THE FEDERAL MINISTRY OF HEALTH

FEDERAL REPUBLIC OF NIGERIA

LOGISTICS MANAGEMENT OF HIV/AIDS COMMODITIES

Standard Operating Procedures Manual for the Management of HIV/AIDS Commodities

(Antiretroviral Drugs, OI Drugs, Laboratory Reagents & Supplies)

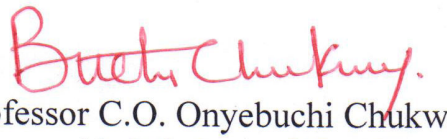
Foreword

The Standard Operating Procedure (SOP) manual represents one of the efforts of my ministry to proffer solution to the problem of inadequate and inappropriate storage conditions for HIV/AIDS commodities. The Standard Operating Procedure (SOP) manual spells out a step by step process to ensure that quality products are available in the right quantity, right time for the right person and at the right cost. This has to do with ordering and receiving process, warehousing, record keeping and issuing of commodities with due authorization and approval.

The Standard Operating Procedure (SOP) manual represents a significant step forward in national efforts to provide quality care that will ensure that clients of the HIV/AIDS programme live productive life. Provision of ARV, drugs for Opportunistic Infection, test kits, laboratory reagents and other consumables are key to achieving health sector goals and the federal Ministry of Health's objective in providing care, treatment and support for PLWHAs. Furthermore, this manual advocates the use of numerous Job Aids whose importance cannot be over emphasized.

My ministry will work in close collaboration with key partners at international, national/federal, state levels to revamp and strengthen the Logistics System to make HIV/AIDS commodities available to our numerous clients that stand dearly in need of them.

I approve the use of this Standard Operating Procedure (SOP) manual by all stakeholders providing care, treatment and support for PLWHAs.



Professor C.O. Onyebuchi Chukwu
Honourable Minister of Health
July, 2011

Preface

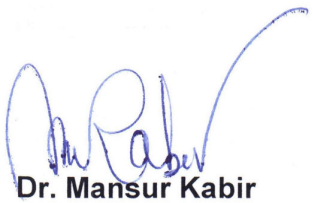
The standard Operating Procedure (SOP) manual for the management of HIV/AIDS commodities provides detailed step by step guidance for users in such a way to ensure that HIV/AIDS commodities are properly managed at all times. It explains through a user-friendly approach, operational activities such as maintaining adequate supplies of HIV/AIDS commodities, ordering of HIV/AIDS commodities, receiving and storing HIV/AIDS commodities and much more.

The manual simplified the Nigerian Logistics management of HIV/AIDS commodities (NLMHC) system, emphasizing the flow of commodities and information as well as the use of various logistics records and reports including their uses and purposes. For proper management and operations, it spells out distinctly the roles and responsibilities of all personnel and the coordination groups involved in ensuring commodity availability at all levels of HIV/AIDS pipeline

Storage guidelines that ensure the integrity, quality and efficacy of commodities are maintained throughout their shelf life as detailed in the job aids

The SOP target audience includes at the central level the logistics technical working group, warehouse managers, stores pharmacists and store keepers. At the service delivery level: ART Focal pharmacist, ART Team Leaders, Focal Laboratory scientist and Nurse/Voluntary counselors.

Appreciation goes to the HIV/AIDS Division Federal Ministry of Health, National Agency for the control of AIDS (NACA), the United States Presidents; Emergency Plan for AIDS Relief (PEPFAR), John Snow Incorporated (JSI) and to all health managers who worked tirelessly to develop and ensure the finalization of this Standard Operating Procedure (SOP) manual.



Dr. Mansur Kabir
Head, Department of Public Health

July, 2011

Acknowledgement

This standard operating Procedure (SOP) manual for the management of HIV/AIDS commodities has emerged after a long but very participatory process consultation, assessment, field testing, facility-based training and literature review. Many people and organizations have contributed in different ways: Federal, State and Local Government, International donor partners, civil society and most importantly people living positively with HIV.

The SOP manual explains through a user friendly approach, operational; activities such as adequate supplies of HIV/AIDS receipt, storage and distribution of HIV/AIDS commodities.

This standard operating Procedure (SOP) manual is the second step in the process towards ensuring that quality products are available at the right quantity, right time for the right person at the right cost.

Without the hard work of the Logistics team in NASCP, NACA, PEPFAR and JSI/SCMS this manual would not have seen the light of the day. The technical expertise of the consultants both international and national is acknowledged. Their contribution to the process was invaluable and I thank them for their commitment throughout.

We are sincerely grateful to the many people whose efforts and financial support have made the development of the Standard Operating Procedure (SOP) manual a reality. I wish to thank the development partners whose financial support and technical assistance to NASCP made this possible especially the United States Presidents' Emergency Plan for AIDS Relief (PEPFAR) through their implementing partners.

We expect all stakeholders involved in the provision of interventions in HIV/AIDS in Nigeria to ensure adherence to the use of this SOP at all levels of implementation.

Dr. Wapada I. Balami mni
National Coordinator
HIV/AIDS Division

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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral Drug
AZT	Zidovudine
CMS	Central Medical Stores
CRRIRF	Combined Report, Requisition, Issue and Receipt Form
CRRIDA	Combined Report, Requisition, Issue Delivery and Acknowledgement of Receipt
D4T	Stavudine
EFV	Efavirenz
EO	Emergency order
EOP	Emergency order point
FDS	Food and Drug Services
FMOH	Federal Ministry of Health, Nigeria
FEFO	First to expire, first out
HAART	Highly Active Anti-Retroviral Therapy
HF	Heath facility
HTC	HIV Testing and Counseling
HIV	Human immunodeficiency virus
ICC	Inventory Control Card
LMIS	Logistics management information system
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food, Drug Administration and Control
NASCP	National AIDS & STIs Control Programme
NVP	Nevirapine
PEP	Post Exposure Prophylaxis
PPR	Patients Per Regimen form
PSM TWG	Procurement and Supply Management Technical Working Group
QTO	Quantity to Order
RT	Record for Transferring and Returning Products
OI Drugs	Drugs for the treatment of Opportunistic Infections
POD	Proof of delivery
PMTCT	Prevention of Mother To Child Transmission
SDP	Service Delivery Point
SMS	Short Message Service
SOH	Stock On Hand
SOP	Standard Operating Procedures
SYR	Syrup

INTRODUCTION

The Purpose of FMOH HIV/AIDS Logistics System

The goal of the FMOH HIV/AIDS logistics system is to ensure a secure and dependable supply of HIV/AIDS commodities for diagnosing and treating people living with HIV and AIDS. To successfully address the HIV/AIDS pandemic in Nigeria, the HIV/AIDS logistics system must ensure that all commodities needed are made available. In essence, the logistics system must be capable of providing the following six rights:

- The right *quantity*
- of the right *products*
- with the right *quality* are available
- at the right *place*
- and the right *time*
- for the right *cost*

A logistics system addresses the concept, "No Product, No Program." An HIV/AIDS program cannot operate successfully without a continuous, reliable supply of all HIV/AIDS commodities. Well-functioning supply chains are critical to achieving HIV/AIDS commodity security, which exists when every person is able to obtain and use HIV/AIDS commodities whenever they are needed. This is the essential purpose of the HIV/AIDS commodities logistics system.

The Purpose of this Manual

This Standard Operating Procedures (SOP) Manual is intended to introduce the operating procedures for the efficient and effective logistics management of HIV/AIDS commodities including antiretroviral (ARV) and opportunistic infection (OI) drugs, HIV test kits and laboratory commodities. The manual serves as a reference for health care staff in performing tasks related to the management of HIV/AIDS commodities. It is aimed at simplifying and standardizing the work required for HIV/AIDS commodities management so that more time and effort can be spent on client-focused activities.

This Standard Operating Procedures (SOP) Manual therefore is a guide to operators of the HIV/AIDS commodities logistics system. The manual outlines the steps required for performing the following tasks:

1. Maintaining adequate supplies of HIV/AIDS commodities (ARV and OI drugs, HIV test kits, laboratory supplies) and maintaining optimal inventory at all levels
2. Ordering HIV/AIDS commodities from the Central Medical Stores (CMS) and other sources
3. Receiving and storing HIV/AIDS commodities
4. Recording and reporting usage of HIV/AIDS commodities
5. Monitoring logistics activities at service delivery points

This manual is intended to be used by personnel with logistics functions at all levels—from the central warehouse to the service delivery points. The following categories of personnel will find this manual extremely useful:

- All personnel and program management staff with logistics responsibilities at the central level
- Logistics personnel at the CMS who perform one or more functions associated with ensuring availability of HIV/AIDS commodities
- ART Team leaders at all treatment facilities
- Focal Pharmacists at service delivery points
- Focal Laboratory Scientists

How and when should this manual be used?

Because the stated purpose and the goals of the HIV/AIDS logistics system is the same across all product categories, certain procedures and systems outlined in the manual (e.g. the use and the purpose of the LMIS, inventory management) are relevant for the management of all product categories. However, some procedures are specific to certain product categories and are clearly stated in the manual.

This manual is a guide for operating the designed logistics system. It contains procedures for ordering/re-supplying products and collecting and reporting logistics data, and it defines roles and responsibilities for each person involved in commodity management. This manual should serve as the primary resource document for all personnel involved in the management of HIV/AIDS commodities and the main source of instructions for implementing and operating the system.

This SOP manual is relevant to all those involved in the following activities:

Ordering: Determining facility supply needs and placing an order.

Receiving: Ensuring the correctness of received HIV/AIDS commodities.

Storage: Storing HIV/AIDS commodities properly and maintaining serviceability, safety and security of stock.
Accounting for quantities of the stock on hand and those at risk of expiry or damage, or no longer used at the facility
Storing laboratory commodities that require cold storage in accordance with proper storage guidelines

Issuing: Re-supplying ARV drugs to service delivery points.

Inventory control: Distributing and maintaining adequate supplies.

Data collection and management: Recording and reporting accurate information on ARV drug consumption and available stock.

Quality assurance: Ensuring that the quality of ARV drugs is maintained.

System monitoring and supervision: Monitoring logistics activities (at all levels) and supervising the personnel who implement them.

ROLES AND RESPONSIBILITIES

Many health staff play key roles in the operation of the HIV/AIDS logistics system. The roles and responsibilities for personnel involved in this system are listed below. This SOP manual will serve as a guide to help complete these responsibilities in a timely and effective manner. Note that the lists below relate only to the commodity management aspects of a person's work; it does not include other clinical, managerial or other responsibilities.

- ❒ For personnel who manage ARV and OI drugs, HIV test kits and laboratory supplies, find your job title below or match your roles and responsibilities with the appropriate title. This should help you understand your responsibilities as they relate to the logistics system.

- ❒ If no one has been assigned one of the following personnel designations, the responsibility must be assigned to someone to ensure that the logistics system operates and that adequate products are available for clients.

Roles and Responsibilities of personnel who manage HIV/AIDS commodities

Level	Personnel	Roles and Responsibilities
Central	PSM Technical Working Group	• Receive, review and analyze summary logistics performance reports on ARV drugs, and OI drugs (regular update of the stock status report at both SDP and central level). • Periodically analyze *Combined Report, Requisition, Issue and Receipt Forms*. • Determine which reporting sites need supervisory support to ensure regular, accurate and timely reporting. • Monitor the central warehouse to ensure that orders are sent to reporting sites in a timely manner and in accordance with the established lead time. • Monitor the central warehouse to ensure good distribution and warehouse management practices. • Communicate stock status information regularly to the HIV/AIDS Commodities Steering Group (FMOH, NACA, and other relevant stakeholders including implementing partners) to ensure that information collected are used for logistics decision making. • Share logistics reports & feedback periodically with the other stakeholders on test usage and stock levels at the warehouse and SDPs.
Central Warehouse	Warehouse Manager	• Supervise the management of the ARV and OI drugs in the central warehouse. • Approve and document all receipts and issues of ARV and OI drugs flowing through the pipeline. • Monitor the Inventory Control Cards and stock levels of all HIV/AIDS commodities. • Coordinate with distribution agents the delivery of all HIV/AIDS commodities, including other products used in addressing the HIV/AIDS pandemic. • Coordinate all warehouse operations and ensure that all clients to the warehouse derive maximum value for their time. • Submit Bi-Monthly stock status reports to the Logistics Technical Working Group.

Level	Personnel	Roles and Responsibilities
	Stores Pharmacist	• Receive and issue all program commodities. • Update and maintain *inventory control cards* every time a transaction occurs. • Conduct visual inspection and ensure that all products are stored according to the storage standards. • Monitor HIV/AIDS commodity management in the warehouse. • In collaboration with the store keeper, conduct periodic physical inventory. • Receive and process bi-monthly reports, and assist with data management (manual and electronic).
	Store Keeper	• Update *bin cards* for all program commodities • Ensure that the storage of all products are in line with the storage standards specified • In collaboration with the pharmacist, conduct periodic physical inventory • Keep appropriate records of all commodities received in and issued from the warehouse.
	Security Officers	• Ensure security at the CMS, both internal and external.
Service Delivery Points	ART Focal Pharmacist	• Responsible for overall management of relevant program commodities (ARV drugs & OI drugs). • Responsible for proper recording and transmission of relevant LMIS forms used at the facility—bin cards, inventory control card, form for returning/transferring commodities, CRRIRF and daily consumption/usage forms. • Ensure timely updates of forms and/or reporting for requisition for OI and ARV drugs. • Responsible for completing the *Combined Report Requisition Issue and Receipt Forms* at the end of the review period. • Responsible for proper dispensing of OI and ARV drugs • Collect the *Daily Usage Register for ARV Drugs* from other locations in the facility where ARV drugs are dispensed (for instance, the PMTCT unit). • Send unusable ARV drugs that must be returned to the Central Medical Stores after filling out the *Record for Returning/Transferring Commodities*. • Aggregate all consumption data from the *Daily Usage Register for ARV and OI Drugs* and enter in the *Combined Report, Requisition, Issue and Receipt Form* (ARV and OI drugs) and send to the central warehouse. • Ensure timely updates of all forms and/or reporting – requisition for ARV and OI drugs. • Monitor the management of ARV and OI drugs in the store.
	ART Team Leader	• Endorse order/requisition to be sent to the central warehouse.

Roles and Responsibilities of personnel who manage HIV Test Kits and Laboratory Commodities

Level	Personnel	Roles and Responsibilities
Central	Logistics Technical Working Group	• Receive, review and analyze summary logistics performance reports on HIV test kits (regular update of the stock status report at both SDP and central level). • Periodically analyze *Combined Report Requisition Issue and Receipt Forms* and determine which reporting sites need supervisory support to ensure regular, accurate and timely reporting. • Process the facility orders to the vendor or to the CMS for distribution (PSM TWG laboratory focal person) • Aggregates the reports for all of the facilities in the country to provide the input for the national quantification • Monitor stock levels at the central warehouse • Communicate with relevant procurement units for procurement of HIV test kits • Monitor the central warehouse to ensure that orders are sent to reporting sites in a timely manner and in accordance with the established lead time • Monitor the central warehouse to ensure good distribution and warehouse management practices. • Communicate stock status information regularly to the FMOH, NACA, and other relevant stakeholders including implementing partners to ensure that information collected is used for logistics decision making • Report periodically and share HIV test kits and laboratory commodities logistics information (e.g. test usage, stock levels at the warehouse and the SDPs) with both internal and external stakeholders
Central Warehouse **	Lab Focal Person	• Supervise the management of HIV test kits, laboratory reagents and supplies managed at the CMS. • Approve and document all receipts and issues of lab reagents and supplies. • Monitor the Inventory Control Cards and stock levels of all lab commodities. • Coordinate delivery of HIV test kits and other lab supplies and reagents with distribution agents. • Coordinate relevant warehouse operations and ensure that all clients to the warehouse derive maximum value for their time. • Submit Bi-Monthly stock status reports to the Logistics Technical Working Group.

Level	Personnel	Roles and Responsibilities
	Pharmacist	• Receive and issue HIV test kits, lab reagents and supplies managed by CMS. • Update and maintain *inventory control cards* every time lab supplies are issued or received. • Conduct visual inspection and ensure the storage of HIV test kits and lab supplies according to specified storage standards. • Monitor HIV test kit and lab supply management in the warehouse. • In collaboration with the store keeper, conduct periodic physical inventory. • Receive and process bi-monthly reports, and manage data (manual and electronic).
	Store Keeper	• Ensure the proper storage of HIV test kits, lab reagents and supplies managed by CMS. • Update bin cards for all HIV test kits and lab supplies. • In collaboration with the pharmacist, conduct periodic physical inventory.
Service Delivery Points	Laboratory Technician and PMTCT Nurse / HTC Counselor	• Order HIV test kits, laboratory reagents and supplies from the facility store. • Fill in the *Daily Usage Record for HIV Test Kits* every time tests are dispensed, and whenever commodities are used in the lab • Maintain all relevant records including stock keeping, consumption and transaction records at the facilities for all products • Aggregate all records and submit routine re-supply reports to the PSM TWG for re-supply • Approves laboratory commodities orders to be sent to the CMS/Vendors

Level	Personnel	Roles and Responsibilities
	Focal Laboratory Scientist	• Responsible for the management of all HIV test kits and laboratory commodities at the facility • Receive/issue all laboratory commodities required for conducting tests at facilities • Maintain contact with all of the testing sites at the facility to approve any issues from the laboratory store room to the benches • Collect the *Daily Usage Record for HIV Test Kits* and other lab commodity consumption records from the Laboratory Assistant and/or from the PMTCT / HTC Counselor • Send unusable HIV test kits and other laboratory test supplies that must be returned to the Central Medical Stores after filling out the *Record for Returning Unusable Commodities* • Compile the data from all of the *Daily Usage Record for HIV Test Kits* and laboratory commodities to enter in the appropriate *Combined Report, Requisition, Issue and Receipt Form* (HIV Test Kits, laboratory commodities) and send to the central warehouse on a bi-monthly basis • Sign the proof of delivery and manages inventory of all HIV test kits and laboratory commodities received at the facility • Conduct visual inspection and ensure that storage of HIV test kits and laboratory commodities is in accordance with storage standards
	ART Team Leader or other authorized persons	• Approve requisition orders for HIV test kits, lab reagents and supplies • Ensure that requisitions are sent to the central warehouse

*** The role of the central warehouse in the physical management of laboratory commodities will be defined at such time as CMS assumes responsibility for management of laboratory commodities.*

It is important to remember that a strong logistics system for HIV/AIDS commodities is essential if national and international prevention, care, and treatment goals are to be met. Securing a dependable, regular supply of products at service delivery points is especially critical for success since any interruption of supplies will endanger the lives of patients and, due to the risk of drug resistance, jeopardize the treatment program as a whole.

An Overview of the Nigerian ARV Drugs Logistics System

Introduction to Commodity Management and Inventory Control Systems

Running out of stocks of ARV drugs is the most serious problem that can happen to any programme, but having too many is also a problem. Programmes that have more supplies than they need waste both storage space and scarce resources

The purpose of the inventory control system is to ensure uninterrupted supply of commodities so that there are sufficient quantities to meet the needs of clients. A well-designed and operated inventory control system prevents overstocks, stock-outs, and expiry.

A common system for maintaining this delicate balance—stocking just what is needed for optimal performance—is the Maximum/Minimum Inventory Control System. A Maximum/Minimum Inventory Control System (also called Max/Min) requires that for each storage facility at each level of the distribution system, maximum and minimum stock levels are established for each product managed by the logistics system. The maximum stock level (the level above which inventory levels should not rise under normal conditions) is set high enough to guarantee an adequate supply at all times during the ordering cycle, but low enough to prevent overstock and waste due to expiry. The minimum stock level is set as low as possible but includes a safety margin to prevent stock-outs.

In a Maximum/Minimum Inventory Control System, products are tracked by months of stock. This is a measure of how long stocks will last. In an inventory control system, knowing the stock balance, in terms of the number of items at any given time, is of limited value because the simple number doesn't tell you how long the balance of stock will last. However, by calculating the months of stock, a facility can determine if the right quantities of HIV/AIDS commodities are stocked. To determine how long a commodity will last, the following simple formula can be used:

How much we have (stock on hand)	÷	How much we have used in a month (rate of consumption)	=	How long supplies will last (months of stock on hand)

The Maximum/Minimum Inventory Control System in Nigeria

The logistics system used to manage HIV/AIDS commodities in Nigeria is designed following international standards of practice for maintaining adequate stock levels in order to ensure product availability.

The most basic activity in managing a logistics system is re-supply of commodities, and the procedures for re-supply are based on the established inventory control system. Commodities must be ordered and received on a regular basis, and the quantities of products that are received must include enough to serve existing patients, as well as to account for new patients and unexpected events (rapid increased consumption, unusual events such as product losses, etc.). The inventory control system therefore defines the guidelines that are used in terms of reorder frequency and calculating reorder quantities in order to meet expected and unexpected demand.

The inventory control system used in Nigeria is a *pull* f*orced ordering* system. A *pull system* is one in which facilities use the logistics data they collect to determine their own order quantities. Forced ordering means that facilities are "forced to order" all commodities at the end of every review period: at the end of every review period facilities review their HIV/AIDS commodities and order *all* stocks to the established maximum level. In Nigeria, the review

period and order interval has been established at every two months, so that at the end of every two months, facilities will place an order for their products.

When ordering HIV/AIDS commodities, products are ordered in sufficient quantity to reach the established Maximum Stock Level. The maximum stock level in Nigeria is four (4) months of stock, and is based on factors such as lead time (the amount of time needed to place an order, receive commodities, and make them available for use), safety stock (also called buffer stock), and the review period (explained above). Ordering products to the maximum stock level will help to ensure that all products are regularly available. As consumption increases or decreases, the maximum stock quantity will self-adjust (based on the most current rate of consumption), so that facilities consistently maintain four months of stock.

The table below summarizes the inventory control protocols of the system at the service delivery points:

The Nigerian Inventory Control Protocol at the Service Delivery Point		
1	Inventory control system:	Forced Ordering Max/Min
2	Review Period and Reorder Interval	Every two months
3	Lead time	2 weeks
4	Emergency order point	2 weeks of stock
5	Minimum stock level	2 months of stock
6	Maximum stock level	4 months of stock

Emergency Order Procedure

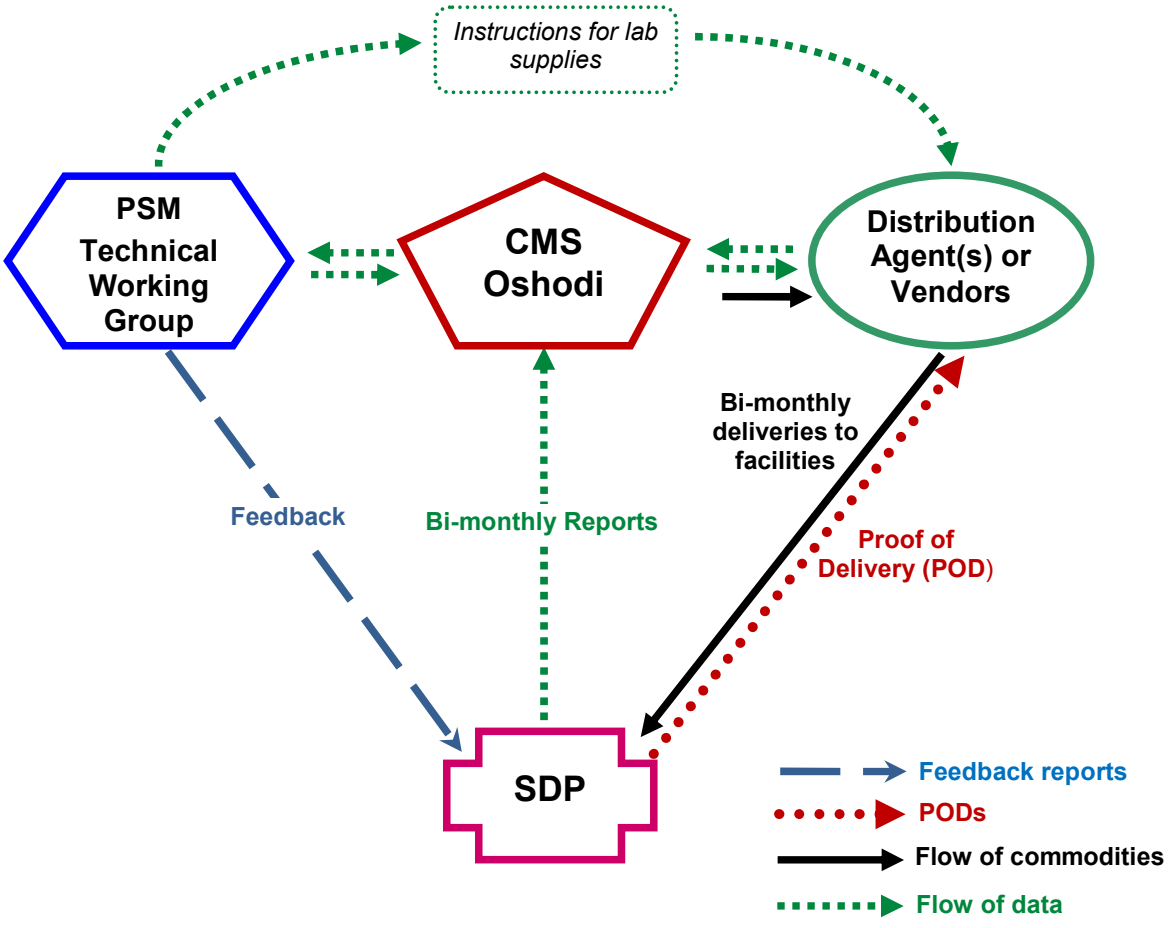
The Max/Min system is designed to minimize the need for emergency orders, if the system is operated as designed. However, every logistics system must have procedures for placing emergency orders at times when exceptional circumstances occur that could have an impact on product availability. In the case of the ARV Drug Logistics System, the emergency order is based on a special stock level called the emergency order point. As noted in the table above, the emergency order point established in Nigeria is 2 (two) weeks of stock. This means that if the stock level for any products drops to two weeks of stock at any time before the end of the normal two-month review period, it is mandatory for the store pharmacist or manager to contact the Central Medical Stores using the most efficient means of communication and place an emergency order. Remember, the emergency order point disregards the review period timing and the quantity to order is calculated to top the stock-on-hand to the maximum level (four months of stock).

The Flow of Commodities and Information

When the inventory control system described above is implemented, commodities will move from the stores down to the health facility and then specifically to the point at which the customer or user receives and/or uses the products. At the same time, information will move up the system to inform re-supply and program monitoring activities. The timely submission of reports containing accurate logistics data is critical to the timely re-supply of products, ensuring that products are always available to meet the clients' and users' needs.

The diagram below outlines the flow of commodities and information for HIV/AIDS commodities. The flow of commodities and information for all HIV/AIDS commodities is similar, though there are some product-specific differences related to laboratory commodities. Additional specific details related to the movement of information and commodities are provided in the Roles and Responsibilities section above as well as in the individual task-related job aids further below in this manual.

Figure 1: Flow of commodities and information for HIV/AIDS Commodities



The diagram above describes the commodity and information flow for ARVs, OI drugs, laboratory commodities and HIV test kits. Ordering is done bi-monthly on a requisition basis using the appropriate *Combined Report, Requisition, Issue and Receipt Form* (*ARV and OI Drugs*, *HIV Test, Laboratory Commodities*). Order quantities are based on the quantities of supplies that are used to serve clients (consumption) and quantities of stock on hand at the time the order is placed. Whenever possible, the CRRIRF is sent electronically via email (cmsoshodi@yahoo.com) to the CMS and to the Procurement and Supply Management Technical Working Group (PSM TWG), a unit comprised of individuals from the Central Medical Stores (CMS), Food and Drug Services (FDS), National Agency for the Control of AIDS (NACA), and the HIV/AIDS Division (formerly NASCP) of the Federal Ministry of Health (FMOH). If a facility cannot send its report electronically, then the report must be submitted on paper copy through other means (mail, hand delivery). The working group reviews the Combined Report Requisition, Issue and Receipt Form (CRRIRF) to correct any errors, ensure data accuracy and oversee completion of orders. When orders are ready for pick-up, distribution agents are notified and the commodities are transported and delivered directly to the various SDPs.

Note that for laboratory commodities, products are typically supplied by outside vendors. CMS will eventually assume management of some or all laboratory commodities, but in the meantime, CMS will liaise with the vendors to ensure product re-supply and delivery.

Logistics Management Information System

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.

Only information which will support specific logistics decision-making should be collected. Three essential data items are required to run a logistics system and, therefore, must be captured by the LMIS. This is true for all HIV/AIDS commodities (ARV and OI drugs, HIV test kits, lab commodities). 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 drugs dispensed to users or the quantity of lab tests and consumables used during the reporting period.

3. **Losses/Adjustments**: Losses are the quantities of products removed from stock for anything other than dispensing 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 the CMS/Vendor, or issued to anyone other than the facility's patients. An adjustment may also be a correction due to an error in mathematics. An adjustment may be a negative (-) or positive (+) number.

Logistics Records

There are only three activities that happen to drugs within a logistics system: they are stored in inventory, they are moved between facilities, and they are dispensed to users. Similarly, lab commodities are stored in inventory, moved between facilities and used at the testing sites. A well designed logistics management information system will include records and forms that collect and then report the three essential data items as they relate to these three activities.

Consumption records

The primary purpose of a consumption record is to capture the quantity of each item dispensed to a customer. As the name of the record implies, consumption records contain

dispensed-to-user data and do not record stock on hand or losses/adjustments. Consumption records are filled out whenever supplies are dispensed to customers and are totaled at the end of the reporting period. Service personnel at SDPs are responsible for completion of consumption records.

The following consumption records are used to manage HIV/AIDS commodities in Nigeria:

- ARV drugs
  ARV Drugs Daily Consumption Record collects information on the number of ARV drugs that have been used in the facility over a defined period of time. The Daily Consumption Record for ARV drugs should be filled out by the person(s) who dispenses ARV drugs.

- HIV test kits
  Daily Usage Record for HIV Test Kits collects the number of HIV test kits that have been used in that laboratory by their purpose of use. The Daily Usage Record for HIV Test Kits should be kept with the person(s) using the HIV test kits for testing in the laboratory or other settings, such as the Medical Laboratory Scientist.

- OI drugs
  OI Drug Daily Consumption Record collects information on the number of OI drugs that have been used in the facility over a defined period of time. The OI Drug Daily Consumption Form should be filled out by the person(s) who dispenses OI drugs.

- Lab commodities
  Given the complexity of tracking usage by client or specimen of other laboratory commodities (non-rapid tests), laboratory reagents and supplies will report consumption based on the issues from the laboratory store to the laboratory bench as recorded on the **Bin Card**, and not by tracking individual usage per test or per patient.

Stock keeping Records

The primary purpose of stock keeping records is to capture information about the items in storage. Stock keeping records keep track of two essential logistics data items: quantity of stock on hand and the quantity of losses/adjustments, as well as information related to the receipt and issue of products.

Products that are stored in a storeroom are generally not dispensed directly from the storeroom to the customer. Entries are recorded on the stock keeping record whenever products are received or issued and whenever stock is counted during a physical inventory. The stock keeping record is usually completed by anyone who issues and receives stock and anyone who takes physical inventory of the stock.

The common, uniform stock keeping records used to manage HIV/AIDS commodities in Nigeria are the Inventory Control Card and the Bin Card.

The **Inventory Control Card (ICC)** will be used at all facilities. The ICC contains the quantity of stock on hand and the quantity of losses/adjustments. It is used to manage the entire stock of HIV/AIDS commodities in the storeroom regardless of the batch number or expiration date. For example, one ICC will manage all quantities of Nevirapine (NVP) 200mg.

The **Bin Card** will be used at larger facilities, such as CMS. The Bin Card is designed to collect the quantity of stock on hand and the quantity of losses/adjustments. Unlike the ICC,

the Bin Card is used to track product by batch number or lot and by expiry date. For example, NVP 200mg with expiry date in November 2009 and NVP 200mg with expiry date in November 2010 will each have a separate bin card.

Transaction records

The primary purpose of a transaction record is to capture information about the movement of stock from one storage facility to another. Although transaction records are essential in recording the movement of stock, they do not necessarily have to include any of the essential data items mentioned earlier. Warehouse/store personnel at both issuing and receiving facilities complete transaction records and are initiated any time a facility requests or issues supplies. They are completed when the receiving facility confirms receipt of the items shipped. Each category of products uses a similar CRRIRF for requisition/reporting.

Combined Report, Requisition, Issue and Receipt Form for Requisition and Report (also see the section on reports). The requisition, issue and receipt portion of the CRRIRF is the primary transaction record for HIV/AIDS commodity resupply. While the report section of the CRRIRF is slightly different for the three product types (ARV and OI drugs, HIV tests, laboratory commodities), the transaction portion is the same for all of the commodities.

Record for Transferring/Returning Commodities. Every logistics system tries to prevent wastage of products. However, sound policy, procedures and guidelines need to be in place to prevent wastage and to destroy products that are no longer safe to use. For the Nigeria HIV/AIDS commodities logistics system, the Record for Transferring/Returning Commodities will be used to track the transfer of commodities. The purpose of this form is to track the transfer of commodities between sites and the return of products from sites to the central level.

Logistics Reports

Reports are forms on which data are moved from one level in a logistics system to another. The overall Max/Min system design takes into consideration how quickly reports can be received at the upper level and how soon the data are needed for decision making, as well as the quantity of data to be gathered at the lower level. The following reports are used to manage HIV/AIDS commodities in Nigeria:

- The Combined Report, Requisition, Issue and Receipt Form (CRRIRF)
  The CRRIRF is used to report the three essential logistics data items and to calculate the facility order quantities, as well as to provide the information that is needed to monitor whether the facilities are maintaining stock according to plan, i.e. no overstock, shortages, or stock outs. There is a separate version of the CRRIRF for each type of commodity (ARV and OI Drugs, HIV tests, and laboratory supplies). This form will be used to report consumption/usage during the reporting period and the stock on hand at the time of reporting, and to complete requisitions and issues of commodities. For ARVdrugs, OI drugs and HIV test kits, actual consumption will be reported based on the Daily Usage Logs for these products. For all lab commodities, information will come from the Bin Card for each product. In addition, the form for ARVs reports information on continuing and expected new patients while the form for HIV test kits reports total number of test kits used for each program. The CRRIRF should be prepared by personnel responsible for re-supply of OIs, ARVs, HIV test kits and lab commodities at the service delivery point.

  The CRRIRF also serves as a transaction record. As such, it tracks the quantities of products requested by the facility, issued by the supplier to the facility, and received by the facility from the supplier.

If a facility does not process the data, calculate reorder quantities and send in the report, the Central Medical Store will not be able to issue the facility their supply of commodities.

- Feedback Reports
  Data reported to the Logistics Technical Working Group is aggregated, processed and analyzed to produce feedback reports that are used by program and commodity managers to monitor the performance of the HIV/AIDS commodities logistics system. These same reports can be used by supervisors to help personnel identify problems and take corrective actions.

STORAGE OF HIV/AIDS COMMODITIES

The quality of drugs dispensed to clients depends to a large extent on storekeeping practices. Adherence to good storage practices helps protect commodities against damage, expiry, and theft. In addition, it helps 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.

Store rooms that do not maintain proper temperature controls—rooms that are either too hot, too humid, or wet—can cause damage and adversely affect the quality of the drugs. Some ARV drugs, test kits and laboratory commodities have specific storage conditions and may be sensitive to heat and require specific and specialized storage conditions. Maintaining storerooms in the best conditions possible can greatly reduce the chances of products being damaged or losing their stated potency and shelf life. Also, a well-organized storeroom will allow proper arrangement of products for easy retrieval.

HIV/AIDS commodities are stored at all levels of the distribution chain. Every facility that handles HIV/AIDS commodities must have a secure and adequate storage space where all commodities can be kept in order to protect the shelf life of the products. Protecting products from abnormal conditions enhances the chances of sustained potency throughout the shelf life. A product's shelf life is calculated based on certain assumptions and it is appropriate to maintain products within the conditions stipulated by the manufacturer to enhance the stated shelf life. If products are not properly stored, there is the likelihood that they may even expire before the stated shelf life. Certain laboratory reagents, HIV test kits and ARV drugs have very short shelves lives compared to other commodities employed in public health and because of this, it is extremely important to strictly follow the storage guidelines for these products.

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.

Every ARV drug has a specified shelf life; it is possible to have one stream of products from a single manufacturer with different shelf lives. A manufacturer specifies the shelf life of the ARV drugs it produces. When a product reaches the end of its shelf life**, it has expired and should not be used or dispensed to patients.** It is the duty of the procurement unit to specify the maximum number of batches a supplier can supply a program at any given time. It is generally accepted that the maximum number of batches acceptable in a single contract should not exceed three.

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. Good storage practices save time, storage space, and prevent waste. The following are storage guidelines that should be followed at all facilities:

Storage Procedures	Why This Procedure is Important
1. Limit storage area access to authorized personnel and lock up controlled substances.	HIV/AIDS commodities are very costly. Prevent theft and pilferage by keeping stocks in locked enclosures and using what is deemed “appropriate security measures” during storage, reception, and transport. Physical counts should be conducted on a regular basis to verify inventory records and identify any problems as soon as they occur.
2. Clean and disinfect the storeroom regularly and take precautions to discourage harmful insects and rodents from entering the storage area.	Insects and rodents can damage product packaging as well as the products themselves.
3. Store HIV/AIDS drugs in a dry, well-lit, and well-ventilated storeroom at less than 25 °C.	Keep products out of direct sunlight. Extreme heat and exposure to direct sunlight can dramatically shorten shelf life.
4. Maintain cold storage for products needing it, usually between 2-8°C.	Cold storage (2 to 8 degrees Celsius; 36 to 46 degrees Fahrenheit) is essential for maintaining the shelf life of certain ARV drugs, HIV test kits and laboratory reagents 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. Follow the storage recommendations found on the boxes for specific commodities.
5. Protect the 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 drugs themselves are not damaged. Repair the storeroom so that water can not enter. HIV/AIDS commodities are particularly sensitive to moisture.
6. 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.

7. Stack cartons at least 10 cm (4 in.) off the floor, 30 cm (1 ft.) away from the walls and other stacks, and no more than 2.5m (8ft.) high.	Stack pallets away from the walls and products off the floor to make them less susceptible to pests and prevent water damage. Stack pallets 30 cm away from the walls and each other to promote air circulation and to ease movement of stock, cleaning and inspection. Do not stack cartons more than 2.5m as the weight of the products may crush the cartons at the bottom. At smaller facilities where use of pallets is less common, shelving should be used to organize products.
8. 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 selecting the right product. Items should be stored according to manufacturer's instructions on the cartons.
9. Check expiration dates of incoming commodities and store them to facilitate "first-to-expire, first-out" (FEFO) procedures and stock management.	FEFO guidelines require that drugs that will expire first are issued first, regardless of when they were received at the health facility. The shelf life of some HIV/AIDS commodities, laboratory commodities in particular, can be as short as three months from the date of manufacture, so it is especially important to follow FEFO for these products.
10. Store all health commodities away from insecticides, chemicals, flammable products, hazardous materials, old files, office supplies, and equipment; always take appropriate safety precautions.	Exposure to insecticides and other chemicals can damage products and affect the shelf life of commodities. Storing old files and other office supplies reduces space needed for storing health commodities. "Dejunk" the storeroom regularly to make more space available for the storage of HIV/AIDS commodities.
11. 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.
12. Separate from usable commodities 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. Subtract damaged or expired products from the Inventory Control Card/Bin Card, and return them to the Central Medical Stores using the Record for Returning/Transferring Commodities.

The guidelines above are generalized so they can be used for all products in a facility. In the case of certain ARV drugs, HIV test kits and laboratory commodities, special storage requirements may be needed. If this is the case, follow the storage guidelines that come with the commodities. All HIV/AIDS commodities should be kept under lock and key and only a limited number of people should be authorized to handle them.

Visual Inspection

In addition to following the storage practices discussed above, another important step for protecting the quality of products is the routine visual inspections of all products. Visual inspection is the process of examining products and their packaging by eye to look for obvious problems in product quality. A visual inspection helps identify products that may have been damaged or whose shelf life may have been compromised. A visual inspection should be completed each time HIV/AIDS commodities are received, issued, or dispensed, and when conducting a physical inventory.

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

When conducting visual inspections the following things should be examined:

- **Package and product integrity:** Check for damage to packaging (tears, perforations, water, or oil)
- **Manufacturing defect:** incomplete supply, missing or illegible identification information
- **Labeling:** make sure that products are labeled with the date of manufacture or expiration, lot number and manufacturer's name

All HIV/AIDS commodities that fail a routine visual inspection should be taken out of the logistics system. The reason for the visual inspection failure should be documented.

For tablets and capsules, be sure that:

- Tablets/capsules are identical in size, shape and colour
- Tablet/capsule markings are identical (scoring, lettering, numbering)
- There are no defects such as spots, cracks, stickiness, etc.
- There is no unexpected odour when the bottle is opened
- There are no broken tablets or no empty, open, or broken capsules

Drugs and reagents can suffer from two types of damage during shipping and storage, physical and chemical. Physical damage is caused by impact forces resulting in crushing or breakage. Chemical damage is more difficult to detect and results in changes to the chemical composition of the products. The following indicates some common quality problems and how to handle them.

What to look for	What to do about it
Damage to packaging (tears, perforations, water or oil stains, or other damage) or products (such as broken or crumbled pills or tablets)	Send any damaged items to CMS for destruction and distribute the remainder as normal.
Dirty, torn or otherwise damaged boxes	Check the product visually for physical damage. Remove damaged products and send to CMS for destruction. Distribute the rest as normal.
Cartons with holes and/or frayed edges	Unlike torn or dirty cartons, holes or frayed edges may not be the result of handling, but rather of pests. Check boxes for signs of insect damage and rats. Inspect inner boxes and products for physical damage, remove any damaged products

What to look for	What to do about it
	and send them to CMS for destruction. Distribute the remainder as normal.
Water-damaged cartons	Visually inspect all products. Remove any product that appears damaged or unacceptable. Send damaged goods to CMS to be destroyed. Repack any intact products before distributing.
Products found outside the warehouse or clinic	All such products will almost certainly have been affected by the elements. Any goods left outside for almost any significant amount of time will probably be damaged from moisture, rain, direct sunlight, and/or pests, and should be sent to CMS for destruction, when such time outside was not short (i.e. a few hours at most).
Cartons unlabeled with the date of manufacture or expiration on outer and inner packaging	Ensure that lot number, manufacturer's name, and storage requirements are recorded on tally cards and storage labels. If expiration dates are not visible, open outer carton and check dates on inner boxes. If expiration dates are not visible on inner boxes, check individual packs. Use a large marker to write the expiration date on unmarked boxes and cartons.
Information on boxes or cartons is illegible	Check inner boxes or packs and write on outside of box; distribute normally. If information is illegible due to exposure to water or to chemicals, thoroughly inspect product for damage. If unsure if damage has occurred, quarantine and send to CMS for testing or destruction.
Missing products or empty boxes	This may indicate theft, removal by central level, or removal by NAFDAC for testing. Notify CMS about missing stock. Indicate adjustment on stock holding report.
Contents not identified on multiple unit cartons	Open box and check contents. If contents all have the same product with the same expiration date (and lot number), write information on the outer box. If contents are mixed, separate and repackage according to product type, brand, expiration date and lot number. Visually check for damage. Report mixed lots in an unmarked box to CMS to ensure lot quantities are corrected. Send any damaged products to CMS and distribute the rest as normal.

Conducting a Physical Count

A physical count is an actual count of the quantity of each supply at any given time. It is one of the most frequent activities in health facilities.

> **A physical count of HIV/AIDS commodities in the storeroom should be conducted at the end of each month and the *Inventory Control Cards should be updated*.**

When conducting a physical count for ARVs, OI drugs and HIV test kits to record on the CRRIRF form, the count information comes from two locations in the facility:

1. The quantities of unopened bottles on the shelf in the storeroom, which are recorded on the Inventory Control Card; and

2. The quantities of unopened bottles kept by the dispensers in the facility.

The quantity of products in the storeroom is added to the quantity kept by the dispenser and the total is reported as Remaining Balance on the CRRIRF.

When conducting a physical count to complete the "Remaining Balance" column of the *CRRIRF*, all stock, including unopened bottles remaining in the dispensary after dispensing to the client, should be counted.

For example, when conducting a count of Nevirapine 200 mg tablets, 60 tablets per bottle, if there are 10 bottles on the shelf in the storeroom, and 2 unopened bottles held at the dispensing site, the total physical count for the facility is 12 bottles. The 10 bottles on the shelf in the storeroom are noted on the *Inventory Control Card* (and on bin cards where they are used, i.e. at larger facilities) and the total of 12 bottles is noted on the CRRIRF Form.

Opened bottles or bottles in the dispensary or store whose seal is broken should not be included in a physical count. Count and record only full, unopened bottles.

When conducting a physical count of the storeroom for lab commodities to update the Stock Cards, count information comes from:

1. The quantities of unopened bottles on the shelf in the storeroom, which are recorded on the Inventory Control Card.

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

It is important to note that physical inventory for laboratory commodities will be conducted only by counting commodities in the storeroom. Quantities remaining at the laboratory bench will be considered consumed and will NOT be included in the physical inventory or recorded on the Inventory Control Card.

Instructions on how to complete a physical count and on how to make adjustments to the *Inventory Control Card* are provided in the Job Aid below.

Handling Damaged or Expired Stocks, or Stocks that will not be used before they expire

Every logistics system tries to minimize wastage of products. However, sound policy, procedures, and guidelines should be in place to remove from inventory any expired or damaged products found during a visual inspection or physical count (or upon receipt of a consignment). In the Nigeria HIV/AIDS logistics system, the *Record for Returning/Transferring Commodities* should be used to transfer or return commodities as appropriate.

Before completing the form, the following should be noted.

- HIV/AIDS commodities are returned when they are damaged or/and when they are expired.

- ARV drugs can be returned when a patient switches to a new ART regimen and no other patient in the facility can use these drugs. (ARV drugs should be put back into the system so that other patients may use them before they expire.)

Note: In all cases, national protocol and procedures should be followed for removal of damaged/expired commodities from the system. The Job Aid below explains how to handle damaged or expired products.

Job Aids

A job aid provides step-by-step instructions for completing an activity or a task such as filling a form. The job aids included in this manual are primarily designed to guide health commodity managers to perform a task or complete a form in the logistics system. Typical job aids are characterized by seven features, namely:

- The task to be performed
- The person who is supposed to complete the task
- The purpose of the task
- The timeline to complete the task
- Any materials needed to complete the task
- The step-by-step instructions, which include what to do and how to do it
- A checklist to verify that the task has been completed.

The purpose of a job aid is to improve performance efficiency and effectiveness as well as to standardize practices. If all commodity managers follow the job aids correctly, then the tasks will be done correctly and in the same manner, regardless of who completes the task.

Please note that not all tasks are completed by every person or at every facility. The specific tasks that are completed will depend on the level of your facility in the system and the types of commodities that your facility manages.

The following job-aids are included in this manual:

Stock Keeping Records

1. Completing the Inventory Control Card
2. Completing the Bin Card

Consumption Records:

3. Completing the ART Daily Consumption Record
4. Completing the ART New Patient Regimen Worksheet
5. Completing the OI Drug Daily Consumption Record
6. Completing the Daily Usage Record for HIV Test Kits

Transaction Records:

7. Completing the Internal Requisition, Issue and Receipt Voucher
8. Completing the Record for Transferring/Returning Commodities
9. Completing the Combined Report, Requisition, Issue and Receipt Form for Antiretroviral and OI Drugs
10. Completing the Combined Report, Requisition, Issue and Receipt Form – HIV Test Kits
11. Completing the Combined Report, Requisition, Issue and Receipt Form – Laboratory Reagents and Supplies

Other logistics tasks:

12. Conducting physical inventory
13. Handling of damaged or expired products

Job Aid: Completing the Inventory Control Card

This job aid will guide you through the process of completing the Inventory Control Card (ICC). The importance of the Inventory control Cards cannot be overemphasized; much of the information for completing the bi-monthly Combined Report, Requisition, Issue and Receipt Forms come from the ICC. Though the ICC is often neglected and its operations delegated to lower level personnel, the record is an important link between the facilities and the Central Medical Stores. It is a source of both user information and information needed for reordering. An ICC is kept in the facility's store and is used at every level of the system.

The ICC tracks the total quantities of each product in the stores. Each time there is a change in the quantity of a product in the stores, it must be recorded on the appropriate ICC. The information tracked on the ICC will facilitate the management of inventory at the facility.

Task:	Completing the Inventory Control Card
Completed by:	Store Keeper, Store Pharmacist, or laboratory scientist
Purpose:	To track the number (quantity) of products in the stores area.
When to perform:	Each time there is a transaction that affects the stock level of a product.
Materials needed:	Inventory Control Card, calculator, and pen.

Steps	Actions	Notes
1.	**Select the appropriate action:**	
	IF	**THEN**
	Starting a new Inventory Control Card	Continue with step number 2.
	Recording a transaction	Skip to step number 12.
STEPS TO TAKE WHEN OPENING A NEW INVENTORY CONTROL CARD **NOTE: One inventory control card per drug**		
2.	**Name of Facility:** Write the name of the facility.	
3.	**Item Description:** Write the product name, including the packaging size. For drugs, also include the form and strength.	Examples: Zidovudine - AZT 300mg 60 tablets; Rubber Gloves, size M
4.	**Unit of Issue:** Write the unit designation for the product.	Example: pack, tablet, piece etc
5.	**Store Name:** Write the name of the store (storage location), where applicable.	Example: Main Store, Pharmacy Store, general store
6.	**Product Code:** Write the product code which designates the product, if applicable.	The Product Code would be assigned by Central Medical Stores.
7.	**Location/Shelf No.:** Write the shelf number where the products are being stored.	

Steps	Actions	Notes
8.	**Maximum Stock Level:** Write the Maximum Stock Level for the product, if it is known.	HIV/AIDS commodities, including ARV drugs, OI drugs, and HIV tests, as well as most Laboratory reagents and supplies have a Maximum Stock Level of 4 months of stock.
9.	**Minimum Stock Level:** Write the Minimum Stock Level for the product, if it is known.	HIV/AIDS commodities, including ARV drugs, OI drugs, and HIV tests, as well as most Laboratory reagents and supplies have a Minimum Stock Level of 2 months of stock.
10.	**Balance:** If starting a new ICC when an existing ICC is full, write the last balance from the previous ICC.	
11.	**Remark:** If starting a new ICC when an existing ICC is full, write "Balance brought forward".	
STEPS TO TAKE WHEN RECORDING TRANSACTIONS **Note: One transaction is recorded per row.**		
12.	**Select Inventory Control Card:** Select the Inventory Control Card that matches the product for the transaction you want to record.	Each Inventory Control Card tracks one product.
13.	**Date:** Write the date of the transaction.	
14.	**Voucher No.:** Write the voucher number if a voucher is used.	If the transaction does not require a voucher, leave this space blank. For example: ➢ If the transaction is a receipt or issue of supplies, a transaction record will be needed. This record's number should be recorded in the space. ➢ If the transaction is a loss/adjustment or a physical inventory, there will not be a transaction record, the space remains blank.
15.	**Received from / Issued to:** Write the facility or the person from which the product is coming or is being sent.	If the transaction is a loss, write "Loss". If the transaction is an adjustment to correct a previous math error, write "Adjustment". If the ICC is being updated at physical inventory, write "Physical Inventory". See the Job Aid, "Conducting a Physical Inventory," for further instructions.
16.	**Quantity Received:** Write the quantity of products received.	Record in individual units of issue.

Steps	Actions	Notes
17.	**Quantity Issued:** Write the quantity of the product that is being issued.	Record in individual units of issue.
18.	**Quantity Losses/Adjustments:** Write the loss or adjustment.	If the transaction results in a positive adjustment place a + (plus) sign in front of it. If the transaction results in a negative adjustment place a – (minus) sign in front of it. Adjustments to stock can be positive or negative. For example: ➢ A positive adjustment is when stock is transferred <u>from</u> another facility. The facility that receives the product records a positive adjustment. ➢ A negative adjustment is when stock is transferred <u>to</u> another facility. The facility that transfers the product records a negative adjustment.
19.	**Stock Balance**: Calculate and write the new stock balance. A) If products were received, add the quantity received to the previous stock balance and write the total. B) If products were issued, subtract the quantity issued from the previous stock balance and write the total. C) If products were lost or adjusted, add or subtract the quantity from the previous stock balance and write the total.	
20.	**Signature:** Sign the ICC once the transaction has been recorded.	
21.	**Remarks:** Write any comments related to the transaction that may be needed.	Example: (for loss) “Water damaged”.
22.	**Select the appropriate action:**	
	IF	**THEN**
	Need to record another transaction for the same product.	Return to step number 13.
	Need to start a new inventory control card.	Return to step number 2

Steps	Actions	Notes
The task is complete when: ❑ When the facility name, store name, item description and code, location, and maximum/minimum stock levels are filled in. ❑ When the date, voucher number and received from/issued to, batch number and expiration date are complete. ❑ When one of the following spaces is complete: Quantity Received, Quantity Issued, or Losses & Adjustments. ❑ When the stock balance has been calculated and recorded. ❑ When the individual recording the transaction signs the ICC.		

INVENTORY CONTROL CARD

Name of Facility: ______________________________ **Store Name:** ________________________

Item Description: ______________________________ **Product Code:** ________________________

(Name, Strength, Dosage Form) **Location/Shelf No.:** ________________________

Unit of Issue: ______________________________ **Maximum Stock Level:** _____ **Months of Stock**

EOP: ______________________________ **Minimum Stock Level:** _____ **Months of Stock**

Date	Voucher / Ref. No.	Received From / Issued to	Quantity			Balance	Signature	Remark
			Received	Issued	Losses & Adjustments			

Job Aid: Completing the Bin Card

This job aid will guide you through the process of completing the Bin Card. Typically a Bin Card is used at larger facilities that manage large quantities of products, such as at Central Medical Stores and at large hospitals. In this situation, the Bin Card is used to track individual lots of products (products that have the same batch number and expiration date). One Bin Card would be used to manage each lot of products, with one Bin Card used for each product by batch number/expiration date. In smaller facilities, the Bin Card is not required; smaller facilities will use the Inventory Control Card only. (See the separate Job Aid for completing an Inventory Control Card).

The Bin Card is used to track each product in the stores. Each time there is a change in the quantity of the product in the stores, it must be recorded on the appropriate Bin Card; this includes each time products are received or issued, or whenever a loss or other adjustment occurs. The information tracked on the Bin Card will facilitate the management of inventory at the facility.

Task:	Completing the Bin Card
Completed by:	Store Keeper, Store Pharmacist, and Store Manager
Purpose:	To track the number (quantity) of products
When to perform:	Each time there is a transaction that affects the stock level of a product.
Materials needed:	Bin Card, calculator, and pen.

Steps	Actions	Notes
1.	**Select the appropriate action:**	
	IF	**THEN**
	Starting a new Bin Card	Continue with step number 2.
	Recording a transaction	Skip to step number 12.
STEPS TO TAKE WHEN OPENING A NEW BIN CARD **NOTE: One Bin Card per drug and batch number/expiration date**		
2.	**Name of Facility:** Write the name of the facility.	
3.	**Item Description:** Write the product name, including the packaging size. For drugs, also include the form and strength.	Examples: Zidovudine - AZT 300mg 60 tablets; Rubber Gloves, size M
4.	**Unit of Issue:** Write the unit designation for the product.	Example: tablet, piece
5.	**Store Name:** Write the name of the store (storage location), where applicable.	Example: Main Store, Pharmacy Store
6.	**Product Code:** Write the product code which designates the product, if applicable.	The Product Code would be assigned by Central Medical Stores.
7.	**Batch Number:** Write the batch number of the product.	The batch number is assigned by the manufacturer and should be found on the carton or box label.
8.	**Expiration Date:** Write the expiration date of the product.	The expiration date is assigned by the manufacturer and should be found on the carton or box label.

Steps	Actions	Notes
9.	**Location/Shelf No.:** Write the shelf number where the product is being stored.	
10.	**Balance:** If starting a new Bin Card when an existing Bin Card is full, write the last balance from the previous Bin Card.	
11.	**Remark:** If starting a new Bin Card when an existing Bin Card is full, write "Balance brought forward".	
STEPS TO TAKE WHEN RECORDING TRANSACTIONS **Note: One transaction is recorded per row.**		
12.	**Select Bin Card:** Select the Bin Card that matches the product for the transaction you want to record.	Each Bin Card tracks one product by expiration date. When issuing products, be sure to use the products that have the earlier expiration date.
13.	**Date:** Write the date of the transaction.	
14.	**Voucher No.:** Write the voucher number if a voucher is used.	If the transaction does not require a voucher, leave this space blank. For example: ➢ If the transaction is a receipt or issue of supplies, a transaction record will be needed. This record's number should be recorded in the space. ➢ If the transaction is a loss/adjustment or a physical inventory there will not be a transaction record, the space remains blank.
15.	**Received from / Issued to:** Write the facility or the person from which the product is coming or is being sent.	If the transaction is a loss, write "Loss". If the transaction is an adjustment to correct a previous math error, write "Adjustment". If the Bin Card is being updated at physical inventory, write "Physical Inventory". See the Job Aid, "Conducting a Physical Inventory," for further instructions.
16.	**Quantity Received:** Write the quantity of the product that is received.	Record in individual units of issue.
17.	**Quantity Issued:** Write the quantity of the product that is being issued.	Record in individual units of issue.

Steps	Actions	Notes
18.	**Quantity Losses/Adjustments:** Write the loss or the adjustment.	If the transaction reflects a positive adjustment, write a + (plus) sign in front of it. If the transaction reflects a negative adjustment, write a – (minus) sign in front of it. Adjustments to stock can be positive or negative. For example: ➢ A positive adjustment is when stock is transferred <u>from</u> another facility. The facility that receives the product records a positive adjustment. ➢ A negative adjustment is when stock is transferred <u>to</u> another facility. The facility that transfers the product records a negative adjustment.
19.	**Balance**: Calculate and write the new stock balance.	If products were received, add the quantity received to the previous stock balance and write the total. If products were issued, subtract the quantity issued from the previous stock balance and write the total. If products were lost or adjusted, add or subtract the quantity from the previous stock balance and write the total.
20.	**Signature:** Sign the Bin Card once the stock transaction has been recorded.	
21.	**Remarks:** Write any comments related to the transaction that may be needed.	Example: (for loss) “Water damaged”.
22.	**Select the appropriate action:**	
	IF	**THEN**
	Need to record another transaction for the same product.	Return to step number 13.
	Need to start a new Bin Card.	Return to step number 2

The task is complete when:

- ❑ When the facility name, item description, unit of issue, product code, batch number expiration date and location/shelf number are filled in.
- ❑ When the date, received from/issued to is complete.
- ❑ When one of the following spaces is complete: Quantity Received, Quantity Issued, or Losses & Adjustments.
- ❑ When the stock balance has been calculated and recorded.
- ❑ When the person recording the transaction signs the Bin Card.

BIN CARD

Name of Facility: ______________________ **Product Code:** ______________

Item Description: ______________________ **Batch Number:** ______________

(Name, Strength, Dosage Form) **Expiration Date:** ______________

Unit of Issue: ______________________ **Location/Shelf No.:** ______________

Date	Voucher / Ref. No.	Received From / Issued To	Quantity			Balance	Signature	Remark
			Received	Issued	Losses & Adjustments			

Job Aid: Completing the ART Daily Consumption Record

This job aid will guide you through the process of completing the ART Daily Consumption Record. ART Daily Consumption Records are kept at the dispensing areas, where drugs are dispensed to the patients.

The ART Daily Consumption Record tracks the number of ARV drugs dispensed to patients. Each time a drug is dispensed, it must be recorded in the appropriate column. The information collected will be incorporated into the Combined Report, Requisition, Issue and Receipt Form.

Task:	Completing the daily ART Daily Consumption Record
Completed by:	Dispensing Pharmacist or PMTCT Nurse Counselor where appropriate
Purpose:	To record and track the number (quantity) of ARV drugs dispensed (consumption data) to patients according to their treatment regimen.
When to perform:	Each time an ARV drug is dispensed to a patient and when calculating the monthly totals.
Materials needed:	ART Daily Consumption Record**,** calculator, and pen.

Steps	Actions	Notes
1.	**Select the appropriate action:**	
	IF	**THEN**
	Starting a new book	Continue with step number 2.
	Recording when dispensing drugs	Skip to step number 3.
	Calculating monthly totals	Skip to step number 4.
New Book		
2.	**ART Daily Consumption Record Cover:** On the cover sheet write: **A)** the name of the Facility. **B)** the name of the State. **C)** the date. Continue with step number 3	In this book, you will use a different ARV Daily Consumption Record sheet for each day ARV drugs are dispensed.
Dispensing Drugs		
Each time that ARV drugs are being dispensed to a client/patient, follow steps 3 and 4 below:		
3.	**Pharmacy No.:** Write the pharmacy or other identifying number assigned to the patient to whom you are dispensing ARV drugs.	Patient numbers are frequently found in the patient records, but practices may vary from one site to another. Check with your colleagues or supervisor as needed so that you can obtain the patient numbers from the right source.

Steps	Actions	Notes
4.	**For each drug that you are dispensing to the patient:** In the column that corresponds to the ARV drug, write the number of **packs** of the ARV drug that you are dispensing.	Do not write the number of Pills, write the number of **packs**. Example: If you are dispensing 60 tablets of the Fixed Dose Combination d4T/3TC/NVP (30/150/200), write **"1"** in the first column (marked "d4T/3TC/NVP (30/150/200)". If you are dispensing 60 tablets of the regimen AZT+3TC+NVP using all single dose drugs, write **"1"** in each of the columns marked "AZT 300mg", "3TC 150 mg" and "NVP 200mg".
If the last line for patient and dispensing information has been filled, continue with step 5.		
5.	**Total Quantity Dispensed-Page Subtotal:** **A.** Add up the quantity of each drug dispensed on the current page. **B.** Write the total quantity of each dispensed in the appropriate column. **C.** Repeat for each drug listed on the ART Daily Consumption Record.	If a drug has not been dispensed on the current page, write "0". Do not leave the column subtotal blank.
6.	**Total Quantity Dispensed- All Pages To Date This Month:** Add the page total calculated in step 5 to the Total Quantity Dispensed-All Pages To Date This Month from the previous page and write the sum.	If a drug has not been dispensed to date, write "0". Do not leave the column total blank.
7.	**Prepared by Name:** Write your name in the space provided.	
8.	**Designation:** Write your job title.	
9.	**Sign:** Sign your name.	
10.	**Date:** Write the date on which the total to date was filled in.	
Monthly Totals		
At the end of each month, complete the following steps for each product.		
11.	**Close out the current page:** **Total Quantity Dispensed-Page Subtotal:** **A.** Add up the quantity of each drug dispensed on the current page. **B.** Write the total quantity of each dispensed in the appropriate column. **C.** Repeat for each drug listed on the ART Daily Consumption Record.	If a drug has not been dispensed to date, write "0". Do not leave the column subtotal blank.

Steps	Actions	Notes
12.	**Total Quantity Dispensed- All Pages to Date This Month:** Add the Total Quantity Dispensed-Page Subtotal that you calculated in step 11 to the previous page Total Quantity Dispensed-All Pages to Date This Month and write the sum for each product.	Once this calculation is done at the end of the month, the "to date" quantities in each column will be the total dispensed for product for the entire month. If a product was not dispensed during the month, write "0". Do not leave the column blank.
13.	**Prepared by Name:** Write your name in the space provided.	
14.	**Designation:** Write your job title.	
15.	**Sign:** Sign your name.	
16.	**Date:** Write the date on which the monthly total was filled in.	

The ART Daily Consumption Record task is complete when:

- When the name of the facility and State are filled in.
- When the date is filled in.
- When the pharmacy number has been filled in.
- When the correct quantity and selection of ARV drugs being dispensed to the patient are recorded.
- When the total numbers of each drugs dispensed have been added up and recorded on the Total Quantity Dispensed row.
- When the person performing this task writes his/her name and designation, and signs and dates this record.

ART DAILY CONSUMPTION RECORD

		Adult First Line Drugs																				
		Fixed Dose Combination					Single Dose			Adult Second Line						Pediatric First Line			Pediatric Second Line		
Facility: State: Date:		AZT/3TC/NVP (300/150/200)	AZT/3TC/EFV (300/150/600)mg	AZT/3TC (300/150mg)	TDF/3TC (300/300mg)	TDF/3TC/EFV (300/300/600)	Nevirapine NVP 200mg	Efavirenz EFV 200mg	Efavirenz EFV 600mg	Atazanavir/Ritonavir (300/100)	Lopinavir/Ritonavir200/50 mg)	Didanosine ddI 400mg	Abacavir ABC -300mg	Ritonavir RTV 100mg	Didanosine ddI 250mg	Zidovudine AZT syrup 240ml	Lamivudine 3TC syrup 240ml	Nevirapine NVP syrup 240ml	Didanosine ddI 100mg	Abacavir ABC syrup 240ml	Nelfinavir NVF powder 50mg/g-100ml
S/No	Pharmacy Number																				
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
TOTAL QTY DISPENSED *PAGE SUBTOTAL*																					
TOTAL QTY DISPENSED - *ALL PAGES TO DATE THIS MONTH*																					
Prepared by Name:		Designation:								Sign:						Date:					

Job Aid: Completing the OI Drug Daily Consumption Record

This job aid will guide you through the process of completing the OI Drug Daily Consumption Record. OI Drug Daily Consumption Records should be kept in the dispensing areas where drugs are dispensed to patients.

The OI Drug Daily Consumption Record tracks the number of OI drugs dispensed to patients. Each time a drug is dispensed, it must be recorded in the appropriate column. The information collected will be incorporated into the Combined Report, Requisition, Issue and Receipt Form.

Task:	Completing the daily OI Drug Daily Consumption Record
Completed by:	Dispensing Pharmacist, or other service providers.
Purpose:	To record and track the number (quantity) of OI drugs dispensed (consumption data) to patients and their treatment regimen.
When to perform:	Each time an OI drug is dispensed to a patient and when calculating the monthly totals.
Materials needed:	OI Drug Daily Consumption Record**,** calculator, and pen.

Steps	Actions	Notes
1.	**Select the appropriate action:**	
	IF	**THEN**
	Starting a new book	Continue with step number 2.
	Recording when dispensing drugs	Skip to step number 3.
	Calculating the monthly totals	Skip to step number 4.
New Book		
2.	**OI Drug Daily Consumption Record Cover:** On the cover sheet write the: **D)** Name of the Facility. **E)** Name of the State. **F)** Fill in the date. Continue with step number 3	In this book, you will use a different OI Drug Daily Consumption Record sheet for each day OI drugs are dispensed.
Dispensing Drugs		
Each time that OI drugs are being dispensed to a client/patient, follow steps 3 and 4 below:		
3.	**Pharmacy No:** Write the pharmacy or other identifying number assigned to the patient to whom you are dispensing ARV drugs.	The pharmacy number can be found in the patient card or prescription
4.	**For each drug that you are dispensing to the patient:** In the column that corresponds to the OI drug, write the number of pills of the OI drug that you are dispensing.	Do not write the number of bottles, write the number of pills. Example: If you are dispensing 10 tablets of Fluconazole 200mg, write “10” in the column marked “Fluconazole tablet 200mg”.
If the last line for patient and dispensing information has been filled, continue with step 5.		

Steps	Actions	Notes
5.	**Total Quantity Dispensed-Page Subtotal:** **D.** Add up the quantity of each drug dispensed on the current page. **E.** Write the total quantity of each dispensed in the appropriate column. **F.** Repeat for each drug listed on the OI Drug Daily Consumption Record.	If a drug has not been dispensed on the current page, write "0". Do not leave the column subtotal blank.
6.	**Total Quantity Dispensed- All Pages To Date This Month:** Add the page total calculated in step 5 to the Total Quantity Dispensed-All Pages To Date This Month from the previous page and write the sum.	If a drug has not been dispensed to date, write "0". Do not leave the column total blank.
7.	**Prepared by Name:** Write your name in the space provided.	
8.	**Designation:** Write your job title.	
9.	**Sign:** Sign your name.	
10.	**Date:** Write the date on which the total to date was filled in.	
Monthly Totals		
At the end of each month, complete the following steps for each product.		
11.	**Close out the current page:** **Total Quantity Dispensed-Page Subtotal:** **A.** Add up the quantity of each drug dispensed on the current page. **B.** Write the total quantity of each dispensed in the appropriate column. **C.** Repeat for each drug listed on the OI Drug Daily Consumption Record.	If a drug has not been dispensed to date, write "0". Do not leave the column subtotal blank.
12.	**Total Quantity Dispensed- All Pages to Date This Month:** Add the Total Quantity Dispensed-Page Subtotal that you calculated in step 11 to the previous page Total Quantity Dispensed-All Pages to Date This Month and write the sum for each product.	Once this calculation is done at the end of the month, the "to date" quantities in each column will be the total dispensed for product for the entire month. If a product was not dispensed during the month, write "0". Do not leave the column blank.
13.	**Prepared by Name:** Write your name in the space provided.	
14.	**Designation:** Write your job title.	
15.	**Sign:** Sign your name.	
16.	**Date:** Write the date on which the total to date was filled in.	

Steps	Actions	Notes
The OI Drug Daily Consumption Record task is complete when: ❑ When the name of the facility and State are filled in. ❑ When the date is filled in. ❑ When the pharmacy number has been filled in. ❑ When the correct quantity and selection of OI drugs being dispensed to the patient are recorded. ❑ When the total numbers of each drugs dispensed have been added up and recorded on the Total Quantity Dispensed row. ❑ When the person performing this task writes his/her name and designation, and signs and dates this record.		

OI DRUG DAILY CONSUMPTION RECORD

Sl. No.	**FACILITY:_____ STATE:_____ DATE_____** Pharmacy No.	Fluconazole tablet 200mg	Nystatin Oral Tablet 100,000	Clotrimazole dermal cream	Ciprofloxacine tablet 500mg	Amoxycillin Caps 500mg	Miconalzole Nitrate 1%	Pyrimethamine tablets 25mg	Benzyl Benzoate Appl.100ml	Ibuprofen tablet 400mg	Paracetamol tablet 500mg	Amitryptyline tablets 25mg	Loperamide Hcl Tablet 2mg	Imipramine tablet 25mg	Acyclovir tablets 200mg	Cotrimozazole Susp. 100ml	Coartem tablets 100mg	ORS salts Sachets	Dihydroartemisimine syrup xx mg/ml	Cotrimoxazole tab 480mg/960mg	Ferrous Sulphate 200mg	Folic Acid 5mg	Multivitamin tabs
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
	TOTAL QTY DISPENSED- ***PAGE SUBTOTAL***																						
	TOTAL QTY DISPENSED- ***ALL PAGES TO DATE THIS MONTH***																						

Prepared By Name: **Designation:** **Sign:** **Date:**

JOB AID: Completing the Daily Usage Record for HIV Test Kits

This job aid will guide you through the process of completing the daily usage record for HIV Test Kits. There are multiple daily usage records for HIV Test Kits, one at each SDP laboratory or testing station; however, the process for completing them is the same. The form is to be completed by the Medical Laboratory Scientist or personnel administering the HIV test.

The daily usage record for HIV Test Kits tracks the number of HIV test kits being used in the laboratory by type of test and purpose of use, as well as the results of the tests. Each time a test kit is used, it must be recorded in the appropriate column. The information collected will be incorporated in the Combined Report, Requisition, Issue and Receipt Form.

Task:	Completing the Daily Usage Record for HIV Test Kits
Completed by:	Medical Lab Scientist/PMTCT Nurse
Purpose:	To track the number (quantity) of HIV tests being used in the laboratory on a daily basis, by test type and purpose.
When to perform:	Each time an HIV test is used.
Materials needed:	Daily Usage Record for HIV Test Kits, calculator and pen.

Steps	Actions	Notes
1.	**Facility Name:** Write in the name of the facility.	
2.	**Date:** Write in the date for which the data is being collected.	
3.	**Prepared By:** Write your name.	
Each time a patient is tested, complete steps 4 – 8 below.		
4.	**Client No.:** Write in the unique number assigned to the patient for which the HIV test kit is being used.	The Client No. can be found in patient file or card or unique number given by the facility or programme for the patients
5.	**Purpose:** Write in the purpose for which the HIV test is being used.	For example: HTC, PMTCT, Clinical Diagnosis or Donor Screening and any other (Control)
6.	**Screening Test: Result:** Write in the result of the test.	Write "**P**" for a positive result. Write "**N**"for a negative result. . If the result of the test is positive, conduct a second screening test and continue with step 7. If the result of the test is negative, skip to step 11 below.
7.	**Confirmatory Test: Result:** Write in the result of the test.	Write "**P**" for a positive result. Write "**N**"for a negative result. If the result of the second screening test is different than the result of the first screening test, conduct a tie breaker test and continue with step 9. If the result of the second screening test is the same as the result of the first screening test, skip to step 11 below.

Steps	Actions	Notes
8.	**Tie Breaker: Result:** Write in the result of the test.	Write "**P"** for a positive result. Write "**N**" for a negative result.
9.	**Final Result:** Write in the final result of the HIV test(s) done on the specific client referenced.	If the result of the first screening test is negative, write "**N**". If the result of the first screening test and the second screening test are both positive, write "**P**". If the result of the first screening test and the second screening test are different, write the result of the tie-breaker test ("**N**"or "**P**").
At the end of each day, complete the Losses/Wastage and Daily Summary of Total Tests Used per Purpose.		
10.	**Losses/Wastage:** Write in the total number of tests that were lost or wasted on that day, by type of test.	The number of tests lost/wasted plus the number of tests used correctly will be the total number of tests used for the day.
11.	**Screening Test Total per Purpose:** Count the number of Screening tests used for each purpose (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the appropriate space provided for the total.	The total number of Screening tests used for HTC is written in the space Screening HTC. The total number of Screening tests used for PMTCT is written in the space Screening PMTCT. The total number of Screening tests used for Clinical Diagnosis is written in the space Screening Clinical Diagnosis. The total number of Screening tests used for Donor Screening is written in the space Screening Donor Screening.
12.	**Screening Test Total:** Add up the total number of Screening tests used for all purposes (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the space provided for the total.	Screening Total = Screening HTC + PMTCT + Clinical Diagnosis + Donor Screening.
13.	**Confirmatory Test: Total per Purpose:** Count the number of Confirmatory tests used for each purpose (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the appropriate space provided for the total.	The total number of Confirmatory test used for HTC is written in the space Confirmatory test HTC. The total number of Confirmatory tests used for PMTCT is written in the space Confirmatory test PMTCT. The total number of Confirmatory tests used for Clinical Diagnosis is written in the space Confirmatory test Clinical Diagnosis. The total number of Confirmatory tests used for Donor Screening is written in the space Confirmatory test Donor Screening.
14.	**Confirmatory Test Total:** Add up the total number of Confirmatory tests used for all purposes (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the space provided for the total.	Confirmatory test Total = Confirmatory test HTC + PMTCT + Clinical Diagnosis + Donor Screening.

Steps	Actions	Notes
15.	**Tie Breaker Totals per Purpose:** Count the number of Tie Breaker tests used for each purpose (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the appropriate space provided for the total.	The total number of Tie Breaker tests used for HTC is written in the space Tie Breaker/HTC. The total number of Tie Breaker tests used for PMTCT is written in the space Tie Breaker/PMTCT. The total number of Tie Breaker tests used for Clinical Diagnosis is written in the space Tie Breaker/Clinical Diagnosis. The total number of Tie Breaker tests used for Donor Screening is written in the space Tie Breaker/Donor Screening.
16.	**Tie Breaker Test Total:** Add up the total number of Tie Breaker tests used for all purposes (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the space provided for the total.	Tie Breaker Total = Tie Breaker HTC + PMTCT + Clinical Diagnosis + Donor Screening.

The task is complete when:

- ❑ When the facility name, date and prepared by spaces are filled in.
- ❑ When the tests used for each client have been recorded.
- ❑ When the results of each test and a final result have been recorded for each client.
- ❑ When losses/wastage has been calculated and recorded for each type of test.
- ❑ When the sums of each type of test used, by purpose have been calculated and recorded in the Daily Summary Table.
- ❑ When the total number of each type of test used that day has been calculated and recorded in the Daily Summary Table.

DAILY USAGE RECORD FOR HIV TEST KITS

Facility Name: _____Date: _____ Prepared by: _____

		TYPE OF TEST			
		SCREENING TEST	CONFIRMATORY TEST	TIE BREAKER	FINAL RESULT
Client No	Purpose	Result	Result	Result	
Total Used					
Losses/Wastage					
Day Total					

DAILY SUMMARY OF TOTAL TEST USED PER PURPOSE					
HIV TEST KITS	HTC	PMTCT	CLINICAL DIAGNOSIS	DONOR SCREENING	TOTAL
Screening Test					
Confirmatory Test					
Tie-Breaker					

Job Aid: Completing the Record for Transferring/Returning Commodities

This job aid will guide you through the process of completing the Record for Returning/Transferring Commodities. The record is used when a facility is returning products to its supplier, such as expired products that need to be disposed of or excess products that can be redistributed to other facilities before they expire. The record is also used if one facility needs to "loan" products to or from a facility in an emergency situation to avoid a stock out.

The record is to be completed by three different persons. The first person is the storekeeper or the ART Focal Pharmacist at the service delivery point that is returning the ARV drugs. The second person is the person responsible for the transport of the ARV drugs back to the Central Medical Stores. The third person is the designated recipient receiving the ARV drugs at the stores. This record is a transaction record so it is in quadruplicate copies. If the job aid is followed correctly, each person will end up with a copy of the record with all the signatures. The service delivery point returning the products will have a tickler copy of the record that will be replaced once they receive the completed copy. This form should accompany the ARV drugs while in transport.

Note: The individuals that sign the record must first verify that the information on the record matches the actual product and quantity of the commodity that is being returned. Once the individual signs, they are accountable for the safe management of the ARV drugs.

Task:	Completing the Record for Returning/Transferring Commodities.
Completed by:	ART Focal Pharmacist at the facility that is returning the ARV drugs. Person responsible for transport of ARV drugs. Store Manager at the Central Medical Stores that is receiving the returned ARV drugs.
Purpose:	To track the return/transfer of ARV drugs.
When to perform:	Each time ARV drugs are to be returned to the Central Medical Stores or transferred to other facilities.
Materials needed:	Record for Recording Commodities, calculator, and pen.

Steps	Actions	Notes
1.	**Name of Facility returning/transferring commodities:** Write the name of the facility that is returning or transferring the products.	
2.	**Sent to:** Write the name of the facility that is the destination for the products that are to be returned/transferred	Example: Central Warehouse
For each product being returned/transferred:		
3.	**Product Description:** Write the name and description of the product.	Example: Ciprofloxacine tablet 500 mg

4.	**Batch No.:** Write the batch number of the product being returned/transferred	Example: SNY 34-80596
5.	**Expiration Date:** Write the expiration date of the product being returned/transferred	Example: December 2009
6.	**Quantity Returned/Transferred:** Write in the quantity of product being returned/transferred	Record individual dispensing units. Example: 600 tablets
7.	**Reason for Return/Transfer:** Write in the reason for which the product is being returned/transferred	For example: damaged, expired, not being used. If the space provided is not enough, attach an additional page.
8.	**Record Compiled by/Sign/Date:** The person that is returning/transferring the drugs writes their name and signs, and writes the date.	
9.	**Transfer/Return Approved by/Sign/Date:** The person who approves the return/transfer writes their name and signs, and writes the date.	
10.	**CARRIER Comments:** The person transporting the returned/transferred products writes any comments related to the products.	If there are any discrepancies between what is listed on the record and the products received by the carrier, that information should be noted.
11.	**Name of Carrier/Designation:** The person transporting the returned/transferred products writes his or her name and job title.	This should be the name of the person that is responsible for the transport of ARV drugs to the recipient facility.
12.	**Carrier's Signature/Date:** The person transporting the returned/transferred products signs his or her name and writes the date.	Before signing the form, the carrier should verify that the form, the number and type of products in the shipment match.
13.	**Comments:** The carrier uses this space to explain a difference (if any) between the record and the actual shipment.	
14.	**Receiving Facility:** Leave this portion blank, it will be completed by the person at the receiving facility who receives the returned/transferred products.	The recipient will verify that the form and the number and type of products in the shipments match. After completing the form, the sending facility will receive a completed copy of the Record.

15.	**Final Distribution of form:** After the recipient has signed the form, it is distributed as follows: A) The facility returning fills out the form and keeps a copy for record B) The carrier returns the drugs to the central warehouse and retains a copy as proof of delivery. C) The Central warehouse receives the drugs and keeps the original as proof of receipt. D) The Central warehouse sends a copy to the facility that returned/transferred the ARV drugs.	This copy validates the tickler copy that was left at the facility when the carrier signed for the ARV drugs. This copy should be retained with the tickler.

This task in completed when:

- The names of the facility to which the ARV drugs were sent and the facility returning/transferring the drugs have been completed.
- The returned/transferred product is described; the quantity returned/transferred recorded and the reason for non-use is documented.
- When the person returning/transferring the drugs signs the form.
- When the carrier signs the form.
- When the Central Medical Stores sends a copy to the facility that returned/transferred the ARV drugs

FEDERAL REPUBLIC OF NIGERIA
RECORD FOR TRANSFERRING/ RETURNING COMMODITIES

Name of facility returning/transferring commodities:
_____

Sent to:
_____

S/NO	PRODUCT DESCRIPTION	BATCH NO.	EXPIRY DATE	QUANTITY	REASON FOR RETURN/ TRANSFER
1					
2					
3					
4					
5					
6					
7					

Record Compiled By: _____ Sign: _____ Date: _____

Transfer/ Return Approved By: _____ Sign: _____ Date: _____

CARRIER

I certify that the above quantities for transfer/ return were received by me except where explained below.

Comments: _____

_____

Name of Carrier: _____ Designation:_____

Carrier's Signature: _____ Date: _____

RECEIVING FACILITY

I certify that the above quantities were received by me except where explained below.

Comments: _____

_____

Receiver's Name: _____ Designation:_____

Receiver's Signature: _____ Date: _____

Job Aid: Completing the Internal Requisition, Issue and Receipt Voucher

Task:	Completing the Internal Requisition, Issue and Receipt Voucher
Completed by:	Service provider or section manager requesting and receiving products, Stores Manager or person issuing products
Purpose:	To record transactions related to the request, issue and receipt of products within a facility
When to perform:	Each time products are being requested, issued and received
Materials needed:	Blank Internal Requisition, Issue and Receipt Voucher, calculator, and pen

Steps	Actions	Notes
1.	**Serial Number:** Assign a serial number to the voucher, if applicable and if the serial number is not pre-printed.	
2.	**Name of Facility:** Write the name of the facility.	
3.	**Facility Code:** Write the facility code, if applicable.	
4.	**From:** Write the name of the person or section requesting the products.	
5.	**To**: Write the person or stores from which products are being requested.	
For each product being requested:		
6.	**Item Description and Strength:** Write the name of the product that will be requested.	For drugs, include the dosage form and strength.
7.	**Pack Size:** Write the pack size of the product.	
8.	**Stock Balance:** Write in the current stock on hand balance for the product that is being requested.	
9.	**Quantity Required:** Write the quantity that is being requested.	The Quantity Required should be enough to serve clients for a short period of time (for several days or a week). Service providers should not hold large quantities of stock at their dispensing stations.
For each product being issued:		

Steps	Actions	Notes
10.	**Quantity Issued:** Write quantity of the product that is being issued.	
11.	**Batch Number:** Write the batch number of the product being issued.	The batch number is assigned by the manufacturer and should be found on the carton or box label.
12.	**Expiration Date:** Write the expiration date of the product being issued.	The expiration date is assigned by the manufacturer and should be found on the carton or box label.
13.	**Report Prepared by (Full Name), Signature, and Date:** Write your full name, sign the report and write the date.	
14.	**Requested by (Full Name), Signature, Date:** The person requesting the products writes his/her name, signs and writes the date.	
15.	**Request Approved by (Full Name), Signature, Date:** If applicable, the person responsible for approving the request writes his/her name, signs and writes the date.	
16.	**Drugs Issued by (Full Name), Signature, and Date:** The person issuing the products writes his/her name, signs and writes the date.	
17.	**Drugs Received by (Full Name), Signature, and Date:** The person receiving the products writes his/her name, signs and writes the date.	

The task is complete when:

- ❑ The facility name and code, and the from/to information are filled in.
- ❑ The item description, pack size, stock balance and quantity required are filled in for each product being requested.
- ❑ The quantity issued, batch number and expiration date are filled in for each product being issued.
- ❑ When the persons requesting, approving, issuing and receiving the products have written their names, and signed and dated the form.

Internal Requisition, Issue and Receipt Voucher

Serial Number: _____

Name of Facility: _____ **Facility Code:** _____

From: _____

To: _____

					To be filled by store keeper		
Serial No	**Item Description and Strength**	**Pack Size**	**Stock Balance**	**Qty Required**	**Qty Issued**	**Batch #**	**Expiry Date**
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Requested by: (Full Name)		**Signature:**		**Date:**	
Request Approved by: (Full Name)		**Signature:**		**Date:**	
Drugs Issued by: (Full Name)		**Signature:**		**Date:**	
Drugs Received by: (Full Name)		**Signature:**		**Date:**	

* To be filled at the facility level when drugs are issued from the Pharmacy Store to the other service points e.g. dispensary, ANC

Job Aid: Completing the Combined Report, Requisition, Issue and Receipt Form for Antiretroviral and Opportunistic Infectious Drugs

This job aid will guide you through the process of completing the Combined Report, Requisition, Issue and Receipt Form for Antiretroviral and OI Drugs.

The store manager, ARV Focal Pharmacist, and the ART Team Leader at the facility will all need to be involved in completing a portion of this report. The storekeeper will need to take care of completing portions that include all the stock on hand actions. This will leave the Total Bi-Monthly Consumption (column C) for the Pharmacist or Dispenser. The **ART Focal Pharmacist** is responsible for ensuring that this form is completed and submitted on time. If the report is not submitted, the facility will not receive a re-supply of ARV drugs. This form is completed in quadruplicate and effort should be made to ensure that the forms are printed legibly.

Note that the Combined Report, Requisition, Issue and Receipt Form for Antiretroviral and OI Drugs has two sections for drugs: one section for ARV Drugs and one section for OI Drugs. This is because some patient data that is used to determine ARV Drug requirements are not needed to determine OI Drug requirements.

Task:	Completing the Combined Report, Requisition, Issue and Receipt Form for Antiretroviral and OI Drugs
Completed by:	ARV Focal Pharmacist and Stores Pharmacist
Purpose:	To report the number of drugs dispensed, stock on hand, losses/adjustments, and number of estimated new patients.
When to perform:	At the end of the reporting and ordering cycle.
Materials needed:	Inventory Control Card, ART Daily Consumption Record, ART New Patient Regimen Worksheet, Blank Combined Report, Requisition, Issue and Receipt Form for Antiretroviral and OI Drugs, calculator, and pen

Steps	Actions	Notes
1.	**Facility Name:** Write the name of the facility.	
2.	**Facility Code:** Write the facility code, if applicable.	
3.	**State:** Write the name of the state in which the facility is located.	
4.	**Reporting Period**: Write in the dates for the reporting period.	Write in the first month of the two-month reporting period followed by the month and year of the second month of the two-month reporting period. Example: January – February, 2008

Steps	Actions	Notes
5.	**Date Prepared:** Write in the date on which the report is prepared.	
For each Antiretroviral Drug:		
6.	**Beginning Balance for Reporting Period (A):** Write in the beginning balance for the period that is being reported.	This number should match the Ending Balance, column F, from the previous report period.
7.	**Quantity Received during Reporting Period (B):** Add up and write the total quantity of each product that was received during the two-month period of the report.	This information comes from the Inventory Control Card's "Quantity Received" column.
8.	**Quantity Dispensed (C):** Write the total quantity dispensed to clients during the two-month reporting period.	The Pharmacist or Dispenser completes this step. These numbers are the bi-monthly totals that were calculated on the ART Daily Consumption Record. Copy those numbers to this combined report. See also Job Aid "ART Daily Consumption Record" to complete the Bi-Monthly Totals.
9.	**Losses and Adjustments, Positive (+) (D):** Calculate and write the total of any positive (+) adjustments which occurred during the re-supply period.	This information comes from the Inventory Control Card: "Quantity Losses/Adjustments" column. Be sure to total only the positive adjustments.
10.	**Losses and Adjustments, Negative (-) (D):** Calculate and write the total of any negative (–) adjustments which occurred during the re-supply period.	This information comes from the Inventory Control Card: "Quantity Losses/Adjustments" column. Be sure to total only the negative adjustments.
11.	**Ending Balance (E):** Calculate and write the closing balance for the product.	E = A + B – C + or - D The Ending Balance at the end of the Reporting Period should equal the Physical Count done at the end of the reporting period.
12.	**Maximum Stock Quantity (F):** Multiply the Quantity Dispensed by 2 and write the result of your calculation.	F = C x 2 The Maximum Stock Quantity is 4 Months of Stock. The Quantity Dispensed is for 2 months. Quantity Dispensed x 2 = 4 Months of Stock.
13.	**Quantity to Order (H):** Write the total quantity to order.	H = F- E
14.	**Quantity Issued by CMS:** Leave this space blank; it will be completed by CMS when the products are issued.	

Steps	Actions	Notes
15.	**Quantity Received by Facility:** This column should be completed by the facility receiving the drugs and should be done so only when the products are received.	
16.	**Remarks:** This column should be completed upon receipt by the facility pharmacist only when the products are received.	
For each OI Drug,		
17.	**Drugs (pre-printed):** The name of the product for which data is being recorded.	If the product name is not pre-printed, write in the name of the drug on a blank line at the end of the form. Include the item description, its dosage form and strength.
18.	**Pack Size (pre-printed):** The pack size of the product.	If the product name is not pre-printed, write in the pack size next to the product you wrote in.
19.	**Beginning Balance for Reporting Period (A):** Write in the beginning balance for the period that is being reported.	This number should match the Ending Balance, column F, from the previous report period.
20.	**Quantity Received during Reporting Period (B):** Add up and write the total quantity of each product that was received during the two-month period of the report.	This information comes from the Inventory Control Card's "Quantity Received" column.
21.	**Quantity Dispensed (C):** Write the total quantity dispensed to clients during the two-month reporting period.	The Pharmacist or Dispenser completes this step. These numbers are the bi-monthly totals that were calculated on the OI Drug Daily Consumption Record. Copy those numbers to this combined report. See also Job Aid "OI Drug Daily Consumption Record" to complete the Bi-Monthly Totals.
22.	**Losses and Adjustments, Positive (+) (D):** Calculate and write the total of any positive (+) adjustments which occurred during the re-supply period.	This information comes from the Inventory Control Card: "Quantity Losses/Adjustments" column. Be sure to total only the positive adjustments.
23.	**Losses and Adjustments, Negative (-) (D):** Calculate and write the total of any negative (–) adjustments which occurred during the re-supply period.	This information comes from the Inventory Control Card: "Quantity: Losses/Adjustments" column. Be sure to total only the negative adjustments.

Steps	Actions	Notes
24.	**Ending Balance (E):** Calculate and write the closing balance for the facility.	E = A + B – C + or — D The Ending Balance at the end of the Reporting Period should equal the Physical Count done at the end of the reporting period.
25.	**Maximum Stock Quantity (F):** Multiply the Quantity Dispensed by 2 and write the result of your calculation.	F = C x 2 The Maximum Stock Quantity is 4 Months of Stock. The Quantity Dispensed is for 2 months. Quantity Dispensed x 2 = 4 Months of Stock.
26.	**Number of Patients Continuing (G):**	Column G is blocked in the ARVs section because the Patient Per Regimen Report already captures the information; however the column G in section for OI drugs is unblocked. The ART Team Leader at the facility completes this step. The ART Focal Pharmacist should liaise with and obtain this information from the ART Team Leader
27.	**Quantity to Order (H):** Enter the total quantity to order.	H = F — E
28.	**Quantity Issued by CMS:** This column is completed by the central warehouse personnel. It should be completed when the products are issued.	
29.	**Quantity Received by Facility:** This column is completed by the facility pharmacist when the products are received. The quantities reflected here should be usable stocks only.	
30.	**Remarks:** The remarks column is completed by the facility pharmacists to indicate his/her satisfaction or otherwise with the products that are received.	
31.	**Comments:** Write any required comments related to the transactions	Note any comments related to a sudden increase or decrease in drug dispensing, losses/adjustments, etc.
32.	**Report Prepared by (Full Name), Signature, and Date:** Write your full name, sign the report and write the date.	
33.	**Report Approved by (Full Name), Signature, and Date:** The person responsible for approving the report writes his/her name, signs the report and writes the date.	

Steps	Actions	Notes
34.	**Requisition Approved by (Full Name), Signature, and Date:** The person responsible for approving the requisition writes his/her name, signs the report and writes the date.	
35.	**Drugs Issued by (Full Name), Signature, and Date:** Leave this space blank. It will be completed by the person at CMS when the commodities are issued.	
36.	**Drugs Received by (Full Name), Signature, and Date:** Leave this space blank. It will be completed by the person at the facility when the commodities are received.	
37.	**Remarks:** Leave this space blank. It will be completed by the person at the facility when the commodities are received.	

The task is complete when:

- ❑ The facility name, report period and date prepared lines are filled in.
- ❑ Columns A-H (ARVs) or A-H (OI Drugs) are filled in for each drug distributed at the facility.
- ❑ Comments have been written, if needed.
- ❑ The person completing the report has signed, written their designation and dated the report.
- ❑ The report has been sent to the central warehouse.

Combined Report, Requisition, Issue and Receipt Form – Antiretroviral and OI Drugs

Facility Name: _____ **Reporting Period:** _____ **Maximum Stock Level: 4 Months of Stock**

Facility Code: _____ **month – month, year** **Minimum Stock Level: 2 Months of Stock**

State: _____ **Date Prepared:** _____

Antiretroviral Drugs

REPORT											REQUISITION			
S/No.	Drugs	Basic Unit	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Continuing Patients	Quantity to Order	Quantity Issued by CMS	Quantity Received by Facility	Remarks
						Positive + D	Negative – D							
			A	B	C	D	D	E	F = C x 2	G	H = F - E	I	J	K
	FIXED DOSE COMBINATION													
1	AZT/3TC/NVP (300/150/200mg)	60 tabs												
2	AZT/3TC/EFV (300/150/600 mg)	60 + 30 tabs												
3	AZT/3TC (300/150mg)	60 caps												
4	TDF/3TC (300/300mg)	30 caps												
5	TDF/3TC/EFV (300/300/600mg)	30 tabs												
	SINGLE DOSE													
6	Nevirapine NVP 200mg	60												
7	Efavirenz EFV 200 mg	90 tabs												
8	Efavirenz EFV 600 mg	30 tabs												
	ADULT SECOND LINE DRUGS													
9	Abacavir ABC 300mg	60 tabs												
10	Didanosine ddI 250mg EC	30 caps												
11	Didanosine ddI 400mg EC	30 caps												

REPORT											REQUISITION			
S/No.	Drugs	Basic Unit	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Continuing Patients	Quantity to Order	Quantity Issued by CMS	Quantity Received by Facility	Remarks
						Positive +	Negative –							
			A	B	C	D	D	E	F = C x 2	G	H = F - E	I	J	K
12	Atazanavir/Ritonavir ATV/r 300/100mg	30 tabs												
13	Lopinavir/Ritonavir LPV/r 200/50mg	120 tabs												
14														
	PEDIATRIC FIXED DOSE COMBINATION													
15	AZT/3TC/NVP (60/30/50mg)	60 tabs												
16	AZT/3TC (60/30mg)	60 tabs												
17	ABC/3TC (60/30mg)	60 tabs												
18	D4T/3TC/NVP (6/30/50mg) Triomune Baby	60 tabs												
19	D4T/3TC (6/30mg) Lamivir baby	60 tabs												
20	D4T/3TC/NVP (12/60/100mg) Triomune Jr	60 tabs												
	PEDIATRIC SINGLE DOSE													
21	Lamivudine 3TC 50mg/5ml	240ml												
22	Nevirapine NVP 50mg/ml	240ml												
23	Zidovudine AZT 50mg/ml	240ml												
	PEDIATRIC SECOND LINE DRUGS													
24	Lopinavir/Ritonavir LPV/r 100/25mg	60 tabs												
25	Lopinavir/ Ritonavir LPV/r 80 + 20mg/ml	300ml												

REPORT											REQUISITION			
S/No.	Drugs	Basic Unit	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Continuing Patients	Quantity to Order	Quantity Issued by CMS	Quantity Received by Facility	Remarks
						Positive +	Negative –							
			A	B	C	D	D	E	F = C x 2	G	H = F - E	I	J	K
OPPORTUNISTIC INFECTION (OI) DRUGS														
1	Fluconazole tablet 200mg													
2	Nystatin Oral Tablet 100,000													
3	Clotrimazole dermal cream													
4	Ciprofloxacine tablet 500mg													
5	Amoxycillin Caps 500mg													
6	Miconalzole Nitrate 1%													
7	Pyrimethamine tablets 25mg													
8	Benzyl Benzoate Appl. 100ml													
9	Ibuprofen tablet 400mg													
10	Paracetamol tablet 500mg													
11	Amitryptyline tablets 25mg													
12	Loperamide Hcl Tablet 2mg													
13	Imipramine tablet 25mg													
14	Acyclovir tablets 200mg													
15	Cotrimozazole Susp. 100ml													
16	Coartem tablets 100mg													
17	ORS salts Sachets													

REPORT											REQUISITION			
S/No.	Drugs	Basic Unit	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Continuing Patients	Quantity to Order	Quantity Issued by CMS	Quantity Received by Facility	Remarks
						Positive +	Negative –							
			A	B	C	D	D	E	F = C x 2	G	H = F - E	I	J	K
18	Dihydroartemisimine syrup xx mg/ml													
19	Cotrimoxazole tab 480mg/960mg													
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														

Comments:

Report Prepared by: (Full Name) _____ **Signature:** _____ **Date:** _____

Report Approved by: (Full Name) _____ **Signature:** _____ **Date:** _____

Requisition Approved by: (Full Name) _____ **Signature:** _____ **Date:** _____

Drugs Issued by: (Full Name) _____ **Signature:** _____ **Date:** _____

Drugs Received by: (Full Name) _____ **Signature:** _____ **Date:** _____

Job Aid: Completing the Patients per Regimen Report

To make informed program-wide decisions related to commodity use, such as forecasting, scale-up of programs, or other medium- or long-term planning, commodity managers, program managers, and others at the central program level require information on the number of patients/clients by regimen, in addition to the logistics data. This job aid will guide you through the process of completing the Patients per Regimen Report.

The ART Focal Pharmacist and the facility's ART Team Leader at the facility will both need to be involved in completing this report. The **ART Focal Pharmacist** is responsible for ensuring that this form is completed and submitted on time. If the report is not submitted, the facility will not receive a re-supply of ARV drugs. This form is completed in duplicate and effort should be made to ensure that the forms are printed legibly.

Task:	Completing the Patients per Regimen Report
Completed by:	ART focal Pharmacist with the ART Team Leader
Purpose:	To collect information on the number of patients on each regimen in order to guide national ARV drug selection, quantification, and procurement decisions from HMIS and ART Daily Consumption Record (DCR)
When to perform:	At the end of the reporting and ordering cycle (every two months).
Materials needed:	Patient treatment records, calculator, and pen.

Patients per Regimen Report

Steps	Actions	Notes
1.	**Facility name:** Write the name of the facility	
2.	**Reporting Period**: Write in the dates for the reporting period.	From To First day of the period Last day of the period Example: 1st September 2008 – 31st October, 2008
3.	**Current number of patient (Adult) on HAART:** Write current number of adult (>14 yrs) patients receiving the HAART regimen	This number should match the sum of adult first and second line patients in the site.
4.	**Current number of patient (Pediatrics) on HAART:** Write current number of pediatric patients (<14yrs) receiving the HAART regimen	This number should match the sum of pediatric first and second line patients in the site *Indicate zero in the row if none*
5.	**Current number of patients (Adult) on PMTCT:** Write current number of pregnant mothers receiving the PMTCT intervention or who have received PMTCT intervention during the reporting period.	*Indicate zero in the row if none*

Steps	Actions	Notes
6.	**Current number of patients (Pediatrics) on PMTCT:** Write current number of infants receiving the PMTCT intervention or who have received PMTCT intervention during the reporting period.	*Indicate zero in the row if none*
7.	**Number of persons that received PEP in the period:** Write total number of persons that received ARVs medicine for post exposure prophylaxis in the period.	*Indicate zero in the row if none*
8.	**Patient Per Regimen (Adult first and Second line):** Write the current number of patients receiving a particular configuration and dose of active drugs in the HAART protocol.	This number is irrespective of the dosage form. Example. AZT300/3TC150/NVP200 and AZT300/3TC150+NVP200 should be considered as one regimen. AZT/3TC+EFV600 and AZT/3TC+EFV200 should be considered as separate regimen because of the strength of EFV. Add more regimen to the list when the prefilled list is exhausted *Indicate zero in any of the prefilled rows if no client is on the regimen*
9.	**Patient Per Regimen (Pediatric first and Second line):** Write down the current number of patients receiving a particular configuration and dose of active drugs in the HAART protocol	This number should consider the dosage forms and separated the liquid formulations from the tablets Example: AZTsyr+3TCsyr+NVPsyr should be separated from AZT100+3TCsyr +NVP syr. *Indicate zero in any of the prefilled rows if no client is on the regimen*
10.	**Patient Per Regimen (PMTCT):** Write down the current number of patients receiving a particular configuration and dose of active drugs in the PMTCT protocol.	The drugs used should reflect the stage at which the patient was enrolled for intervention. *Indicate zero in any of the prefilled rows if no client is on the regimen*
11.	**Patient Per Regimen (PEP):** Write down the current number of patients receiving or that received a particular configuration and dose of active drugs for Post Exposure Prophylaxis during the reporting period	*Indicate zero in any of the prefilled rows if no client is on the regimen*

The task is complete when:

- ❑ The facility name, report period and date prepared lines are filled in.
- ❑ The current number of patients per ART service have been recorded
- ❑ The total number of current patients, per drug regimen, have been recorded
- ❑ The person completing the report has signed, written their designation and dated the report.
- ❑ A copy of the report has been sent with the *Combined Report, Requisition, Issue and Receipt From – Antiretroviral and OI Drugs* to central program logistics unit and another copy is filed at the facility.

Patients Per Regimen

Site Name: _____

Reporting Period: **From:**_____ **To:** _____

SERVICE DATA:

Current number of patients(Adult) on HAART:	
Current number of patients(Paediatric) on HAART:	
Current number of patients(Adult) on PMTCT:	
Current number of patients(Paediatric) on PMTCT:	
Number of persons that received PEP in the period	
Total	0

S/No	Regimen Category	Current No. of patients
Adult First Line		
1	Zidovudine 300 mg + Lamivudine 150 mg + Nevirapine 200 mg	
2	Zidovudine 300 mg + Lamivudine 150 mg + Efavirenz 600 mg	
3	Tenofovir 300 mg + Lamivudine 150 mg + Nevirapine 200 mg	
4	Tenofovir 300 mg + Lamivudine 150 mg + Efavirenz 600 mg	
5	Stavudine 30 mg + Lamivudine 150 mg + Nevirapine 200 mg	
6	Stavudine 30mg + Lamivudine 150 mg + Efavirenz 600 mg	
7	Tenofovir/Emtricitabine 300mg/200mg + Nevirapine 200mg	
8	Tenofovir/Emtricitabine 300mg/200mg + Efavirenz 600mg	
9		
10		
11		
	Total Adult First Line	**0**
Adult Second Line		
1	Tenofovir/Emtricitabine 300mg/200mg + Lpr/Rtr200/50mg(Aluvia)	
2	Tenofovir 300 mg + Lamivudine 150mg + Lpr/Rtr 200mg/50mg(Aluvia)	
3	Zidovudine 300 mg + Lamivudine 150 mg + Lpr/Rtr 200mg/50mg(Aluvia)	
4	Zidovudine 300mg + Tenofovir/Emtricitabine 300mg/200mg+ Lpr/Rtr 200mg/50mg(Aluvia)	
5		
6		
7		
	Total Adult Second Line	**0**
Pediatric First Line		
1	Lamivudine+Stavudine+Nevirapine-FDC 30/6/50mg	
2	Lamivudine+Stavudine+Nevirapine-FDC 60/12/100mg	
3	Stavudine 1 mg/ml + Lamivudine 10 mg/ml + Nevirapine 10 mg/ml	
4	Stavudine 20mg+Lamivudine 10mg/ml+ Efavirenz 250	
5	Zidovudine 10 mg/ml + Lamivudine 10 mg/ml + Nevirapine 10 mg/ml	
6	Zidovudine 100mg + Lamivudine 10mg/ml + Efavirenz 200mg	
7		
8		
	Total Pediatric First Line	**0**
Pediatric Second Line		
1	Abacavir 20 mg/ml + Didanosine 10 mg/ml+ Lopinavir/Ritonavir 80mg/20mg	
2		
3		
	Total Pediatric Second Line	**0**
PMTCT		
1	Lamivudine/Zidovudine 150/300mg	
2	Tenofovir/Lamivudine + LPV/r 300/300mg/250mg	
3	sdNVP+Lamivudine/Zidovudine	
	Total PMTCT	0
Post Exposure Prophylaxis		
1	Lamivudine/Zidovudine 150/300mg	
2	Lamivudine/Zidovudine 150/300mg + EFV600mg	
3		
	Total	0

ARTTL Signature: _____ Date: _____

Focal Pharm Signature: _____ Date: _____

: _____ _____

: _____ : _____

: _____ : _____

Job Aid: Completing the Combined Report, Requisition, Issue and Receipt Form – HIV Test Kits

This job aid will guide you through the process of completing the Combined Report, Requisition, Issue and Receipt Form for HIV Test Kits. The Store Keeper and the Medical Laboratory Scientist at the facility need to each complete a portion of this report. The Storekeeper will complete the top portion of the form and the data related to stock on hand actions. This will leave the Total Number of Tests Used during the reporting and ordering cycle for the Medical Laboratory Scientist. The Medical Laboratory Scientist should be the person responsible for seeing that this form is completed and submitted on time. If the report is not submitted, the facility will not receive test kits.

"**No Report, No Test Kits"**

Task:	Completing the Combined Report, Requisition, Issue and Receipt Form for HIV Test Kits
Completed by:	Facility Store Keeper and Medical Laboratory Scientist
Purpose:	To report the number of HIV test kits used, stock on hand, losses/adjustments, and to calculate and request order quantities.
When to perform:	At the end of the reporting and ordering cycle (every two months).
Materials needed:	Inventory Control Card, Daily Usage Record for HIV Test Kits, Blank Combined Report, Requisition, Issue and Receipt Form – HIV Test Kits, calculator and pen

Steps	Actions	Notes
To be completed by the Store Keeper:		
1.	**Facility Name:** Write the name of the facility.	
2.	**Facility Code:** Write the facility code, if applicable.	
3.	**State:** Write the name of the state in which the facility is located.	
4.	**Reporting Period**: Write in the dates for the reporting period.	Write in the first month of the two-month reporting period followed by the month and year of the second month of the two-month reporting period. Example: January – February, 2008
5.	**Date Prepared:** Write in the date on which the report is prepared.	
To be completed by the Store Keeper for each HIV Test Kit:		
6.	**HIV Test Kits: Screening Test, Confirmatory Test and Tie Breaker:** For each type of test, write the brand name of the test currently being used.	Examples: Determine, Stat Pak, UniGold & Double-check Gold tests
7.	**No. Tests per Kit:** Write the number of individual tests in each brand of test kit used.	

Steps	Actions	Notes
8.	**Basic Unit (pre-printed):** The basic unit for all test kits is 1 test.	
9.	**Beginning Balance for Reporting Period (A):** Write in the beginning balance for the period that is being reported.	This number should match the Quantity on Hand at the end of the Reporting Period, column E, from the previous report period.
10.	**Quantity Received during Reporting Period (B):** Add up and write in the total quantity of each product that was received during the two-month reporting period.	This information comes from the Inventory Control Card's "Quantity Received" column.
To be completed by the Medical Laboratory Scientist for each HIV Test Kit:		
11.	**Total Number of Tests Used During Reporting Period (C):** Write in the total quantity of HIV tests used during the reporting period.	The Total Number of Tests Used During Reporting Period is the two month sum of the daily totals on the Daily Usage Record for HIV Test Kits.
12.	**Losses/Adjustments (D):** Calculate and write in the total for the losses/adjustments for the reporting and ordering cycle	This information comes from the Inventory Control Card's "Losses/Adjustments" column and the total of Losses/Wastage from the Daily Usage Record for HIV Test Kits.
13.	**Quantity on Hand at the end of the Reporting Period (E):** Calculate and write in the quantity on hand at the facility at the end of the reporting period.	E = A + B – C +/- D The Quantity on Hand at the end of the Reporting Period should equal the Physical Count done at the end of the reporting period.
14.	**Maximum Stock Quantity (F):** Calculate and write in the maximum stock quantity.	Multiply the Total Number of Tests Used during Reporting Period by 2. F = C x 2 The Maximum Stock Quantity is 4 Months of Stock.
15.	**Quantity to Order:** Calculate and write in the quantity to order.	Subtract the current Stock on Hand from the Maximum Stock Quantity G = F –E If the result of this calculation is a negative number (–), then you have adequate stock and do not need to order this product.
16.	**Quantity Issued by CMS:** Leave this space blank, it will be completed by CMS when the products are issued.	
17.	**Quantity Rec'd by Facility:** Leave this space blank, it will be completed by the facility when the products are received.	
For each type of test (Screening, Confirmatory, Tie Breaker), complete the following:		

Steps	Actions	Notes
18.	**Total per Purpose:** Sum the number of tests used for each purpose (HTC, PMTCT, Clinical Diagnosis and Donor Screening) during the reporting period and write the sum in the appropriate space provided for the total.	The total per purpose is calculated by adding the totals for each day of the two-month reporting period, from the Daily Usage Record for HIV Test Kits.
19.	**Total:** Add up the total number of tests used for all purposes (HTC, PMTCT, Clinical Diagnosis and Donor Screening) and write the sum in the space provided for the total.	
20.	**Remarks:** Write in any remarks for this report period.	These lines should be used to explain a sudden increase or decrease in HIV test kit usage, losses/adjustments, etc.
21.	**Prepared By: Full Name, Signature, Date:** Write your full name, sign the form and write the date on which the report was signed.	The Medical Laboratory Scientist should fill out this part of the report.
22.	**Approved By: Full Name, Signature, Date:** The person approving the report writes his/her full name, signs the form and writes the date on which the report was approved and signed.	This form should be approved by the ART Team Leader.
23.	**Issued By: Full Name, Signature, Date:** Leave this space blank; it will be completed by the person who issues the products.	
24.	**Received By: Full Name, Signature, Date:** Leave this space blank; it will be completed when the products are delivered to your facility.	
25.	**Distribution of Report:** **A)** A copy is sent to NASCP. **B)** The original is sent to the Central Medical Stores. **C)** A copy is filed at the facility for their records.	

Steps	Actions	Notes
The task is complete when: ❑ The facility name, code, and location, and the reporting period and date prepared lines are filled in. ❑ Columns A through G are filled in for each HIV test kit used at the facility. ❑ The Bimonthly Summary of HIV test by Purpose of Use table is filled in. ❑ Remarks have been written, if needed. ❑ The Medical Lab Scientist preparing the report has written his/her full name, signed and dated the report. ❑ The ART Team Leader approving the report has written his/her full name, signed and dated the report. ❑ A copy of the report has been sent to NASCP, the original is sent to the Central Medical Stores and another copy is filed at the facility.		

Combined Report, Requisition, Issue and Receipt Form - HIV Test Kits

Facility Name: _____ **Reporting Period:** _____ (month – month, year) **Maximum Stock Level: 4 Months of Stock**

Facility Code: _____ **Minimum Stock Level: 2 Months of Stock**

State: _____ **Date Prepared:** _____

Serial No.	HIV TEST KITS	No. TESTS PER KIT	BASIC UNIT	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Total Number of Test Used During Reporting Period	Losses/ Adjustments (+/-)	Quantity on Hand at the end of the Reporting Period (Physical Count)	Maximum Stock Quantity	Quantity to Order	Quantity Issued by CMS	Quantity Rec'd by Facility
				A	B	C	D	E = A + B – C +/- D	F = C x 2	G = F- E	H	I
1.			1 test									
2.			1 test									
3.			1 test									

Bimonthly Summary of HIV test by Purpose of Use					
	HTC	PMTCT	Clinical Diagnosis	Donor Screening	Total
SCREENING					
CONFIRMATORY					
TIE BEAKER					

	Full Name	Signature	Date
Prepared By:			
Approved By:			
Issued By:			
Received By:			

Remarks:

_____

_____

Job Aid: Completing the Combined Report, Requisition, Issue and Receipt Form for Laboratory Reagents and Supplies

This job aid will guide you through the process of completing the Combined Report, Requisition, Issue and Receipt Form for Laboratory Reagents and Supplies. The Report portion of the CRRIRF is used to provide logistics data to higher level commodity managers and decision makers; the Requisition, Issue and Receipt portion of the form serves as a transaction record for Lab commodities. Note that consumption data (Quantity Dispensed) comes from the Inventory Control Card for each lab reagent and supply, not from a separate consumption record.

The **Laboratory Technician is responsible** for ensuring that this form is completed and submitted on time. If the report is not submitted, the facility will not receive a re-supply of Laboratory Reagents and Supplies. This form is completed in quadruplicate and effort should be made to ensure that the forms are printed legibly.

Task:	Completing the Combined Report, Requisition, Issue and Receipt Form for Laboratory Reagents and Supplies
Completed by:	Laboratory Scientists or Technician
Purpose:	To report the number of laboratory reagents, supplies dispensed, stock on hand, and losses/adjustments.
When to perform:	At the end of the reporting and ordering cycle (every two months).
Materials needed:	Inventory Control Card, blank Combined Report, Requisition, Issue and Receipt Form for Laboratory Reagents and Supplies, calculator, and pen

Steps	Actions	Notes
1.	**Facility Name:** Write the name of the facility.	
2.	**Facility Code:** Write the facility code, if applicable.	
3.	**State:** Write the name of the state in which the facility is located.	
4.	**Reporting Period**: Write in the dates for the reporting period.	Write in the first month of the two-month reporting period followed by the month and year of the second month of the two-month reporting period. Example: January – February, 2008
5.	**Date Prepared:** Write in the date on which the report is prepared.	
For each Laboratory reagent and supply:		
6.	**Product (pre-printed):** The name of the product for which data is being recorded.	If the product name is not pre-printed, write in the name of the product in a blank line at the end of the form. Include the item description, and if applicable its form and strength.

Steps	Actions	Notes
7.	**Unit of Pack/Bottle (pre-printed):** The pack size of the product.	If the pack size is not pre-printed, write in the pack size.
8.	**Beginning Balance for Reporting Period (A):** Write in the beginning balance (unopened bottle) for the period that is being reported.	This number should match the Ending Balance (unopened bottle), column F, from the previous report period.
9.	**Quantity Received during Reporting Period (B):** Add up and write the total quantity of each product that was received during the two-month period of the report.	This information comes from the Inventory Control Card's "Quantity: Received" column.
10.	**Quantity Used (C):** Write the total quantity used (opened bottle) to the laboratory station during the two-month reporting period.	This information comes from the Inventory Control Card's "Quantity Issued" column. For laboratory products (reagents and supplies), the product is considered used when it is issued from the laboratory stores to the laboratory station where tests are conducted.
11.	**Losses and Adjustments, Positive (+) (D):** Calculate and write the total of any positive (+) adjustments which occurred during the re-supply period.	This information comes from the Inventory Control Card: "Quantity Losses/Adjustments" column. Be sure to total only the positive adjustments.
12.	**Losses and Adjustments, Negative (+) (E):** Calculate and write the total of any negative (-) adjustments which occurred during the re-supply period.	This information comes from the Inventory Control Card: "Quantity Losses/Adjustments" column. Be sure to total only the negative adjustments.
13.	**Ending Balance (Physical Count) (F):** Calculate and write the closing balance (unopened bottle) for the facility.	F = A + B – C + D – E The Ending Balance at the end of the Reporting Period should equal the Physical Count done at the end of the reporting period.
14.	**Maximum Stock Quantity (G):** Multiply the Quantity Dispensed by 2 and write the result of your calculation.	G = C x 2 The Maximum Stock Quantity is 4 Months of Stock. The Quantity Dispensed is for 2 months. Quantity Dispensed x 2 = 4 Months of Stock.
15.	**Quantity to Order (H):** Enter the total quantity to order in column H.	H = G – F
16.	**Quantity Issued (I):** Leave this space blank, it will be completed when the products are issued.	
17.	**Quantity Delivered (J):** Leave this space blank, it will be completed by the facility when the products are received.	

Steps	Actions	Notes
18.	**Remarks (K):** Leave this space blank, it will be completed by the facility when the products are received.	
19.	**Comments:** Write any required comments related to the information contained in this report.	Note any comments related to a sudden increase or decrease in product usage, losses/adjustments, etc.
20.	**Report Prepared by (Full Name), Signature, and Date:** Write your full name, sign the report and write the date.	
21.	**Report Approved by (Full Name), Signature, Date:** The person responsible for approving the report writes his/her name, signs the report and writes the date.	
22.	**Requisition Approved by (Full Name), Signature, and Date:** The person responsible for approving the requisition writes his/her name, signs the report and writes the date.	
23.	**Drugs Issued by (Full Name), Signature, and Date:** Leave this space blank, It will be completed by the person who issues the commodities.	
24.	**Drugs Received by (Full Name), Signature, and Date:** Leave this space blank, It will be completed by the person at the facility when the commodities are received.	

The task is complete when:

- ❑ The facility name, report period and date prepared lines are filled in.
- ❑ Columns A through H are filled in for each drug distributed at the facility.
- ❑ Comments have been written, if needed.
- ❑ When the person completing the report has signed, written their designation and dated the report.
- ❑ When the report and requisition have been approved.
- ❑ When the report has been sent to the central warehouse.

Combined Report, Requisition, Issue and Receipt Form – Laboratory Reagents and Supplies

Facility Name: _____ **Reporting Period:** _____ **Maximum Stock Level: 4 Months of Stock**

month – month, year

Facility Code: _____ **Minimum Stock Level: 2 Months of Stock**

State: _____ **Date Prepared:** _____

Sl. No.	Product	Unit of Pack/ Bottle	Beginning Balance for Reporting Period (Unopened bottle)	Quantity Received during Reporting Period	Quantity Used (Opened bottle)	Losses and Adjustments		Ending Balance (Physical Count) (Unopened bottle)	Maximum Stock Quantity	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
			A	B	C	Positive + D	Negative – E	F	G = C x 2	H = G – F	I	J	K
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
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16													
17													
18													
19													
20													
21													
22													
23													

Sl. No.	Product	Unit of Pack/ Bottle	Beginning Balance for Reporting Period (Unopened bottle)	Quantity Received during Reporting Period	Quantity Used (Opened bottle)	Losses and Adjustments		Ending Balance (Physical Count) (Unopened bottle)	Maximum Stock Quantity	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
			A	B	C	Positive + D	Negative – E	F	G = C x 2	H = G – F	I	J	K
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
Etc.													

Comments:

Report Prepared by: (Full Name) _____ **Signature:** _____ **Date:** _____

Report Approved by: (Full Name) _____ **Signature:** _____ **Date:** _____

Requisition Approved by: (Full Name) _____ **Signature:** _____ **Date:** _____

Drugs Issued by: (Full Name) _____ **Signature:** _____ **Date:** _____

Drugs Received by: (Full Name) _____ **Signature:** _____ **Date:** _____

Job Aid: Conducting a Physical Inventory

A physical inventory is done to verify that the Stock Balance found on the inventory control card shows the correct number of usable products that are available in the store. A physical inventory should be conducted at the end of the facility's reporting period (every two months).

Task:	Conducting a Physical Inventory
Completed by:	Store Pharmacist, Lab scientist or where available, physical inventory team
Purpose:	To verify the stock level of a type of commodities in the store at the time of physical inventory. To detect errors in commodity management records. To detect commodity losses in the store.
When to perform:	At the end of each reporting period (every two months).
Materials needed:	Inventory Control Cards, calculators, pencil, and paper.

Note: For larger facilities that use Bin Cards in addition to Inventory Control Cards, the Bin Cards should also be updated when conducting Physical Inventory. Use the same procedure as described below.

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

- Set a date for the physical inventory. If appropriate, select the physical inventory team. Participants should be selected from the facility. The storekeeper and program personnel (ART Focal Pharmacist for ARVs, Lab Scientist for laboratory commodities, etc.) should be members of the team.
- Do not issue products during the physical inventory
- Do not count receipts on the day of the physical inventory, except in an emergency. Receipts during the physical inventory will be counted in the next physical inventory.
- Make sure that the Inventory Control Cards for the products are updated to the day of the physical inventory. If the Inventory Control Cards are not completed, complete them. For assistance in completing the Inventory Control Card, see the Job Aid, Completing the Inventory Control Card.
- Prepare the store, make 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 the commodities.
- Visually inspect the cartons/products as you organize them for counting.
- Separate any expired or damaged products. See the job aid for the Return of Unusable Commodities.
- Establish two-person-counting teams, with one person counting as the other records the results of the count. Be sure to have the Inventory Control Cards for the products being counted.

THE STORE IS NOW READY FOR THE PHYSICAL INVENTORY

Steps	Actions	Notes
1	**Count the usable commodities.** A. Count unopened/complete cartons first. Multiply the number of cartons by the number of units in the carton. This will give you the total number of products in the carton. B. Count open cartons. If an open carton contains unopened boxes, count the boxes and multiply the number by the number of units in a box. This will give you the total number of products in the unopened boxes. C. Count all the units that are in open boxes. D. Add up the total units from the unopened cartons, unopened boxes, open boxes-shelves, drawers, etc. This will give you the total number of products available in your store and laboratory, known as **Actual Quantity on Hand**.	Example: I have 40 unopened cartons each containing 20 ARV drugs. 40 x 20 = 800 total ARV drugs in the unopened cartons I have 10 unopened boxes with each one containing 10 ARV drugs 10 x 10 = 100 total ARV drugs in the unopened boxes. I have counted 9 ARV drugs in an open box on a shelf 800 ARV drugs from unopened cartons 100 ARV drugs from unopened boxes 9 ARV drugs from opened boxes, 909 total ARV drugs = Actual Quantity on Hand. Note: Be sure that you have just counted units that have the same name and the same expiration date.
2	**On the Inventory control card for the product.** A. Circle the last calculated Stock Balance. B. Draw a line through the next row of the Inventory Control Card. C. In the next row of the Inventory Control Card, in the date column, write the date of the physical inventory. D. In the "Received from / Issued to" column write, Physical inventory" E. In the Stock Balance column, write in the Actual Quantity on Hand, the result of the physical inventory.	This process will differentiate the physical inventory information from the rest of the information on the card.

Steps	Actions	Notes
3	**Calculating Losses/Adjustments.** To determine if you have any losses/adjustments, subtract the calculated Stock Balance from the Actual Quantity on Hand.	Example of Loss: Actual Quantity on Hand = 909 Calculated Stock Balance = 940 Difference = 31 (should be recorded as a Loss) If your result is zero, which means the number in the Inventory control card matches the number of units of the product in the store, skip to step number 6. If your result is a negative quantity you have suffered a loss of the product. If your result is a positive quantity, you have more products in stock than you had recorded on the Inventory Control Card. Sometimes the difference is due to a mistake while counting during the physical inventory or due to a mathematical error in the Inventory Control Card. Repeat the physical inventory if you believe there was a mistake in the counting, and check for mathematical errors on the Inventory Control Card. If mistakes are not found, the difference must be recorded on the Inventory Control Card.
4	**Registering Losses/Adjustments.** On the Inventory Control Card, in the Losses/Adjustment column write the answer that was calculated in step 3.	Example; Losses/Adjustments -31 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.

Steps	Actions	Notes
5	**Initials:** The people doing the physical inventory write their initials on the Inventory Control Card.	
6	**Draw** a line through the next row of the Inventory Control Card	This will complete the differentiation between the physical inventory information and the rest of the information on the card.

This task is complete when:

- The Actual Quantity on Hand of the product has been counted and recorded on the Inventory Control Card.
- Losses /Adjustments, if applicable, have been calculated and recorded on the Inventory Control Card, including any explanations.

Job Aid: Placing an Emergency Order

The HIV/AIDS commodity logistics system is designed to prevent emergency orders. However, every system must have a procedure for placing emergency orders. As mentioned above, if stock levels are ever at or below 2 weeks (0.5 month), an emergency order should be placed. The following job aid describes the process for placing an emergency order.

Task:	Placing an Emergency Order
Completed by:	Pharmacist, Lab Scientist, Store Keeper or other staff managing HIV/AIDS commodities
Purpose:	To report an emergency order when laboratory commodities fall to or below the emergency order point.
When to perform:	When stock levels reach the emergency order point
Materials needed:	Blank Combined Report, Requisition, Issue and Receipt Form for the commodity, the CRRIRF from the previous reporting period, Stock Cards, laboratory commodity for which the emergency order is requested, the daily consumption of usage record for the commodity, pen and calculator
Note:	Much of the information needed to complete the CRRIRF is obtained from the *Inventory Control Card*, so be sure that the ICC is updated and includes the most recent physical count.

Steps	Actions	Notes
1.	**Report Section of CRRIRF:** Complete the report section of the CRRIRF	For assistance in completing the form, see Job Aid "Combined Report, Requisition, Issue and Receipt Form" for the commodity needed Do not complete the **Requisition** part of the CRRIRF (Quantity to Order) The distribution is different for emergency orders and is detailed in this job aid.
2.	**Remark:** Note the explanation for the emergency order	Provide an explanation of why of the emergency order situation emerged. Did product get damaged, expired, was there a theft or unexpected increase in usage, etc.?
3.	**At the top of the completed Form write** EMERGENCY ORDER **in large letters**	You may use a different colour too. You want to make sure that people can see it immediately
4.	**Inform** the central Logistics Unit and CMS that the facility has an emergency order and determine if you need to send a person to collect the commodities	Phone, or text (SMS) the central Logistics Unit and the CMS to alert them to the situation
5.	**CRRIRF Distribution:** Send the CRRIRF via *priority* email or with the person selected to travel from the facility to the CMS to pick-up the commodities	

Steps	Actions	Notes
6.	**Quantity Issued:** Logistics Unit staff will work with you and CMS personnel to determine issue quantity and the CMS personnel will complete this section for the commodity they issue to the facility in the emergency order	
7.	**Supplies Issued by/Signature/Date:** The person issuing commodities and completing the Quantity Issued section should write and sign his/her name, and write the date on which he has completed this section of the form.	
8.	**Quantity Received:** Write the quantity of usable commodity received for the commodity in the emergency order	
9.	**Supplies received by/ Signature/ Date (day/month/year):** The person receiving the commodities and completing the Quantity Received section should write and sign his/her name, and write the date on which he has completed this section of the form	
Note: Emergency Orders are costly to the system. The facility may need to assign a person to travel to the CMS, therefore taking them away from their regular duties. The transportation cost for that person also needs to be covered. To avoid emergency situations, regular assessment of stock is recommended.		
This task is complete when: ❑ The Report Section of the CRRIRF is completed ❑ The Remarks Section is completed ❑ "Emergency Order" is written on the top of the form ❑ The Emergency CRRIRF has been sent to the CMS (or the Logistics Unit) and the Logistics Unit has been alerted by phone ❑ The Emergency Order CRRIRFV is filed		

Job Aid: Receiving HIV/AIDS Commodities

HIV/AIDS commodities will be delivered to each service delivery point which has submitted a completed and approved *CRRIRF* on time. A facility will receive HIV/AIDS commodities bimonthly (every other month). A contracted distribution agent, or in some cases a laboratory reagent vender, will make the delivery. If a distribution agent delivers the requisition, the facility staffer who receives it should verify that the total cartons delivered matches the delivery note, and inspect each carton to ensure it has not been opened or tampered with before signing the proof of delivery (POD). If a vender delivers laboratory reagent requisition, the facility staffer who receives the commodities should count and verify the commodities, before signing the proof of delivery. Any discrepancies should be noted on the POD.

All HIV/AIDS commodities are delivered with a copy of the *CRRIRF* used to make the requisition.

Task:	Receiving HIV/AIDS Commodities
Completed by:	Pharmacist, Lab Scientist, Store Keeper or other staff managing HIV/AIDS commodities
Purpose:	To inspect and account for laboratory commodities received To correctly complete the *CRRIRF* To account for any discrepancies between documents and drugs received To enter newly received laboratory commodities into inventory
When to perform:	Any time HIV/AIDS Commodities are received at the facility
Materials needed:	*Inventory Control Cards* for each commodity, products and documents received, pen and calculator
Note:	The same procedures that are used for routine receipt of products should be used for receipt of emergency orders.

Steps	Actions	Notes
1.	Locate the following document that should accompany the order: • *CRRIRF*	
2.	Conduct a visual inspection of the order for product quality and to ensure that the right quantities of the right products were received	See page 19 for guidance on conducting a visual inspection
3.	Review the *CRRIRF*	All areas should be completed except: "Quantity Received" column and the "Supplies received by:/ Signature / Date"
4.	**Quantity Received:** Count the quantity of each usable commodity received and write down the specific quantity received for each product in the appropriate row of this column.	If any of the products received are damaged or expired, only write the quantity of usable product received In every case where the quantity received is different than the quantity supplied, include an explanation in the

Steps	Actions	Notes
		"Remark" section about the discrepancy
5.	**Supplies received by/Signature/Date:** Write your name and sign and date the *CRRIRF*	You should be completing and signing two copies of the *CRRIRF*
6.	Return one copy of the CRRIRF to the delivery truck driver/vender.	
7.	Retain the fifth copy and file your copy of the R-RIRV at your facility.	
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 inventory on the *Inventory Control Card* and *Store Commodity Ledger* for each commodity received	See Job Aid for completing the *Inventory Control Card*

This task is complete when:

- ❑ A visual inspection of the products has been conducted.
- ❑ Quantities of each product have been counted.
- ❑ The "Quantity Received" column has been completed.
- ❑ If necessary, any discrepancies have been described in the remark section.
- ❑ The *CRRIRF* is signed and dated.
- ❑ A copy of the signed *CRRIRF* has been returned to the delivery truck driver.
- ❑ One copy of the signed *CRRIRF* has been filed at your facility.
- ❑ Goods have been stored appropriately.
- ❑ Stockkeeping records have been updated with the receipts.

Job Aid: Handling of Damaged or Expired Products

Task:	Handling of damaged or expired products
Completed by:	Pharmacist or Pharmacy Technician or other staff managing HIV/AIDS commodities
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
Materials needed:	Corresponding *Inventory Control Cards* 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 *Damaged* or *Expired Stock* on the box or shelf.		
3.	IF ⇒ THEN		
	Damaged or expired products were found during a visual inspection or routine physical count.	• Record the quantity of expired or damaged stock as a loss on the appropriate *Inventory Control Card* and subtract the quantity from the *Balance* column.	
	Damaged or expired goods were found upon receipt of a consignment	• Do not accept the products at your facility, return them with the driver.	
4.	Contact the CMS or any member of the Logistics Technical Working Group to alert them to the situation, and then follow the same procedures used for essential drugs.		

This task is complete when:
❑ Damaged or expired stock has been separated from usable stock. ❑ *Inventory Control Cards* have been updated, if appropriate. ❑ Damaged or expired goods sent back to the appropriate location (CMS, or the vendor) if found upon receipt of consignment. ❑ Appropriate authorities at the Logistics Technical Working Group have been notified.