each health commodity prefilled on the MFSR. If using the stock card to determine proxy consumption, use the formula below:

Opening balance

Plus

Quantities Received

Minus

Losses
Plus or Minus
Adjustments
Minus
Stock on Hand

4.5 To calculate the quantity required for each health commodity for your facility,

- Quantity to Order = Consumption for the month multiplied by Max Stock level for the facility type⁵ (*also see table 3*), and then subtract the Current stock (stock on hand).

$$\text{Quantity to Order} = (\text{Monthly Consumption} \times \text{Max Stock Level}) - \text{Current stock}$$

- Record the figure in the column labelled “Quantity to Order (units)” on the MFSR
Note: Hospitals should complete order quantities during the month following the end of a quarter.

4.6. Record the name, designation, telephone and signature of the officer completing the MFSR, and the date. The MFSR should be checked by the Officer-in-charge at the health facility/RMS and authorized as appropriate.

4.7. Send the original copy to Regional LMIS Data Entry Clerk through the appropriate channels (in person or via facility vehicle) and keep the book copy at your facility.

4.8. Reports should be sent to reach Regional Health Team by the 5th of the following month.

5. Storage of Tools

5.1. The original copy (white copy) of the MFSR is sent to Regional LMIS Data Entry Clerk at Regional Health Team.

5.2. The duplicate of the MFSR shall remain in the facility as the book copy.

⁵ Max Stock levels: hospitals= 3, Health Centres and clinics= 2.

6.2 SOP Title: Reporting monthly logistics information by Regional Health Team

SOP Title: Reporting monthly logistics information by the Regional Offices using the Aggregated Monthly Regional Stock Report

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure used by Regional Health Teams to aggregate and report routine logistics information for health commodities from health facilities within their respective regions.

2. Responsible Persons

2.1. RMS In-Charge

2.2. Regional LMIS Data Entry Clerk (or designated proxy)

2.3. In absence of the above, the Regional Medical Stores personnel.

3. Tools Needed

3.1. Blank form of the Aggregated Monthly Regional Stock Report (AMRSR) (*also available in Microsoft Excel format*) (*Refer to Appendix G*)

3.2. Monthly Facility Stock Reports from health facilities in the region

3.3. Calculator and pen

4. Procedure

4.1 Procedure for using a hard copy of the Aggregated Monthly Regional Stock Report

Using all the Monthly Facility Stock Reports (*paper copies*) from the reporting health facilities (**received by 5th of the month**):

4.1.1. Aggregate the losses, adjustments, stock on hand and consumption figures for the month from all reporting health facilities.

4.1.2. Record these totals on the Aggregated Monthly Regional Facility Stock Report.

4.2 Procedure for using Microsoft Excel version of the Aggregated Monthly Regional Stock Report

Using all the Monthly Facility Stock Reports (*paper copies*) from the reporting health facilities (**received by 5th of the month**):

4.2.1 Record the logistics information reported by each health facility on respective worksheets for the health facilities in the region. Each worksheet is a replica of the MFSR submitted by the health facilities. Aggregated logistics information for the reporting health facilities will automatically show in the "**Regional Summary**" worksheet.

4.2.2. Record the logistics information reported by the RMS on the "**RMS Monthly Stock Report**" worksheet. The worksheet is a replica of the MFSR submitted by the RMS.

4.2.3. In the "**Regional Summary**" worksheet, record the number of health facilities that reported by the dates specified on the table on the top the sheet. Record the number of health facilities in the Region and number of health facilities submitting MFSR during the reporting period.

4.3. Record the name, designation, telephone and signature of the officer completing the AMRSR, and the date. The AMRSR should be checked by the Regional Pharmacy Manager and authorized as appropriate.

4.4. Send the original copy to LMIS Data Manager at NPS through the appropriate channels

- In person or via regional health office vehicle if using a hard copy; and keep the book copy at the Regional Health Office, or
- Email the MS Excel version of the AMRSR to the LMIS Data Manager using the following email address: lmisreports@hotmail.com

4.5. Reports should be sent to reach the LMIS Data Manager at NPS by the 12th of each month. If a hard copy of the AMRSR is used, copies of the MFSR from the health facilities should be sent together with the AMRSR.

5. Storage of Tools

5.1. The original copy (white copy) of the AMRSR is sent to LMIS Data Manager at NPS, if Regional Health Office is using a hard copy.

5.2. The duplicate of the AMRSR shall remain in the Regional Health Office as the book copy.

5.3. The Microsoft Excel AMRSR should be labelled and saved indicating: Name of Region; reporting period (e.g. WCR1_Aug 18). Regional logistics for each year should be saved in the same folder (e.g. WCR1 LMIS Reports 2018) for easy retrieval.

6.3 SOP Title: Reporting monthly logistics information at National level

SOP Title: Reporting monthly logistics information by NPS using the Aggregated Monthly National Stock Report

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure used by NPS to aggregate and report routine logistics information for health commodities from Regional Health Teams.

2. Responsible Persons

2.1. LMIS Data Manager

2.2. In absence of the above, the deputy LMIS Data Manager or designated NPS staff.

3. Tools Needed

3.1. Blank Microsoft Excel Aggregated Monthly National Regional Stock Report (AMNSR) (*Refer to Appendix H*)

3.2. Aggregated Monthly Regional Stock Reports from Regional Health Teams (hard copy or MS Excel format)

3.3. Calculator and pen

4. Procedure

4.1 Procedure for aggregating logistics information using hard copies of the Aggregated Monthly Regional Stock Reports

Using all the Aggregated Monthly Regional Stock Reports (*paper copies*) from the reporting Regional Health Offices (**received by 12th of the month**):

4.1.1. Record the logistics information reported by each Regional Health Office on respective regional worksheets. Each worksheet is a replica of the AMRSR submitted by the Regional Health Office. Aggregated logistics information for the reporting regions will automatically show in the "**National Summary**" worksheet.

4.1.2. Record the logistics information reported by the CMS on the "**CMS Monthly Stock Report**" worksheet.

4.2 Procedure for using Microsoft Excel version of the Aggregated Monthly National Stock Report

Using all the Aggregated Monthly Regional Stock Reports from the reporting regional health offices (**received by 12th of the month**):

4.2.1 Record the logistics information reported by Regional Office by copying logistics information from each AMRSR worksheet onto the respective columns on the regional worksheets. Aggregated logistics information for the reporting Regional Health Offices will automatically show in the "**National Summary**" worksheet.

4.2.3. In the "**National Summary**" worksheet, record the number of health facilities, from each region, that reported by the dates specified on the table on the top the sheet (*as reported on the*

AMRSRs). Record the number of health facilities in each Region and number of health facilities reported to have submitted MFSRs during the reporting period.

4.3. Record the name, designation, telephone and signature of the officer completing the AMNSR, and the date. The AMNSR should be checked by the Director of NPS and authorized as appropriate.

4.4. Send the approved AMNSR to The Chairperson of the Public Health Procurement and Supply Chain Management Committee⁶ (PHPSCMC) by 27th of each month.

5. Storage of Tools

5.1. Hard copies of the AMRSR should be filed chronologically for easy retrieval

5.2. The Microsoft Excel AMNSR should be labelled and saved indicating: Name of reporting period (e.g. AMNSR_Aug 18). AMNSRs for each year should be saved in the same folder (e.g. National LMIS Reports 2018) for easy retrieval.

⁶ The PHPSCMC membership consists of key supply chain stakeholders including MOHSW, MOFEA, disease programmes, representatives from UNICEF, UNFPA, WHO, World Bank, health facilities and regional offices.

6.4 SOP Title: Reporting monthly logistics information by Regional Medical Stores

SOP Title: Reporting monthly logistics information by Regional Medical Stores using the Monthly RMS Stock Report

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure used by the RMS to report routine logistics information for health commodities.

2. Responsible Persons

2.1. RMS-in-Charge (or designated proxy)

3. Tools Needed

3.1. Blank form of the Monthly RMS Stock Report (*Refer to Appendix I*)

3.2. Updated Inventory Control Cards (stock cards)

3.3. Calculator and pen

4. Procedure

4.1. At the end of every calendar month, update stock cards following cyclical stock counts of health commodities in the stores.

4.2. Obtain the stock on hand, days out of stock and health commodities with less than 6 months to expiry date.

4.2. Complete the Monthly RMS Stock Report according to instructions provided in the inner front cover page of the Monthly Facility Stock Report book.

4.3. Using the stock cards for respective health commodities prefilled on the Monthly RMS Stock Report, record the Beginning balance for the month. Aggregate the stock receipts and stock issues for the month, as well as the losses and adjustments. Record these totals on the Monthly RMS Stock Report. Record the physical stock as the Ending balance.

4.4. Use the stock cards to determine proxy consumption, use the formula below:

Opening balance

Plus

Quantities Received

Minus

Losses

Plus or Minus

Adjustments

Minus

Stock on Hand

4.5. Record the name, designation, telephone and signature of the officer completing the Monthly RMS Stock Report, and the date. The Monthly RMS Stock Report should be checked and authorised by the RMS-in-Charge.

4.6. Send the original copy to Regional LMIS Data Entry Clerk through the appropriate channels and keep the book copy at your facility.

4.7. Reports should be sent to reach Regional Health Team by the 5th of the following month.

5. Storage of Tools

5.1. The original copy (white copy) of the Monthly RMS Stock Report is sent to Regional LMIS Data Entry Clerk at Regional Health Team.

5.2. The duplicate of the Monthly RMS Stock Report shall remain at the RMS as the book copy.

6.5 SOP Title: Reporting quarterly logistics information by RMS

SOP Title: Reporting quarterly logistics information by RMS using the Quarterly RMS Stock Report

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure used by Regional Medical Stores to report quarterly logistics information for health commodities.

2. Responsible Persons

- 2.1. RMS Managers (or designated proxy)
- 2.2. RMS Stores Officer (or designated proxy)

3. Tools Needed

- 3.1. Blank form of the Quarterly RMS Stock Report (QRSR) (*also available in MS Excel*) (*Refer to Appendix J*)
- 3.2. Updated Inventory Control Cards (stock cards)
- 3.3. Calculator and pen

4. Procedure

4.1. Using the Monthly RMS Stock Report or inventory control cards (stock cards) for respective health commodities prefilled on the QRSR, record the Beginning balance for the quarter. Aggregate the stock receipts and stock issues for the quarter, as well as the losses and adjustments. Record these totals on the QRSR. Record the physical stock as the Ending balance.

4.2. Using Monthly RMS Stock Report or inventory control cards (stock cards), calculate the proxy Average Monthly Consumption (AMC) as follows:

- For each health commodity prefilled on the QRSR, get the total quantity issued over the last 3 months and divide by 3. Record the figures on the QRSR under the column "AMC (units)".

4.3 To calculate the quantity required for each health commodity for RMS,

- Order Quantity = AMC multiplied by four⁷, and then subtract the Current stock (stock on hand).

Order Quantity = (AMC x 4) - Current stock

- Record the figure in the column labelled "Order Qty (units)" on the QRSR

4.4. Record the name, designation, telephone and signature of the officer completing the QRSR, and the date. The QRSR should be checked by the RMS Manager (or designated proxy) and authorized as appropriate.

4.5. Send the original hard copy to Director of CMS through the appropriate channels (in person or via facility vehicle) and keep the book copy at your facility **OR** email the QRSR to rmsreports@hotmail.com

4.6. Reports should be sent to reach CMS by the 5th of the month following the end of the quarter.

⁷ The Max stock level for RMS is 4.

5. Storage of Tools

5.1. The original copy (white copy) of the QRSR is sent to CMS Director.

5.2. The duplicate of the QRSR shall remain in the RMS as the book copy.

5.3. The Microsoft Excel QRSR should be labelled and saved indicating: Name of RMS, reporting period (e.g. WCR1 RMS_Aug 18). QRSRs for each year should be saved in the same folder (e.g. WCR1 RMS Quarterly LMIS Reports 2018) for easy retrieval.

7. Requesting health commodities

7.1 SOP Title: Requesting health commodities by health facilities from RMS/CMS

SOP Title: Requesting health commodities by the health facilities from RMS/CMS

Procedure Number:

Number of pages: 1

Date Written: August 2018

1. Objective

To describe the procedure used by the health facilities for requesting health commodities from RMS/CMS.

Applies to:

- All Health facilities in a Region, including faith-based organisations, NGOs, Private health facilities authorised to order from RMS/CMS.
- Note: Hospitals are supplied directly by CMS. This SOP should be used in conjunction with *SOP Title: Reporting monthly logistics information by health facilities using the Monthly Facility Stock Report*.

2. Responsible Persons

- 2.1. Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store.
- 2.2. Staff in charge of dispensing health commodities (or designated proxy)

3. Tools Needed

- 3.1. Blank form of Combined Request and Issue Voucher (CRIV)
- 3.2. Completed Monthly Facility Stock Report (MFSR) for the reporting period
- 3.3. Calculator and pen

4. Procedure

- 4.1. Complete the CRIV according to instructions provided in the inner front cover page of the CRIV booklet.
- 4.2. Using the MFSR for the reporting period, record the description of products to be requested, stock on hand and quantity requested (Order Qty (units) already calculated on MFSR).
- 4.3. Record the name, designation, telephone and signature of the officer completing the CRIV, and the date. The CRIV be checked by the Officer-in-charge at the health facility and authorized as appropriate.
- 4.4. Send the original copy to RMS (for health centres and clinics) or CMS (for hospitals) through the appropriate channels (in person or via facility vehicle) and keep the book copy at your facility.

Note: The completed CRIV should be sent together with the completed MFSR for the reporting period

- 4.5. The completed CRIVs should be sent to reach RMS/CMS by the 5th of the month.

5. Storage of Tools

- 5.1. The original copy (white copy) of the CRIV is sent to RMS/CMS.
- 5.2. The duplicate of the CRIV shall remain in the facility as the book copy.

7.2 SOP Title: Requesting health commodities by RMS from CMS

SOP Title: Requesting health commodities by Regional Medical Stores from CMS

Procedure Number:

Number of pages: 1

Date Written: August 2018

1. Objective

To describe the procedure used by the Regional Medical Stores for requesting health commodities from CMS.

2. Responsible Persons

2.1. RMS Managers (or designated proxy)

2.2. RMS Stores Officer

3. Tools Needed

3.1. Blank form of Combined Request and Issue Voucher (CRIV)

3.2. Completed Quarterly RMS Stock Report (QRSR) for the reporting period

3.3. Calculator and pen

4. Procedure

4.1. Complete the CRIV according to instructions provided in the inner front cover page of the CRIV booklet.

4.2. Using the QRSR for the reporting period, record the description of products to be requested, stock on hand and quantity requested (Order Qty (units) already calculated on QRSR).

4.3. Record the name, designation, telephone and signature of the officer completing the CRIV, and the date. The CRIV be checked by the RMS Manager (or designated proxy) and authorized as appropriate.

4.4. Send the original copy to CMS through the appropriate channels (in person or via facility vehicle) and keep the book copy at your RMS.

4.5. The completed CRIVs should be sent to reach CMS by the 5th of the month following the end of the quarter.

5. Storage of Tools

5.1. The original copy (white copy) of the CRIV is sent to CMS.

5.2. The duplicate of the CRIV shall remain in the facility as the book copy.

7.3 SOP Title: Placing an emergency order

The Gambia Health Logistics System was designed to ensure continuous flow of products and minimise occurrence of stock outs. However, in the case of unforeseen circumstances, where the stock levels fall to critical levels (i.e. stock levels below the set minimum levels shown in table 3), there is risk of stock out. It is important to place an emergency order before the products stocks out. An emergency order does not follow the same process as a regular order.

SOP Title: Placing an emergency order

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure used by the health facilities for placing an emergency order for health commodities from RMS/CMS.

2. Responsible Persons

- 2.1. Staff in charge (or designated proxy) of the health commodities bulk store, facility store or other store.
- 2.2. Staff in charge of dispensing health commodities (or designated proxy)

3. Tools Needed

- 3.1. Blank form of Combined Request and Issue Voucher (CRIV)
- 3.2. Inventory Control Card (stock card)
- 3.3. Stock Status Sheet for Emergency Order (*Refer to Appendix K*)
- 3.4. Calculator and pen

4. Procedure

- 4.1. Determine the months of stock for the product as follows:

Months of Stock = **Stock on Hand** *divided by* **Average Monthly Consumption (AMC)**

where AMC is the total quantity dispensed/issued over the last 3 months (from stock cards or daily activity registers) divided by 3.

- 4.2. Calculate the quantity required for an emergency order,

- Order Quantity = AMC multiplied by Max Stock level, and then subtract the Current stock (stock on hand).

Order Quantity = (AMC x Max Stock Level) - Current stock

Note: RMS/CMS will use their discretion to fulfil 100% or emergency order quantities depending on product availability and timing of request.

- 4.3 Complete the CRIV according to instructions provided in the inner front cover page of the CRIV booklet.
- 4.4. Record the name, designation, telephone and signature of the officer completing the CRIV, and the date. The CRIV be checked by the Officer-in-charge at the health facility and authorized as appropriate.

4.5. Send the original copy to RMS (for health centres and clinics) or CMS (for hospitals) through the appropriate channels (in person or via facility vehicle) and keep the book copy at your facility.

Note: For emergency orders, all health facilities may collect orders from CMS, if RMS is stocked out and CMS has been notified in advance (at least 24hrs) of the health facility's intention to come and collect emergency order.

5. Storage of Tools

5.1. The original copy (white copy) of the CRIV is sent to RMS/CMS.

5.2. The duplicate of the CRIV shall remain in the facility as the book copy.

8. Issuing health commodities from RMS/CMS

8.1 SOP Title: Issuing health commodities from RMS/CMS

SOP Title: Issuing health commodities from RMS/CMS

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure for issuing health commodities from RMS/CMS to the health facilities

2. Responsible Persons

- 2.1. RMS Managers (or designated proxy)
- 2.2. RMS Stores Officer

3. Tools Needed

- 3.1. Combined Requisition and Issue Voucher (Copies 2 and 3)
- 3.2. Inventory Control Cards (stock cards)

4. Procedure

- 4.1. The designated staff authorised to requisition health commodities completes and endorses the CRIV form with the date of requisition, their name, designation and signature and forwards the documents to the RMS/CMS personnel.
- 4.2. The designated staff authorised to issue the stock at the RMS/CMS verifies the contents of the CRIV retrieves the requested commodities.
- 4.3. The designated staff authorised to issue stocks at the RMS/CMS updates stock cards appropriately.
- 4.4. Designated staff authorised to issue stocks in the store (RMS/CMS) completes the **“To be completed by Officer Authorising Issue”** and **“To be completed by Issuing Storekeeper”** sections of the CRIV (Copies 2 and 3) and other appropriate document to accompany delivery to the health facilities.
- 4.5. Designated staff authorised to issue stocks in the store (RMS/CMS) endorses it with date, name and signature and dispatches the requested commodities to the relevant health facility accompanied by the appropriate copy of the CRIV.
- 4.6. Designated staff authorised to receive the stock at the health facility checks the identity and quantities of commodities issued, against the quantities indicated on the CRIV or other appropriate document, completes **“To be completed by Receiving Storekeeper”** section of CRIV and endorses the document with their name, designation, and signature. *Refer to SOP Title: Receiving health commodities at health facility*
- 4.7. Designated staff authorised to receive stocks at the health facility makes appropriate entries in the stock cards.

5. Storage of Tools

5.1. Copy 2 of CRIV is retained by health facility and filed chronologically.

5.2. Copy 3 is retained by RMS/CMS after completion of the receiving function and endorsement by the health facility staff.

5.3. Where another document is used instead of the CRIV, ensure that copies are stored as in 5.1 above.

5.4. Current stock cards shall be kept next to the corresponding commodity. Filled up stock cards shall be filed chronologically by health commodity name in the RMS/CMS.

8.2 SOP Title: Issuing health commodities within a health facility

SOP Title: Issuing health commodities within a health facility

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure for issuing health commodities from the health facility store to the dispensing area and other departments within the same facility.

2. Responsible Persons

2.1. Staff in charge of the store or designated proxy

2.2. Staff in charge dispensing area or other department or designated proxy, where applicable

3. Tools Needed

3.1. Combined Requisition and Issue Voucher (CRIV), or another appropriate document

3.2. Inventory Control Cards (stock cards)

4. Procedure

The designated staff authorised to:

4.1. Request the health commodities completes a CRIV or another appropriate document.

4.2. Requisition health commodities endorse the CRIV or other appropriate document with the date of requisition, their name, designation and signature and forwards the CRIV or other appropriate document to the health facility store.

4.3. Issue the stock in the health facility store verifies the contents of the CRIV or other appropriate document and retrieves the requested commodities.

4.4. Issue stocks in the health facility store updates stock cards appropriately.

4.5. Issue stocks in the health facility store completes the *Issues* section of the CRIV or other appropriate document and endorses it with date, name and signature and dispatch the requested commodities to the relevant department accompanied by the appropriate copy of the document.

4.6. Receive the stock in the dispensing area or other department checks the identity and quantities of commodities issued, against the quantities indicated in the CRIV or other appropriate document and endorses the document with their name, designation, and signature.

4.7. receive stocks in the dispensing area makes appropriate entries in the daily activity register for health commodities (where applicable)

4.8. Receive stocks in other departments make appropriate entries in the corresponding register or stock cards in the department.

5. Storage of Tools

5.1. The CRIV is to be completed in triplicate

- The original is kept in the health facility store for stock issued to the dispensing area and other departments.
- Duplicate is retained and filed chronologically by date in the dispensing area or other requesting department
- Triplicate remains in the CRIV book.

5.2. Where another document is used instead of the CRIV, ensure that copies are stored as in 5.1 above.

5.3. Current stock cards shall be kept next to the corresponding commodity. Filled up stock cards shall be filed chronologically by commodity name in the store

9. Dispensing to health commodities to clients

9.1 SOP Title: Dispensing health commodities to clients

SOP Title: Dispensing of health commodities to clients

Procedure Number:

Number of pages: 2

Date Written: August 2018

1. Objective

To describe the procedure for counselling and dispensing of health commodities to clients

2. Responsible Persons

2.1. The staff responsible for dispensing of health commodities e.g. Pharmacists. Pharmacy Technicians, Pharmacy Assistants, Nurses.

3. Tools Needed

3.1. Daily Consumption Form (*Refer to Appendix L*), or other Daily Activity Register (DAR) for health commodities

3.2. Prescription Form (*Refer to Appendix M*)

4. Procedure

4.1. Read carefully the prescription form provided by doctor or nurse. Ask the doctor or nurse if the prescription form is illegible or incomplete. Make sure the prescription form has name and signature of the prescribing officer and date.

4.2. In a dispensing area, follow these guidelines to counsel and dispense the medicines to the client.

4.2.1. Greet the client explain to the client how you will be responsible for making sure they have adequate supply of health commodities and address their concerns in case of any problems.

4.2.2. Check what the client already knows about the health commodities that receiving as written on the prescription: Ask the client questions to see how much they already understand about the medicines (particularly for chronic medicines)

4.2.3. If the client is new, give all the necessary information related to specific medicines

- Give medicine name and describe appearance
- Give route of administration- for example, "Take these pills by mouth with a glass of water."
- Give directions: explain to the client how to use the specific medicines
- Give information on how to store the medicines and possible side effects
- Ask if the client has any questions or concerns about the medicines

4.2.4. If the client is a revisit,

- Check how the client has been taking the medicines
- Enquire about any side effects, adverse drug reactions (ADRs) and any other concern

- Resupply the client with the medicines and emphasize on the use and the date of the next revisit.

4.3. Make entries for the dispensed medicines in the daily activity register (where applicable) and other relevant records.

5. Storage of Tools and Records

5.1. The daily activity registers (where applicable) and other relevant records, including the prescription forms shall be kept for easy retrieval and stored securely in the facility for at least 2 years.

5.2. Prescription forms stored chronologically, with prescription forms for each month put together.

10. Supportive supervision for health commodities management

10.1 SOP Title: Supportive supervision for health commodities management

SOP Title: Supportive Supervision for health commodities management

Procedure Number:

Number of pages: 2

Date Written:

1. Objectives

To describe the procedure for conducting supportive supervision for health commodities management

2. Responsible Persons

- 2.1. Program managers and officers
- 2.2. Regional Health Management Team (RHMT)
- 2.3. Officer in-charge of facility
- 2.4. Designated National Supply Chain Management Monitors

3. Tools Needed

- 3.1. Supportive Supervision Checklists
- 3.2. Supportive Supervision Interview Form/Questionnaire
- 3.3. Guideline on How to Lead a Problem-Solving Discussion

4. Procedure:

4.1. Plan for the Supportive Supervision (SS) visits:

- Create schedule of visits (include dates and frequency)
- Identify focal activities for the visits
- Identify contact persons for the visits
- Assemble SS tools (forms and checklist) and materials
- Select members of the SS team

4.2. Conduct the supervisory visit. Activities for the visit will include:

- Assessment on tracer health commodities, human resource capacity, data management, commodity supply and state of storage facilities.
- Discussion on problem solving for identified gaps
- On Job Training (OJT)
- Performance Monitoring
- Feedback

4.3. Complete supervisory summary reports. Contents in these summary reports for each area assessed will include:

- Observations (Human resources, Data management, supply and storage, Red flag)
- Gap(s) identified and underlying cause
- Action required to close the gap(s)
- Expected results after action is taken
- Responsible person for the action
- Resources needed to take act
- Timeframe for the action.

5. Storage of Tools

5.1. Depending on the level of supervision team, copies of the summary reports shall be stored from that level downwards

E.g. Supervision by the national team to facility level would require storage for summary reports as follows;

- National –Retains original Copy
- Health Facility keeps duplicate
- Region-Keeps triplicate

10.2 SOP Title: Providing feedback to support health commodities management

SOP Title: Providing feedback to support health commodity management

Procedure Number:

Number of pages: 1

Date Written: August 2018

1. Objectives

To describe the procedure for providing feedback to support health commodities management

2. Responsible Persons

- 2.1. Program managers and officers
- 2.2. Regional Health Management Team (RHMT)
- 2.3. Officer in-charge of facility
- 2.4. Designated National Supply Chain Management Monitors

3. Tools and Resources Needed

- 3.1. Health Facility and RMS Monthly Facility Stock Reports
- 3.2. Aggregated Monthly Regional Stock Reports (AMRSR)
- 3.3. Communication facilities e.g. courier, email, telephone and postal services

4. Procedure:

- 4.1. Analyse the submitted reports (MFSR, AMRSR) and compile a written summary feedback report
- 4.2. Provide feedback on

- Health Commodity Logistics reports. This should include feedback on reporting rates for regions and health facilities, timeliness, accuracy and completeness of reporting. The report should also inform the target site on how to correct errors in their reports.
- Stock status: this should include information on overstocked and under stocked sites as well as those sites that are below the emergency order point so that the target sites can take measures to address the problem e.g. through commodity redistribution

Note: Emergency Order Points (E.O.P) are based on remaining Months of Stock (MOS) as follows: Central level E.O.P = 3 MOS, RMS E.O.P = 1 MOS, Hospitals EOP= 1 MOS, Other health facilities (health centres and clinics) E.O.P = 0.5 MOS (2 weeks stock)

- Any relevant information on commodities from the RMS/CMS
 - Supervision findings from summary reports. *Refer to the support supervision SOP*
- 4.3. Conduct review meetings for performance of facilities and regions. This will be used to commend good performance and create a forum for poor performing facilities, districts or provinces to learn on where and how to improve. Good performing facilities or regions can be chosen as mentors.
 - 4.4. Provide the target site with action points so that they can formulate interventions for the problems identified.

5. Storage of Tools

5.1. The level providing feedback sends the original feedback report to the target site, a copy to immediate supervisors of the target site and also retains a copy.

10.3 SOP Title: LMIS Data Validation

SOP Title: LMIS Data Validation

Procedure Number:

Number of pages: 4

Date Written: August 2018

1. Objectives

To describe the procedure for validating LMIS data for health commodities management

2. Responsible Persons

- 2.1. Program managers and officers
- 2.2. Regional Health Management Team (RHMT)
- 2.3. Health Facility Officer-in-Charge
- 2.4. Designated National Supply Chain Management Monitors

3. Tools and Resources Needed

- 3.1. MFSR from health facilities in the region
- 3.2. ICC and CRIV booklets from health facilities

4. Procedure:

4.1. Health Facility Officer-In-Charge should conduct checks on logistics information recorded on Monthly Facility Stock Reports and Inventory Control Cards (stock cards) to verify that data reported is complete and accurate prior to sending reports to Regional LMIS Data Clerk.

4.2. Where review meetings are used to validate LMIS data, such meetings should be conducted every quarter regional level to review Monthly Facility Stock Reports and other LMIS data tools from the health facilities.

4.3 Use the Pre- review Meeting Checklist/ Guidelines in Table 7 to prepare for the review meeting

4.4 Follow the review implementation steps in Table 8

4.5. Annually, NPS should conduct a LMIS Data Quality Assessment (DQA). The purpose of the DQA is to:

- Assess ability of the LMIS to report good quality data.
- Verify the quality of reported data for key indicators. The key indicators can include:
 - i. Proportion of Facilities that have ICCs (stock cards) available and updated
 - i. Proportion of Facilities That Enter Adjustments and Physical Count Done Using Stock cards
 - ii. Proportion of Facilities Whose Physical Count Matches ICCs (stock cards)

4.6. The DQA exercise is based on the need for the LMIS to produce data that is accurate, reliable, complete, and timely for effective decision-making processes. This assessment can be conducted by an external provider with technical expertise to develop a systematic methodology that can be implemented in with trained national stakeholders.

Table 7: Guidelines for Pre – review preparations by the Regional LMIS Data Clerk

Name of Region: _____ Reporting Period: _____

Date: _____ Name of Regional LMIS Data Clerk: _____

S/N	Activities	Notes
1.	Obtain approval from NPS and RHMT.	
2.	Liase with RHMT to confirm readiness with reimbursements for participants	
3.	Secure dates and venue for the meeting, working closely with NPS	
4.	Prepare and sort out LMIS reports	
5.	Review Personnel attendance	Staff attendance from last meeting should be reviewed and absent staff identified and called ahead of the meeting to ensure submission of reports. New staff and representatives should also be noted by comparing the attendance with the database.

Table 8: Implementation of Review Meetings

Arrival at the venue

The team (RHMT Representative, RMS-in-Charge, Health Programme Regional staff (Supply Chain); NPS representative and health facility staff in charge of stores) should arrive at the activity venue on time to enable effective preparation of the activity. Attendance register should be ready for signature and this should be filled as participants arrive at the venue.

1. Sample Agenda for Review meetings

The sample provided below can be adapted for use in each review meeting.

Review Meeting Agenda

1. Attendance
2. Opening Prayer
3. Roll call of Health Facilities (*staff-in-charge of bulk stores or designated*)
4. Review of Monthly Health Facility Stock reports, ICC, CRIV
5. Discussion of challenges on management of health commodities in the Region
6. AOB
7. Closing prayer.

2. Review of data tools (Monthly Facility Stock Reports, ICC, CRIVs)

Review Meeting guidelines and Checklist

Review meeting Checklist				
	Check Questions	Yes	No	Comment
1.	Was attendance taken?			
2.	Were these documents brought to the meeting by HF staff? i. MFSR ii. CRIV booklet iii. ICCs for health commodities on MFSR			
Monthly Facility Stock Report (<i>Check the forms to confirm skills of HF personnel</i>).				
	Check Questions	Yes	No	Comment
1.	Has the HF personnel entered the facility details correctly i.e. name of HF, Region and reporting period?			

2.	Has the HF personnel entered data for the (column B, C, D, E and F)?			
3.	Were remarks given for any adjustments on the form in the remarks column? (Note: Adjustment columns can only be filled in cases of inter - facility transfer of commodities).			
4.	Were remarks given for any losses on the form in the remarks column?			
5.	Are the MFSRs completed correctly/accurately with information from ICC (cross check ICC figures with MFSR figures, note discrepancies and seek clarification or further investigation at HF level)			
6.	Are the MFSRs completed correctly/accurately with signature and date?			

CRIV (Check the forms to confirm correctness of data entered)

	Check Questions	Yes	No	Comment
1.	Does the quantity in the requisition columns tally with Issues and Receipt columns?			
2.	Were there differences in receipt explained in the remarks column?			
3.	Does the document contain all relevant personnel signature at the facility level?			
4.	Are the CRIV completed with signatures in full?			

SECTION 3: JOB AIDS FOR LOGISTICS ACTIVITIES /

11. Job Aid 1: Completing the Combined Requisition and Issue Note when placing orders

<p>Task: Completing the Combined Requisition and Issue Note</p> <p>Completed by: Staff in charge of the store or designated proxy</p> <p>Purpose: Placing orders</p> <p>When to perform: Upon completion of Monthly Facility Stock Report</p> <p>Materials needed: Monthly Facility Stock Report, Blank CRIV, Pen</p>		
Step	Action	Notes
1.	Locate the section “To be completed by Requisition officer”	
2.	From: Write the name of the full name health facility, including address.	Example: Kafuta Health Centre
3.	To: Write the RMS (or CMS) where the CRIV is being sent	Example: West Coast Region 1 RMS
4.	Date: Write the date you are making the requisition	
5.	Requisition Period: Write the period covered for the items required	Example: October 2018
6.	Locate the “Requisitions” section	
7.	Product Description: Write the name of each product with a “Quantity to order” as listed on the Monthly Facility Stock Report	Example: AL (Artemether 20 mg + Lumefantrine 120 mg)
8.	Unit of Issue: Write the unit of issue for each product as written on Monthly Facility Stock Report	Example: 1 x 12 tabs for AL (Artemether 20 mg + Lumefantrine 120 mg)
9.	Quantity in Stock: Write the quantity in stock (stock on hand) as listed on Column E of the Monthly Facility Stock Report	
10.	Quantity Required: Transfer the quantities from Column H “Quantity to Order” column of the Monthly Facility Stock Report	
11.	Locate the “Requisition authorized by” section	
12.	Signed: Ask authorising officer to review the request and provide his/her signature	Example: The authorizing officer could be the health facility Officer-in-Charge
13.	Designation: Authorising officer provides his/her designation	

14.	Date: Authorising Officer to write the date he/she has completed the CRIV to send it to the RMS/CMS	
Task is complete when:		
<input type="checkbox"/> The facility name where supplies are sent is filled in <input type="checkbox"/> Product description and unit for each product is filled in <input type="checkbox"/> Quantity required have been transferred from the <i>Monthly Facility Stock Report</i> <input type="checkbox"/> The Facility Authoring Officer (e.g. OIC) has signed and dated the CRIV		

12. Job Aid 2: Completing the Combined Requisition and Issue Note when receiving health commodities

<p>Task: Completing the Combined Requisition and Issue Note when receiving health commodities</p> <p>Completed by: Staff in charge of the store or designated proxy</p> <p>Purpose: Confirming receipt of health commodities</p> <p>When to perform: Upon receipt of health commodities</p> <p>Materials needed: Pen, CRIV</p>		
Step	Action	Notes
1.	Locate the section “RECEIPTS”	
2.	Quantity Received (column 7): Enter the quantity you receive in figures for each product after counting to make sure the quantity received matches the quantity issued	<p>If the quantities are not the same, make sure you make a note in the remarks section (Column 8)</p> <p>It is good practice to write a dash before and after the figure, so that figures cannot be altered.</p> <p>Example -10-</p>
3.	Remarks: add any comments or remarks regarding the quantity received	<p>Example: Only received 5 out of the 6 ORS sachets.</p> <p>In case of any discrepancies between the quantities issued and the quantities received as in the above example, contact the RMS/CMS before signing the CRIV</p>
4.	Locate the section “ <u>TO BE COMPLETED BY RECEIVING STOREKEEPER</u> ”	
5.	Date: Enter the date you received the products	
6.	Signed: Write your signature. This confirms receipt of products	
7.	Designation: Write your designation/title	Example: Pharmacy Assistant, Storekeeper, etc
<p>Task is complete when:</p> <p><input type="checkbox"/> Quantity received has been counted and compared with the quantity issued under column 6</p> <p><input type="checkbox"/> Quantity received and counted has been entered under column 7</p> <p><input type="checkbox"/> The person receiving the products has entered the date, signed and has entered their designation</p> <p><input type="checkbox"/> A copy of the CRIV has been sent to the RMS/CMS, through the delivery team</p>		

13. Job Aid 3: Recording transactions on the Inventory Control Card

Task: Completing the *Inventory Control Card* for receipts and issues

Completed by: Staff in charge of the store or designated proxy

Purpose: To keep track of health commodities

To Record receipts, issues, losses and adjustments, to record changes in stock balances, etc.

When to perform:

- ✓ Each time health commodities are issued
- ✓ Each time health commodities are received
- ✓ When health commodities are transferred to another facility
- ✓ When health commodities are transferred in from another facility
- ✓ When health commodities are removed from the storage area for reasons other than for issuing to clients (e.g., for demonstrations, expiration, damage)
- ✓ At the end of the month when physical counts are conducted

Materials needed: *Inventory Control Card*, black or blue and red pen

Notes:

- At the end each month, the data on the *Inventory Control Card* will be used to complete the *Monthly Facility Stock Report*. Enter only one transaction on each line.
- Keep the *Inventory Control Card* close to where products are being stored and issued in the pharmacy/storeroom.
- **If starting a new Inventory Control Card >>> Go to “Starting a new Inventory Control Card”**
- **If transferring quantities from an existing Inventory Control Card >>> Go to “Transferring quantities to a new Inventory Control Card”**
- **If you’re conducting a transaction >>> Go to “Receiving/Issuing”**
- **If you’re closing out for the month and conducting physical inventory >>> Go to “Monthly Close Out”**

Step	Action	Notes
	Starting a new Inventory Control Card	
1.	Name of Facility: Enter the name of the facility where the products are stored.	Example: Basse Major Health Centre
2.	Region : Enter the name of the region where facility is located	Example: Upper River Region
3.	Product: Enter the product name, dosage form and strength	Example 1: Amoxicillin 500mg capsule Example 2: AL (Artemether 20 mg + Lumefantrine 120 mg) tablet

4.	Unit of Issue: Enter the unit used for issuing and receiving this product	Example1: pack of 1000 capsules Example 2: 1x6 tablets or 1x12 tablets or 1x18 tablets or 1x24 tablets. Each presentation should have an Inventory Control Card.
5.	Location: Enter the location of this product in your facility	The location will depend on the current stock arrangement in your facility. In some places it may simply be written as <i>aisle 2 row 3</i> which may be more applicable in larger facilities
Transferring quantities to a new <i>Inventory Control Card</i>		
6.	Follow steps 1-6 and continue with the step below	
7.	Date: Write the date you are transferring quantities to the new <i>Inventory Control Card</i>	
8.	From/To: Write B/F for “Brought Forward” in the column then draw a line through to the “balance” column.	
9.	Balance: Take the last number entered in the “Balance” column on the previous <i>Inventory Control Card</i> , and write that exact number in this column	
10.	Signature/Remarks: Sign and add any comments or remarks	
Receiving/Issuing		
11.	Date: Enter the date the transaction is made	
12.	Ref No: Enter the number of the CRIV or other delivery documents used, if the transaction is a receipt. When issuing, enter the number of the internal store issue voucher, if any is used	
13.	From/To: Write the store you received the products from or the area of your facility you issued to.	Example: Received from Lower River RMS or issued to the Outpatient Clinic For adjustments, write the name of the facility and/or organization from which you received the product or to whom you are issuing the product
14.	Quantity Received: Enter the quantity you received, if receiving using a red pen	
15.	Quantity Issued: Enter the quantity you issue, if issuing	
16.	Losses: Enter the exact amount of losses to the inventory on this date. Explain any losses in the “Remarks” column.	Losses are quantities removed from your stock for anything other than dispensing to patients or issuing to another facility (e.g. expired, lost, stolen, or damaged). Losses are recorded as (-) negative numbers. Example: 2 AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 6 tabs are damaged.

17.	<p>Adjustments: Enter adjustments either positive or negative, if any.</p> <p>Explain any adjustments in the “Remarks” column</p>	<p>Adjustments are quantities of a product received from any source other than the RMS/ CMS, or issued to anyone other than your facility’s patients (e.g., you received 5 bottles from a local NGO, which would be a +5 adjustment or you loaned 5 bottles to another facility, which would be a -5 adjustment). Always use a (+) sign column to indicate positive adjustments, and a (-) sign column to indicate negative adjustments.</p> <p>A positive (+) adjustment could be when products are “found” during a physical count.</p> <p>Adjustments may also be made to correct mathematical mistakes previously made in recording. Be sure to indicate if the adjustment was negative or positive and note the reason for the adjustment in the “Remarks” column.</p>
18.	<p>Balance:</p> <p><i>If receiving products:</i> Add the “Quantity Received” to the Balance from the previous row and then enter the new balance.</p> <p><i>If issuing products:</i> Subtract the “Quantity Issued” from the Balance from the previous row and then enter the new balance.</p> <p><i>If recording a loss or adjustment:</i> Add the positive adjustment quantity to the balance or subtract the loss or the negative adjustment quantity from the previous row and then enter the new Balance.</p>	
19.	<p>Signature/Remarks: Sign and add any comments or remarks regarding the transaction</p>	<p>Example: enter the reasons for any losses (expired, damaged, lost, etc.)</p> <p>Box of 25 HIV RDTs damaged or 4 AL (Artemether 20 mg + Lumefantrine 120 mg) 1 x 24 tabs lost</p>
Monthly Close Out		
20.	<p>Date: Enter the date of closing the month</p>	<p>This should be the last working day of the month</p>
21.	<p>To/From: Write “Monthly Close Out”</p>	
22.	<p>Quantity Received: Add all the quantity received for the month and enter the total</p>	
23.	<p>Quantity Issued: Add all the quantity issued for the month and enter the total</p>	

- An Inventory Control Card has been completed for each product managed in the store.
- The name of the health facility, the product description, the unit and location of the product in the have been written at the top of each Inventory Control Card.
- Each transaction is recorded on the Inventory Control Card as it occurs.
- The Inventory Control Card is kept close to where the commodities are stored.

14. Job Aid 4: Determining the Months of Stock

<p>Task: Determining the months of stock on hand</p> <p>Completed by: Staff in charge (or designated proxy) of the health facility stores</p> <p>Purpose: To determine how long current stocks of health commodities will last.</p> <p>When to Perform: When a stock imbalance is suspected.</p> <p>Materials Needed: Inventory Control Card, calculator and pen.</p>		
Step	Action	Notes
1.	<p>Determine the total consumption for most recent 6 months: For each commodity, add the quantity consumed for the most recent six months.</p>	<p>Obtain the consumption data from the <i>Daily Consumption Forms</i>. Alternatively, use the <i>Quantity Issued</i> column in the <i>Inventory Control Card</i> as proxy.</p> <p>Given the seasonality of some diseases, 6 months average should provide an average of the low and high consumption months.</p>
2.	<p>Calculate the Average Monthly Consumption: Divide the total consumption for six months by 6.</p>	<p>Always round up to the nearest whole number.</p> <p>Example: if the addition for the six-month consumption is 1000, the AMC is:</p> $1000 \div 6 = 166.7 \approx 167$ <p>Average Monthly consumption = 167</p>
3.	<p>Determine the current quantity of Stock on Hand: Conduct a physical count.</p>	<p>Example: Physical count is 300.</p>

4.	<p>Calculate the Months of Stock on Hand: Divide the quantity of stock on hand for each product by the Average Monthly Consumption for that product.</p>	<p>Months of Stock on Hand tells you how long your current stock will last be based on current consumption. If you have 2.5 months of stock, then your stock will last 2.5 months.</p> <p>Example: $300 \div 167 = 1.79 \approx 1.8$ Months of Stock</p> <p>Always round Months of Stock to the nearest one decimal place.</p>
5.	<p>Take action, if needed, based on the Months of Stock on Hand</p>	<p>Emergency Order Points (EOP) are based on remaining Months of Stock as follows: Central level EOP= 3, RMS EOP = 1, Hospital = 1, Other Health Facilities (health centres and clinics) EOP = 0.5 MOS (2 weeks stock)</p> <p>If MoS is above the Max Stock levels set for the different levels of the health systems described on page 8, the Health Facilities and RMS should consider returning some stock to RMS and CMS respectively</p>

15. Job Aid 5: Completing the Monthly Facility Stock Report

Task:	Completing the <i>Monthly Facility Stock Report</i>	
Completed by:	Staff in charge (or designated proxy) of the health facility stores	
Purpose:	To report the quantity on hand, losses and adjustments, and days out of stock	
When to perform:	At end of every month	
Materials needed:	Blank <i>Monthly Facility Stock Report</i> , <i>Inventory Control Cards</i> , pen	
Note:	<p>This form is in duplicate. When writing, make sure to press hard so it goes through the copy.</p> <p>Keep a copy for your records once you've completed and signed the report.</p> <p>Send the report no later than the 5th of the month following your reporting period.</p>	
Step	Action	Notes
1.	Name of health facility: Write the name of the facility	Example: Kafuta Health Centre
2.	Name of Region: Write the name of the Region where facility is located	Example: West Coast Region 1
3.	Reporting Period: Write the month of the reporting period	Example: September 2018
4.	Product Description and Unit of Issue: These are already prefilled in the pre-printed Monthly Facility Stock Report booklet. If using a Monthly Facility Stock Report without prefilled products, add description of the product (name, strength and dosage form as applicable)	
5.	Opening Balance (Column A): Enter the stock balance of the last day of the previous month (opening balance for the new reporting month)	

6.	Quantities Received (Column B): Enter quantities received, including any emergency order received within the month. Add the figures under “quantities received” column under the monthly close out for the previous month (<i>last reporting period</i>) and last day of current month (<i>current reporting period</i>)	All quantities received within the month period should be noted in this column
7.	Losses (column C): Add the total losses for the reporting period	Add the losses recorded, within the reporting period, on the <i>Inventory Control Card</i>
8.	Adjustments (column D): Add the adjustments for the reporting period	Add the adjustments recorded, within the reporting period, on the <i>Inventory Control Card</i>
9.	Stock on Hand (column E): Write the quantity on hand at the end of the reporting period.	This should be the physical inventory done at the end of the reporting period and noted as the monthly close out under the column “Balance” on the <i>Inventory Control Card</i> of each product
10.	Days Out of Stock (column F): Add the number of days out of stock for the reporting period	If you were stocked out for part of a day, then count it as a whole day. For example, if you were stocked out from the 5 th of September to the 10 th of September, then the total days out of stock would be 6.

<p>11.</p>	<p>Complete Column G: Consumption</p> <p>Use the Daily Consumption Form to sum the total quantity consumed during the reporting period for each health commodity.</p> <p>As an alternative, and for health commodities not recorded on Daily Consumption Form (e.g. products not dispensed directly to patients such as RDTs):</p> <p>Use the formula provided to calculate consumption (proxy) that facility during the reporting period using the inventory control cards:</p> <p style="text-align: center;">Opening balance</p> <p style="text-align: center;"><i>Plus</i></p> <p style="text-align: center;">Quantities Received</p> <p style="text-align: center;"><i>Minus</i></p> <p style="text-align: center;">Losses</p> <p style="text-align: center;"><i>Plus or Minus</i></p> <p style="text-align: center;">Adjustments</p> <p style="text-align: center;"><i>Minus</i></p> <p style="text-align: center;">Stock on Hand</p> <p style="text-align: center;"><i>Equals</i></p> <p style="text-align: center;">Consumption</p>	<p>Example:</p> <p>If the facility reports the following:</p> <p>Opening Balance: 307</p> <p>Quantities Received: 600</p> <p>Losses: 9</p> <p>Adjustments = 0</p> <p>Stock on Hand = 102</p> <p>Consumption is calculated as:</p> <p>$(307 + 600 - 9 + 0) - 102 = 796$</p> <p>Adjustments can be positive or negative. If a positive adjustment is recorded, then adjustments would be added. If a negative adjustment is recorded, then adjustments would be subtracted.</p>
------------	--	---

12.	<p>Complete Column I: Quantity to Order</p> <p>Use the formula provided to calculate the quantity to order, as follows:</p> <p style="text-align: center;">Consumption</p> <p style="text-align: center;"><i>Multiplied by</i></p> <p style="text-align: center;">Max Stock Level</p> <p style="text-align: center;"><i>(for health centres and clinics, use 2 and Hospitals to use 6)</i></p> <p style="text-align: center;"><i>Minus</i></p> <p style="text-align: center;">Stock on Hand</p>	<p>Example:</p> <p>Using the figures from the above example where:</p> <p>Adjusted consumption = 796</p> <p>Stock on Hand = 102</p> <p>$(796 * 2) - 102 = 1490$</p>
13.	<p>Review the “Comments” section.</p> <p>Pay special attention to this section. This is where the health facility writes anything that needs to be communicated to the RMS/CMS-in-Charge (products about to expire, explanations for stockouts, explanations for losses and adjustments, requests for new LMIS forms, etc.)</p>	
14.	<p>Signatures and Date: Complete the “Report Prepared by section” at the bottom of the page.</p> <p>The Health facility OIC to review and complete the “Verified by” section.</p> <p>Write your name and signature, and date the form.</p>	
Task is complete when:		
<ul style="list-style-type: none"> <input type="checkbox"/> The facility’s name; name of Region is filled in <input type="checkbox"/> The beginning and ending dates for the reporting period are filled in. <input type="checkbox"/> The losses, adjustments, stock on hand, and days out of stock columns have been reviewed. <input type="checkbox"/> The opening balance has been entered from the previous Monthly Facility Stock Report. <input type="checkbox"/> The consumption has been determined and filled in. <input type="checkbox"/> The quantity to order has been calculated and filled in. <input type="checkbox"/> The Monthly Facility Stock Report is signed and dated. 		

16. Job Aid 6: Completing the Aggregated Monthly Regional Stock Report

Task: Completing the *Aggregated Monthly Regional Stock Report*

Completed by: Regional LMIS Data Entry Clerk

Purpose: Reporting on consumption, stock on hand, losses, adjustments for all the health facilities in the Region

When to perform: Upon receipt of the *Monthly Facility Stock Report* for all the health facilities

Materials needed: *Monthly Facility Stock Report, Blank Aggregated Monthly Regional Stock Report, pen, calculator*

Step	Action	Notes
1.	Name of Region: Write the name of your Region	Example: West Coast Region 1
2.	Reporting Period: Write the month of the reporting period and the year	Example: September 2018
3.	Number of health facilities in Region: Write the number of facilities in the Region providing health care services, irrespective of health programme	
4.	Number of health facilities reporting: Write the number of facilities that have sent reports for the reporting period	It is your job to follow up with non-reporting facilities. Make sure you call the non-reporting facilities and subsequently visit them to find out what type of assistance they need.
5.	<p>Dates of receipt of Facility Reports: Write number of health facilities (in the value column) that submitted reports during the periods indicated below:</p> <p><i>Received by 5th</i></p> <p><i>Late Reports</i></p> <p><i>No Report</i></p> <p>When using the MS Excel version, the % will calculate automatically.</p>	

6.	<p>Losses (Column A): Using the <i>Monthly Facility Stock Reports</i>, add all the losses for each product and write the sum in this column. Explain all losses in the “Remarks” section.</p>	<p>This is an addition of the losses (column B) on all facility stock reports</p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the West Coast Region 1:</p> <table data-bbox="906 443 1273 786"> <tr> <td>Leman Street Clinic</td> <td>2</td> </tr> <tr> <td>Sukutu Health Centre</td> <td>3</td> </tr> <tr> <td>Brufut Min Health Centre</td> <td>1</td> </tr> <tr> <td>Yundum Village Clinic</td> <td>2</td> </tr> <tr> <td>Baffrow Clinic</td> <td>4</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Losses for WCR 1</td> <td>12</td> </tr> </table>	Leman Street Clinic	2	Sukutu Health Centre	3	Brufut Min Health Centre	1	Yundum Village Clinic	2	Baffrow Clinic	4	<hr/>		Losses for WCR 1	12
Leman Street Clinic	2															
Sukutu Health Centre	3															
Brufut Min Health Centre	1															
Yundum Village Clinic	2															
Baffrow Clinic	4															
<hr/>																
Losses for WCR 1	12															
7.	<p>Adjustments (Column B): Using the <i>Monthly Facility Stock Reports</i>, add all the adjustments for each product and write the sum in this column.</p>	<p>This is an addition of the adjustments (column D) on all facility stock reports.</p> <p>Explain all adjustments in the “Remarks” section. Make sure you note the total of the positive and the negative adjustments separately under the remarks section.</p>														
8.	<p>Stock on Hand (Column C): Using the <i>Monthly Facility Stock Reports</i>, add all the stock on hand for each product and write the sum in this column. Also Add the stock on hand for each product from the <i>RMS Monthly Stock Report</i>.</p>	<p>This is an addition of the quantities of stock on hand (column E) on all the facility stock reports</p> <p>For the RMS stock on hand, this is the figure indicated in Column E of the <i>RMS Monthly Stock Report</i></p>														

9.	<p>Consumption (Column D): Using the <i>Monthly Facility Stock Reports</i>, add all the consumption for each product and write the sum in this column.</p>	<p>This is an addition of the consumption (column G) on all the facility stock reports</p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the West Coast Region 1:</p> <table border="0"> <tr> <td>Leman Street Clinic</td> <td>80</td> </tr> <tr> <td>Sukutu Health Centre</td> <td>30</td> </tr> <tr> <td>Brufut Min Health Centre</td> <td>42</td> </tr> <tr> <td>Yundum Village Clinic</td> <td>18</td> </tr> <tr> <td>Baffrow Clinic</td> <td>23</td> </tr> </table> <hr/> <p>Consumption for WCR1 193</p>	Leman Street Clinic	80	Sukutu Health Centre	30	Brufut Min Health Centre	42	Yundum Village Clinic	18	Baffrow Clinic	23
Leman Street Clinic	80											
Sukutu Health Centre	30											
Brufut Min Health Centre	42											
Yundum Village Clinic	18											
Baffrow Clinic	23											
10.	<p>Days out of stock (Column E): Using the <i>Monthly Facility Stock Reports</i>, add all the days out of stock for each product and write the sum in this column.</p>	<p>This is an addition of the days out of stock (column F) on all the Monthly Facility Stock Reports</p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the West Coast Region 1:</p> <table border="0"> <tr> <td>Leman Street Clinic</td> <td>0</td> </tr> <tr> <td>Sukutu Health Centre</td> <td>3</td> </tr> <tr> <td>Brufut Min Health Centre</td> <td>0</td> </tr> <tr> <td>Yundum Village Clinic</td> <td>2</td> </tr> <tr> <td>Baffrow Clinic</td> <td>1</td> </tr> </table> <hr/> <p>Days out of stock for WCR1 6</p>	Leman Street Clinic	0	Sukutu Health Centre	3	Brufut Min Health Centre	0	Yundum Village Clinic	2	Baffrow Clinic	1
Leman Street Clinic	0											
Sukutu Health Centre	3											
Brufut Min Health Centre	0											
Yundum Village Clinic	2											
Baffrow Clinic	1											

11.	<p>Adjusted Consumption (Column F): If the <i>Monthly Facility Reports</i> report any figures (other than zero) in column F (Days out of Stock), calculate the adjusted consumption for that region using the following formula:</p> <p>Column D, Consumption</p> <p>Divided by</p> <p>(30 minus Column E, Days out of Stock)</p> <p>Multiplied by</p> <p>30</p> <p>In case your result has decimal points, use regular rounding rules to round up to the nearest whole number.</p>	<p>Example:</p> <p>Using the consumption (193) and days out of stock (6) figures as calculated from above, the adjusted consumption would be calculated as:</p> $(193 / (30 - 6)) * 30$ <p>Then:</p> $(193/24) * 30$ <p>Then:</p> $8.04 * 30$ 241.25 <p>Rounding up to:</p> <p>242</p>
12.	<p>Remarks: Write any comments</p>	<p>Examples:</p> <ol style="list-style-type: none"> 1. Police Clinic did not provide the stock on hand for AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs 2. The total of the positive adjustments is 20 and the total of the negative adjustments is – 10.
13.	<p>Report Prepared by: Write your name, sign and date the report before sending it to the RHMT</p> <p>RMHT to review and complete report verified by: Write your name, sign and date the report before sending it to the RHMT</p>	
<p>Task is complete when:</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> The Region, the number of health facilities in the Region, the number of health facilities reporting, and the reporting period are filled <input type="checkbox"/> Columns for losses, adjustments, stock on hand, consumption and adjusted consumption for each product are completed <input type="checkbox"/> The Regional LMIS Data Entry Clerk has signed and dated the report <input type="checkbox"/> The <i>Aggregated Monthly Regional Stock Report</i> is reviewed and signed by head of RHMT <input type="checkbox"/> The <i>Aggregated Monthly Regional Stock Report</i> has been sent to the NPS LMIS Manager 		

17. Job Aid 7: Completing the Monthly National Stock Report

<p>Task: Completing the <i>Aggregated Monthly National Stock Report</i></p> <p>Completed by: LMIS Manager</p> <p>Purpose: Reporting on consumption, stock on hand, losses, adjustments for Regions</p> <p>When to perform: Upon receipt of the <i>Aggregated Monthly Regional Stock Report</i> for all regions</p> <p>Materials needed: <i>Aggregated Monthly Regional Stock Report, Blank Aggregated Monthly National Stock Report, pen, calculator</i></p>		
Step	Action	Notes
1.	Reporting Period: Write the month of the reporting period and the year	Example: September 2018
2.	Number of health facilities in all regions: Write the number of facilities in the country providing health care services, irrespective of health programme	
3.	Number of health facilities reporting: Write the number of facilities that have been reported to send reports to the regional offices for the reporting period	
4.	<p>Dates of receipt of Facility Reports: Write number of health facilities (in the value column) that have submitted reports during the period, (as reported in the <i>Aggregated Monthly Regional Report</i>) indicated below:</p> <p><i>Received by 12th</i></p> <p><i>Received by 18th</i></p> <p><i>Late Reports</i></p> <p><i>No Report</i></p> <p>When using the MS Excel version, the % will calculate automatically.</p>	It is your job to follow up with non-reporting regions. Make sure you call the non-reporting regional offices and subsequently visit them to find out what type of assistance they need

5.	<p>Losses (Column A): Using the <i>Aggregated Monthly Regional Stock Reports</i>, add all of the losses for each product and write the sum in this column. Explain reasons for the losses in the “Remarks” section.</p>	<p>This is an addition of the losses (column A) on all <i>Aggregated Monthly Regional Stock Reports</i></p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the month of September 2018</p> <table border="0" style="width: 100%;"> <tr><td style="text-align: right;">WCR 1</td><td style="text-align: right;">20</td></tr> <tr><td style="text-align: right;">WCR 2</td><td style="text-align: right;">35</td></tr> <tr><td style="text-align: right;">URR</td><td style="text-align: right;">17</td></tr> <tr><td style="text-align: right;">LRR</td><td style="text-align: right;">45</td></tr> <tr><td style="text-align: right;">NBER</td><td style="text-align: right;">65</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td style="text-align: right;">Losses for Sep 2018</td><td style="text-align: right;">182</td></tr> </table>	WCR 1	20	WCR 2	35	URR	17	LRR	45	NBER	65	<hr/>		Losses for Sep 2018	182
WCR 1	20															
WCR 2	35															
URR	17															
LRR	45															
NBER	65															
<hr/>																
Losses for Sep 2018	182															
6.	<p>Adjustments (Column B): Using the <i>Aggregated Monthly Regional Stock Reports</i>, add all the adjustments for each product and write the sum in this column.</p>	<p>This is an addition of the adjustments (column B) on all <i>Aggregated Monthly Regional Stock Reports</i>.</p>														
7.	<p>Stock on Hand (Column C): Using the <i>Monthly Facility Stock Reports</i>, add all the stock on hands for each product and write the sum in this column.</p> <p>Also Add the stock on hand for each product from the <i>CMS Monthly Stock Report</i>.</p>	<p>This is an addition of the quantities of stock on hand (column C) on all the <i>Aggregated Monthly Regional Stock Reports</i></p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the month of September 2018</p> <table border="0" style="width: 100%;"> <tr><td style="text-align: right;">WCR 1</td><td style="text-align: right;">80</td></tr> <tr><td style="text-align: right;">WCR 2</td><td style="text-align: right;">102</td></tr> <tr><td style="text-align: right;">URR</td><td style="text-align: right;">0</td></tr> <tr><td style="text-align: right;">LRR</td><td style="text-align: right;">75</td></tr> <tr><td style="text-align: right;">NBER</td><td style="text-align: right;">95</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td style="text-align: right;">Stock on hand Sep18</td><td style="text-align: right;">982</td></tr> </table> <p>For the CMS stock on hand, this is the figure indicated in Column E of the <i>CMS Monthly Stock Report</i></p>	WCR 1	80	WCR 2	102	URR	0	LRR	75	NBER	95	<hr/>		Stock on hand Sep18	982
WCR 1	80															
WCR 2	102															
URR	0															
LRR	75															
NBER	95															
<hr/>																
Stock on hand Sep18	982															

8.	<p>Consumption (Column D): Using the <i>Aggregated Monthly Regional Stock Reports</i>, add all the consumption for each product and write the sum in this column.</p>	<p>This is an addition of the consumption (column D) on all the <i>Aggregated Monthly Regional Stock Reports</i></p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the month of September 2018</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>WCR 1</td><td style="text-align: right;">220</td></tr> <tr><td>WCR 2</td><td style="text-align: right;">135</td></tr> <tr><td>URR</td><td style="text-align: right;">317</td></tr> <tr><td>LRR</td><td style="text-align: right;">145</td></tr> <tr><td>NBER</td><td style="text-align: right;">165</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td>Consumption for Sep 18</td><td style="text-align: right;">982</td></tr> </table>	WCR 1	220	WCR 2	135	URR	317	LRR	145	NBER	165	<hr/>		Consumption for Sep 18	982
WCR 1	220															
WCR 2	135															
URR	317															
LRR	145															
NBER	165															
<hr/>																
Consumption for Sep 18	982															
9.	<p>Days out of stock (Column E): Using the <i>Aggregated Monthly Regional Stock Reports</i>, add all the days out of stock for each product and write the sum in this column.</p>	<p>This is an addition of the days out of stock (column E) on all the <i>Aggregated Monthly Regional Stock Reports</i></p> <p>For September 2018:</p> <p>Example: AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p> <p>For the month of September 2018</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>WCR 1</td><td style="text-align: right;">0</td></tr> <tr><td>WCR 2</td><td style="text-align: right;">3</td></tr> <tr><td>URR</td><td style="text-align: right;">12</td></tr> <tr><td>LRR</td><td style="text-align: right;">3</td></tr> <tr><td>NBER</td><td style="text-align: right;">1</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td>Days out of stock Sep 18</td><td style="text-align: right;">19</td></tr> </table>	WCR 1	0	WCR 2	3	URR	12	LRR	3	NBER	1	<hr/>		Days out of stock Sep 18	19
WCR 1	0															
WCR 2	3															
URR	12															
LRR	3															
NBER	1															
<hr/>																
Days out of stock Sep 18	19															

10.	<p>Adjusted Consumption (Column F): Using the <i>Aggregated Monthly Regional Stock Reports</i>, add all the days out of stock for each product and write the sum in this column</p> <p style="text-align: center;">Consumption</p> <p style="text-align: center;">Divided by</p> <p style="text-align: center;">(30 minus Column E, Days out of Stock)</p> <p style="text-align: center;">Multiplied by</p> <p style="text-align: center;">30</p> <p>In case your result has decimal points, use regular rounding rules to round up to the nearest whole number.</p>	<p>Example:</p> <p>Using the consumption (982) and days out of stock (19) figures as calculated from above, the adjusted consumption would be calculated as:</p> <p style="text-align: center;">$(982 / (30 - 19)) * 30$</p> <p style="text-align: center;">Then:</p> <p style="text-align: center;">$(982 / 10) * 30$</p> <p style="text-align: center;">Then:</p> <p style="text-align: center;">$89.27 * 30$</p> <p style="text-align: center;">2678.18</p> <p style="text-align: center;">Rounding up to:</p> <p style="text-align: center;">2679</p>
11.	<p>Months of Stock (Column G): Calculate the Month of Stock for each health commodity using the following formula:</p> <p style="text-align: center;">Adjusted Consumption</p> <p style="text-align: center;">Divided by</p> <p style="text-align: center;">Stock on hand</p>	<p>Example:</p> <p>Using the adjusted consumption figure calculated above, 2679.</p> <p>Assuming the total stock on hand (all facilities, Regional Medical Stores and CMS) is 12656, the months of stock would be calculated as:</p> <p>$12656 / 2679 = 4.72$</p>
12.	<p>Remarks: Write any comments</p>	<p>Examples:</p> <p>CRR did not provide the stock on hand for AL (Artemether 20 mg + Lumefantrine 120 mg) 1x 12 tabs</p>
13.	<p>Report prepared and verified by: Write your name, sign and date the report before sending it to the NPS Director</p> <p>NPS Director reviews and complete report approved by: Write your name, sign and date the report before sending it to national supply chain stakeholders.</p>	
<p>Task is complete when:</p>		

- The reporting period , the number of health facilities in all regions and the number of health facilities reporting are filled
- The number of regions reporting by indicated dates are filled.
- Columns for losses, adjustments, stock on hand, consumption and adjusted consumption for each product are completed
- The LMIS Manager has signed and dated the report
- The *Aggregated Monthly National Stock Report* is reviewed and signed by NPS Director
- The *Aggregated Monthly Regional Stock Report* has been sent to the national supply chain stakeholders

18. Job Aid 8: Completing the RMS/CMS Monthly Stock Report

Task:	Completing the RMS/CMS <i>Monthly Stock Report</i>
Completed by:	RMS Stores Officer; CMS Stores Officer
Purpose:	To report the quantity on hand, losses and adjustments, and days out of stock
When to perform:	At end of every month
Materials needed:	Blank RMS/CMS <i>Monthly Stock Report</i> , <i>Inventory Control Cards</i> , pen
Note:	<p>This form is in duplicate. When writing, make sure to press hard so it goes through the copy.</p> <p>Keep a copy for your records once you've completed and signed the report.</p> <p>Send the report no later than the 5th of the month following your reporting period.</p>

Step	Action	Notes
1.	<p>Name of health RMS: Write the name of the facility</p> <p>For CMS, this section is not available on the form</p>	Example: West Coast Region 1 RMS or WCR1 RMS
2.	<p>Name of Region: Write the name of the Region where RMS is located</p> <p>For CMS, this section is not available on the form</p>	Example: West Coast Region 1
3.	<p>Reporting Period: Write the month of the reporting period</p>	Example: September 2018
4.	<p>Product Description and Unit of Issue: These are already prefilled in the pre-printed RMS/CMS Monthly Stock Report booklet. If using an RMS/CMS Monthly Stock Report without prefilled products, add description of the product (name, strength and dosage form as applicable)</p>	

5.	Opening Balance (Column A): Enter the stock balance of the last day of the previous month (opening balance for the new reporting month)	
6.	Quantities Received (Column B): Enter quantities received, including any emergency order received within the month. Add the figures under “quantities received” column under the monthly close out for the previous month (<i>last reporting period</i>) and last day of current month (<i>current reporting period</i>)	All quantities received within the month period should be noted in this column
7.	Losses (column C): Add the total losses for the reporting period	Add the losses recorded, within the reporting period, on the <i>Inventory Control Card</i>
8.	Adjustments (column D): Add the adjustments for the reporting period	Add the adjustments recorded, within the reporting period, on the <i>Inventory Control Card</i> Make sure you note the total of the positive adjustments and the total of the negative adjustments separately.
9.	Stock on Hand (column E): Write the quantity on hand at the end of the reporting period.	This should be the physical inventory done at the end of the reporting period and noted as the monthly close out under the column “Balance” on the <i>Inventory Control Card</i> of each product
10.	Days Out of Stock (column F): Add the number of days out of stock for the reporting period	If you were stocked out for part of a day, then count it as a whole day. For example, if you were stocked out from the 5 th of September to the 10 th of September, then the total days out of stock would be 6.

<p>11.</p>	<p>Complete Column G: Consumption</p> <p>Use the formula provided to calculate consumption for that facility during the reporting period:</p> <p style="padding-left: 40px;">Column A, Opening balance</p> <p style="padding-left: 80px;"><i>Plus</i></p> <p style="padding-left: 40px;">Column B, Quantities Received</p> <p style="padding-left: 80px;"><i>Minus</i></p> <p style="padding-left: 40px;">Column C, Losses</p> <p style="padding-left: 80px;"><i>Plus or Minus</i></p> <p style="padding-left: 40px;">Column D, Adjustments</p> <p style="padding-left: 80px;"><i>Minus</i></p> <p style="padding-left: 40px;">Column E, Stock on Hand</p> <p style="padding-left: 80px;"><i>Equals</i></p> <p style="padding-left: 40px;">Column G, Consumption</p>	<p>Example:</p> <p>If the RMS/CMS reports the following:</p> <p>Opening Balance: 3407</p> <p>Quantities Received: 580</p> <p>Losses: 80</p> <p>Adjustments = 0</p> <p>Stock on Hand = 1257</p> <p>Consumption is calculated as:</p> <p>$(3407 + 580 - 80 + 0) - 1257 = 2647$</p> <p>Adjustments can be positive or negative. If a positive adjustment is recorded, then adjustments would be added. If a negative adjustment is recorded, then adjustments would be subtracted.</p>
<p>12.</p>	<p>Review the “Remarks” section.</p> <p>Pay special attention to this section. This is where the health facility writes anything that needs to be communicated to the RMS/CMS-in-Charge (products about to expire, explanations for stockouts, explanations for losses and adjustments, requests for new LMIS forms, etc.)</p>	<p>Contact the facility to follow up on any outstanding issues.</p>
<p>13.</p>	<p>Signatures and Date: Complete the “Report Prepared by section” at the bottom of the page.</p> <p>The RMS-IN-Charge for RMS; and CMS Warehouse Manager (or designated proxy) for CMS to review and complete the “Verified by” section.</p> <p>Write your name and signature, and date the form.</p>	
<p>Task is complete when:</p>		

- The facility's name and name of Region are filled in
- The beginning and ending dates for the reporting period are filled in.
- The losses, adjustments, stock on hand, and days out of stock columns have been reviewed.
- The opening balance has been entered from the previous Monthly Facility Stock Report.
- The consumption has been calculated and filled in.
- The adjusted consumption has been calculated and filled in.
- The quantity to order has been calculated and filled in.
- The Monthly Facility Stock Report is signed and dated.

APPENDIX E: STOCK SHEET

Date of Physical Count:

Name of Facility:

Name and Description of Commodity	Strength	Unit of Count (Unit of Issue)	Stock Records Quantity (from Stock Card)	Physical Count	Expiry Date
--	-----------------	--	---	-----------------------	--------------------

APPENDIX F: MONTHLY FACILITY STOCK REPORT

		Ministry of Health and Social Welfare Monthly Facility Stock Report				No. 00001				
Name of Health Facility						Date				
Name of Region						Reporting Period				
<i>Max Stock levels: Hospitals= 6 and Health centres/clinics=2</i>										
Product Description and Strength	Unit of Issue	Opening Balance	Quantity Received	Losses (damages/expired)	Adjustments	Stock on Hand	Days out of Stock	Consumption (Units)	Quantity to Order (units)	Expiry Date
		A	B	C	D	E	F	G	H=(G*Max Stock level)-E	I
HIV/AIDS commodities										
Family Planning commodities										
Malaria Commodities										
Tuberculosis										
Nutrition										
Other Essential Medicines										
Comments: 										
Prepared by:		_____				_____		_____		
		Full Name		Position		Signature		Date		
Verified by Health Facility OIC		_____				_____		_____		
		Full Name		Position		Signature		Date		

APPENDIX G: AGGREGATED MONTHLY REGIONAL STOCK REPORT

		Ministry of Health and Social Welfare Aggregated Monthly Regional Stock Report							
The Director, National Pharmaceutical Services Ministry of Health and Social Welfare Kotu, Banjul The Gambia Call +220 4466302 Write to: lmisreports@hotmail.com		<b style="color: red;">No. 00001					No. of Reports:	Value	%
							Received by 5th		
							Late Reports		
							No Report		
							Total		
Name of Region:		Date:							
Reporting period:		Reporting Rate							
Number of Health Facilities in Region:		0%							
Number of Health Facilities reporting:									
Product Description and Strength	Unit of Issue	Losses	Adjustments	Stock on Hand (All facilities + RMS)	Consumption (Units)	Days out of stock	Adjusted Consumption (Units)	Months of Stock	
		A	B	C	D	E	F	G= C / F	
HIV/AIDS commodities									
Family Planning commodities									
Malaria Commodities									
Tuberculosis									
Nutrition									
Other Essential Medicines									
Comments:									
Report Prepared by:		Full Name _____			Position _____			Signature _____	
Report Verified by RHMT		Full Name _____			Position _____			Signature _____	
Report Received by LMIS Manager (or designated proxy)		Full Name _____			Position _____			Signature _____	

APPENDIX H: AGGREGATED MONTHLY NATIONAL STOCK REPORT

		Ministry of Health and Social Welfare Aggregated Monthly National Stock Report							
The Director, National Pharmaceutical Services Ministry of Health and Social Welfare Kotu, Banjul The Gambia Call +220 4466302 Write to: lmisreports@hotmail.com		No. 00001					No. of Reports:	Value	%
						Received by 12th			
						Late Reports			
						No Report			
						Total			
Reporting period:		Date:							
Number of Health Facilities in all regions:		Reporting Rate		0%					
Number of Health Facilities reporting:									
Product Description and Strength	Unit of Issue	Losses	Adjustments	Stock on Hand (All facilities + RMS+CMS)	Consumption (Units)	Days out of Stock	Adjusted Consumption (Units)	Months of Stock	
		A	B	C	D	E	F	G= C / F	
HIV/AIDS commodities									
Family Planning commodities									
Malaria Commodities									
Tuberculosis									
Nutrition									
Other Essential Medicines									
Comments:									
Report Prepared by:		_____					Signature		
		Full Name	Position						
Report Verified by LMIS Manager		_____					Signature		
		Full Name	Position						
Report Approved by NPS Director		_____					Signature		
		Full Name	Position						

APPENDIX I: RMS MONTHLY STOCK REPORT



Ministry of Health and Social Welfare RMS Monthly Stock Report

No. 00001

Name of RMS	Date
Name of Region	Reporting Period

Product Description and Strength	Unit of Issue	Opening Balance	Quantity Received	Losses	Adjustments	Stock on Hand	Consumption (Units)	Days out of Stock	Adjusted Consumption (Units)	Months of Stock
		A	B	C	D	E	$F=(A+B-C \pm D)-E$	G	H	$I= E/H$
HIV/AIDS commodities										
Family Planning commodities										
Malaria Commodities										
Tuberculosis										
Nutrition										
Other Essential Medicines										

Comments:

Prepared by:

Full Name _____ Position _____ Signature _____

Verified by RMS-in-Charge

Full Name _____ Position _____ Signature _____

APPENDIX J: RMS QUARTERLY STOCK REPORT

		Ministry of Health and Social Welfare RMS Quarterly Stock Report							No. 00001	
Name of RMS							Date			
Name of Region							Reporting Period			
Product Description and Strength	Unit of Issue	Opening Balance	Quantity Received	Losses	Adjustments	Stock on Hand	Consumption (Units)	Days out of Stock	Adjusted Consumption (Units)	Quantity to Order
		A	B	C	D	E	$F=(A+B-C \pm D)-E$	G	H	$I= (H*4)- E$
HIV/AIDS commodities										
Family Planning commodities										
Malaria Commodities										
Tuberculosis										
Nutrition										
Other Essential Medicines										
Comments: 										
Prepared by:		_____			_____			_____		
		Full Name			Position			Signature		
Verified by RMS-in-Charge		_____			_____			_____		
		Full Name			Position			Signature		

APPENDIX N: CMS MONTHLY STOCK REPORT



Ministry of Health and Social Welfare CMS Monthly Stock Report

No. 00001

Reporting Period		Date	
------------------	--	------	--

Product Description and Strength	Unit of Issue	Opening Balance	Quantity Received	Losses	Adjustments	Stock on Hand	Days out of Stock	Consumption (Units)	Months of Stock
		A	B	C	D	E	F	$G=(A+B-C \pm D)-E$	$H= E/J$
HIV/AIDS commodities									
Family Planning commodities									
Malaria Commodities									
Tuberculosis									
Nutrition									
Other Essential Medicines									

Comments:

Prepared by:

Full Name

Position

Signature

Verified by CMS Inventory Control
Officer/Principal Pharmacist

Full Name

Position

Signature

APPENDIX O: GUIDELINES AND PREPARATION FOR SUPPORTIVE SUPERVISION

1. Preparation for the visit

- Develop objectives for your visit.
- Liaise with NPS and Regional Health Management Team for logistics at least 2 weeks prior to visit.
- Notify health facility staff about the objectives and date of your visit.
- Review the previous reports and the recommendations made for the health facilities to be visited.
- Prepare your tools for supervision – Supervision check list
 - Stationery
 - SOPs manual
 - Calculator
- Review the checklist.

2. During the visit

A. Pay a courtesy call to the Health Facility Officer In-Charge and:

- Introduce yourself and others,
- Explain your objectives and ask to visit with the service providers.
- Ask, “How are the supply chain activities for health commodities going at your facility?”
- Ask, “Do you have any problems related to medical supplies?”
- Note responses to these questions under “Additional comments.”

B. Actual Supervision activities

- Visit the relevant departments and use the supervision checklist to assess aspects of health commodities management.
- Offer a few words of encouragement, pointing out a few tasks that the person has been doing well.
- Use the SOP manual to provide on-the-job training for any areas that need improvement.

3. Debriefing/End of Visit

- Discuss the supervision findings with the facility staff and the RHMT
- Give the facility staff any materials they need to do their jobs.
- Discuss and document recommendations and way forward.
- Collectively sign the supervision check list

4. Actions after the visit

- Share the supervision report with relevant stakeholders, including the Secretariat of the PHPSCM and keep a copy.
- Follow-up on documented actions and plans

APPENDIX P: GUIDELINES FOR A PROBLEM-SOLVING DISCUSSION

(Note that it might be more your nature to view a "problem" as an "opportunity". Therefore, you might substitute "problem" for "opportunity" in the following guidelines.)

1. Define the problem

Seek to understand more about why you think there's a problem.

Defining the problem: (with input from yourself and others)

a) Ask yourself and others, the following questions:

b) What can you see that causes you to think there's a problem?

c) Where is it happening?

d) How is it happening?

e) When is it happening?

f) With whom is it happening? (HINT: Don't jump to "Who is causing the problem?" When we're stressed, blaming is often one of our first reactions. To be an effective manager, you need to address issues more than people.)

g) Why is it happening?

h) Write down a five-sentence description of the problem in terms of "The following should be happening, but isn't ..." or "The following is happening and should be: ..." As much as possible, be specific in your description, including what is happening, where, how, with whom and why.

Defining complex problems:

If the problem still seems overwhelming, break it down by repeating steps a-f until you have descriptions of several related problems.

Verifying your understanding of the problems:

It helps a great deal to verify your problem analysis for conferring with a peer or someone else.

Prioritize the problems:

a) If you discover that you are looking at several related problems, then prioritize which ones you should address first.

b) Note the difference between "important" and "urgent" problems. Often, what we consider to be important problems to consider are just urgent problems. Important problems deserve more attention. For example, if you continually make "urgent" or emergency orders in a facility, you probably have an "important" problem which is either poor planning or lack of skill in inventory management.

Understand your role in the problem:

Your role in the problem can greatly influence how you perceive the role of others. For example, if you're very stressed out, it'll probably look like others are, too, or, you may resort too quickly to blaming and reprimanding others. Or, you feel very guilty about your role in the problem; you may ignore the accountabilities of others.

2. Look at potential causes for the problem

a) Get input from other people who notice the problem and who are affected by it.

b) Collect input from other individuals one at a time (Note: people tend to be inhibited about offering their impressions of the real causes of problems.)

c) Write down what your opinions and what you've heard from others.

- d) Seek advice from a peer or your supervisor in order to verify your impression of the problem.
- e) Write down a description of the cause of the problem and in terms of what is happening, where, when, how, with whom and why.

3. Identify alternatives for approaches to resolve the problem

- a) Keep others involved
- b) Brainstorm for solutions to the problem. Collect as many ideas as possible, then screen them to find the best idea.
- c) Not pass any judgment on the ideas -- just write them down as you hear them.

4. Select an approach to resolve the problem

When selecting the best approach, consider:

- a) Which approach is the most likely to solve the problem for the long term?
- b) Which approach is the most realistic to accomplish for now? Do you have the resources? Are they affordable? Do you have enough time to implement the approach?
- c) What is the extent of risk associated with each alternative? (Note: problem solving, and decision making are highly integrated.)

5. Plan the implementation of the best alternative (this is your action plan)

- a) Carefully consider "What will the situation look like when the problem is solved?"
- b) What steps should be taken to implement the best alternative to solving the problem? What systems or processes should be changed in your facility, for example, a new policy or procedure? Don't resort to solutions where someone is "just going to try harder".
- c) How will you know if the steps are being followed or not? (these are your indicators of the success of your plan)
- d) What resources will you need in terms of people, money and facilities?
- e) How much time will you need to implement the solution? Write a schedule that includes the start and stop times, and when you expect to see certain indicators of success.
- f) Who will primarily be responsible for ensuring implementation of the plan?
- g) Write down the answers to the above questions and consider this as your action plan.
- h) Communicate the plan to those who will involve in implementing it and, at least, to your immediate supervisor. (Continuous observation and feedback provision are an important aspect of the problem solving process.)

6. Monitor implementation of the plan

Monitor the indicators of success:

- a) Are you seeing what you would expect from the indicators?
- b) Will the plan be done according to schedule?
- c) If the plan is not being followed as expected, then consider: Was the plan realistic? Are there enough resources to accomplish the plan on schedule? Should more priority be placed on various aspects of the plan? Should the plan be changed?

7. Verify if the problem has been resolved or not

- a) One of the best ways to verify if a problem has been solved or not is to resume normal operations in the organization. Still, you should consider:
- b) What changes should be made to avoid this type of problem in the future? Consider changes to policies and procedures, training, etc.

- c) Lastly, consider "What did you learn from this problem solving?" Consider new knowledge, understanding and/or skills.
- d) Consider writing a brief memo that highlights the success of the problem-solving effort, and what you learned as a result. Share it with your supervisor, peers and subordinates

Written by Carter McNamara, MBA, PhD, Authenticity Consulting, LLC. Copyright 1997-2008. Adapted from the Field Guide to Leadership and Supervision. Accessed on the site: http://www.managementhelp.org/prsn_prd/prb_bsc.htm