



Standard Operating Procedures (SOP) Manual for the Integrated Pharmaceuticals Logistics System in Health Facilities of Ethiopia

Second Edition

Addis Ababa, Ethiopia
November, 2015

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For
The Integrated Pharmaceuticals Logistics System
in Health Facilities of Ethiopia**

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FOREWORD MESSAGE

It is gratifying to announce and introduce the completed Standard Operating Procedures (SOP) Manual for the Integrated Pharmaceuticals Logistics System (IPLS) in Health Facilities of Ethiopia.

Pharmaceutical Fund and Supply Agency (PFSA) is coordinating sector wide effort aimed at significantly improving sustainable availability of quality assured pharmaceuticals at an affordable price to the public. The agency is also working to reduce national pharmaceutical wastage and improve distribution of pharmaceuticals to service delivery points. As part of this effort, the Agency has developed and further revised standard operating procedures (SOP) for Integrated Pharmaceuticals Logistics System (IPLS).

This SOP manual encompasses major areas of pharmaceutical management at health facilities including; Logistics Management Information System, inventory control system, recording and storage. There are ten sections and twelve job aids that describe recurring work processes in these specific areas. The SOP manual will promote quality through consistent implementation of processes and procedures. The manual is intended to simplify and standardize the work required for logistics management of pharmaceuticals used in public health facilities. It also serves as a reference for professionals working at health facilities and those involved in supervisory support. Therefore, the implementation of the SOP manual needs to be re-enforced by management units at all levels.

Finally, I would like to take this opportunity to thank all stakeholders who participated in the development of this SOP manual.

Meskele Lera

Director General

Pharmaceuticals Fund and Supply Agency

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Finally, PFSA is also grateful to CHAI for its financial support in printing the manual.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BPR	Business Process Re-engineering
DU	Dispensing Unit
EPI	Expanded Program for Immunization
FEFO	First Expiry First Out
FMOH	Federal Ministry of Health
HC	Health Centre
HIV	Human Immuno Deficiency Virus
HPMRR	Health Post Monthly Report and Re-supply Form
HMIS	Health Management Information System
HP	Health Post
IFRR	Internal Facility Report and Resupply Form
IPLS	Integrated Pharmaceuticals Logistics System
LMIS	Logistics Management Information System
LSI	Look ahead Seasonality Indices
MCH	Maternal and Child Health
NPPL	National Pharmaceuticals Procurement List
PFSA	Pharmaceuticals Fund and Supply Agency
PLMP	Pharmaceutical Logistics Master Plan
RDF	Revolving Drug Fund
RHB	Regional Health Bureau
RRF	Report and Requisition Form
SDP	Service Delivery Point
SOP	Standard Operating Procedures
TB	Tuberculosis
VEN	Vital – Essential – Non essential
WoHO	Woreda Health Office
ZHD	Zonal Health Department

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I. INTRODUCTION

The provision of complete health care necessitates the availability of safe, effective and affordable drugs and related supplies of the required quality, in adequate quantity at all times. Despite this fact, in the past, the pharmaceutical supply chain management system of the country had several problems including non-availability, unaffordability, poor storage and stock management and irrational use.

To solve these problems in public health facilities, Pharmaceuticals Fund and Supply Agency (PFSA) was established in 2007 by Proclamation No. 553/2007 based on the Pharmaceuticals Logistics Master Plan (PLMP). The Agency is mandated to avail affordable and quality pharmaceuticals sustainably to all public health facilities and ensure their rational use. So as to execute its mandate in the area of pharmaceuticals supply in an efficient and effective manner, integrated pharmaceuticals logistics system (IPLS) has been developed and implemented since 2010.

IPLS is the term applied to the single pharmaceuticals reporting and distribution system based on the overall mandate and scope of the PFSA. It aims to ensure that patients always get pharmaceuticals they need. To be successful, the system must fulfil the six rights of supply chain management by ensuring the right products, in the right quantity, of the right quality, at the right place, at the right time and for the right cost.

The IPLS integrates the management of essential pharmaceuticals including the following pharmaceuticals that were used to be managed vertically: HIV/AIDS, Malaria, TB and Leprosy, EPI, MCH and purchased essential drugs. It is the primary mechanism through which all public health facilities obtain essential and vital pharmaceuticals. Products included on the National pharmaceuticals procurement List (NPPL) are supplied and managed through the IPLS.

One of the first concrete steps to move the integrated system from concept to detailed implementation step was the development of the Standard Operating Procedures (SOP) Manual for health facilities of Ethiopia.

II. PURPOSE OF THE STANDARD OPERATING PROCEDURE MANUAL

The manual is intended to simplify and standardize the work required for the logistics management of pharmaceuticals used in public health facilities. It also serves as a reference for and service providers in facilities supplied by PFSA and for the administrative units that provide management and supervisory support. The manual guides the staff in the completion of the following tasks:

- Recording and reporting on stock levels and usage of pharmaceuticals.
- Ordering pharmaceuticals from PFSA
- Receiving and storing pharmaceuticals
- Issuing pharmaceuticals between and within facilities
- Maintaining adequate amount of pharmaceuticals

III. ROLES AND RESPONSIBILITIES IN IPLS

Overview of Pharmaceuticals and Information flow in IPLS

Program pharmaceuticals are ordered every two months by hospitals and health centres and delivered by PFSA to these facilities directly or indirectly. Direct delivery sites are facilities that receive program pharmaceuticals directly from PFSA hubs whereas non-direct delivery sites are health centres that receive products from PFSA hubs through Woreda Health Offices (WoHOs).

Health posts report to health centres monthly and collect pharmaceuticals from those health centres; the health centres use the data in the Health Post report to calculate consumption and re-supply quantities.

For revolving drug fund (RDF) pharmaceuticals, health centres and hospitals will complete RRF as per the facilities review period which can be every two month, every quarter or every six months and collect products from affiliated PFSA branch.

Figure 1 illustrates the overall flow of program pharmaceuticals and information in the IPLS.

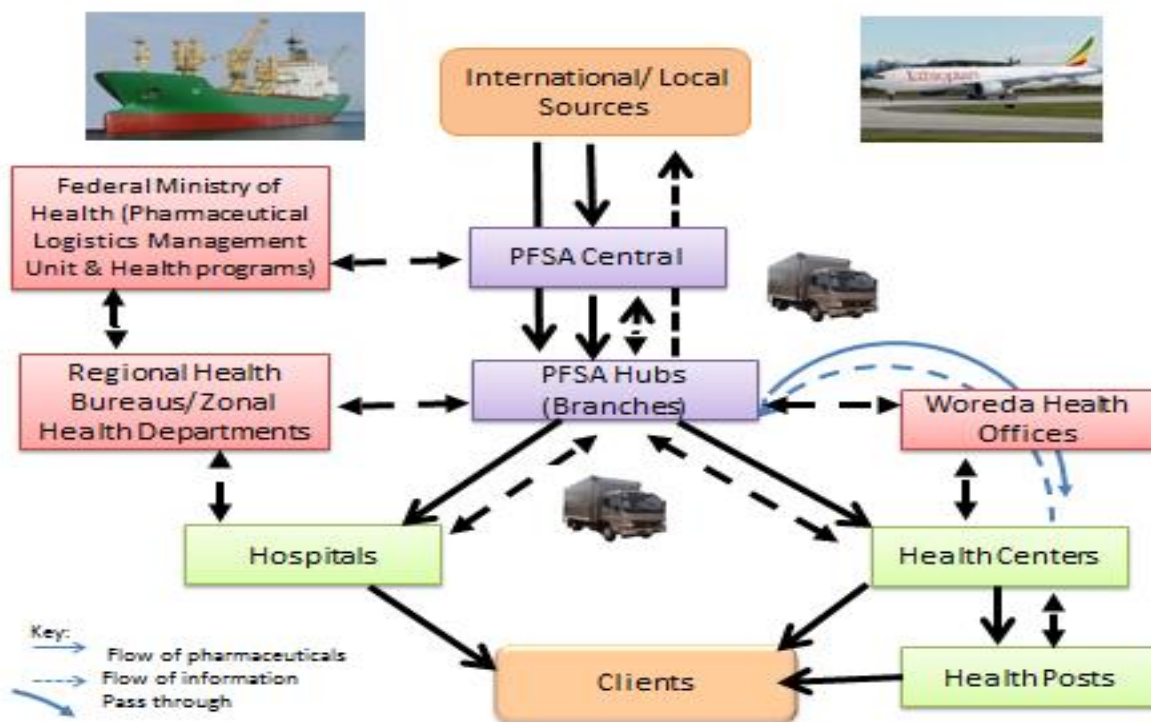


Figure 1: Flow of Pharmaceuticals and Information in the Integrated Pharmaceutical Logistics System (IPLS)

Logistics information is collected and reported monthly by health posts and every other month by health centres and hospitals on logistics management information system (LMIS) forms.

- For direct delivery facilities a combined report and requisition form is completed by health centres and hospitals and sent to PFSA Hubs for requisition processing; the health centre order includes the pharmaceuticals requirements of the health posts. For non-direct delivery facilities a combined report and requisition form is completed by health centres and sent to PFSA branches through WoHOs.
- A copy of the health centre report and order and a copy of each health post report are sent to the Woreda Health Office for management and supervision purposes; a copy of the hospital report and order is sent to the Regional Health Bureau for management and supervision purposes.

The overall information system also includes a mechanism for providing “feedback” to lower level facilities from upper level facilities. In the feedback reports, facilities will be able to see how they are performing compared to other facilities in their area and will be able to facilitate stock transfer. For instance, the Woreda or PFSA Hub may provide a short report to all of the health centres showing the stock status of priority products (vital pharmaceuticals), number of stock outs, reporting rate, and consumptions trend in the different health centres. The Woreda or PFSA might also provide specific reports to health centres pointing out errors in their reports.

A. Roles and Responsibilities

IPLS implementation requires collaborative efforts of different officials and professionals working at all levels of the Ministry's system. The roles and responsibilities for organizations and personnel involved in this system are listed below.

1. Federal Ministry of Health (FMOH)

The Federal Ministry of health has different units which have roles and responsibilities in the IPLS. The Pharmaceutical Logistics Management Unit, the Medical Services Directorate, the resource mobilization unit and other health program units have their own roles ranging from participating in some functions of the supply chain to ensuring the objectives of the system are met. The detailed roles and responsibilities of the organization is presented in table 1.

Table 1: Roles and responsibilities of FMOH

1.	Participate in pharmaceuticals forecasting with PFSA
2.	Advocate for financial support for pharmaceuticals
3.	Coordinate donor contributions to ensure pharmaceuticals availability
4.	Monitor stock levels and program supply performance
5.	Process payment to PFSA for delivery of program products
6.	Communicate program plans and donor activities that affect demand for pharmaceuticals with PFSA

2. PFSA

As an agency with a prime responsibility of managing the pharmaceutical logistics system of the country, PFSA has indispensable roles and responsibilities in the implementation of the

IPLS. Its responsibilities include forecasting, procurement, storage and distribution of products and others which are presented in table 2.

Table 2: Roles and responsibilities of PFSA

1	Forecast national pharmaceuticals need based on the demand of Health Facilities.
2	Procure and store pharmaceuticals.
3	Determine stock levels.
4	Receive reports and orders from health facilities and distribute pharmaceuticals to health facilities
5	Maintain stock records and monitor stock status.
6	Build the capacity of health facilities in the areas of pharmaceuticals supply management and rational pharmaceuticals use through provision of technical and material support.
7	Exchange information with FMOH and Regional Health Bureaus (RHBS) regarding the supply and use of pharmaceuticals.
8	Coordinate and lead partners working on supply management and rational pharmaceuticals use.
9	Undertake supportive supervision in health facilities in collaboration with relevant stakeholders
10	Develop data recording, requisition and reporting formats.
11	Monitor and evaluate the performance of the logistics system.
12	Improve facility store management in collaboration with the ministry and partners.

3. Regional Health Bureaus/Zonal Health Department

Regional health bureaus have significant roles and responsibilities in the implementation of the IPLS across health facilities found in their respective regions. The major role of the bureau is to monitor and evaluate the implementation of the system. In addition, they have significant responsibilities in the area of funding and other functions presented in table 3.

Table 3: Roles and responsibilities of RHBs/ZHDs

1. Provide technical assistance and supervision in logistics management including stock management, ordering, and reporting functions of Hospitals and WHOs
2. Monitor pharmaceutical budget and pharmaceutical availability
3. Ensure adequate funds for procurement of essential pharmaceuticals at each hospital.
4. Monitor and evaluate system performance (reporting rates, consumption rates, stock levels, storage conditions); provide feedback to facilities and/or Woreda
5. Provide and develop guidelines to facilities when necessary
6. Enforce policies as related to pharmaceutical logistics management
7. Monitor and oversee annual pharmaceutical quantification of woreda health offices

4. Woreda Health Offices

The woreda health offices have major roles and responsibilities in the implementation of IPLS in health centres directly reporting to them. The following table enumerates their major roles and responsibilities.

Table 4: Roles and responsibilities of WoHOs

1. Collect Pharmaceuticals logistics data from non-direct delivery sites and send the original copy of the report and requisition format to respective PFSA hubs
2. Receive pharmaceuticals from PFSA hubs and distribute to non-direct delivery sites based on Stock and Transfer Voucher(STV)
3. Provide proof of delivery for products received from PFSA based on STV
4. Send catchment health centre logistics data to zonal health departments.
5. Ensure the right pharmaceuticals are provided at Health Centres and Health Posts
6. Supervise stock management, ordering, and reporting functions of health posts and health centres
7. Monitor pharmaceutical budget and pharmaceutical availability
8. Ensure adequate funds for procurement of essential pharmaceuticals at each health centre.
9. Monitor system performance (reporting rates, consumption rates, stock levels, storage conditions)
10. Review client satisfaction with the provision of pharmaceuticals in health facilities.

- | |
|------------------------------------------------------------------------------------------------------------------------------|
| 11. Monitor annual pharmaceutical quantification of health facilities |
| 12. Aggregate annual pharmaceutical quantification of health facilities for RDF products and send it to respective PFSA hub. |

5. Hospitals

Hospitals are health facilities which provide high level curative health services. In order to ensure the provision of the health services expected from the facilities, the hospitals have to perform a lot of activities in the implementation of IPLS. The following are the major roles and responsibilities of hospitals in relation with IPLS implementation.

Table 5: Roles and responsibilities of hospitals

1. Complete a physical count of pharmaceuticals every other month
2. Compare results from the physical count to the maximum and emergency order point stock quantities and take appropriate action
3. Complete Report and Requisition Form every two month and submit it to PFSA and RHB
4. Receive pharmaceuticals as per the appropriate standard from PFSA
5. Conduct a visual inspection of pharmaceuticals
6. Store pharmaceuticals using appropriate storage procedures
7. Maintain <i>Bin Cards</i> and <i>Stock Record Cards</i> , transaction and consumption records for all pharmaceuticals
8. Maintain appropriate stock levels
9. Calculate Dispensing Unit order quantities based on their data
10. Issue stock to Dispensing Units
11. Provide regular technical support on stock management to dispensing units
12. Process payment to PFSA for delivery of products, if cash and carry method is used for purchase of pharmaceuticals.
13. Monitor budget utilization if allocation method is used for purchase of pharmaceuticals.
14. Procure pharmaceuticals not available from PFSA as needed
15. Conducts budget utilization studies and analysis.
16. Dispose damaged/expired stock as per the national medicine waste management and disposal directive

17. Verify, ensure and follow timely reporting and data quality of RRF (Head of the Pharmacy)
18. Conduct annual quantification and send it to PFSA hub timely
19. Proper documentation of models, records, RRFs and IFRRs

6. Health Centres

Health centres are units of the supply chain of the country which keeps products to dispense to the end users and to the health posts managed by them. The roles and responsibilities of the head of the facility, pharmacy unit and dispensing units of the health centres are presented as follows.

Table 6: Roles and responsibilities of health centers

Pharmacy Staff
1. Complete a physical count of pharmaceuticals every two month
2. Complete the Report and Requisition Form every two month and submit it to PFSA directly and through the Woreda Health Offices
3. Procure and collect RDF products from PFSA branches
4. Receive pharmaceuticals from PFSA directly or through WoHOs
5. Procure pharmaceuticals not available from PFSA (rarely)
6. Store pharmaceuticals using appropriate storage procedures
7. Maintain Bin Cards and Stock Record Cards, transaction and consumption records for all pharmaceuticals
8. Assess stock status and take appropriate actions
9. Calculate health posts order quantities based on health posts data
10. Calculate dispensing unit order quantities based on their data
11. Issue stock to Dispensing Units and HPs
12. Provide technical support and on job training of stock management at HPs and Dispensing Units.
13. Process payment to PFSA for delivery of products, if cash and carry method is used
14. Monitor credit/account status, if credit method is used for purchase of pharmaceuticals
Facility Head
15. Monitor the performance of the IPLS within the facility (warehouse management, inventory control system and the logistics management information system)

16. Coordinate and participate in the annual quantification of RDF pharmaceuticals.
17. Monitor pharmaceutical budget and availability.
18. Follow and enforce internal report and resupply system implementation which includes: a. DU recording/reporting/resupply functions b. Reporting and resupply Calendar/Schedule c. Health post resupply
19. Approves the RRF at the end of each reporting period
20. Follow and enforce timely reporting and data quality of RRF
Dispensing Units
21. Maintain bin cards for all pharmaceuticals kept at the dispensing unit
22. Receive products from the health centre store
23. Provide report on essential data following the reporting schedule established
24. Dispense products to clients
25. Visually inspect products when dispensing to clients

7. Health Posts

As part of the primary health care unit, health posts manage pharmaceuticals which are used at the community level. Table 7 shows the major roles and responsibilities of health posts in IPLS.

Table 7: Roles and responsibilities of health posts

1. Store pharmaceuticals using appropriate storage procedures
2. Maintain Bin Cards for all pharmaceuticals
3. Complete a physical count of pharmaceuticals every month
4. Complete the “Completed by Health Post” section of the Health Post Report and Re-supply Form
5. Arrange for transport and collect pharmaceuticals from health centres
6. Dispense products to clients
7. Issue products to community health workers or volunteers
8. Visually inspect products when receiving, issuing and dispensing to clients

IV. OVERVIEW TO BASIC COMPONENTS OF IPLS AT HEALTH FACILITY

IPLS at facility level includes the following basic logistics functions:

A. Logistics Management Information System (LMIS) in IPLS.

The purpose of a Logistics Management Information System (LMIS) is to collect, organize, and report information to other levels in the system in order to make decisions that govern the logistics system and ensure that all six rights are fulfilled for each client.

The primary function of the LMIS is to support the management of essential pharmaceuticals.

Three essential data items are required to run a logistics system and, therefore, must be captured by the LMIS. These three essential data items are:

1. Stock on Hand: Quantities of usable stock available at a particular point in time.
2. Consumption Data: The quantity of pharmaceuticals used during the reporting period.
3. Losses/Adjustments: Losses are the quantities of products removed from your stock for anything other than in the provision of services to patients or issuing to another facility (e.g. expiry, lost, theft, or damage) and are recorded as negative (-) numbers. Adjustments are quantities of a product received from any source other than PFSA, or issued to anyone other than your health facility. An adjustment may also be a correction due to an error in mathematics. An adjustment may be a negative (-) or positive (+) number.

There are only three activities that happen to pharmaceuticals within a logistics system: they are stored, moved between facilities, and used to provide health services to patients. A well-designed logistics management information system will include records and forms that collect and report the three essential data items as they relate to these three activities.

Records and forms have been designed for the Integrated Pharmaceuticals Logistics System LMIS and are included in this SOP Manual along with step-by-step instructions on how to complete them.

The roles and responsibilities of key personnel in the system were highlighted in the previous section, and these same people are responsible for completing these LMIS forms.

Records and Reports Used in Managing Pharmaceuticals

A detailed description of each form used in the LMIS is listed in the table below. These forms can be found in the Annex part of the SOP Manual. Job aids for completing the forms can also be found in this SOP Manual.

Table 8: Records and reports used at different level

Level	Name of LMIS Record or Report	Purpose	Disposition	Data Items Recorded or Reported
Health Post	Bin Card	Stock keeping – track stock in storage	Kept with item	Stock on hand (beginning and ending), quantity received/issued, losses and adjustments
	Health Post Monthly Report and Re-supply Form	Report – report essential data items to health centre for use in pharmaceuticals re-supply and monitoring	Submitted monthly to health centre. Used by the health centre store to issue pharmaceuticals to health posts.	For each item: <ul style="list-style-type: none"> • Preprinted – item & unit; • Stock on hand (beginning and ending), quantity received, losses and adjustments. • Calculated consumption (end and beginning of the month), quantity needed to reach max.
Health Centre & Hospital	Bin card	Stock keeping – track stock in storage	Kept in store with item	<ul style="list-style-type: none"> • Stock on hand (beginning and ending), quantity received/issued, losses and adjustments • Additional information: batch number and expiry date

Level	Name of LMIS Record or Report	Purpose	Disposition	Data Items Recorded or Reported
	Stock Record Card	Stock keeping – track stock in storage	Kept in the Cabinet in the office of the pharmacy head	<ul style="list-style-type: none"> Stock on hand (beginning and ending), quantity received/issued, losses/adjustments. Additional information: unit price, expiry date and location
	Internal Facility Report and Resupply Form	<p>Report & Transaction- Report essential data items,</p> <p>Issue and receive pharmaceuticals within a health facility</p>	<p>Submitted following the reporting schedule developed by the health centre or the hospital</p> <p>Used by the health centre or hospital store to issue pharmaceuticals to dispensing units within the facility</p>	<p>For each item –</p> <ul style="list-style-type: none"> Preprinted – item & unit; Stock on hand (beginning and ending), quantity received and losses /adjustments Calculated consumption, quantity needed to reach max and quantity to be supplied.
	Report & Requisition Form	<p>Report & Transaction- Report essential data items, Order pharmaceuticals from PFSA</p>	Submitted every other month to PFSA with copy to WoHO (Health Centre) or RHB/ZHD (Hospital)	<p>For each item:</p> <ul style="list-style-type: none"> Preprinted – item & unit; Stock on hand (beginning and ending), quantity received and losses/adjustments, Calculated consumption, days out of stock, quantity needed to reach max and quantity ordered.
	Cost analysis worksheet for RRF	<p>To prioritize purchased products based on budget availability</p> <p>To adjust requested quantity of products on the RRF based on cost analysis</p>	Will be used at the health centre/hospital pharmacy department	<p>For each item:</p> <p>Preprinted – item & unit;</p> <p>Original request</p> <ul style="list-style-type: none"> Quantity needed to reach max Unit price Total Price <p>Adjustment</p> <ul style="list-style-type: none"> Quantity needed to reach max Unit price Total Price

Level	Name of LMIS Record or Report	Purpose	Disposition	Data Items Recorded or Reported
Woreda, Zonal and Regional Health Bureau	Feedback reporting format of (RHB/ZHD/WoHO) and PFSA.	To provide “feedback” to lower level facilities from upper level facilities on basic indicators: <ul style="list-style-type: none"> • Availability of key pharmaceuticals • Consumption trends • Reporting rates • Quality of data on RRF 	Will be sent from higher level facilities (PFSA, RHB/ZHO/WoHO) to lower level facilities)	Stock status of priority (key) pharmaceuticals, Reporting rate or increases/decreases in consumption.

Reports of logistics information are submitted to relevant management units on a specific schedule. The table below lists to which unit each facility reports and the frequency and schedule for reporting.

Table 9: Reporting frequency at different level of health facilities

Unit	Reports to/Orders from	Every	Until the	Using this report form
Health Post	Health Centre	month	5 th day after the reporting period	Health Post Monthly Report and Re-supply Form
Health Centre (Direct)	Woreda Health Office / PFSA	2 months	10 th day after the reporting period	Report & Requisition Form
Health Centre (Non-direct)	Woreda Health Office	2 months	5 th day after the reporting period	Report & Requisition Form
Woreda Health Office (for non-direct delivery Health Centres)	PFSA	2 months	10 th day after the reporting period	Individual Health Centre Report & Requisition Form
Hospital	Regional Health Bureau / PFSA	2 months	10 th day after the reporting period	Report & Requisition Form

B. Inventory Control System in IPLS

The purpose of an inventory control system is to inform personnel when and how much of a pharmaceuticals to order and to maintain an appropriate stock level to meet the needs of patients. A well designed and well operated inventory control system helps to prevent shortages, oversupply, and expiry of pharmaceuticals.

To help maintain adequate stock levels, the *maximum months of stock*, *minimum months of stock* and an *emergency order point* have been established for each health facility in the system.

- The maximum months of stock is the largest amount of each pharmaceutical a facility should hold at any one time. If a facility has more than the maximum, it is overstocked and risks having stocks expire before they are used.
- The minimum months of stock is the level of stock at which actions to replenish inventory should occur under normal conditions.
- The emergency order point is the level where the risk of stocking out is likely, and an emergency order should be placed immediately.

The inventory control system for the IPLS is a Forced Ordering Maximum/Minimum inventory control system. This means that all facilities are required to report on a fixed schedule (monthly at health posts, every other month at health centres and hospitals) for all products. In addition, all products are re-supplied each time a report is completed. In emergencies, an emergency order can be placed. In practice, this means that:

- Health centres and hospitals are required to report and order every two months.
- Health centres and hospitals calculate their own order quantities, ordering sufficient quantities of all pharmaceuticals to bring stock levels up to the maximum level.
- Health posts report data monthly to their affiliated Health Centre.
- The Health centre calculates the re-supply quantities that are needed to bring health post stocks up to the maximum level.
- If the stock on hand for any product at a facility falls below a set emergency order point before the end of the reporting period, an emergency order should be placed. (See the Job Aid on Placing Emergency Orders.)

The maximum months of stock, the minimum months of stock and emergency order points for the different levels of the health logistics system are shown in the following table:

Table 10: Min Max level

Level	Review Period	Maximum Months of Stock	Minimum Months of Stock	Emergency Order Point
Health Centres and Hospitals	Every other month	4 months	2 months	0.5 months (= 2 weeks)
Health Posts	Monthly	2 months	1 months	0.25 months (= 1 week)

Within hospitals and health centres, products will be managed centrally in the Pharmacy Store. All products will be received into the pharmacy store and most of the products will be stored there, until they are needed in the various dispensing units within the facility.

The pharmacy store manager and pharmacy head in collaboration with staffs in dispensing units will establish a re-supply schedule for the dispensing units*. For example, each dispensing unit will have one day per week/per 2 weeks designated for re-supply. On that day, dispensing unit staff will complete an Internal Facility Report and Resupply Form; the Pharmacy Store manager will use the information to determine the re-supply quantity needed to serve clients until the next scheduled re-supply day. For example, every Monday (on a weekly or twice monthly basis), the MCH service provider reports data to the pharmacy store and receives enough product to serve clients during the week or next 2 weeks. This system ensures that the dispensing units are not overworked with pharmaceuticals management responsibilities and that the quantities issued to the dispensing units from the pharmacy stores reflect actual consumption by the clients.

C. Storage of Pharmaceuticals in the IPLS

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

*Dispensing unit (DU) is any outlet in the hospital and health centre set up in which pharmaceuticals are dispensed out to clients. It includes high volume DUs such as outpatient pharmacy dispensary and low volume DUs such as MCH and TB clinics.

Storage conditions will affect the quality of the pharmaceuticals being stored. Rooms that are too hot, stacks of cartons that are too high, and other poor storage conditions can cause damage 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.

Facility pharmacy Store improvement is among the major IPLS related pharmaceuticals management improvement initiatives. Major steps involved are de junking, logical organization and arrangement following “good pharmaceutical storage practices” and “overall pharmaceuticals management efficiency”.

V. RECORDING SYSTEM IN IPLS

Bin Cards and Stock Record Cards are used to account for products held in storage, including their receipt and issue. In the IPLS valuable information used to make re-supply decisions is recorded on the Bin Card and Stock Record Card; data from these records are used in reporting, calculating reorder quantities and for monitoring stock levels.

The Bin Card is used at all health facilities (Health Post, Health Centre and Hospital); the Stock Record Card is used only at the health centres and hospitals.

It is essential that personnel responsible for the management of pharmaceuticals maintain up-to-date and accurate Bin Cards and Stock Record Cards for each product and individual units of issues for products having more than one units of issue.

A. Maintaining the Bin Card

The following job aid describes the procedures for maintaining *Bin Cards* for pharmaceuticals.

One *Bin Card* should be maintained for each pack size, form or presentation of pharmaceuticals. The *Bin Card* should be kept with the product in the storage area.

JOB AID: Recording Transactions in the Bin Card

Task:	Recording Transactions in the Bin Card	
Completed by:	Health staff in charge of pharmaceuticals (Health Extension Worker, Pharmacy Store manager and Dispensing Units)	
Purpose:	<p>To record pharmaceuticals received</p> <p>To record pharmaceuticals issued</p> <p>To record changes in stock balances</p> <p>To track supplies moved through non-routine methods (e.g., local purchase, transfers)</p> <p>To track losses/adjustments</p> <p>To record expiry dates</p>	
When To Perform:	<p>When pharmaceuticals are received or issued</p> <p>When pharmaceuticals are transferred to another facility</p> <p>When pharmaceuticals are transferred in from another facility</p> <p>When pharmaceuticals are removed from the storage area for reasons other than for use in health services (e.g., for demonstrations, expiration, damage)</p> <p>At the end of the month when physical counts are conducted at the Health Post; every other month at the Health Centres and Hospitals</p>	
Materials Needed:	Bin Cards, pen, pencil (for AMC only)	
Note:	See the job aid on conducting a physical count for specific instructions for completing the Bin Card during the physical count.	
Step	Action	Notes
1.	Complete one Bin Card for each pharmaceutical you manage.	<p>For example, each of the following items should have a separate Bin Card:</p> <ul style="list-style-type: none"> • Glove, latex disposable, large, 100 pieces • Glove, latex disposable, medium, 100 pieces • Glove, latex disposable, small, 100 pieces
2.	Enter only one transaction on each line.	
IF ⇒		THEN
Opening a new Bin Card		Continue with Step 3.
Entering a transaction		Skip to Step 10.
Steps 3 – 10: Opening a NEW Bin Card		

3.	Name of Health Facility: Write the name of the health facility where the product is being managed.	
4.	Product Name, Strength and Dosage Form: Enter the name, pack size, form or presentation of the pharmaceutical.	<p>Examples:</p> <p>Amoxicillin, 250 mg, Capsule</p> <p>RHZE/RH - (150mg +75mg + 400mg + 275mg/150mg +75mg) - tablet</p>
5.	Unit of Issue: Use PFSA unit of Issue and Use kit as unit of issue for products coming in individual patient kit form e.g. TB kit.	<p>Example: PK of 64 for implanon, PK of 30 cycles for microgynon</p> <p>The unit recorded at the top of the Bin Card is the same unit that is used to record transactions on the card.</p>

6.	<p>Maximum Stock Level: Write “4 months”.</p> <p>For Health Post : Leave it empty</p> <p>For Dispensing Unit : 2 x reporting interval</p>	For health centres and hospitals, the maximum has been set at 4 months of stock.
7.	<p>Emergency Order Point: Write “0.5 months”.</p> <p>For Health Post : Leave it empty</p>	For health centres and hospitals, the Emergency Order Point has been set at 0.5 months (= 2 weeks of stock).
8.	<p>Average Monthly Consumption (AMC): Take 3 months average of monthly Internal Issues from the Bin Card (BC).</p>	
9.	Write the product group (Program Vs Purchased)	
10.	<p>Record the opening balance at the time the Bin Card is opened.</p> <ul style="list-style-type: none"> • If this is the first line of a new Bin Card for an existing product, write the date, write “Balance Brought Forward” under the received column, and record the ending balance from the old Bin Card under the balance column. • If this is the first line of a new Bin Card for a new product, conduct and record a physical count and record the results of the physical inventory on the first line of the Bin Card. 	<p>Example: “Balance Brought Forward”.</p> <p>For recording a physical count, refer to the Job Aid Conducting a Physical Count in Chapter VIII.</p>
	<p>If you do not have a transaction to record, you are finished with this part of the task. If you have a transaction to record, continue with Step 11 below.</p>	
STEPS 11 – 22: Recording Stock Transactions		

11.	Date: Enter the date of the transaction.	Example: 01/09/05
12.	Document No. (Receiving or Issuing): Write the pre-printed number from the issue (Model 22) or receipt voucher (Model 19) that was used to document the receipt or issue of the pharmaceuticals.	Example: 736529
13.	Received From or Issued To: <ul style="list-style-type: none"> • If receiving products, enter the name of the facility from which the item was received. • If issuing at a health post, write “dispensed to patients”. • If issuing within a health centre or hospital, or if issuing from a health centre to a health post, write the name of the dispensing unit or health post to which the pharmaceuticals are being issued. • If a physical count was conducted, write “Physical Count”. • If a positive adjustment (such as a transfer in) is being recorded, note from what facility products are being received. 	Example: PFSA
14.	Quantity/Received: Enter the exact amount of the product received on this date.	<p>The quantity should be written in terms of units of issue, the units noted at the top of the card, for example, bottle.</p> <p>Stock transferred from one facility to another should be recorded as an adjustment (see Step 16 for information on entering adjustments). Therefore, the only quantities entered in the Quantity/Received column should be those quantities received from the health centre (at the health post) or from PFSA (at the health centre or hospital).</p>

15.	<p>Quantity/Issued: Record the number of units issued as indicated:</p> <p>At the health post, write the total quantity of the product that was given to clients during the day.</p> <p>At the health centre and hospital, write the quantity of the product each time the product is issued to dispensing unit and health post.</p> <p>At the dispensing units</p> <ul style="list-style-type: none"> • Write the quantity of the product in the pack each time the package is opened or brought to the dispensing area from the shelf, or • Write the quantity of the product after counting and calculating for each product at the end of each reporting period. That is, Quantity Issued = Balance at the beginning of the reporting interval + Quantity Received +/- Loss/Adjustment – Ending Balance (Mostly applied for bottles and tubes), or • Write the quantity of the product after adding total quantities from tick or tally sheet at the end of the day • For products coming in individual patient kit form like TB kit, record the quantity of opened kits at the end of the day 	
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16.	<p>Quantity/Loss/Adj.: Enter the exact amount of losses or adjustments to the inventory on this date.</p> <p>Explain any losses or adjustments in the “Remarks” column (see Step 20).</p>	<p>Losses are quantities removed from your stock for anything other than issuing to patients or another unit in the facility (e.g. expired, lost, stolen, or damaged). Losses are recorded as (-) negative numbers.</p> <p>Adjustments are quantities of a pharmaceuticals received from any source other than the regular source, that is, health centre (for health posts) or PFSA (for health centres and hospitals), or issued to anyone other than within your facility. Always use a (+) sign to indicate positive adjustments, and a (-) sign to indicate negative adjustments.</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> <p>For TB kits at TB clinic - Newly reconstituted kits from the supply box at the end of the reporting period will be recorded as positive adjustment</p>
17.	<p>Quantity/Balance:</p> <p>If receiving products: Add the “Quantity Received” to the Balance from the previous row and then enter the new balance.</p> <p>If issuing products: Subtract the “Quantity Issued” from the Balance from the previous row and then enter the new balance.</p> <p>If recording a loss or adjustment: Add (if +ve adjustment) or subtract (if -ve adjustment) the loss or adjustment quantity to the Balance from the previous row and then enter the new Balance.</p>	<p>The Balance should show only the quantities of usable stock. Any unusable stock should have been removed from inventory and an adjustment made on the Bin Card.</p>

18.	<p>Batch Number:</p> <p>At the health post: Leave this column blank.</p> <p>At the health centre or hospital: Write the batch number of the pharmaceuticals received or issued.</p>	<p>If the pharmaceuticals received or issued have more than one batch number, use a separate row for each batch number and indicate the quantity received or issued for each batch number.</p>
19.	<p>Expiry Date:</p> <p>At the health post: Leave this column blank.</p> <p>At the health centre or hospital: Write the expiry date of the pharmaceuticals received or issued.</p>	<p>If the pharmaceuticals received or issued have more than one expiry date, use a separate row for each expiry date and indicate the quantity received or issued for each expiry date. Each expiry date should match with the corresponding batch number.</p> <p>For kits, write expiry date of product with shortest expiry as an expiry date of the whole kit</p>
20.	<p>Remarks: Provide a brief explanation for any loss/adjustment or add any other comments as needed.</p>	<p>Examples:</p> <p>Damaged product.</p> <p>Purchase from local pharmacy.</p> <p>Correction of mathematical error.</p>
21.	<p>If you have filled the last line of the front of the Bin Card....</p> <p>If you have filled the last line of the back of the Bin Card...</p>	<p>Turn to the back of the card and write “Balance Brought Forward” in the “Received From” column and carry the balance from the front of the card and write it in the “Balance” column of the back of the card.</p> <p>You will need to start a new Bin Card. Go to Step 3.</p>
22.	<p>Keep the Bin Card close to where pharmaceuticals are being stored and issued.</p>	

The task is complete when:

- ❑ A separate *Bin Card* has been completed for each pharmaceuticals managed in the store.
- ❑ The Name of Health Facility, Product Name, Strength and Dosage Form, Unit of Issue, Maximum Stock Level, Emergency Order Point and Average Monthly Consumption (AMC) have been written at the top of the *Bin Card*.
- ❑ Each transaction is recorded on the *Bin Card* as it occurs.
- ❑ The *Bin Card* is kept close to where the pharmaceuticals are stored and issued.

B. Maintaining the Stock Record Card

The following job aid describes the procedures for maintaining Stock Record Cards for pharmaceuticals at the Health Centre and Hospital. Note: The Stock Record Card is not used at the Health Post.

One Stock Record Card should be maintained for each pack size, form or presentation of each pharmaceutical.

JOB AID: Recording Transactions in the Stock Record Card

Task:	Recording Transactions in the Stock Record Card
Completed by:	Pharmacist, Pharmacy Technician or health staff in charge of pharmaceuticals
Purpose:	To record pharmaceuticals received To record pharmaceuticals issued To record changes in stock balances To track pharmaceuticals moved through non-routine methods (e.g., local purchase, transfers) To track losses/adjustments To record expiry dates
When To Perform:	When pharmaceuticals are received or issued When pharmaceuticals are transferred to another facility When pharmaceuticals are transferred in from another facility When pharmaceuticals are removed from the storage area for reasons other than for use in health services (e.g., for demonstrations, expiration, damage) At the end of every other month when physical counts are conducted
Materials Needed:	Stock Record Cards, pen, pencil (for AMC only)
Note:	See the job aid on conducting a physical count for specific instructions for completing the Stock Record Card during the physical count.

Step	Action	Notes
1.	Complete one Stock Record Card for each pharmaceutical you store.	For example, each of the following should have a separate Stock Record Card: <ul style="list-style-type: none"> • Glove, latex disposable, large, 100 pieces • Glove, latex disposable, medium, 100 pieces • Glove, latex disposable, small, 100 pieces
2.	Enter only one transaction on each line.	
IF ⇒		THEN
Opening a new Stock Record Card		Continue with Step 3.
Entering a transaction		Skip to Step 12.
Steps 3 – 11: Opening a NEW Stock Record Card		
3.	Name of Health Facility: Write the name of the facility where the product is being managed.	
4.	Product Name, Strength and Dosage Form: Enter the name, pack size, form or presentation of the pharmaceutical.	Examples: RHZE/RH - (150mg +75mg + 400mg + 275mg/150mg +75mg) - tablet
5.	Unit of Issue: Use PFSA unit of Issue and Use kit as unit of issue for products coming in individual patient kit form e.g. TB kit.	Example: PK of 64 sets for implanon, PK of 30 cycles for microgynon Be sure to note that the unit recorded at the top of the Stock Record Card is that which is used to record transactions on the card.
6.	Location: Write the location where the product is stored.	Examples: Storeroom, refrigerator, shelf number 11
7.	Maximum Stock Level: Write “4 months”.	For health centres and hospitals, the maximum has been set at 4 months of stock.
8.	Emergency Order Point: Write “0.5 months”.	For health centres and hospitals, the Emergency Order Point has been set at 0.5 months (= 2 weeks of stock).

9.	Average Monthly Consumption (AMC): Take 3 month average of monthly Internal Issues from the Stock Record Card (SRC).	
10.	Write the product group (Program Vs Purchased)	
11.	<p>Record the opening balance at the time the Stock Record Card is opened.</p> <ul style="list-style-type: none"> • If this is the first line of a new Stock Record Card for an existing product, write “Balance Brought Forward” on the first line of the Stock Record Card and continue with Step 16 in this Job Aid. • If this is the first line of a new Stock Record Card for a new product, conduct and record a physical count and record the results of the Physical Inventory on the first line of the Stock Record Card. 	<p>Example: “Balance Brought Forward”.</p> <p>For recording a physical count, refer to the Job Aid Conducting a Physical Count in Chapter VIII.</p>
STEPS 12 – 23: Recording Stock Transactions		
12.	Date: Enter the date of the transaction.	Example: 01/08/2005
13.	Document No. (Receiving or Issuing): Write the pre-printed number from the issue (Model 22) or receipt voucher (Model 19) that was used to document the receipt or issue of the pharmaceuticals.	Example: 736529
14.	<p>Received from or Issued to:</p> <ul style="list-style-type: none"> • If receiving products, write the name of the facility from which the item was received. • If issuing within a facility or to a health post, write the name of the dispensing unit or health post to which the pharmaceuticals are being issued. • If a physical count was conducted, write “Physical Count”. • If a positive adjustment (such as a transfer in) is being recorded, note from what facility products are being received. 	<p>Example: “PFSA”</p> <p>Example: TB clinic</p> <p>For recording a physical count, refer to the Job Aid Conducting a Physical Count in Chapter VIII.</p> <p>Note: Positive adjustment for pharmaceuticals received from any source other than PFSA</p>

15.	<p>Quantity/Received: Enter the exact amount of the product received on this date.</p>	<p>The quantity should be written in terms of units of issue, for example, bottles.</p> <p>The only quantities entered in this column should be those quantities received from PFSA. Stock transferred from one facility to another should be recorded as an adjustment (see step 17 for information on entering adjustments).</p>
16.	<p>Quantity/Issued: Record the number of units of the commodity issued on this date.</p> <p>At the health centre and hospital, write the quantity of the product each time the product is issued to a health worker or unit (ward, clinic, dispensary, Health Post).</p>	<p>Issuing in a facility may include issuing to the health post and dispensing unit (ART clinic, or other areas) in the facility.</p>
17.	<p>Quantity/Loss/Adj.: Enter the exact amount of losses or adjustments to the inventory on this date.</p> <p>Explain any losses or adjustments in the “Remarks” column (See Step 21).</p>	<p>Losses are quantities removed from your stock for anything other than issuing to another unit in the facility (e.g. expired, lost, stolen, or damaged). Losses are recorded as (-) negative numbers.</p> <p>Adjustments are quantities of pharmaceuticals received from any source other than PFSA, or issued to anyone other than within your facility. Always use a (+) sign to indicate positive adjustments, and a (-) sign to indicate negative adjustments.</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>Quantity/Balance:</p> <p>If receiving products: Add the “Quantity Received” to the Balance from the previous row and then write the new balance.</p> <p>If issuing products: Subtract the “Quantity Issued” from the Balance from the previous row and then write the new balance.</p> <p>If recording a “Balance Brought Forward”: Record the balance from the previous Stock Record Card.</p> <p>If recording a loss or adjustment: Add or subtract the loss or adjustment quantity to the Balance from the previous row and then write the new Balance.</p>	<p>The balance should show only the quantities of usable stock. Any unusable stock should have been removed from inventory and an adjustment made on the Stock Record Card.</p>
19.	<p>Unit Price/Birr/Cent: If receiving products, write the unit price of the product received.</p>	<p>The unit price is indicated on the invoice received from PFSA.</p> <p>Only fill in the Unit Price when receiving products. Do not fill in the Unit Price when issuing, conducting a physical count or at any other time.</p>
20.	<p>Expiry Date: Write the expiry date of the pharmaceuticals received or issued.</p>	<p>If the pharmaceuticals received or issued have more than one expiry date, use a separate row for each expiry date and indicate the quantity received or issued for each expiry date.</p> <p>For kits, write expiry date of product with shortest expiry as an expiry date of the whole kit</p>
21.	<p>Remarks: Provide a brief explanation for any loss/adjustment or add any other comments as needed.</p>	<p>Example: lost, damaged ,expired</p>
22.	<p>If you have filled the last line of the front of the Stock Record Card....</p> <p>If you have filled the last line of the back of the Stock Record Card...</p>	<p>Turn to the back of the card and write “Balance Brought Forward” in the “Received From” column and carry the balance from the front of the card and write it in the “Balance” column of the back of the card.</p> <p>Start a new Stock Record Card. Go to Step 3.</p>

23.	Keep the Stock Record Card in the Pharmacy Manager's office.	
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The task is complete when:

- A separate Stock Record Card has been completed for each pharmaceutical managed in the store.
- The Name of Health Facility, Product Name, Strength and Dosage Form, Unit of Issue, Location, Program (purchased or free), Maximum Stock Level, Emergency order point and average Monthly consumption have been written at the top of the Stock Record Card.
- Each transaction is recorded on the Stock Record Card as it occurs.
- The Stock Record Card is kept in the pharmacy head's office.

VI. REPORTING AND ORDERING PHARMACEUTICALS

A. Reporting by the Health Posts

Health Posts complete one part of the *Health Post Monthly Report and Re-supply Form* every month and carry the report to the health centre. The health centre uses the information found on the *Health Post Monthly Report and Re-supply Form* to complete the form and calculate the quantity of pharmaceuticals needed by the health post. Each month, the health centre will issue enough stock to bring the health post up to its Maximum Stock Level of 2 months of stock for each product.

The following job aid provides instructions on how to complete the *Health Post section of the Health Post Monthly Report and Re-supply Form*.

JOB AID: Completing the Health Post Section of the Health Post Monthly Report and Re-supply Form

Task:	Completing the Health Post Section of the Health Post Monthly Report and Re-supply Form
Completed by:	Health Extension Worker
Purpose:	To report the logistics data that the health centre needs to calculate the issue quantities for each pharmaceuticals
When to perform:	At the end of the month and send it until the 5th day of the current month
Materials needed:	Bin Card for each pharmaceutical, blank Health Post Monthly Report and Re-supply Form and copy of the previous month's Health Post Monthly Report and Re-supply Form.
Note:	The health extension worker comes with three copies of HPMRR to health center for resupply. After the store manager completed the health center section; two copies should be given to the Health Centre and one copy should remain in the booklet for the Health Post. The Health Centre will send one copy to the Woreda.

Step	Action	Notes
1.	Name of the Health Post: Write the name of the Health Post for which the report is being completed.	
2.	Supplying Health Centre: Write the name of the Health Centre from which you will receive your products.	The Supplying Health Centre is assigned by MOH (Woreda Health Offices).
3.	Current Reporting Period, From: ... To: Write the starting month, day and year and the ending month, day and year that covers the reporting period.	The Reporting Period should be from the 1 st day of the month through to the last day of the month. Example: Ginbot 1, 2005 – Ginbot 30, 2005
4.	Maximum Level (pre-printed): The Maximum Stock Level for the Health Post.	The maximum stock level for the Health Post is 2 months of stock.
5.	Serial Number (Ser. No.) (Pre-printed): The serial number of the product on the form.	Example: 1, 2, 3 ...
6.	Product Name (pre-printed): The name and description of each pharmaceutical.	If reporting on products that are not listed, write the Product Name and description on a blank row.
7.	Unit (pre-printed): The unit for each pharmaceutical.	If reporting on items that are not listed, write the unit for the item next to the Product Name and description on a blank row.
8.	Beginning Balance (A): Write in the quantity of stock you had available at the beginning of this reporting period.	This information is on the Bin Card, it is the quantity of product you started with. The Beginning Balance for the current month should be the same as the Ending Balance from the previous month.
9.	Quantity Received (Column B): Write the quantity of the item received during this reporting period.	This information is the sum of the quantities found in the “Received” column of the <i>Bin Card</i> for the dates during the current reporting period.
10.	Losses/Adjustments (C): Write the total quantity of the item lost or adjusted during this reporting period.	This information is the sum of the quantities found in the “Losses/Adjustments” column of the <i>Bin Card</i> for the dates during the current reporting period. Write any remarks related to the loss/adjustment in the Remarks section;

11.	Ending Balance (D): Write the quantity of the product on hand at the end.	Conduct a physical count to determine the Stock on Hand. Stock on Hand can also be found on the <i>Bin Card</i> , if the <i>Bin Card</i> is up-to-date.
12.	Remarks: Write any remarks related to the product or any explanation related to losses and adjustments that you have reported.	Remarks on losses and adjustments should be found on the <i>Bin Card</i> .
13.	Completed by Health Centre section: Leave all columns in this section blank.	The store manager at the supplying Health Centre will complete these columns for you.
14.	Completed by/Signature/Date: Write your name, sign the report and write the date on which the report was completed.	The report should be completed and signed until the 3rd day of the month .
15.	Take all copies of the report with the completed report to the Health Centre.	The report should be taken to the Health Centre for re-supply until the 5th day of the month .

The task is complete when:

- The Health Extension Worker has completed the information identifying the facility and the reporting period, completed the information required for each product, and signed and dated the report.
- The Health Extension Worker has taken the report to the Health Centre for re-supply.

B. Reporting and Ordering by the Hospitals and Health Centres

This section of the manual addresses the process for reporting on and ordering pharmaceuticals. Hospitals and Health Centres use the *Report and Requisition Form (RRF)* to:

- Report on the quantities of pharmaceuticals used, lost or transferred, and the quantities of stock available
- Order pharmaceuticals

The actual *RRF* used by hospitals and health centres to report and order pharmaceuticals are the same except the *hospital RRF* includes larger number of pre-printed items on the form than the health centres. And also, to improve pharmaceuticals management by level, the level specific RRFs will have 5 subgroups (pads) for program and 4 for RDF pharmaceuticals:

- RRF 1 - Hospitals and ART Health Centres (Program Medicines)
- RRF 2 - PMTCT Health Centres (program medicines and laboratory Regents)
- RRF 3 - Special Lab Monitoring Sites (Program Reagents, Supplies and Diagnostics)
- RRF 4 - Hospitals and Lab Monitoring Health Centres (Program Reagents, Supplies and Diagnostics)
- RRF 5: Non Lab Monitoring ART Health Centres (Program Reagents, Supplies and Diagnostics)
- RRF 6 - Hospitals (RDF Medicines)
- RRF 7 – Health Centres (RDF Medicines)
- RRF 8 – Hospitals (RDF Supplies and Diagnostic Reagents)
- RRF 9- Health Centres (RDF supplies and Diagnostic Reagents)

Table 11: RRF category for program pharmaceuticals

	Medicines		Supplies and Diagnostic Reagents		
	Hospitals and ART HCs	PMTCT HCs	Special Lab Monitoring Sites/ Hospitals and Lab Monitoring HCs	Non Lab Monitoring ART Health Centres	PMTCT HCs
Program	RRF # 1	RRF # 2a	RRF # 3/ RRF # 4	RRF # 5	RRF # 2b

Table 12: RRF category for RDF pharmaceuticals

	Medicines		Supplies and Diagnostic Reagents	
	Hospitals	Health Centres	Hospitals	Health Centres
RDF	RRF # 5	RRF # 6	RRF # 7	RRF # 8

In preparing the order for pharmaceutical to be purchased, the facility should complete “the cost analysis worksheet” to know the monetary value of products to be ordered. If the budget is insufficient to order all pharmaceuticals, the facility should do VEN analysis and order all pharmaceuticals in Group V first, the items in Group E second, and the Group N items last as funds allow. Additional funds from other sources can be used to supplement the budget.

Products are needed to be reported in agreed upon defaults units, which are pre printed in level specific RRF. That is, all other units of issue should be converted to the default unit to be added later on the product with default unit using the following conversion factor:

$$\text{Conversion Formula} = \frac{\text{Number of Units in the pack X Quantity in the Bin Card} + \dots}{\text{Number of Units in each standard pack}}$$

For products coming in individual patient kit form the unit of issue remains kit or no need to convert the unit to other default unit of issue.

Facilities that submit their *RRF* on time should always have sufficient stocks of pharmaceuticals to serve their patients. Facilities should send their completed and approved *RRF* to PFSA until the 10th day of the month following the end of the reporting period. Health centres that are served through WoHO should submit the original and one copy of *RRF* to WoHO until the 5th day of the month. Woreda health offices will send the original *RRF* reports to affiliated PFSA branch until the 10th day of the month on the behalf of the health centres. For example, if the last month of the reporting period was Tikimt, the *RRF* would be due at PFSA by Hidar 10th.

At PFSA, data from RRF will be used for national quantification and procurement activities after being aggregated in addition to routine resupply decisions.

In addition, Hospitals and Health Centres should submit a copy of the *RRF* to RHB/ZHD/WoHO until the 10th day of the month following the reporting period as specified below. The *RRF* has 3 copies. Copies are distributed and kept during the process as follows:

- Hospital or Health Centre complete 3 copies of the *RRF*
- Sends 1 copy to PFSA
- Sends 1 copy to administrative body (RHB/ZHD or WoHO)
- Keep one copy with them

The RRF form may be sent by post, electronically (for HCMIS FE sites), courier or hand-carried. It is important that it should be received as quickly as possible after completion. If a facility has a facsimile (fax) machine, the RRF should be faxed to PFSA and to the appropriate management unit, and then the original copies would be sent by post. The following job aid describes how to complete the Report and Requisition Form.

Pharmaceuticals logistics data (RRF) acquisition options

Completed RRFs at SDPs should reach to respective PFSA branches on time to make resupply and other decisions. They may be sent by post, electronically (for HCMIS FE sites), courier or hand-carried. It is important that it should be received as quickly as possible after completion. If a facility has a facsimile (fax) machine, the RRF should be faxed to PFSA and to the appropriate management unit, and then the original copies would be sent by post.

PFSA identified and proposed the following options of acquiring the data. All of these methods have their own advantages and limitations. Some of these options are designed solely to RRF data collection whereas; others are designed to leverage the already existing system to serve the health system. This section of the SOP addresses the definition of and the processes of each option.

Postal Service: The health facilities will prepare their pharmaceutical logistics report and requisition according to a prearranged timeline and submit the report to the local post office. The local post office will deliver the report to respective hubs.

On the other hand, depending on the contract signed between PFSA and Ethiopian Postal Agency (EPA), the postal office may collect the pharmaceutical logistics report from the health facilities on a predetermined schedule and deliver the reports to the respective hubs.

Health Management Information System (HMIS) Route: Two copies of completed RRFs will be sent to respective management units (WoHO/ZHD/RHB) along with other HMIS Reports. WoHOs/ZHDs/RHBs will keep one copy and sends the original to respective PFSA branch.

Fax: This option is recommended for facilities having a fax machine.

Data Processors: Trained professionals are assigned to collect facility RRFs and provide onsite technical assistance on RRF completion and data quality.

Telephone: This method of pharmaceutical logistics data acquisition is a means of getting pharmaceutical logistics report from health facilities through the telephone.

Other Delivery Means: The other delivery means is a way by which health facilities deliver their pharmaceutical logistics report and requisition hand-carried to the nearby hub for resupply decision.

Each PFSA hub works closely with the ZHDs and RHBs of their respective catchment area to map the data acquisition of all sites served by the branches and it is communicated to the health facilities by the RHBs/ ZHDs. The methods used in each site are documented by the branch and it is periodically reviewed based on the situation of the health facilities. In addition to this, the performance of each health facility is monitored and evaluated.

JOB AID: Completing the Report and Requisition Form

Task:	Completing the Report and Requisition Form
Completed by:	Health Centre or Hospital Store Manager (verified by the Pharmacy Manager and Approved by Head of the Health Centre or Hospital).
Purpose:	To report on pharmaceuticals used and stocks available To order pharmaceuticals
When to perform:	RRF should be completed at the end of the month and send to PFSA until the 10th day of the month following the end of the reporting period
Materials needed:	Blank <i>Report and Requisition Form</i> , the <i>Report and Requisition Form</i> from the previous reporting period, <i>Stock Record Cards/Bin Cards</i> for all pharmaceuticals, pen, calculator
Note:	Each page of the form has three (3) copies . Press hard with your pen so that everything you write appears on the bottom copy. Much of the information needed to complete the <i>RRF</i> is obtained from the <i>Bin Card/Stock Record Card</i> ; be sure that the <i>Bin Card/Stock Record Cards</i> are up-to-date and that they include the most recent physical count.

Step	Action	Notes
To Report and Order Pharmaceuticals		
1.	Health Facility/Woreda/Region: Write the location of the health facility (Health Centre or Hospital).	Example: [region : Oromia], [Woreda : Lume], [health facility : Modjo Health Center]
2.	Current Reporting Period: From: ... To: Write the first and last day of the reporting period (In Ethiopian Calendar).	Example: Ginbot 1, 2005 – Sene 30, 2005.
3.	Serial Number (S/No.) (Pre-printed): The serial number of the product on the form.	Example: 1, 2, 3,
4.	Product (pre-printed): The name and description (Strength, Dosage Form and Minimum Unit of Issue) of each pharmaceutical is pre-printed on the form. If note pre printed write those descriptions on the blank form	If reporting on and ordering items that are not listed, use a blank line at the end of the form. Write the product name and description.

Step	Action	Notes
5.	Unit of Issue (pre-printed): The unit of issue for each pharmaceutical is pre-printed on the form. If note pre printed write those descriptions on the blank form	If reporting on and ordering items that are not listed, write the unit of issue, if it is known, next to the item description written in Step 5.
6.	<p>Beginning Balance (Column A): Write the balance of the item at the beginning of the reporting period.</p> <p>The Beginning Balance for the current report is equal to the Ending Balance of the previous report.</p>	<p>This information can be found on the <i>Report and Requisition Form</i> from the previous reporting period.</p> <p>If this is the first <i>RRF</i>,</p> <ul style="list-style-type: none"> • This information can be found on the Bin Card/<i>Stock Record Card</i>. • Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in standard pack}}$
7.	Quantity Received (Column B): Write the quantity of the item received during this reporting period.	<p>This information is the sum of the quantities found in the “Received” column of the Bin Card/<i>Stock Record Card</i> for the dates during the current reporting period.</p> <ul style="list-style-type: none"> • Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in standard pack}}$

Step	Action	Notes
8.	<p>Losses/Adjustments (Column C): Write the total quantity of the item lost or adjusted during this reporting period.</p>	<p>This information is the sum of the quantities found in the “Losses/Adjustments” column of the Bin Card/<i>Stock Record Card</i> for the dates during the current reporting period.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit):</p> $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in standard pack}}$ <p>Write any remarks related to the loss/adjustment in the Remarks section; see Step 17.</p>

Step	Action	Notes
9.	<p>Ending Balance in DUs (Column D): Write the ending balance or Stock On Hand quantity of the item at the end of the reporting period in the dispensing units.</p>	<p>The Ending Balance (D) is the ending balance from the latest IFRR reports from DUs</p> <p>The Ending Balance should also equal the results of the physical count of the item at the dispensing units or the bin card at the end of DU reporting period.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit);</p> $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in standard pack}}$
10.	<p>Ending Balance Store (Column E): Write the ending balance or Stock On Hand quantity of the item at the end of the reporting period in the store room.</p>	<p>The Ending Balance (E) is the balance on the Bin Card on the last date of the reporting period. The Ending Balance should also equal the results of the physical count of the item.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit);</p> $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in standard pack}}$
11.	<p>Calculated Consumption (Column F): Calculate the total amount of pharmaceuticals Issued out of the Pharmacy Store using the beginning balance in the store, Quantity Received, Loss/Adjustment and Ending balance in the store.</p>	<p>Calculated Consumption (Column F) = Beginning Balance (A) + Qty Received (B) ± Loss/Adjustment (C) - Ending Balance at DUs (D)- Ending Balance at Store (E)</p> <p>This is also the same as the sum of issues in the bin card for the reporting period</p>
12.	<p>Days Out of Stock (Column G) : The total number of day a product was out of stock at facility</p>	<p>Count the number of days of Stock Out from the Bin Card or IFRR</p>

Step	Action	Notes
13.	<p>Maximum Stock Quantity (Column H): Calculate and write the maximum stock quantity</p> <ul style="list-style-type: none"> • For program RRF using the formula $H = 120 F / (60 - G)$. • For RDF RRF using the formula $H = F * 2 * RP * 30 / ((RP * 30) - DOS)$ • For malaria pharmaceuticals using the formula $H = (120 F / (60 - G)) * LSI$ 	<p>For program pharmaceuticals the maximum quantity is calculated after multiplying CC adjusted for DOS by 2 (4 MOS).</p> <p>For RDF pharmaceuticals the maximum quantity is calculated based on adjusted CC for DOS for consumption within the review period (Maximum for RDF is adjusted CC in the review period).</p> <p>LSI- Look ahead seasonality indices or adjustments factors are used due to seasonality and demand variability, using the previous calculated consumption to resupply would lead to stock out, under or overstock. Each resupply period will have its own index to adjust historical consumption. The order quantity considers the specific reporting period indices.</p> <p>The letters in the formula refer to the columns in the <i>RRF</i>.</p>
14.	<p>Quantity Ordered (Column I): Calculate and write the quantity needed to reach max by subtracting the ending balance in the store from the maximum stock quantity using the formula $I = H - D - E$</p>	<p>I (Quantity Ordered) = H (Maximum Stock Quantity) – D (Ending Balance in DU) - E (Ending Balance in store)</p> <p>The formula is also found on the <i>RRF</i>.</p> <p>The letters in the formula refer to the columns in the <i>RRF</i>.</p> <p>If the calculated quantity is a zero or a negative number then no additional stock is required. Write 0 in the “Quantity Ordered” column.</p>

15.	Products with shelf life \leq 6 months: Write the serial number in the list, quantity and expiry dates of pharmaceuticals with shelf life less than or equal to 6 months.	Note: You will find the definition for “shelf life” in chapter VIII.
16.	Remarks: Write any remarks related to the product or any explanation related to losses and adjustments that you have reported. (Write the serial number in the list, quantity and reason for loss and/or adjustment)	Remarks on losses and adjustments should be found on the <i>Bin Card</i> .
17.	Completed by/ Name/Signature/Date: The person (Store Manager) completing the Report and Requisition parts should write and sign his or her name, and write the date on which he or she has completed these sections of the form.	
18.	Verified by/ Name/Signature/Date: The Head of the Pharmacy Section should write and sign his or her name, and write the date on which he or she has reviewed the form.	
19.	Approved by/Name/Signature/Date: The Head of the facility should write and sign his or her name, and write the date on which he or she has reviewed the form.	

Task is complete when:

- The Health Centre or Hospital has completed the information identifying the facility and the reporting period, has completed columns A through I, and signed the form.
- The Health Centre or Hospital has sent 1 copy to PFSA and 1 copy to the appropriate administrative body (RHB/ZHD or WHO), and keeping one copy.

VEN and ABC Analysis of pharmaceuticals

a. VEN Analysis

VEN analysis is a system of setting priorities, in which pharmaceuticals are classified according to their health impact and decisiveness to the service: vital, essential, and less (none)-essential.

If funds are limited, **VEN** analysis is a method to prioritize for pharmaceuticals purchase. This analysis is used to identify high-priority pharmaceuticals for procurement and low-priority pharmaceuticals that the DTC should analyze carefully for deletion from the Pharmaceutical List.

VEN stands for:

V = Vital:

- Potentially lifesaving, the best tool to curb the morbidity of the area: in the absence of this pharmaceutical, the patient may die, or may be hurt.
- Crucial to provide the basic health services; without which it is impossible to deliver the basic services in a specific area
- It is mandatory 24 hours of a day, 7 days of a week, and or 12 months of a year
- Known, easily manageable by the health care team and is the most fit with the clinical setup of the facility than the other alternatives.

E = Essential:

- Effective against less severe but significant illness,
- In the absence of these items, it may be difficult to deliver the service; somehow one may deliver the service by using alternatives
- Are manageable by the medical staff and fits in a better way to the clinical setup of the facility than the other alternatives

N = none essential/less essential:

- Effective for minor illnesses
- But may have high cost compared to its therapeutic advantage
- The service will not be stopped due to the absence of N items
- Cannot be managed by the clinical setup and medical staffs even if it is the best pharmaceutical

b. ABC Analysis of Pharmaceuticals

Vilfredo Pareto, (born July 15, 1848, Paris, France—died August 19, 1923, Geneva, Switzerland), Italian economist and sociologist who is known for his theory on mass and elite interaction as well as for his application of mathematics to economic analysis.

V. Pareto created a mathematical formula to describe the unequal distribution of wealth in his country, observing that twenty percent of the people owned eighty percent of the wealth.

In pharmaceutical analysis, ABC has been used to identify the vital few from the trivial many.

ABC needs reconciliation with VEN of the health facility. If once reconciled with VEN of the facility and proved to be consumed according to the standard treatment guidelines, then the vital few 20% in pharmaceutical order will be the real 80% consumption in value as follows.

Category	Percentage of Budget	Percentage of Pharmaceuticals Orders
“A” Pharmaceuticals	70-80%	10-20%
“B” Pharmaceuticals	15-20%	10-20%
“C” Pharmaceuticals	5-10%	60-80%

“A” pharmaceuticals:

- High percentage of funds spent on large-volume or high-cost items
- Greatest potential for savings
- Greatest potential for identifying expensive pharmaceuticals that are overused

“B” pharmaceuticals:

- Moderate cost and moderate number of items; important items

“C” pharmaceuticals:

- Small amount of funds spent on the majority of the inventory

Applications of ABC analysis:

- Measures the degree to which actual consumption reflects public health needs and morbidity when reconciled with VEN and hence improve rational use of pharmaceuticals.
- Provides information for choosing the most cost-effective alternatives and finding opportunities for therapeutic substitution.

JOB AID: ABC Analysis

Task:	Conduct ABC Analysis
Completed by:	DTC Committee
Purpose:	To sort pharmaceuticals as A,B and C
When To Perform:	Annual
Materials Needed:	Report and Requisition Form, Bin cards, Stock Record card, Model 19, Model 22

Step	Action	Notes
1.	List of pharmaceuticals (A): List all pharmaceuticals used by the facility.	Use the standard pharmaceutical list (formulary) of the facility
2.	Quantity consumed (B): Write the quantity of each pharmaceutical consumed/purchased under the period of analysis.	
3.	Unit Price (C) : Enter the unit price of each of the product purchased	Take the latest price information for each pharmaceutical.
4.	Total value (D): Multiply the unit cost with quantity consumed. $D = B * C$	
5.	Grand Total Value ($\sum Dis$): Add the total value of all items at the bottom of the column.	
6.	Percentage value represented by each item (E): Divide the value of each item by the grand total value. $E = Di / \sum Dis, i = 1, 2, 3 \dots$	

Step	Action	Notes								
7.	Rearrange the list: Rank the items in descending order by percentage value (E).	Sort out again in descending manner so that the largest amount being on the top and decreasing down.								
8.	Cumulative percentage value of the total value (F): Calculate the cumulative percentage value of the total value for each item; beginning with the first (top) item, add its percentage to that of the item below it in the list.									
9.	Choose cut-off points for A, B and C pharmaceuticals: A, those few items accounting for 75-80% of total value B, those items which take up the next 15-20% C, the bulk of items which only account for the remaining 5-10% of value.									
10.	<p>Crosschecking of pharmaceutical order system with cost percentage system: Percentage of pharmaceuticals order can be taken as 10-20%, 10-20%, 60-80% as a cut point as shown below.</p> <table border="0" data-bbox="327 1075 837 1444"> <thead> <tr> <th style="text-align: left;">Category</th> <th style="text-align: right;">Percentage of Budget Percentage of Pharmaceuticals Orders</th> </tr> </thead> <tbody> <tr> <td>“A” Pharmaceuticals 10-20%</td> <td style="text-align: right;">70-80%</td> </tr> <tr> <td>“B” Pharmaceuticals 10-20%</td> <td style="text-align: right;">15-20%</td> </tr> <tr> <td>“C” Pharmaceuticals 60-80%</td> <td style="text-align: right;">5-10%</td> </tr> </tbody> </table>	Category	Percentage of Budget Percentage of Pharmaceuticals Orders	“A” Pharmaceuticals 10-20%	70-80%	“B” Pharmaceuticals 10-20%	15-20%	“C” Pharmaceuticals 60-80%	5-10%	
Category	Percentage of Budget Percentage of Pharmaceuticals Orders									
“A” Pharmaceuticals 10-20%	70-80%									
“B” Pharmaceuticals 10-20%	15-20%									
“C” Pharmaceuticals 60-80%	5-10%									
11.	<p>Validation:</p> <ul style="list-style-type: none"> • Validate the value of A B C by reconciling with VEN • Subject the result to DTC for discussion to check whether pharmaceuticals in this class reflects public health problem of the facility. 									

JOB AID: Completing the Cost Analysis worksheet for purchased drugs RRF

Task:	Completing the Cost Analysis worksheet for RRF
Completed by:	Health Centre or Hospital Pharmacy Head/Manager Health Centre or Hospital Store Manager (verified by the Pharmacy Manager)
Purpose:	To prioritize purchased products based on budget availability To adjust requested quantity of products on the RRF based on cost analysis
When to perform:	After the store manager completes the RRF up ‘ the quantity reach to Max’ column and before the 10th day of the month following the end of the two months’ reporting period
Materials needed:	Partially completed (up to ‘Quantity needed to reach Max’ column) <i>Report and Requisition Form (RRF)</i> , Blank cost analysis worksheet, pen, calculator, updated product-price list and VEN classification of the facility specific pharmaceuticals list.
Note:	The Store Manager fills the RRF up the column ‘Quantity required to reach Max’. The Pharmacy Manager performs cost analysis based on VEN analysis procedure, and then selects prioritized products with their required quantities. The prioritized products with their adjusted/required quantities are then entered into the last column in the RRF (Quantity Ordered), approves by signing in the appropriate place at the bottom of the RRF.

Step	Action	Notes
To complete the Cost Analysis worksheet for RRF		
20.	Health Facility: Write the name of the health facility (Health Centre or Hospital).	Example: [Modjo Health Center]
21.	Reporting Period: From: ... To: Write the first and last day of the reporting period (In Ethiopian Calendar).	Example: Ginbot 1, 2005 – Sene 30, 2005.
22.	Serial Number (S/No.)	Example: 1, 2, 3,
23.	Product: Write the name and description (Strength, Dosage Form and Minimum Unit of Issue) of each pharmaceutical	
24.	Unit of Issue (pre-printed):	

Step	Action	Notes
25.	VEN Group: Group products according to their importance to help facilities in prioritizing pharmaceuticals in budget limited settings (see the job aid of VEN analysis)	Note: Facility specific VEN categories are developed by the facility Drug and Therapeutic Committee (DTC) as part of facility specific formulary and drug list development.
Original Request		
26.	Quantity Needed to reach Max: Copy the quantity needed to reach Max from the partially completed RRF by the Store Manager into the cost analysis worksheet.	
27.	Unit Price: Write the latest unit price into the cost analysis worksheet.	The latest unit price can be obtained from previous invoices or updated PFSA price list
28.	Total Price: Multiply the total quantity needed to reach Max by the unit price.	Note: Column A x Column B
Adjustment		
29.	Quantity Ordered: Enter the quantity of products determined after the prioritization and cost analysis	Note: Pharmaceuticals in V groups should be selected first, then E and finally N. But, select logically (eg. by proportion) if it is within the same group.
30.	Total Price: Multiply the quantity ordered by the unit price.	Note: Column D x Column E
Completing the Quantity Ordered column of the RRF		
31.	Copy the quantity ordered from the cost analysis worksheet to the 'Quantity Ordered' column on the RRF	
32.	Place your name, signature, and stamp in the appropriate place at the bottom of the RRF.	

Task is complete when:

- The Health Centre or Hospital Pharmacy Manager has completed the information on columns 'A' through 'F' in the cost analysis worksheet, copied the Quantity Ordered into the RRF, and completed the signatory part in the RRF.

C. Assessing Stock Status

You should assess your stock status at any time you think that your current stock on hand will not last until the end of the current review period. This may occur if there is a loss of supplies due to damage, expiry, or theft, or if there is an unexpected increase in consumption.

Determining Months of Stock

To determine your months of stock, do the following calculation:

At the Health Post:

$$\frac{\text{Stock on Hand}}{\text{Average Monthly Consumption}} = \text{Months of Stock on Hand}$$

If Months of Stock on Hand is less than 0.25, an emergency order is needed. But, it is the responsibility of the pharmacy store manager to do the calculation and decide if an emergency order is needed or not. HEWs should report the SOH if she feels that her current stock on hand will not last until the end of the current review period.

Example:

Stock on Hand = 8

Calculated Consumption in the last reporting period= 40

$$\frac{8}{40} = 0.2$$

I have 0.2 Months of Stock. 0.2 Months of Stock is less than the emergency order point of 0.25 Months of Stock (1 week of stock). An emergency order is needed. Follow the procedure below.

At the Health Centre and Hospital:

$$\frac{\text{Stock on Hand}}{\text{Average Monthly Consumption}} = \text{Months of Stock on Hand}$$

If Months of Stock on Hand is less than 0.5, an emergency order is needed.

Example:

Stock on Hand = 70

Average Calculated Consumption from RRF = 430

$$\frac{70}{215} = .33$$

I have 0.33 Months of Stock (which is less than the emergency order point of 2 weeks of stock (0.5 Months of Stock). An emergency order is needed. Follow the procedure below.

To determine your months of stock for malaria products, do the following calculation:

$$\frac{\text{Stock on Hand}}{\text{Average monthly Consumption*LSI for current reporting period}} = \text{Months of stock on hand}$$

On May 26 , Stock on hand of Artemether + Lumifantrine is 40 and average calculated consumption of March-April from RRF is 48. And LSI for May-June is 1.7.

$$\text{MOS} = \text{SOH}/(\text{AMC} * \text{LSI}): 40/(48 * 1.7) = 0.50.$$

I have 0.48 months of stock and emergency order is needed

D. Placing Emergency Orders

A maximum/minimum inventory control system is designed so that facilities always have enough stock to serve their clients and to prevent emergency orders. However, every system must have a procedure for placing emergency orders if they are ever needed. An emergency order would be needed to avoid reaching a stockout before the end of the review period.

Note: Never let your stock level reach “0” (stockout). Take action before a stockout occurs!

At the Health Centres and Hospitals an emergency order is needed if the stock level falls below 2 weeks of stock (0.5 months of stock) before the end of the review period.

At the Health Posts an emergency order is needed if the stock level falls below 1 week of stock (0.25 months of stock) before the end of the review period.

Note: When making an emergency order, only report on the product(s) that require the emergency order. Do not report on all products managed by the health facility.

JOB AID: Completing the Health Post Monthly Report and Re-supply Form for an Emergency Order

Task:	Placing an Emergency Order (Health Post to Health Centre)
Completed by:	Health Extension Worker
Purpose:	To place an emergency order for any product which goes equal to or below 1 week (0.25 months) of stock? To avoid a stock out of a pharmaceuticals.
When to perform:	As soon as the Stock on Hand for any product goes equal to or below 1 week (0.25 months) of stock
Materials needed:	Blank <i>Health Post Monthly Report and Re-supply Form</i> , Bin Card(s), calculator, pen
Note:	Same as HPMRR Job Aid
For any product which go equal to or below 1 week (0.25 months) of stock and that require an emergency order, follow the steps below:	

Step	Action	Notes
1.	Name of the Health Post: Write the name of the Health Post for which the report is being completed.	
2.	Supplying Health Centre: Write the name of the Health Centre from which you will receive your products.	The Supplying Health Centre is assigned by MOH (Woreda Health Office).
3.	Reporting Period, From: ... To: Write the starting month, day and year and the ending month, day and year that covers the reporting period.	The Reporting Period should be from the 1 st day of the month through to the last day of the month. Example: Jan. 1, 2010 – Jan. 31, 2010

Step	Action	Notes
4.	Maximum Level (pre-printed): The Maximum Stock Level for the Health Post.	The maximum stock level for the Health Post is 2 months of stock.
5.	Serial Number (Ser. No.) (Pre-printed): The serial number of the product on the form.	Example: 1, 2, 3,
6.	Product Name (pre-printed): The name and description of pharmaceuticals. If not write those descriptions on the blank form.	If reporting on products that are not listed, write the Product Name and description on a blank row.
7.	Unit (pre-printed): The unit for pharmaceuticals. If not write those descriptions on the blank form.	If reporting on items that are not listed, write the unit for the item next to the Product Name and description on a blank row.
8.	Beginning Balance (A): Write in the quantity of stock you had available at the beginning of this reporting period.	This information is on the Bin Card, it is the quantity of product you started with. The Beginning Balance should be the same as the Ending Balance from the previous month.
9.	Quantity Received (B): Write the quantity of the item received during this reporting period.	This information is the sum of the quantities found in the “Received” column of the <i>Bin Record Card</i> for the dates during the current reporting period.
10.	Loss/Adjustment (C): Write the total quantity of the item lost or adjusted during this reporting period.	This information is the sum of the quantities found in the “Losses/Adjustments” column of the Bin Card for the dates during the current reporting period. Write any remarks related to the loss/adjustment in the Remarks section;.
11.	Ending Balance (D): Write the quantity of the product on hand when about to place emergency order.	Conduct a physical count to determine the Stock on Hand. Stock on Hand can also be found on the <i>Bin Card</i> , if the <i>Bin Card</i> is up-to-date.
12.	Write the words “Emergency Order” at the top of the Report.	.

Step	Action	Notes
13.	Remarks: Write the reason for the emergency.	Example: Loss of 25 cycles. Damage of 50 pieces.
14.	Completed by Health Centre section: Leave all columns in this section blank. The store manager at the supplying Health Centre will complete these columns for you.	
15.	Prepared by/Signature/Date: Write your name, sign the report and write the date on which the report was completed.	
16.	Take all three copies of the completed report to the Health Centre.	

The task is complete when:

- The Health Extension Worker has completed the information identifying the facility and the reporting period, completed the required information for each product that needs an emergency order, and signed and dated the report.
- The Health Extension Worker has taken the report to the Health Centre for emergency re-supply.

JOB AID: Placing an Emergency Order at the Health Centre or Hospital

Task:	Placing an Emergency Order (Health Centre or Hospital to PFSA)
Completed by:	Health Facility In-Charge and store Manager
Purpose:	To order supplies when stock levels are equal to or below the 0.5 Months of Stock emergency order point. To avoid a stock out of a pharmaceutical.
When to perform:	As soon as the Stock on Hand for any product goes equal to or below 2 weeks (0.5 months) of stock
Materials needed:	Blank Report and Requisition Form, <i>Bin Card(s)</i> , calculator, pen
Note:	Complete the requisition for the product(s) that are equal to or below 2 weeks (0.5 months) of stock and that require an emergency order.
For any products which go below 2 weeks (0.5 months) of stock, follow the steps below:	

Step	Action	Notes
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1.	Health Facility/Woreda/Region: Write the location of the health facility (Health Centre or Hospital).	Example: [region], [Woreda], [health facility]
2.	Reporting Period: From: ... To: Write the first and last day of the reporting period.	Example: Megabit 1, 2005 to Miazia 30, 2005
3.	Write “EMERGENCY ORDER” at the top of the form.	
4.	Serial Number (S/No.) (Pre-printed): The serial number of the product on the form.	Example: 1, 2, 3 ...
5.	Product (pre-printed): The name and description pharmaceuticals are pre-printed on the form.	If reporting on and ordering items that are not listed, use a blank line at the end of the form. Write the product name and description.
6.	Unit of Issue (pre-printed): The unit of issue for pharmaceuticals are pre-printed on the form.	If reporting on and ordering items that are not listed, write the unit of issue, if it is known, next to the item description written in Step 5.
7.	Beginning Balance (Column A): Write the balance of the item at the beginning of the reporting period. The Beginning Balance for the current report is equal to the Ending Balance of the previous report.	This information can be found on the Report and Requisition Form from the previous reporting period. If this is the first <i>RRF</i> , <ul style="list-style-type: none"> This information can be found on the Bin Card/<i>Stock Record Card</i>. Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in default pack}}$
8.	Quantity Received (Column B): Write the quantity of the item received during this reporting period.	This information is the sum of the quantities found in the “Received” column of the Bin card/ <i>Stock Record Card</i> for the dates during the current reporting period. Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in default pack}}$

9.	<p>Losses/Adjustments (Column C): Write the total quantity of the item lost or adjusted during this reporting period.</p>	<p>This information is the sum of the quantities found in the “Losses/Adjustments” column of the Bin card/ and Stock Record Card for the dates during the current reporting period.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in default pack}}$</p> <p>Write any remarks related to the loss/adjustment in the Remarks section; see Step 17.</p>
10.	<p>Ending Balance in DUs (Column D): Write the ending balance or Stock On Hand quantity of the item at the end of the reporting period in the dispensing units.</p>	<p>The Ending Balance (D) is the ending balance from the latest IFRR reports from DUs</p> <p>The Ending Balance should also equal the results of the physical count of the item at the dispensing units.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit); $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in standard pack}}$</p>
11.	<p>Ending Balance in the Store (Column E): For each item, write the quantity of the item at the end of the reporting period.</p>	<p>This information should be obtained from a physical count of the item.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Number of Units in the pack} \times \text{Quantity on the Bin Card}}{\text{Number of Units in default pack}}$</p>
12.	<p>Calculated Consumption (Column F): Calculate the total amount of Commodities Issued out of the Pharmacy Store using the beginning balance, Quantity Received, Loss/Adjustment and Ending balance in the store.</p>	<p>Calculated Consumption (Column F) = Beginning Balance in the store(A) + Qty Received (B) ± Loss/Adjustment (C) - Ending Balance in DU(D)- Ending Balance in store (E)</p>

13.	Days Out of Stock (Column G): The total number of days a product was out of stock.	Count the number of days of Stock Out (DOS).
14.	Maximum Stock Quantity (Column H): Calculate and write the maximum stock quantity <ul style="list-style-type: none"> • For program RRF using the formula $H = 120 F / (60 - G)$. • For RDF RRF using the formula $H = F * 2 * RP * 30 / ((RP * 30) - DOS)$ 	<p>For program pharmaceuticals the maximum quantity is calculated after multiplying CC adjusted for DOS by 2 (4 MOS).</p> <p>For RDF pharmaceuticals the maximum quantity is calculated based on adjusted CC for DOS for consumption within the review period (Maximum for RDF is adjusted CC in the review period).</p> <p>The letters in the formula refer to the columns in the <i>RRF</i>.</p>

15.	<p>Quantity Ordered (Column I): Calculate and write the quantity needed to reach max by subtracting the ending balance in the store from the maximum stock quantity using the formula $I = H - D - E$</p>	<p>I (Quantity Ordered) = H (Maximum Stock Quantity) – D (Ending Balance in DU) - E (Ending Balance in store)</p> <p>The formula is also found on the <i>RRF</i>.</p> <p>The letters in the formula refer to the columns in the <i>RRF</i>.</p> <p>If the calculated quantity is a zero or a negative number then no additional stock is required. Write 0 in the “Quantity Ordered” column.</p>
16.	<p>Remarks: Write reason for “EMERGENCY ORDER”.</p>	<p>Be sure to include any comments related to losses that are noted in column D.</p> <p>Examples: Paracetamol: - 100 damaged</p>
17.	<p>Completed by/ Name/Signature/Date: The person (Store Manager) completing the Report and Requisition parts should write and sign his or her name, and write the date on which he or she has completed these sections of the form.</p>	
18.	<p>Verified By/ Name/Signature/Date: The Head of the Pharmacy Section should write and sign his or her name, and write the date on which he or she has reviewed the form.</p>	
19.	<p>Approved By/Name/Signature/Date: The Head of the facility should write and sign his or her name, and write the date on which he or she has reviewed the form.</p>	
20.	<p>Submit the Emergency Order to PFSA as soon as possible and by the fastest means possible.</p>	<p>Take the emergency order to PFSA in person, fax the form, or telephone.</p>

The task is complete when:

- The name of the unit receiving the products, the date, and the pharmaceuticals information has been completed.
- “EMERGENCY ORDER” has been written on the top of the form.
- The re-supply quantity has been calculated and written.
- The form has been signed by the person requesting the products and by the person approving the emergency order.
- The form has been submitted to PFSA.

VII. ISSUING PHARMACEUTICALS

Pharmaceuticals used by a facility should be stored in the pharmacy storeroom. When pharmaceuticals are issued from the storeroom to dispensing unit (DU), the dispensing unit (DU) staff will provide essential logistics data on the *Internal Facility Report and Resupply Form (IFRR)*. After completing the report section of the form, the health worker will take the IFRR to the pharmacy to obtain the needed pharmaceuticals. The store manager will use the information in the report section to determine re-supply quantities and issue the pharmaceuticals.

When issuing the pharmaceuticals both the person receiving the pharmaceuticals and the pharmacist or pharmacy store manager sign the *Internal Facility Report and Resupply Form (IFRR)*. After issuing the pharmaceuticals, pharmacy store manager updates the *Bin Card* and the pharmacy head updates the *Stock Record Card* and files the *Internal Facility Report and Resupply Form (IFRR)*. See the Job Aids *Recording Transactions in the Bin Card* and *Recording Transactions in the Stock Record Card* for instructions on how to complete these forms.

The diagram below summarizes how pharmaceuticals will move from the Health Centre Stores to Health Posts and Dispensing Units and from Hospital Stores to Hospital Dispensing Units.

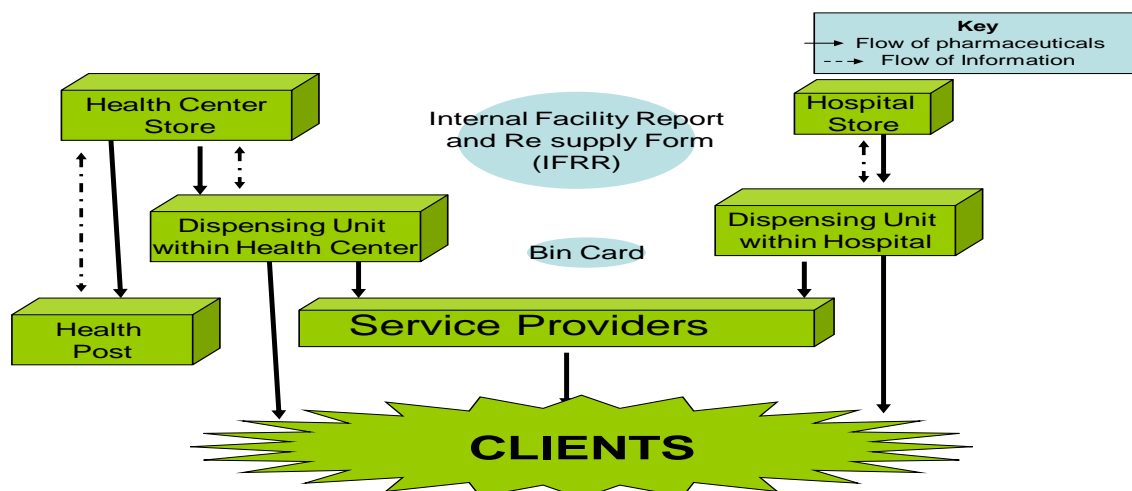


Figure 2. Movement of Products and Information between Health Centre and Health Posts and between Facilities and Internal Dispensing Units

A. Issuing Pharmaceuticals within Health Centres and Hospitals

In order to maintain the quality of the pharmaceuticals, and to better manage the pharmaceuticals in a Health Centre or Hospital, most of the commodities should be stored in the Health Centre or Hospital pharmacy store. Pharmaceuticals should be issued to the service providers (nurses, clinicians, out-patient pharmacies etc.) referred in this document as dispensing units (D.U.s) at their work area (in the ward, in a clinic, in the dispensary) in small quantities once or more during the month.

Service providers at dispensing units will come to the Health Centre or Hospital pharmacy store between 2 and 4 times a month for re-supply. It is recommended that service providers hold enough pharmaceuticals at their work area to serve clients for two or four weeks.

When issuing pharmaceuticals to a unit within a Health Centre or Hospital, the *Internal Facility Report and Resupply Form (IFRR)* is used to maintain a record of the products that are issued and received. The *Internal Facility Report and Resupply Form (IFRR)* should be kept in the respective Dispensing Units and completed when a service provider is scheduled to come for re-supply.

Products are needed to be reported in agreed upon default units, which are pre-printed in the IFRRs. So, quantities in basic units from Bin Cards should be converted to default units using the following formula:

$$\text{Conversion Formula} = \frac{\text{Quantity in Basic Unit}}{\text{Number of Units in each default pack}}$$

For TB Kits - Both the basic unit in bin cards and default units in IFRR will be in kit.

The following job aid provides instructions for completing the *Internal Facility Report and Resupply Form (IFRR)*.

JOB AID: Completing the Internal Facility Report and Resupply Form (IFRR) for Issuing Pharmaceuticals within Health Centres and Hospitals

Task:	Issuing Pharmaceuticals within a health facility
Completed by:	The person from the Dispensing Unit reporting/receiving the pharmaceuticals (Completed by Unit section) The Health Centre or Hospital pharmacy manager (Pharmacist, Pharmacy Technician or other) (Completed by Store Section)
Purpose:	To report on and issue pharmaceuticals within a health facility.
When to perform:	According to the schedule established at the Health Centre/Hospital Pharmacy Store for re-supply to the dispensing units Any time pharmaceuticals are needed by dispensing units within a health facility (emergency).
Materials needed:	Blank <i>IFRR</i> , Pre-printed <i>IFRR</i> , <i>Bin Card(s)</i> for pharmaceuticals being issued, calculator, pen
Note:	It is recommended that products be issued to the dispensing units on a weekly, every two week or monthly basis.

Step	Action	Notes
Steps 1 – 10 should be completed by the Dispensing Unit before going to the Pharmacy Store according to the agreed schedule.		
1.	Name of Dispensing Unit: Write the name of the Dispensing Unit	Example: MCH/Family Planning
2.	Reporting Period From: -- To --- Write the first and last date of the reporting period covered by this IFR.	From: Tikimt 1, 2007 to Tikimt 7, 2007 The reporting period should be the same as your scheduled re-supply interval (weekly, bi-weekly).
3.	Maximum Level (ML): Write in the maximum level for the dispensing unit (2 X Reporting Interval) in weeks	The Maximum Level is based on how often you receive products from the pharmacy store. Examples: If you receive products from the pharmacy store every week, write (“1 week”) X 2. If you receive products from the pharmacy store every two weeks, write (“2 weeks”) X 2.

4.	Serial Number (pre-printed): The serial number of the product on the form.	Example: 1, 2, 3,
5.	Item: Write the name and description of each pharmaceuticals you are reporting on or use the preprinted IFRR if any	Amoxicillin 250 mg tablets
6.	Beginning Balance (A): Write in the quantity of stock you had available at the beginning of this reporting period.	This information is on the Bin Card; it is the quantity of product you started with.
7.	Quantity Received (B): Write the quantity of the item received during this reporting period.	<p>This information is the sum of the quantities found in the “Received” column of the <i>Bin Card</i> for the dates during the current reporting period.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit):</p> $\frac{\text{Quantity in Basic Unit (BU)}}{\text{Number of Units in default pack}}$
8.	Losses/Adjustments (C): Write the total quantity of the item lost or adjusted during this reporting period.	<p>This information is the sum of the quantities found in the “Losses/Adjustments” column of the <i>Bin Card</i> for the dates during the current reporting period.</p> <p>Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit):</p> $\frac{\text{Quantity in Basic Unit (BU)}}{\text{Number of Units in default pack}}$ <p>Write any remarks related to the loss/adjustment in the Remarks section; Example: Positive adjustment for reconstituted TB kit products in resupply box</p>

9.	Ending Balance (D): Write in the quantity of stock that you have on hand at the end of the reporting period.	Conduct a physical count to determine the Stock on Hand. Stock on Hand can also be found on the <i>Bin Card</i> , if the <i>Bin Card</i> is up-to-date. Convert other units to the default unit using the following formula (except for products coming in individual patient kit form like TB kit): $\frac{\text{Quantity in Basic Unit (BU)}}{\text{Number of Units in default pack}}$
10.	Remarks: Write any remarks related to the product or any explanation related to losses and adjustments that you have reported. (Write the serial number in the list and reason for loss or adjustment)	Remarks on losses and adjustments should be found on the <i>Bin Card</i> .
11.	Reported by/Signature/Date: Write your name, sign and date the form.	
Steps 12 – 18 are completed by Pharmacy Store.		

<p>12.</p>	<p>Calculated Consumption (E): Calculate the estimated quantity consumed: Beginning Balance plus Quantity Received plus/minus Loss/Adjustment minus Ending Balance.</p> <p>$A + B +/- C - D = E$</p> <p>If DU was stocked out in the reporting interval, the pharmacy store manager should use Calculated Consumption in the last reporting intervals to calculate the resupply quantity.</p>	<p>Example #1: Beginning Balance(A): 50 Quantity Received (B) : 35 Borrowed from other Dispensing unit (C): 10 Ending Balance (D): 12</p> <p>$A + B +/- C - D = E$ $50 + 35 + 10 - 12 = 83$ Calculated Consumption = 83</p> <p>Example #2: Beginning Balance(A):: 70 Quantity Received (B) : 30 Expired Product (C): -5 Ending Balance (D):: 25</p> <p>$A + B +/- C - D = E$ $70 + 30 - 5 - 25 = 70$ Calculated Consumption = 70</p>
<p>13.</p>	<p>Maximum Quantity (F): Multiply calculated consumption by 2.</p> <p>$F = E \times 2$</p>	<p>To calculate the maximum quantity, multiply the calculated consumption by 2.</p> <p>Example: Calculated Consumption = 70 $70 \times 2 = 140$ Maximum Quantity = 140</p>
<p>14.</p>	<p>Quantity Needed to Reach Max. (G): Write in the quantity of the product that is needed to reach the maximum stock level.</p> <p>From the Maximum Quantity subtract the Stock on Hand (Ending Balance),</p> <p>$G = F - D$</p>	<p>Example: Maximum Quantity = 140 Ending Balance = 12 $140 - 12 = 128$ Quantity Needed to Reach Max. = 88</p> <p>If the Quantity Needed to Reach Max. is negative, write “0” (zero); no re-supply is needed.</p>
<p>15.</p>	<p>Quantity Supplied (H): Write in the quantity of products supplied to the unit.</p>	<p>If no products were needed, write “0” (zero) and do not re-supply that product.</p>
<p>16.</p>	<p>Update the <i>Bin Card</i> and the <i>Stock Record Card</i> for the product you have issued.</p>	<p>See the <i>Job Aid Recording Transactions in the Bin Card</i> and <i>Recording Transactions in the Stock Record Card</i>.</p>

17.	Completed/Signature/Date: The person issuing (completing the “Completed by Store” section) writes name and sign and date the form.	The person issuing the product should also fill and sign Model 22.
18.	Approved by/Signature/Date: The person approving the issue writes his or her name and signs and dates the form	

The task is complete when:

- The name of the Unit receiving the products, the date, and the commodity information has been completed on the IFRR.
- The re-supply quantity has been calculated and written.
- The IFRR has been signed by the person reporting, issuing and approving the products.
- Other legal documents such as Model 22 has been filled and signed by the person issuing the product.
- The *Bin Cards* and *Stock Record Cards* for the products issued have been updated.

B. Issuing Pharmaceuticals to Health Posts

At the end of each month, the Health Extension Worker should bring the *Health Post Monthly Report and Re-supply Form (HPMRR)* to the Health Centre for re-supply. Using the information contained in the report, and using the “*Completed by Health Post*” part of the form, Health Centre staff determines the re-supply quantities and issue pharmaceuticals to the Health Post staff. All pharmaceuticals will be re-supplied to the Maximum Stock Level (2 Months of Stock) each month.

JOB AID: Completing the Health Centre Section of the Health Post Report and Re-supply Form (HPMRR) (when issuing from Health Centre to Health Post)

Task:	Issuing Pharmaceuticals to Health Posts
Completed by:	Health Post and The Health Centre (Pharmacist, Pharmacy Technician or other);
Purpose:	To re-supply the Health Post with pharmaceuticals up to the Maximum Stock Level.
When to perform:	At the end of each month when the Health Extension Worker comes to the Health Centre for its regular monthly re-supply When the HEW comes to the Health Centre with an emergency order
Materials needed:	Current <i>Health Post Monthly Report and Re-supply Form (HPMRR)</i> , <i>Health Post Monthly Report and Re-supply Form (HPMRR)</i> from the previous month, calculator, pen
Note:	The Health Extension Worker should have already completed the “Completed by Health Post” section and signed the report before arriving at the Health Centre. See the Job Aid <i>Completing the Health Post Section of the Health Post Monthly Report and Re-supply Form (HPMRR)</i> .

Step	Action	Notes
1.	<p>Calculated Consumption this month (E): Calculate the estimated quantity consumed by taking the Beginning Balance plus the Quantity received, plus or minus Loss/Adjustment and subtracting the Ending Balance.</p> <p>$E = A + B +/- C - D$</p>	<p>Example #1: Beginning Balance (A): 500 Quantity Received (B) : 300 Transfer in (C): 100 Ending Balance (D): 120</p> <p>$E = A + B +/- C - D$ $500 + 300 + 100 - 120 = 780$ Calculated Consumption = 780</p> <p>Example #2: Beginning Balance (A): 700 Quantity Received (B) : 400 Quantity Stolen (C): -50 Ending Balance (D): 250</p> <p>$D = A + B +/- C - D$ $700 + 400 - 50 - 250 = 800$ Calculated Consumption = 800</p>
2.	<p>Calculated Consumption last month (F): Write the calculated consumption (column E) from the previous month.</p>	<p>Refer to column E in the previous month's HPMRR to obtain the Calculated Consumption for the previous month.</p>
3.	<p>Maximum Quantity (G): Write the total of the current Calculated Consumption (E) plus the Calculated Consumption last month (F).</p> <p>$G = E + F$</p>	<p>The Maximum Level for the Health Post is two months of stock. Adding two months' consumption gives two months of stock.</p> <p>Example: Current Calculated Consumption 800 Previous Calculated Consumption 850 $800 + 850 = 1650$ Maximum Quantity = 1650</p>
4.	<p>Quantity Needed to Reach Max. (H): Subtract the Ending Balance from the Maximum Quantity and write the number.</p> <p>$H = G - D$</p>	<p>Example: Maximum Quantity = 1650 Ending Balance = 250 Quantity Needed to Reach Max. = $1650 - 250 = 1400$</p> <p>If the Quantity Needed to Reach Max. is a negative number, write "0"; no re-supply is needed.</p>

5.	Quantity Supplied (I): Write in the quantity of products supplied to the unit.	The Quantity Supplied should be the same as the Quantity Needed to Reach Max. If the Quantity Supplied is negative, write “0” (zero); no re-supply is needed.
6.	Update the <i>Bin Card</i> and the <i>Stock Record Card</i> for the product you have issued.	See the Job Aids <i>Recording Transactions in the Bin Card</i> and <i>Recording Transactions in the Stock Record Card</i> .
7.	Completed by/Signature/Date: The person issuing (completing the “Completed by Health Centre” section) writes his or her name and signs and dates the form.	The person issuing the product should also fill and sign Model 22.
8.	Approved by/Signature/Date: The person approving the issue writes his or her name and signs and dates the form.	

The task is complete when:

- The re-supply quantity has been calculated and written for each product, and the products have been given to the Health Post worker.
- The *HPMRR* has been signed by the person issuing the products, the person approving the issue, and the person reporting the products.
- Other legal documents such as Model 22 has been filled and signed by the person issuing the product.
- The *Bin Cards* and *Stock Record Cards* for the products issued have been updated.

VIII. RECEIVING PHARMACEUTICALS

A. Receiving pharmaceuticals from PFSA

PFSA delivers pharmaceuticals to Hospitals and Health Centres which have submitted a completed and approved RRF on time. Hospitals and Health Centres receive pharmaceuticals every other month. At the time of delivery, PFSA trucks will wait while products are counted and verified, to take note of any discrepancies, to obtain proof of delivery (Model 19), to collect signed and sealed PFSA Delivery for the pharmaceuticals shipment.

Pharmaceuticals are delivered with two copies of PFSA Delivery Invoices (Cash sales invoice (CSI), Credit sales invoice (CRSI) and Stock transfer voucher (STV)). But, the facility will use the RRF copy in the facility to check if they are receiving the quantity ordered.

JOB AID: Receiving Pharmaceuticals

Task:	Receiving Pharmaceuticals.
Completed by:	Hospital or Health Centre Pharmacy Store Manager
Purpose:	To inspect and account for pharmaceuticals received To ensure that the quantity received matches the quantity issued/delivered To account for any other discrepancies between the documents and drugs received To enter newly received pharmaceuticals into inventory
When to perform:	Any time pharmaceuticals are received
Materials needed:	Copy of RRF, PFSA Delivery/Distribution Invoice, <i>Stock Record Cards</i> and <i>Bin Cards</i> for all pharmaceuticals, pen, products and documents received
Note:	The same procedures that are used for routine receipt of products should be used for receipt of emergency orders.

Step	Action	Notes
1.	Locate the following documents that should accompany the order: <ul style="list-style-type: none"> • <i>PFSA Delivery/Distribution Invoice for direct delivery</i> • Model 22 along with copy of Delivery/Distribution invoices from WoHOs for non-direct delivery health centres. 	If applicable, an updated PFSA product price list may also be included with the delivery documents (for purchased pharmaceuticals).
2.	Conduct a visual inspection of the order: Verify that the cartons, boxes and contents are not damaged.	See the part in Visual Inspection in section IX.
3.	Review the PFSA Delivery/Distribution Invoice: Check that the quantities received match the quantities issued.	
4.	Quantity Received: Count the quantity of each usable pharmaceuticals received and write down the specific quantity received for each product in the appropriate row and column on the Model 19	If any of the products received are damaged and expired only write the quantity of usable product received. In every case where the quantity received is different from that issued in the invoice record the discrepancies in the formats for damaged and short received items in the delivery invoice. Write explanation for the discrepancies on the remark column of the invoice.
5.	Supplies received by/ Signature/ Date: Write your name and sign and date both copies of the <i>PFSA delivery/distribution invoice</i> .	.
6.	Return one copy of the <i>PFSA delivery/distribution invoice</i> and one copy of Model 19 with the <i>PFSA driver</i> .	
7.	Retain and file at your facility the second copy of the <i>PFSA delivery/distribution invoice</i> .	
8.	Mark expiry dates clearly, with large, dark numbers, on each box or carton. Place and reorganize products on shelves by FEFO.	
9.	Enter and update all stock information on the <i>Stock Record Card</i> and the <i>Bin Card</i> for all pharmaceuticals received.	See Job Aids <i>Recording Transactions in the Stock Record Card</i> and <i>Recording Transactions in the Bin Card</i> found in Section IV.

The task is complete when:

- ❑ A visual inspection of the products has been conducted.
- ❑ Quantities of each product have been counted.
- ❑ The usable PFSA invoice quantities verified.
- ❑ Damaged and short received items recorded with their respective remarks.
- ❑ The PFSA delivery/distribution invoice has been signed and sealed.
- ❑ A copy of the signed and sealed PFSA *delivery/distribution invoice* has been returned to the PFSA truck driver.
- ❑ One copy of the signed and sealed PFSA *delivery/distribution invoice* has been filed at your facility.
- ❑ Goods have been stored appropriately.
- ❑ *Stock Record Cards* and *Bin Cards* have been updated with the receipts.

B. Distribution of formats involved during receiving

1. PFSA uses the copy of the <i>RRF</i> that it receives from the health facility to produce 4 copies of Delivery/Distribution Invoice	→ Keeps 2 copies at PFSA : <ul style="list-style-type: none">- Original: Branch / Central Store.- One Copy: Finance → Sends 2 copies to SDP with pharmaceuticals. <ul style="list-style-type: none">- One copy signed and sealed together with the completed receipt voucher (Model 19) by the receiver (SDP) and returned back to sender (PFSA)- One Copy remains in the SDP
2. Hospital or Health Centre completes the 2 copies of the Delivery/Distribution Invoice and 3 copies of the facility receipt voucher (Model 19).	→ Keeps 1 copy of Delivery/Distribution Invoice and 1 copy of the facility receipt voucher (Model 19). → Sends 1 copy of Delivery/Distribution Invoice and 1 copy of the facility receipt voucher (Model 19) to PFSA with deliverer. → Sends 1 copy of the facility receipt voucher (Model 19) to Hospital or Health Centre Finance Department.

There are 3 versions of Delivery Invoices used for distributing pharmaceuticals from PFSA to SDPs based on the type of pharmaceuticals and payment modalities. Except for their difference in their name these formats are similar in all other aspects.

1. Cash Sales invoice (CSI): Used for items issued out on cash
2. Credit sales invoice (CRSI): Used for items issued out on credit bases
3. Stock transfer voucher (STV): Used for program drugs.

C. Funding Pharmaceuticals in the IPLS

Hospitals and health centres will have either “Revolving Drug Fund (RDF)” or “Ministry allocated budgets” to purchase pharmaceuticals from PFSA. Health posts do not have separate budgets; funding for pharmaceuticals for a health post is included in the budget of the health centre that supplies that health post. PFSA will be paid for the delivery of pharmaceuticals with one of three different models:

1. **Allocation:** Pharmaceuticals budget allocations are made to PFSA on an annual basis. As pharmaceuticals are ordered from and delivered by PFSA, the cost is deducted from the account for that facility. Large hospitals will use this method of payment
2. **Cash and Carry:** PFSA will be paid for the products when they are delivered to the facility. Health centres and other hospitals will use this method of payment.
3. **Credit:** Health centres and hospitals whose budget is already allocated but not yet released will use this method. Payment will be completed as soon as the budget is released.

IX. STORING PHARMACEUTICALS

A. Storage and Product Shelf Life

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.

Pharmaceuticals have a shelf life which is specified by the manufacturer. When pharmaceuticals reach the end of their shelf, it has expired and should not be distributed to patients. Some health products have short shelf lives. Because of these short shelf lives, it is important that proper storage procedures are followed, so that the shelf life is protected.

Always check the expiry dates before receiving, issuing or using, and do not use products that have expired. The expiry date of the products should be indicated directly on the product carton.

Most products have the expiration date already labelled on them. To find this important date look in the following places:

- 1) On the carton in which the product is shipped
- 2) On the inner box, packaging of the product
- 3) On the product itself.

If the date is not on the outer carton look at the packaging. If it is not there, look at the product itself. In most situations, the expiration date will be found in one of the three locations mentioned above. Once the date is identified, write it in large numbers on the outer carton with a marker for easy identification.

If the expiration date is not available, look for the manufacture date on the carton, packaging, or product. By knowing the manufacture date and the shelf life of the product, one is able to determine the expiration date of the product. For example, if you receive an item with a manufacture date of February 2006, add the shelf life (for example, 18 months) to this date. The expiry date would then be August 2007. Once the expiration date is determined, write it in large numbers on the outer carton with a marker for easy identification. If you are unsure

of the shelf life of a product, make an inquiry; then determine and write the expiration date once the manufacture date is known.

Following FEFO

FEFO means “first-to-expire, first-out”. Always distribute products that will expire before other products. Do not follow “first-in, first-out”. To apply FEFO, Store Managers and Health Facility In-Charges should:

- 1) Write the expiry dates on the outside of cartons.
- 2) Place the cartons or products so that the first to expire are stacked in front of or on top of products that will expire later.
- 3) Distribute products from front to back or top to bottom so that products that expire sooner will be issued first.

Never distribute any product that will expire before it can be distributed to and used by the client.

B. Storage Guidelines

In general, supplies should be protected from sun, heat, and water. Follow manufacturer recommendations for storing supplies. This information is usually printed on the product carton and boxes. The following are general storage guidelines for pharmaceuticals.

Storage Guidelines

- 1. Clean 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 pharmaceuticals in a dry, well-lit, well-ventilated storeroom – out of direct sunlight.** Extreme heat and exposure to direct sunlight can degrade drugs and other pharmaceuticals 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. Drugs should not be opened to repackage them. 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 pharmaceutical is not damaged. Repair the storeroom so that water can not 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. ARV drugs and fluconazole are particularly sensitive to moisture.
- 4. Keep fire safety equipment available, 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.

- 5. Store latex products away from electric motors and fluorescent lights.** Latex products can be damaged if they are directly exposed to fluorescent lights and electric motors. Electric motors and fluorescent lights create the chemical ozone which can rapidly deteriorate latex products. Keep latex products in paper boxes and cartons.

- 6. Maintain cold storage, including a cold chain, as required.** Cold storage (2 to 8 degrees Celsius; 36 to 46 degrees Fahrenheit) is essential for maintaining the shelf life of certain pharmaceuticals that require it. These items are irrevocably damaged if the cold chain is broken. If electricity is unreliable, the use of cylindered gas or kerosene-powered refrigeration is recommended. Many drugs require storage below 25 °C. Some drugs require refrigeration, that is storage between 2- 8 °C.

- 7. 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, and track the movement of drugs and other pharmaceuticals. Access must not, however, prevent appropriate distribution; a spare set of keys should be kept in the office of the facility or pharmacy In-Charge. Physical counts should be conducted on a regular basis to verify inventory records.

- 8. 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.** Pallets keep the products off of the floor so they are less susceptible to pests, water and dirt damage. Stack cartons on pallets 30 cm away from the walls and from each other to promote air circulation and to ease movement of stock, cleaning and inspection.

Do not stack cartons more than 2.5m high, as the weight of the products may crush the cartons at the bottom. This will also reduce potential injury to warehouse personnel. If cartons are particularly heavy, stack cartons less than 2.5m high.

At health facilities, where the use of pallets is inappropriate, shelving should be used.

9. **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 pharmaceuticals. Old files and office supplies may get in the way and reduce space for medical supplies or make them less accessible. “Dejunk” the storeroom regularly to make more space for storage.

10. **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.

11. **Store pharmaceuticals to facilitate FEFO procedures and stock management.** FEFO (First Expired, First Out) is a method of arranging drugs in a storage facility where the drugs are managed by their expiry date. Drugs that will expire first are issued first, regardless of when they were received at the health facility.

12. **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.

13. **Separate unusable pharmaceuticals from usable pharmaceuticals and dispose of damaged or expired products. Remove them from inventory immediately and dispose of them using established procedures.** Do not dispense expired drugs to the patients. Designate a separate part of the storeroom for damaged and expired goods. See Section G below for instructions on handling damaged or expired pharmaceuticals.

C. Conducting Visual Inspection

To protect the quality of pharmaceuticals, it is important to conduct visual inspections of the products. A visual inspection should be completed each time products are handled: when receiving, issuing or dispensing supplies, or when conducting a physical count.

Visual inspection is the process of examining products and their packaging by eye to look for problems in product quality.

When conducting a visual inspection, be sure to check the following:

Package and product integrity: check for damage to packaging (tears, perforations, water or oil) and products (unexpected odor, caking on bottles, change in color, broken bottles).

Manufacturing defects: incomplete supply, missing or illegible identification information.

Labelling: Make sure that products are labelled with the date of manufacture or expiration, lot number and manufacturer's name. For products coming in individual patient kit form like TB kit, check if the labelling includes Batch No and Expiry Date of each product with in the Kit.

D. De junking and Organizing storage spaces

I. Logical organization of pharmaceuticals in the store

- Organize the storage area into zones as needed: a cold storage area for vaccines and other supplies requiring cold storage; a secure room or locked cage for narcotics and controlled substances; a zone in which to store flammable materials, ideally in a separate building or room.
- Organize pharmaceuticals on their shelves according to FEFO, first-to-expire, first-out. Put supplies that will expire sooner in front of or on top of pharmaceuticals that will expire later.
- Organize the storage area in an orderly manner so health supplies can be found easily and re-stocked easily.
- Designate a specific space for temporary storage of unusable items before their disposal.

II. Steps in De junking

De junking means getting rid of the “junk” in a storage facility, including DEPS (Damaged and Expired Products) and any other items that do not belong in storage facility for health products. (These items can include old furniture, outdated forms, fuel barrels, vehicle parts, etc.) De junking is also a time for reorganizing a storage facility and getting bin cards and stock record cards up to date. De junking can greatly increase storage space.

Ethiopia has had major success in de junking across the country. At some facilities, storage space was increased by 100%.

1. Assign “De junking Team”
2. Gather materials & equipment for de junking (boxes for collecting unusable items, push carts, etc).
3. Separate unusable items from usable items.
4. Update Bin Cards and Stock Record Cards if loss not previously recorded.

5. Sort unusable items by final disposition:
 - Sell/auction
 - Repair & Use
 - Recycle
 - Destroy.
6. Dispose of unusable items per final disposition.
7. Prepare report of de junking activity.
8. Deposit income from sale of unusable items into facility account.
9. Clean storage facility and adjust shelving as needed.
10. Reorganize storage facility taking advantage of reclaimed space.
11. Assign staff responsible for routine disposal of unusable items.
12. Establish routine schedule of disposal of unusable items.
13. Monitor implementation for routine disposal.

E. Product arrangement in the pharmacy store

To improve pharmaceuticals management efficiency (storage, recording, reporting and resupply) store arrangement in the pharmacy store should match the pre printed list in the facility RRF as follows:

	Drugs	Supplies and Diagnostics
Free/Program	<ul style="list-style-type: none"> • Free drugs will be grouped according to their program category, e.g. Tb, Malaria... • Each program category will then further be arranged alphabetically and dosage form 	<ul style="list-style-type: none"> • Free supplies and diagnostics will be grouped according to their program category, e.g. Tb, Malaria.... • Each program category will then further be arranged alphabetically.
Purchased	<ul style="list-style-type: none"> • Purchased drugs will be grouped following FMHACA's Pharmacotherapeutic categorization, e.g. CNS drugs, Antinfectives..... • Each Pharmacotherapeutic category will then further be arranged alphabetically and dosage form 	<ul style="list-style-type: none"> • Purchased supplies and diagnostics will be grouped according to their type • Each group will then further be arranged alphabetically

F. Conducting a Physical Count

A physical count (also called *Physical Inventory*) is an actual count of the quantity of each supply at any given time. It is one of the most frequent pharmaceuticals management activities in health facilities.

A physical count of pharmaceuticals in the storeroom ONLY should be conducted cyclical or annually and the *Bin Cards* and *Stock Record Cards* should be updated.

A physical count of the products in the storeroom is done to verify that the stock balance found on the *Bin Card* and the *Stock Record Card* shows the correct number of usable pharmaceuticals that are available in the storeroom. If the quantity on the *Bin Card* or the *Stock Record Card* does not match the quantity on the shelf, the *Bin Card* and the *Stock Record Card* should be updated and an adjustment should be entered.

Instructions on how to complete a physical count of the storeroom and make adjustments to the *Bin Card* and the *Stock Record Card* are provided in the Job Aid below.

JOB AID: Conducting a Physical Count

Task:	Conducting a Physical Count
Completed by:	Pharmacist or Pharmacy Technician
Purpose:	To verify the stock level of pharmaceuticals in the store at the time of physical count To detect errors in drug management records To detect drug loss in the store
When to perform:	At least every quarter at the Health Post level At least every 6 months at the Health Centre/Hospital level Any time you suspect that products have been lost
Materials needed:	<i>Bin Cards, Stock Record Cards</i> , calculator, pen

Prior to a Physical Count, these tasks should be completed:

- ❑ Set a date for the physical count. Select the physical count team. Participants should be selected from the facility. The pharmacist, pharmacy technician and/or health technician should be members of the team. If the facility has a store manager, he should also be part of the team.
- ❑ Do not issue pharmaceuticals during the physical count or count receipts on the day of the physical count, except in an emergency. Receipts during the physical count will be recorded on the *Bin Cards* and the *Stock Record Cards* the following day and counted in the next physical count.
- ❑ Make sure that the *Bin Cards* and the *Stock Record Cards* for the health supplies are updated to the day of the physical count. If the *Bin Cards* and the *Stock Record Cards* are not completed, complete them.
- ❑ Prepare the store, making sure all cartons are neatly stacked and partial cartons are clearly visible.
- ❑ Reorganize products by FEFO before counting. Mark expiry dates clearly, with large, dark numbers, on each box or carton. This step should have been taken during routine receipt and management of supplies.
- ❑ Visually inspect pharmaceuticals as you organize them for counting. See Section F below on Visual Inspection for more information.
- ❑ Separate any expired or damaged supplies.
- ❑ Be sure to have the *Bin Cards* and the *Stock Record Cards* for the pharmaceuticals to be counted.

THE STORE IS NOW READY FOR THE PHYSICAL COUNT.

Conducting a Physical Count

Step	Action	Notes
1.	<p>Count the pharmaceuticals in the storage area.</p> <p>For each pharmaceutical...</p> <p>A. Count unopened/complete cartons first. Multiply the number of cartons by the number of units (bottles) in the carton. This will give you the total number of bottles in the carton.</p> <p>B. Next count the boxes inside the open cartons. If an open carton contains unopened boxes, count the boxes and multiply the number by the number of bottles in a box. This will give you the total number of the bottles in the unopened boxes.</p> <p>C. Add up the total units from the unopened cartons and unopened boxes.</p>	<p>Make sure that you count units that have the same name, same dosage, same formulation, and same pack size.</p> <p>Example: I have 4 unopened cartons with each one containing 1000 tests. $4 \times 1000 = 4000$ total tests in the unopened cartons</p> <p>I also have 1 opened carton with 10 unopened boxes inside. Each unopened box contains 10 tests. $10 \times 10 = 100$ total tests in the unopened boxes.</p> <p>4000 tests from unopened cartons +100 tests from unopened boxes</p> <hr/> <p>4100 total tests = Actual Quantity on Hand.</p> <p>Do not count any pharmaceuticals in the smallest packing unit if that unit has been opened. For example, do not count open bottles, individual gloves, and individual vacutainers.</p>
	<p>Update the <i>Bin Card</i> and the <i>Stock Record Card</i> by completing the following actions:</p>	<p>Use a red pen when completing these steps.</p>

Step	Action	Notes
2.	Circle the last calculated Balance. If this is the first entry on the <i>Bin Card/Stock Record Card</i> , skip to Step 5.	Example: Circle “500”, which is the previous, calculated Balance.
3.	Draw a line under the row that shows the last calculated balance.	This will highlight the physical count information from the rest of the information on the <i>Bin Card/Stock Record Card</i> .
4.	Date: Write the date of the physical count.	
5.	Document No. (Receiving or Issuing): Write “Physical Count”.	
6.	Received From or Issued to / Quantity Received / Quantity Issued: Leave these columns blank.	
7.	Loss/Adj.: Leave this column blank until after you complete Step 12 below.	Any losses and adjustments will be recorded after the physical quantity has been recorded.
8.	Quantity/Balance: Write the result of the physical count in red pen.	This is the actual quantity of unopened packages of drugs/products on hand in the storeroom.
9.	Batch No.: (Bin Card only) Leave this column blank. Price/Unit Price: (Stock Record Card Only) Leave this column blank.	
10.	Expiry Date: Leave this column blank.	
11.	Remarks: Leave this column blank until after you complete Step 14 below.	

Step	Action	Notes
12.	<p>Compare the previously recorded stock balance that you just circled in the previous row to the Physical Count balance.</p> <p>If the previously recorded stock balance (circled in the line above) matches the physical count, skip to Step 16 below.</p> <p>If the previously recorded stock balance (circled in the line above) does not match the physical count, continue with Step 13 below.</p>	
13.	<p>Determine your Loss or Adjustment. Subtract the calculated Stock Balance (previously circled) from the Actual Quantity on Hand.</p>	<p>Example calculation:</p> $ \begin{array}{r} 869 \text{ Actual Quantity on Hand} \\ - 875 \text{ Calculated Stock Balance} \\ \hline -6 \text{ Difference (Loss of 6 bottles)} \end{array} $ <p>➤ If your result is a negative quantity you have suffered a loss.</p> <p>➤ If your result is a positive quantity, you have more units in stock than you had recorded on the <i>Bin Card/Stock Record Card</i>.</p> <p>Sometimes the difference is due to a mistake while counting during the physical count or due to a mathematical error in the <i>Bin Card/Stock Record Card</i>. Repeat the physical count if you believe there was a mistake in the counting, and check for mathematical errors on the <i>Bin Card/Stock Record Card</i>. Correct the mistake through an adjustment on the <i>Bin Card/Stock Record Card</i>.</p>

Step	Action	Notes
14.	Record the Loss or Adjustment. In the Losses/Adjustments column, write the answer that was calculated in Step 13. The loss/adjustment is documented in the same row as the transaction of the physical count. Write the quantity of the loss/adjustment.	Example; Losses/Adjustments – 6 If the adjustment is positive, write a plus (+) sign next to the number. Example: +3 If the adjustment is negative, write a negative (–) sign next to the number, example – 3 All Losses/Adjustments should be documented, and the difference in stock explained in the Remarks column
15.	Remarks: Write any comments related to losses/adjustments noted during the physical count.	Examples: Negative adjustments (losses): expiry, damage, not found at physical count. Positive adjustments: found at physical count.
16.	Draw a line under the row of the <i>Bin Card/Stock Record Card</i> where you recorded the physical count.	This will complete the differentiation between the physical count information and the rest of the information on the card.
17.	Make sure the stocks are arranged back in their appropriate place according to FEFO.	
18.	Keep each <i>Bin Card</i> with its matching product in the storeroom. Return all <i>Stock Record Cards</i> to the place where they are kept in the pharmacy manager’s office	

This task is complete when:

- The actual quantity on hand in units has been counted and recorded in the Balance column on the *Bin Card/Stock Record Card*.
- Losses /Adjustments, if any, have been calculated and recorded in the Losses/Adjustments column on the *Bin Card/Stock Record Card*.
- Losses/Adjustments, if any, have been explained in the Remarks column.

G. Handling Damaged or Expired Stocks

Logistics systems try to minimize the amount of damaged or expired stocks. However, if expired or damaged stocks are found at any time during a visual inspection or physical count, these stocks should be immediately removed from the inventory and be moved to a separate place, so that they cannot be dispensed or used. Later, they can be disposed of according to the established guidelines.

Expired or damaged products that are discovered upon receipt of a consignment should not be accepted, but rather returned to the supplier for replacement.

The following Job Aid explains how to handle damaged or expired products.

JOB AID: Handling of Damaged of Expired Products at Health Post or Dispensing Units

Task:	Handling of damaged or expired products
1. Completed by:	Health Extension Worker, Dispensing Unit Personnel
Purpose:	To remove unusable pharmaceuticals from storage so they are not distributed to clients To return unusable commodities to the supplying Health Centre for return to PFSA
When to perform:	Whenever damaged or expired products are known or discovered
Materials needed:	Corresponding <i>Bin Cards</i> for damaged or expired products, blank <i>Record for Returning Unusable Commodities</i>

Step	Action	Notes
1.	Stack damaged or expired products separately from usable stocks; keep them in an unused box or on an unused shelf.	
2.	Write <i>Damaged or Expired Stock</i> on the box or shelf.	
3.	Record the quantity of expired or damaged stock as a loss on the appropriate <i>Bin Card/ Stock Record Card</i> and, subtracts the quantity from the <i>Quantity/Balance</i> column.	
5.	Return the unusable products to your supplying Health Centre/Hospital pharmacy store the next time you go for re-supply.	

This task is complete when:

- ❑ Damaged or expired stock has been separated from usable stock.
- ❑ The *Bin Card* has been updated.
- ❑ The *Record for Returning Unusable Commodities* has been completed.
- ❑ The products have been returned to the Health Centre/Hospital pharmacy store.

JOB AID: Handling of Damaged or Expired Products at Health Centre / Hospital

Task:	Handling of damaged or expired products
Completed by:	Pharmacist or Pharmacy Technician
Purpose:	To remove unusable products from storage so they are not distributed to clients
When to perform:	Whenever damaged or expired products are known or discovered Whenever we plan to dispose pharmaceuticals
Materials needed:	Corresponding <i>Bin Cards</i> and/or <i>Stock Record Cards</i> for damaged or expired products.

Step	Action	Notes
1.	Stack damaged or expired products separately from usable stocks; keep them in an unused box or on an unused shelf.	
2.	Write <i>Damaged or Expired Stock</i> on the box or shelf.	
3.	IF ⇒	THEN
	Damaged or expired products were found during a visual inspection or routine physical count	<ul style="list-style-type: none"> • Record the quantity of expired or damaged stock as a loss on the appropriate <i>Bin Card/Stock Record Card</i> and subtract the quantity from the <i>Quantity/Balance</i> column.
	Damaged or expired products were found upon receipt of a consignment	<ul style="list-style-type: none"> • Do not accept the products at your facility; return them with the driver. Note the information on the shipping/receipt documentation.

	Unusable products were returned to you from a Health Posts or Dispensing Units.	<ul style="list-style-type: none"> Record and dispose along with other HC pharmaceuticals to be disposed if it is expired Stock redistribution if it is overstock. 	
Disposal steps			
4.	Segregate and sort products according to medicine waste management and disposal directive. Sort products by dosage form and type (example: Solids,liquids, aerosol canisters)		Controlled drugs,antineoplastics,radio pharmaceuticals,antifungives,antiseptics and disinfectants be sorted separately as per the directive
5.	Submit list of products to be disposed for responsible organizations as per the directive		Use annex -- to register products and apply for disposal
6.	Establish disposal committee including relevant bodies according to the directive.		
7.	Dispose the separated products according to the directive.		According to the directive it is recommended to dispose twice a year or every six month.
8.	Report list of the disposed products and minute to all responsible organizations		
9.	Receive disposal certification within a week		

This task is complete when:

- Damaged or expired stock has been separated from usable stock.
- The *Bin Cards* and *Stock Record Cards* have been updated.
- The damaged or expired stock has been disposed properly

PFSA promotes and encourages facilities to communicate with each other so that unusable stock, products which are going to expire before use and overstocks can be transferred between facilities. But in special conditions where transfer of products between facilities is not feasible products could be returned to PFSA. This action is important to reduce the wastage of pharmaceuticals at different level of the supply chain system.

IX. Summary of Activities by Function

Activities by Function	Facilities	
	Health Post	Health Centre/Hospital
Storage	<ul style="list-style-type: none"> • Products will stored in the lockable cabinet • Logical arrangement of products within the lockable cabinet, that is: <ul style="list-style-type: none"> - Matching it with the arrangement of the list in HPMR - Arrangement by type (Supplies, Syrups, Tablets....) • Storage following the 13 storage guidelines and principles as it was translated to the HP. 	<ul style="list-style-type: none"> • The pharmaceutical store will have two big sections (Drug section and supply/diagnostics section) within it. • The drug section will have two sub sections (Free and purchased drug section). • The supply/diagnostics section will have two sub sections (Free and purchased supply/diagnostics section). • Logical arrangement of products within each sections and subsections: <ul style="list-style-type: none"> - Matching product arrangement with the pre printed list in the RRF(following the categorization criteria in the level specific RRF in the respective sections and sub sections - Zoning and other logical arrangements • Storage following the 13 storage guidelines
Recording	<ul style="list-style-type: none"> • BCs will be used to account for products in the lockable cabinet. That is, BCs should be updated when: <ul style="list-style-type: none"> - Products are received from the Health Centre or any other source (received column mentioning the source) - Products are issued out to the dispensary area from the lockable cabinet (issued column mentioning the place : Dispensary area) - Products are issued out to the CHW/V from the lockable cabinet (issued column mentioning the place : CHW/V) - There is loss/adjustment due to damage, theft, expiry and stock transfer (Loss/Adjustment column mentioning the reason in the remark column). - Calculate the balance after every transaction (receipt, issue and loss/adjustment) 	<ul style="list-style-type: none"> • BCs will be used to account for products in the store. That is, BCs should be updated when: <ul style="list-style-type: none"> - Products are received from the PFSA or any other source (received column mentioning the source) - Products are issued out to the dispensing units from the pharmacy store(issued column mentioning the place : name of the DU) - Products are issued out to affiliated HPs from the Health Centre's pharmacy store (issued column mentioning the name of the HP) - There is loss/adjustment due to damage, theft, expiry and stock transfer (Loss/Adjustment column mentioning the reason in the remark column). - Calculate the balance after every transaction (receipt, issue and loss/adjustment)

Activities by Function	Facilities	
	Health Post	Health Centre/Hospital
Report and Requisition	<ul style="list-style-type: none"> Complete the “Completed by Health Post” section of the HPMR every month. The pharmacy store manger calculates the resupply quantity according to the job aid and resupply accordingly. 	<p><u>Level specific RRF for “purchased pharmaceuticals” by the facility</u></p> <ul style="list-style-type: none"> Report and requisition every other month following PFSA’s delivery schedule Cost analysis worksheet will help in deciding the total quantity after prioritizing according to need when there is budget limitation at the facility. ”Quantity needed to reach Max” may or may not be equal to “Quantity Ordered” according to the availability of budget. <p><u>Level specific RRF for “free pharmaceuticals” by the facility</u></p> <ul style="list-style-type: none"> Report and requisition every other month following PFSA’s delivery schedule Quantity needed to reach Max” will be equal to “Quantity Ordered”
System implementation	<p><u>Training</u></p> <ul style="list-style-type: none"> OJT through Health Centre store manager using standardized and simple graphic job aids (for HPs to use) OJT curriculum for the pharmacy head or store manager for HP resupply and Internal report and resupply system. <p><u>Implementation follow up</u></p> <ul style="list-style-type: none"> Onsite and offsite (when HEWs come to the HC for resupply) SS and implementation follow up activities by the HEW supervisor and store manager by making use of standardized tools. 	<p><u>Training</u></p> <ul style="list-style-type: none"> Formal training to relevant professionals (Pharmacy Head and Store Manager) IPLS Orientation and SS training for relevant management units in the RHB/ZHO/WoHO/SDPs <p><u>Implementation follow up</u></p> <ul style="list-style-type: none"> Intensive SS and implementation follow up by the hub based teams by making use of standardized tools.

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X. ANNEXES

1. Formats

- A. Bin Card (BC)
- B. Stock Record Card (SRC)
- C. Health Post Monthly Report and Re-supply Form (HPMRR)
- D. Internal Facility Report and Resupply Form (IFRR)
- E. Report and Requisition Form (RRF) for Program Drugs
- F. Report and Requisition Form (RRF) for RDF Drugs
- G. Cost Analysis Worksheet for RRF
- H. Record for Returning Unusable Pharmaceuticals to Health Centres/Hospital pharmacy store
- I. Aggregated Report (WoHO and RHB/ZHD)
- J. Drug Issue Voucher of PFSA
- K. Routine Feedback Reporting Format
- L. List of Medicines Waste to Be Disposed
- M. Annual quantification template

A. BIN CARD

Name of Health Facility: _____

Product Name, Strength and Dosage Form _____

Unit of Issue: _____

Maximum Stock Level: _____ Emergency Order Point: _____

Average Monthly Consumption (AMC): _____

Date	Doc. No. (Receiving or Issuing)	Received from or Issued to	Quantity				Batch No.	Expiry Date	Remarks
			Received	Issued	Loss/Adj	Balance			

B. STOCK RECORD CARD

Name of Health Facility: _____

Product Name, Strength and Dosage Form: _____

Unit of Issue: _____ Location: _____

Maximum Stock Level: _____ Emergency Order Point: _____

Average Monthly Consumption (AMC): _____

Date	Doc. No. (Receiving or Issuing)	Received from or Issued to	Quantity				Price		Expiry Date	Remarks
							Unit Price			
			Received	Issued	Loss/Adj	Balance	Birr	Cent		

C. Health Post Monthly Report and Re-supply Form

Name of the Health Post: _____

Health Post ID Code: _____

Supplying Health Centre: _____

Health Center ID Code: _____

Reporting Period From: _____ (month/day/year) To: _____ (month/day/year) Maximum Level: 2 months of stock

Ser. No.	Product Code/Product Name/Unit	UNIT OF ISSUE	COMPLETED BY HEALTH POST				COMPLETED BY HEALTH CENTRE				
			Beginning Balance	Quantity Received	Loss / Adjustment	Ending Balance	Calculated Consumption this month E = A+B+/-C-D	Calculated Consumption last month	Maximum Quantity G = E + F	Quantity Needed to Reach Max. H = G - D	Quantity to be Supplied
			A	B	C	D	E	F	G	H	I
1	Product description (pre-printed)										
2	Product description (pre-printed)										
3	Product description (pre-printed)										
4	Product description (pre-printed)										
5	Product description (pre-printed)										
6	Product description (pre-printed)										
7	Product description (pre-printed)										
8	Product description (pre-printed)										
9	Product description (pre-printed)										
10	Product description (pre-printed)										
11	Product description (pre-printed)										

Remarks:

Completed by (Name, Date and Signature) :

Completed by (Name, Date and Signature) :

Approved by (Name, Date and Signature) :

D. Internal Facility Report and Resupply Form

Name of Dispensing Unit: _____ Reporting Period From: _____ To: _____
 Maximum Level (ML): _____

Ser. No.	Item	Unit of issue	COMPLETED BY UNIT				COMPLETED BY STORE			
			Beginning Balance	Quantity Received	Loss/ Adjustment	Ending Balance	Calculated Consumption E = A+B+/-C-D	Maximum Quantity F = E * 2	Quantity Needed to Reach Max. G = F - C	Quantity to be Supplied
			A	B	C	D	E	F	G	H
1										
2										
3										
4										
5										
6										
7										
8										
Remarks :										
Completed by (Name, Date and Signature) :						Completed by (Name, Date and Signature) :				
Approved by (Name, Date and Signature) :										

E. Report and Requisition Form for Program Drugs

Health Facility: _____	Region: _____ Zone: _____ Woreda: _____
------------------------	--------------------------------------------

Supplying Branch: _____	Maximum Stock Level = 4 Months of Stock
-------------------------	-----------------------------------------

Reporting Period: From: _____ To: _____	Emergency Order Point = 0.5 Months of Stock
-----------------------------------------	---------------------------------------------

SN	Product Description	Unit of Issue	Report Part						Requisition Part			
			Beginning Balance	Quantity Received	Losses/ Adjustments	Ending Balance		Calculated Consumption	Days Out of Stock	Maximum Stock Quantity	Quantity Needed to Reach Max	Quantity Ordered
						DU	Store					
			A	B	C	D	E	F = A + B +/- C - D - E	G	H = (120 * F) / (60 - G)	I = H - D - E	
1	XL	XII	XIII	XIV	XV	XVI	XVII	XVIII	XIX	XX	XXI	XXII
2												
3												

Products with shelf life ≤ 6 months (S/No, Quantity and Expiry date):	Remarks:
-----------------------------------------------------------------------	----------

Completed by: _____	Signature: _____	Date: _____
Verified by: _____	Signature: _____	Date: _____
Approved by: _____	Signature: _____	Date: _____

F. Report and Requisition Form for RDF Drugs

Health Facility: _____ Region: _____ Zone: _____ Woreda: _____

Supplying Branch: _____ Maximum Stock Level = 4 Months of Stock

Reporting Period:
From: _____ To: _____ Emergency Order Point = 0.5 Months of Stock

SN	Product Description	Unit of Issue	Report Part							Requisition Part		
			Beginning Balance	Quantity Received	Losses/ Adjustments	Ending Balance in		Calculated Consumption	Days Out of Stock	Maximum Stock Quantity	Quantity Needed to Reach Max	Quantity Ordered
						DU	Store					
			A	B	C	D	E	F = A + B +/- C - D-E	G	H = F*2*RP*30/ ((RP*30)-G)	I = H-D-E	
1												
2												
3												

Products with shelf life \leq 6 months (S/No, Quantity and Expiry date): _____ Remarks: _____

Completed by: _____ Signature: _____ Date: _____

Verified by: _____ Signature: _____ Date: _____

Approved by: _____ Signature: _____ Date: _____

G. Cost Analysis Worksheet

Ser. No.	Product Code/Product Name/Unit	Unit of Issue	VEN Group	Unit Price	Original Request		Adjustment	
					Quantity needed to reach Max	Total Price	Quantity Ordered	Total Price
					A	B	C (A*B)	D
1	Product description (pre-printed)							
2	Product description (pre-printed)							
3	Product description (pre-printed)							
4	Product description (pre-printed)							
5	Product description (pre-printed)							
6	Product description (pre-printed)							
7	Product description (pre-printed)							
8	Product description (pre-printed)							
9	Product description (pre-printed)							
10	Product description (pre-printed)							
11	Product description (pre-printed)							
12	Product description (pre-printed)							
13	Product description (pre-printed)							

H. Record of returning unusable pharmaceuticals to Hospital/Health Centre pharmacy store

Name of the Health post/Dispensing Unit: _____

Woreda: _____ Zone: _____ Region: _____

Sr no	Product Description	Quantity to be returned	Remark
Name/Date/Signature of DU or HP staff (Returning) :			
Name/Date/Signature of the store manager in the Hospital/Health Centre (Receiving) :			

I. Aggregated Report (WoHO and RHB/ZHD)

Region: _____ **Woreda:** _____

Reporting Period: **From:** _____ **To:** _____
 (month and year) (month and year)

S/ No.	Product Code	Product	Unit of Issue	Beginning Balance	Qty Received	Losses/ Adjustments	Ending Balance	Calculated Consumption
				A	B	C	D	E
1								
2								
3								
4								
5								
6								
7								
11								

Remarks:

Completed by: Printed Name _____ **Signature** _____ **Date** _____

Head of Institution: Printed Name _____ **Signature** _____ **Date** _____

J. PHARMACEUTICALS FUND AND SUPPLY AGENCY DELIVERY INVOICES

Cash Sales invoice (CSI)*

CSI no. xxxxxx
Date: _____

Name of Central Store/Branch _____

Name of Store _____

Customer name _____

Customer Address: Region _____ Zone _____ Woreda _____ CIV No. _____

Requisition No.: _____

s.no	Item code	Item name	Unit	Qty	Unit price	Total price	Manufacturer	Batch no.	Expiry date

Sender store: name & sig _____ Checked by _____ Carrier/Driver: name and sig. _____

For damaged and short received items

s.no	Item code	Item name	Unit	Damaged qty	Short received qty (missing)	Unit price	Total price	Manufacturer	Remark on damage and missing

I have received the above goods with the remarks there of in good condition

Received by: name and sig. _____

Distribution: Original: Receiver branch/central store, Copies to: Finance, Document follow up, Store, one copy signed and sealed by receiver and returned to sender

* Credit Sales Invoice (CRSI), Stock Transfer Voucher (STV)

K. Routine Feedback Reporting Format

S/No (A)	List of possible feed backs (B)	Need of the feedback (Y/N) (C)	Remarks and specific recommendations if C is yes (D)
1	Report even if you are not requesting (even if you have sufficient stocks in your facility)		Write your specific feedback mentioning the significance or importance of completing report and requisition for all products in the list if “column C” is yes (e.g. PFSA needs the data for decision making)
2.	Timely reporting		Write your specific feedback mentioning the significance or importance of timely completion of report and requisition if “Column C” is yes
3.	Report Quality		
3a.	Completeness		Write your specific feedback mentioning the significance or importance of completeness if “Column C” is yes
3b.	Accuracy (calculation errors : CC, Max and Qty Ordered)		Write your specific feedback with formula and practical example “Column C” is yes.
3c.	Validity (Beginning balance is not equal to ending balance in the last reporting interval)		Write your specific feedback with formula and practical example if “Column C” is yes.
4.	“Quantity Ordered “ is not equal to “Quantity Supplied”		Write the specific reason for the difference if “Column C” is yes. e.g. 1. Logical rounding due to package size 2. Calculation error (be specific)

L. List of Medicines Waste to Be Disposed

No.	Description of Medicines Wastes (generic & brand name, strength and dosage form)	Unit Type and Size	Quantity	Batch Number	Expiry Date	Reason for Disposal (expired, damaged, spilled, etc)	Manufacturer/ Supplier	Country of origin	Purchase Value
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

M. አመታዊ የመድሀኒትና የህክምና መገልገያዎች ፍላጎት ማቅረቢያ ቅጽ (ሀ)

የጤና ጣቢያው ስም _____ የ _____ በጀት ዓመት አመታዊ የመድሀኒት ጥያቄ
 አመታዊ የመድሀኒትና የህክምና መገልገያዎች በጀት ቡብር _____

ተ.ቁ. S.N.	የመድሀኒትና የህክምና መገልገያዎች አይነት (Name, Strength & dosage form of items)	መለኪያ (Unit)	መጠን (Quantity)	ዋጋ (Price)		ማብራሪያ (Remark)
				ያንዱ ዋጋ (unit price)	ጠቅላላ ዋጋ (Total Price)	
A: Medicines						
1	Amoxicillin 500mg Capsule	50X10	10	284.15	2,841.50	ለምሳሌ የቀረበ
2						
3						
.						
B: Medical Supplies						
1	Adhesive Plaster Zinc Oxide Size 7.5cmx10m	Roll	30	24.93	997.20	ለምሳሌ የቀረበ
2						
3						
.						
C: Laboratory Chemicals & reagents						
1	Alanine Aminotransferase SGPT(ALT)	350 test	600	149.60	89,760.00	ለምሳሌ የቀረበ
2						
3						
.						
D: Medical Instrument						
1	Sphygmomanometer	Each	20	110.38	2,207.60	ለምሳሌ የቀረበ
2						
				ለመድሀኒትና የህክምና መገልገያዎች የሚያስፈልግ ጠቅላላ በጀት (ቡብር)		

ማስታወሻ:

1. እያንዳንዱ ጤና ጣቢያ ለአመት የሚያስፈልጉትን መድሀኒትና የህክምና መገልገያዎች በሰንጠረዥ ላይ በምሳሌ በቀረበው መልኩ በመግለጽና ከበጀቱ ጋር በማጣጣም ለወረዳ ጤና ጽ/ቤት ማቅረብ አለበት::

2. አመታዊ ጥያቄው በሚዘጋጅበት ወቅት በመጀመሪያ በጤና ጣቢያው የሚፈለጉ መድኃኒቶች (Medicines) በእንግሊዘኛ ፊደል ቅደም ተከተላቸው (A to Z) ከተዘረዘሩ በኋላ የህክምና መገልገያዎች (Medical supplies)፣ የላቦራቶሪ ሪኬጀንቶችና ኬሚካሎች (Laboratory Reagents & Chemicals) እንዲሁም የህክምና መሳሪያዎች (Medical equipments) በተመሳሳይ መልኩ መገለጽ አለባቸው፡፡

አመታዊ የመድኃኒትና የህክምና መገልገያዎች ፍላጎት ማቅረቢያ ቅጽ (ለ)

የወረዳ ጤና ጽ/ቤት ስም _____ የ _____ በጀት ዓመት አመታዊ የመድኃኒት ጥያቄ በወረዳ ጤና ጽ/ቤት ስር ያሉ ጤና ጣቢያዎች ብዛት _____

አመታዊ የመድኃኒት በጀት (የሁሉም ጤና ጣቢያዎች ድምር) በብር _____

ተ.ቁ. (No.)	የመድኃኒትና የህክምና መገልገያዎች አይነት (Name, Strength & dosage form of items)	መለኪያ (Unit)	መጠን (Quantity)	ዋጋ (Price)		ማብራሪያ (Remark)
				ያንዱ ዋጋ (unit)	ጠቅላላ ዋጋ (Total)	
	A: Medicines					
1	Amoxicillin 500mg Capsule	50X10	60	284.15	17,049.00	ለምሳሌ የቀረበ
2						
3						
.						
	B: Medical Supplies					
1	Adhesive Plaster Zinc Oxide Size 7.5cmx10m	Roll	300	24.93	9972.00	ለምሳሌ የቀረበ
2						
3						
	C: Laboratory Chemicals & reagents					
1	Alanine Aminotransferase SGPT(ALT)	350 test	2500	149.60	374,000.00	ለምሳሌ የቀረበ
2						
3						
.						
	D: Medical equipments					
1	Sphygmomanometer	Each	60	110.38	6,622.80	ለምሳሌ የቀረበ
2						
3						
ለመድኃኒትና የህክምና መገልገያዎች የሚያስፈልግ ጠቅላላ በጀት (በብር)						

ማስታወሻ:

1. በወረዳው ስር ያሉ ጠቢቆች እያንዳንዳቸው ለአመት የሚያስፈልጋቸውን መድሀኒትና የህክምና መገልገያዎች በሰንጠረዥ ላይ በምሳሌ በቀረበው መልኩ በመግለጽና ከበጀታቸው ጋር በማጣጣም ለወረዳ ጤና ጽ/ቤት ማቅረብ አለባቸው።
2. የወረዳ ጤና ጽ/ቤቱ በስሩ ካሉ ጠቢቆች በቅጽ ሀ የቀረበውን ጥያቄ በአንድ ላይ በማጠናቀር በሸኚ ደብዳቤ በአቅራቢያው ለሚገኝ የመድሃኒት ፈንድና አቅርቦት ኤጀንሲ ቅርንጫፍ ያቀርባል።

