



Job Aid: Managing INH Receipt, Issuing, Dispensing and Reporting for Tuberculosis Preventive Therapy (TPT)

The use of INH in TPT has a very important role to play in the management of people living with HIV/AIDS. This job aid therefore provides guidance on the receipt, issuing, dispensing, and reporting of Isoniazid and INH/CTX/B6 (Q-TIB) for TPT in all the relevant tools.

The ART Pharmacy Focal Person will need to be involved in completing all portions of this report. The storekeeper will need to handle completing portions that include all the stock on hand actions. The **ART Pharmacy Focal Person** 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 Isoniazid. This form is completed in duplicate, and effort should be made to ensure that the forms are printed legibly.

For facilities where paper tools are not available, electronic copies should be made available and the reports should be uploaded into the NHLMIS immediately.

Task:	Completing the INH Inventory Control Card, IPT register and reporting on the bimonthly CRRF & PPR form
Completed by:	ART Pharmacy Focal Person
Purpose:	To enable the completion of tools used for INH logistics
When to perform:	Whenever any transaction involving INH is done weekly and bimonthly. 1 st Week of Reporting Month for Reporting
Materials needed:	Pharmacy Computer (with Internet facility), IPT Register and/or Daily Pharmacy Worksheet (PDW), Inventory Control Cards

NOTE

For both 100mg and 300mg Isoniazid; **1 Kit= 168 Tablets**

(Conversion Factor: Number of Tablets ÷ 168 = Number of Kits)

For INH/CTX/B6 (300/960/25mg); **1 Kit = 180 Tablets**

(Conversion Factor: Number of Tablets ÷ 180 = Number of Kits)

STEPS	ACTION	NOTES
A	Action on Current Stock at Facilities	
	ART Pharmacy focal persons to convert current stock of INH 300mg and 100mg to kits using the conversion factor. This also applies to Q-TIB	
B	Receiving INH & Q-TIB	
1	The INH received in the POD/ delivery note should be converted to kits and documented in the INH Inventory Control Card Convert all pack sizes to kits at the point of receipt. If fractions occur, then ROUND DOWN to the nearest whole number	E.g. if 1 pack of INH 300mg x 672 tablets was received, under ' qty received ', 4 kits will be recorded in the INH 300 ICC (i.e. $672 \div 168$) E.g. If 2000 tablets of 100mg was received, it gives 11.9kits, then 11

	INH 100mg and INH 300mg should be captured in different ICCs	kits should be recorded in the INH 100mg ICC (i.e. $2000 \div 168$) E.g. If 3600 tablets of CTX/INH/B6 was received, then 20 kits should be recorded in the INH/CTX/B6 ICC (i.e. $3600 \div 180$)
2	Alternatively, the INH can be physically kitted using masking tape or kitting packs. Note that documentation should always be in kits.	Tablets could be counted into units of 168 for INH or 180 for Q-TIB and then packed using masking tape or kitting packs.
B	Dispensing and Documentation	
	Client Commencing TPT	
1	Confirm patient has been screened	Ask the four screening questions
2	Issue required quantity from the store to the dispensary using the IRIRV (Internal Requisition Issue and Receipt Voucher) and document receipts on the dispensary ledger or dispensary ICC	
3	Issue the required number of kits to the patient and document on the pharmacy daily worksheet Note the following: <ul style="list-style-type: none"> • Even if the total kits allocated and documented on the pharmacy daily worksheet are not dispensed at once, the remaining tablets should be reserved and considered dispensed, thus excluded from available stock • For Children who are issued excess of 1 kit, round up fraction to the nearest whole number. • Once the kit has been issued and documented on the PDW, the refill quantity during revisits should NOT be entered in the PDW. Note that the complete kit is considered fully issued during INH commencement. Refills can be captured in the IPT register 	Eg. If a patient commencing IPT for the first is issued one kit, then “1” should be recorded in the relevant column of the PDW. This represents one kit. For children issued more than one kit, the total Kits allocated should be ROUNDED UP to the nearest whole number E.g. child weighing 23kg will require 2.5kits, so this should be rounded up to 3 kits. This therefore means, 2.1 – 2.9 kits should be captured as 3 kits. This applies to any other fraction of Kits allocated to Children
4	There are facilities where the store area also serves as a dispensary. For such facilities, the commodities are issued directly from the storage shelves to the patients. <i>In the above scenario, document the total stock issued daily on the tally card. Note that this does not remove the need to update the daily worksheet as well.</i>	E.g. if 5 Kits were issued, then “5” will be entered under the qty issued column of the inventory card and the new balance calculated.
5	Record the patient’s details in the IPT register.	Quantities Dispensed can be recorded in the IPT Register. Also, during refill, the quantities dispensed and the duration can be documented appropriately in the IPT Register, not in the PDW

Client Refilling TPT		
6	Dispense as indicated in the Pharmacy Order form Record the month of Refill in the IPT Register (confirm that patient has not exceeded 6 months)	Please Note: INH refill for returning patients is not entered on the PDW
C		
Completing the CRRF		
1	Beginning balance: This is the total UNALLOCATED kits from the last reporting period	This is the total number of kits on ground that are yet to be allocated to a client. It should be same as the ending balance of the previous CRRF
2	Quantity Received: The total quantity of kits received from the central source should be entered. This can be obtained from the updated inventory control card	
3	Quantity Dispensed: This is the sum of all KITS issued to patients during the reporting period. It is obtained from pharmacy daily worksheet	E.g. If 5 kits were allocated in month 1 and 8 kits were allocated in month 2, then the total consumption for the bimonthly period will be 13 kits.
4	Losses/Adjustment: Enter any loss/adjustment within the period as appropriate. This is also documented in kits	
5	Ending Balance: This will be the total number of UNALLOCATED kits at the end of the reporting period. It is the balance of the kits remaining that can be used to commence new clients. This is obtained from the updated ICC and every UNALLOCATED Kit from every other service delivery point Note: It is not the physical stock. Once a kit has been issued, it should not be included in the ending balance	E.g. IF beginning balance is 10 kits and the facility received 5kits and issued 3 kits, during the reporting period, the ending balance should be 12kits
6	Maximum Stock: This is the consumption in the reporting period multiplied by 2	E.g. if Consumption = 6 kits, maximum stock = $6 \times 2 = 12$ kits
7	Qty to order: This is maximum stock – Ending balance	
D		
Completing the PPR		
	At the end of the reporting cycle, obtain the number of patients newly started on TPT from the TPT register and report accordingly Differentiate between Adults on INH 300mg and Children on INH 100mg Note: Documentation for Clients on CTX/INH/B6 are done in similar fashion as INH 300mg. However, their reporting should be captured in its respective column and Row in both PPR and CRRF	E.g. If 3 adults were commenced on INH 300mg within the review period, then 3 should be entered in column B NB: for pediatrics on INH 100mg, the total newly commenced may not be the same as the total kits issued. This is because a child may need more than one kit.

	<p>The task is complete when:</p> <ul style="list-style-type: none"><input type="checkbox"/> The facility name, report period and date prepared lines are filled in.<input type="checkbox"/> INH Rows, Columns A-I (ARVs CRRF For Opportunistic Infections Drug) are filled in for each drug distributed at the facility.<input type="checkbox"/> Comments have been written, if needed.<input type="checkbox"/> Clients commencing INH on the PPR has been filled<input type="checkbox"/> Details of Commodities that will expire in 6 months have been written if available<input type="checkbox"/> The person completing the report has signed, written their designation and dated the report.<input type="checkbox"/> The report has been sent to the State LMCU.<input type="checkbox"/> The report has been uploaded on the NHLMIS Platform	