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Antiretroviral Therapy Pharmaceutical Management Information System Quarterly Feedback Report

Quarter 4 FY 2010/11 -January to March 2011

Qamar Niaz & Benjamin Ongeru

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Disclaimer

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Acronyms

3TC	Lamivudine
ABC	Abacavir
AMC	Average Monthly Consumption
AMR	ART Monthly Report
ART	Antiretroviral therapy
ARV	Antiretroviral Medicine
AZT	Zidovudine
CMS	Central Medical stores
d4T	Stavudine
ddI	Didanosine
DSP	Directorate of Special Programmes
EDT	Electronic Dispensing Tool
EFV	Efavirenz
FDC	Fixed dose combination
ART	Highly Active Antiretroviral Therapy
HIV	Human immunodeficiency virus
IDV	Indinavir
LPV/r	Lopinavir/Ritonavir
MSH	Management Sciences For Health
MOS	Months of Stock
NMPC	National Medicine Policy Coordination
NRTI	Nucleoside Reverse Transcriptase Inhibitor
NVP	Nevirapine
OSP	Outreach Service Point
PEPFAR	United States President's Emergency Fund for AIDS Relief
PLHIV	People Living with HIV/AIDS
PMIS	Pharmaceutical Management Information Systems
PMTCT	Prevention from Mother to Child Transmission
RMS	Regional Medical Stores
SPS	Strengthening Pharmaceutical Systems program of MSH
SCMS	Supply Chain Management Systems
SOH	Stock on hand
TDF	Tenofovir
USAID	United States Agency for International Development.
WHO	World Health Organisation

Executive Summary

This report provides an overview of antiretroviral therapy (ART) service delivery in Namibia's public pharmaceutical sector for the quarter January to March 2011. Out of 44 main ART sites, 4 sites did not submit reports consistently. Onandjokwe Hospital did not submit the ART Monthly Report (AMR) for both February and March 2011. Rundu Intermediate Hospital, Katima Mulilo and Grootfontein District Hospital did not submit reports in March 2011 mainly due to breakdown of the Electronic Dispensing Tool (EDT) computer, which is the primary data source for the AMR.

Overall, the average stockholding was 3.3 months, 1.3 months and 6.2 months at ART sites, Regional Medical Stores (RMSs) and Central Medical Stores (CMS) respectively and fairly unchanged from the previous quarter. However, the value of ARVs held in stock in all public health facilities at the end of March 2011 was N\$ 81 million, an increase of 20 million from December 2010. ART Sites accounted for 19.5% of national stock, RMSs 4.5% of national stock, while CMS accounted for 76% of national stock.

This report shows that, as at 31 March 2011, there were 94,757 patients on ART with adults constituting 90.2% and paediatrics constituting 9.8%. A total of 7,373 new patients were started on treatment during this quarter of which 6,964 were adults and 409 were paediatrics. This represents an 11.6% jump in adult patient uptake and but a 15.3 % drop in paediatrics patient uptake when compared with the previous quarter. At the current growth rate, the total number of patients on ART is expected to reach 100,000 by June 2011 and just below 110,000 by December 2011.

Of the new adults initiated on treatment, 74% started their treatment on tenofovir-based regimen, 22% on a zidovudine-based regimen and only 3% on a stavudine-based regimen while 77% of paediatrics started ART on stavudine-based regimen and 22% on a zidovudine-based regimen in line with the revised National ART Treatment Guidelines which were published in July 2010. The number of adults on second line treatment stands at 3.1% while that of paediatrics stands at 4.0%. Children taking stavudine-lamivudine-lopinavir/ritonavir combination were all considered to be on first line regimen category in line with recommendations in the revised ART Treatment Guidelines for using this regimen in children with known previous Nevirapine exposure.

When it comes to ART population distribution, while the national ART treatment coverage averages 81% for adults and 60% for children, coverage varies widely from one region to another. The coverage for adults varies from a high of 133% in Erongo region to a low of 38% in Omaheke region while coverage for children varies from a high of 111% in Oshikoto region to a low of 16% in Omaheke region. The top three health facilities with the highest ART patient load as at March 2011 were Intermediate Hospital Oshakati in Oshana region with 12,419 patients on ART, Onandjokwe Hospital in Oshikoto region with 9,894 patients on ART and Katutura Health Centre in Khomas region with 5,852 patients on ART.

1. INTRODUCTION

This report, representing data collected up to the fourth quarter of the 2010/11 financial year (Q4 FY 2010-11) covering the period January to March 2011. The report highlights significant areas of pharmaceutical ART services in the country's 44 main facilities providing ART services. As part of the Pharmacy Management Information System (PMIS), this report collates and analyzes data sourced from ART Monthly Reports from all facilities offering ART services that are submitted to the National Medicines Policy Coordination (NMPC) sub-division of the Division Pharmaceutical Services. This report is essentially divided into four sections: a report submission section, stock status section, ART patient population distribution section and ART regimen distribution section.

Due to lack of consistency in reporting of outreach activities which makes it difficult to compare trends over time, analysis of patient numbers at outreach service points was not done for this quarter. Likewise, data on patient adherence to ART as measured by pill counts using the Electronic Dispensing Tool (EDT) adherence module is reported by only a small fraction of ART sites and was not analysed in this report.

2. REPORT SUBMISSION

Out of 44 facilities expected to report month, the following facilities did not submit complete ART Monthly Reports (AMR) during the Quarter January –March 2011.

Table 1: Non-Reporting Facilities in January - March 2011

Facility Name	Region	Facility Type	MONTHS WITH NO REPORTS	
			Feb-11	Mar-11
Katima Mulilo	Caprivi	Hospital		x
Rundu	Kavango	Hospital		x
Grootfontein	Otjozondjupa	Hospital		x
Onandjokwe	Oshikoto	Hospital	x	x

Onandjokwe hospital did not submit ART Monthly Reports (AMR) in both February and March 2011 while Katima Mulilo, Rundu and Grootfontein hospitals did not submit reports in March 2011. For the latter 3 facilities, failure to submit reports in March was attributed to breakdown of their Electronic Dispensing Tool (EDT) computer, the primary data source for the AMR forcing the facilities to resort to manual dispensing during the period. For all the facilities, proxy patient and consumption data was used based on reports submitted during the quarter.

Some recently established ART sites continue to report only patient data but no stock data which continues to be reported under the parent sites e.g. Onesi and Dordabis. Some ART sites also continue to operate as outreach sites due to challenges of not having pharmacy staff. These include: Dordabis, Mangeti, Okalongo, Okongo, Omona, Onesi, Ongenga, Otavi, , and therefore AMR reports for these sites are still compiled by their parent sites. During this quarter, Rosh Pinah began reporting both stock data and patient data independently from Luderitz.

3. STOCK STATUS REPORT

This section deals with all issues relating to ARV supply chain performance in the entire ARV supply system comprising the three storage levels: Central Medical Stores, Regional Medical Stores and ART sites.

3.1 Stock Level of ARVs

Table 2 below shows the stockholding (in months of stock) of ARVs at ART sites, at the two Regional Medical Stores (RMSs) combined, at the Central Medical Stores (CMS) and the cumulative national stockholding. Overall, the average stockholding was little changed from the previous quarter and amounted to 3.3 months, 1.3 months and 6.2 months at ART sites, RMSs and CMS respectively. For ART sites that did not submit a report in March 2011, the January and February consumption and stock on hand were used to generate proxy data for March so as to calculate end of quarter stock on hand and the AMC for the quarter.

Table 2: Stock Level of ARVs in Months of Stock (MoS) Nationally as at 31 March 2011

Description	AMC Jan-Mar '11	ART Sites MoS	RMSs MoS	CMS MoS	National MoS ¹
AZT/3TC x 60	10,767	2.6	0.2	9.8	12.6
3TC/AZT/NVPx 60	32,481	1.6	0.6	9.2	11.4
3TC/AZT/ABC x 60	15	4.9	2.8	27.1	34.7
d4T 30mg/ 3TC x 60	2,570	2.8	0.6	2.5	5.9
d4T 30mg/ 3TC/NVP x 60	5,791	1.3	0.1	4.6	6.0
d4T6mg/3TC 30mg/NVP 50mg x 60	1,151	2.2	0.1	0.3	2.7
d4T12mg/3TC60mg/NVP100mgx60	2,170	1.7	0.2	0.2	2.1
d4T 6mg/ 3TC 30mg x60	518	3.7	0.4	4.1	8.2
d4T 12mg/ 3TC 60mg x60	491	1.2	0.2	4.7	6.1
3TC 150mg x 60	294	7.4	1.4	10.0	18.9
ABC 300mg x 60	599	1.3	0.1	8.7	10.1
AZT 100mg x 100	597	3.2	0.1	9.8	13.2
AZT 300mg x 60	1,425	0.9	0.1	3.1	4.0
d4T 15mg x 60	232	6.2	0.9	9.7	16.8
d4T 20mg x 60	315	5.1	2.9	16.7	24.7
d4T 30mg x 60	39	6.7	0.0	5.2	11.9
EFV 50mg x 30	1,124	3.5	0.2	1.8	5.5
EFV 200mg x 90	1,520	2.2	0.0	1.1	3.4
EFV 600mg x 30	16,776	2.0	0.4	6.9	9.3
NVP 200mg x 60	13,239	1.0	0.0	0.0	1.0
TDF 300mg x 30	1,039	1.7	0.2	1.8	3.7
TDF 300mg/ 3TC 300mg x 30	20,663	1.4	0.4	5.0	6.8
LPV/r 200/50mg x 120	2,669	2.8	0.3	9.2	12.3
ddl 25mg x 60	60	4.5	2.8	0.0	7.3
ddl 125mg x 60	9	3.5	19.3	1,566.0	1,588.7
ddl 100mg x 60	16	1.0	0.0	0.0	1.0
ddl 250mg x 30	39	9.2	3.4	5.1	17.7
ddl 400mg x 30	22	8.8	2.7	17.2	28.7
IDV 400mg x 180	11	4.8	0.0	14.3	19.0

Description	AMC Jan-Mar '11	ART Sites MoS	RMSs MoS	CMS MoS	National MoS ¹
RTV 100mg x 84	47	3.1	0.7	9.8	13.7
ABC 20mg/ml 240ml	109	3.9	0.2	6.6	10.7
AZT 10mg/ml 240ml	413	2.3	0.3	6.4	8.9
3TC 10mg/ml 240ml	632	3.3	3.5	4.5	11.3
NVP 10mg/ml 240ml	1,171	3.4	0.7	2.3	6.5
d4T 1mg/ml 200ml	305	2.2	1.6	4.9	8.6
LPV/r (80/20mg)/ml 60ml	763	3.6	0.3	2.7	6.5
EFV 30mg/ml 180ml	51	3.2	0.6	2.6	6.4
ddI 8mg/ml 200ml	0	0.0	0.0	0.0	0.0
AVERAGES²		3.3	1.3	6.2	10.2

¹Cells highlighted in red show items at risk of stock-out while those highlighted in yellow show items at risk of expiry.

²The average MoS excludes didanosine 125mg whose national stock level at over 1,588 MoS will have distorted the picture.

Almost all of the 44 ART sites had a stock-out of at least one ARV medicine on March 31, 2011 i.e. at least one ARV (that was dispensed at least once during the quarter) had nil stock count on that date. The only exceptions were Gobabis DH, Karasburg DH, Keetmanshoop DH, Otjiwarongo DH, Rundu IH and Windhoek CH. On the other hand, over-stocking of more than 10 months of stock was observed for at least one ARV at almost all ART sites with the exception of Katima Mulilo DH, Onandjokwe DH, Rehoboth DH, Oshivelo Clinic, Osire Clinic, and Rosh Pinah Clinic. See Annex III for the detailed list of under stocked and overstocked ARVs per facility as at March 31, 2011.

There was a national level stock out of nevirapine 200mg tablets during this quarter mainly because a significant portion of stock held at CMS as at December 2010 expired in February 2011. As at 31st March 2011, the following ARV formulations had a national stock holding below 6 months of stock as at March 2011 and therefore at the risk of stock outs in the near future if no intervention occurs: d4T12mg/3TC60mg/NVP100mg tablets; d4T6mg/3TC 30mg/NVP 50mg tablets; EFV 200mg capsules; TDF 300mg tablets; AZT 300mg tablets; EFV 50mg capsules; d4T 30mg/3TC tablets.

On the other hand, the following ARV formulations had a national stock holding above 15 months of stock as at March 2011 and therefore at the risk of expiry: d4T 15mg; ddI 250mg; 3TC 150mg; IDV 400mg; d4T 20mg; ddI 400mg; 3TC/AZT/ABC; ddI 125mg. However, most of these are uncommonly used formulations and the stock level represents relatively small quantities contributing less than 3% of the value of stock on hand.

The stock of 50mg and 100mg buffered didanosine tablets has now practically been depleted at levels of the supply chain but 25mg buffered tablets are still in stock at most ART sites. There is a large stock of enteric-coated didanosine capsules at Central Medical Stores especially didanosine 125mg enteric-coated tablets which were introduced to replace buffered tablets.

Actions:

- CMS to review the stock position of all ARVs whose national stock holding is below 6 months of stock, especially those highlighted in red in the Table 2 above and take necessary steps to avoid potential stock outs.
- Pharmacy staff at ART sites are requested to review, in consultation with clinicians, the treatment of all patients who have been on buffered Didanosine tablets with a view to substituting them with enteric coated capsules of Didanosine 125mg, 250mg and 400mg all of which are available at CMS.

3.2 Value of Stock on Hand

Table 3: Value of Stock on Hand (SoH) Nationally as at 31 March 2011

Description	Cost	ART Sites		RMSs (Combined)		CMS		National		Cumulative % of Total Value
	(NAD)	SoH	Value (NAD)	SoH	Value (NAD)	SoH	Value (NAD)	SoH	Value (NAD)	
3TC/AZT/NVP x 60	92.31	50,758	4,685,470.98	19,970	1,843,430.70	300,268	27,717,739.08	370,996	34,246,640.76	42.2%
TDF 300mg/ 3TC 300mg x 30	76.58	28,330	2,169,511.40	7,592	581,395.36	103,676	7,939,508.08	139,598	10,690,414.84	55.4%
AZT/3TC x 60	77.52	27,551	2,135,753.52	2,490	193,024.80	106,045	8,220,608.40	136,086	10,549,386.72	68.4%
LPV/r 200/50mg x 120	295.22	7,485	2,209,721.70	730	215,510.60	24,602	7,263,002.44	32,817	9,688,234.74	80.3%
EFV 600mg x 30	41.29	33,118	1,367,442.22	6,614	273,092.06	115,626	4,774,197.54	155,358	6,414,731.82	88.2%
LPV/r (80/20mg)/ml 60ml	319.27	2,752	878,631.04	199	63,534.73	2,032	648,756.64	4,983	1,590,922.41	90.2%
d4T 30mg/ 3TC/NVP x 60	43.3	7,749	335,531.70	648	28,058.40	26,568	1,150,394.40	34,965	1,513,984.50	92.1%
ddl 125mg x 60	100.2	30	3,006.00	167	16,733.40	13,572	1,359,914.40	13,769	1,379,653.80	93.8%
ABC 300mg x 60	135.66	784	106,357.44	57	7,732.62	5,206	706,245.96	6,047	820,336.02	94.8%
NVP 200mg x 60	31.21	13,543	422,677.03	97	3,027.37	0	-	13,640	425,704.40	95.3%
d4T 30mg/ 3TC x 60	24.9	7,202	179,329.80	1,670	41,583.00	6,359	158,339.10	15,231	379,251.90	95.8%
AZT 100mg x 100	47.55	1,916	91,105.80	66	3,138.30	5,883	279,736.65	7,865	373,980.75	96.2%
AZT 300mg x 60	56.08	1,250	70,100.00	150	8,412.00	4,360	244,508.80	5,760	323,020.80	96.6%
TDF 300mg x 30	68.59	1,716	117,700.44	238	16,324.42	1,867	128,057.53	3,821	262,082.39	96.9%
NVP 10mg/ml 240ml	33.32	3,996	133,146.72	852	28,388.64	2,739	91,263.48	7,587	252,798.84	97.3%
EFV 200mg x 90	48	3,326	159,648.00	64	3,072.00	1,743	83,664.00	5,133	246,384.00	97.6%
d4T12mg/3TC60mg/NVP100mgx60	37.75	3,653	137,900.75	488	18,422.00	350	13,212.50	4,491	169,535.25	97.8%
d4T 12mg/ 3TC 60mg x60	46.98	585	27,483.30	95	4,463.10	2,326	109,275.48	3,006	141,221.88	97.9%
ddl 8mg/ml 200ml	779.65	0	-	166	129,421.90	0	-	166	129,421.90	98.1%
3TC/AZT/ABC x 60	236.4	73	17,257.20	42	9,928.80	406	95,978.40	521	123,164.40	98.3%
d4T 20mg x 60	15.78	1,604	25,311.12	924	14,580.72	5,265	83,081.70	7,793	122,973.54	98.4%
3TC 10mg/ml 240ml	17.05	2,080	35,464.00	2,190	37,339.50	2,863	48,814.15	7,133	121,617.65	98.6%
3TC 150mg x 60	21.6	2,180	47,088.00	416	8,985.60	2,943	63,568.80	5,539	119,642.40	98.7%
EFV 50mg x 30	19.26	3,935	75,788.10	200	3,852.00	2,061	39,694.86	6,196	119,334.96	98.9%
AZT 10mg/ml 240ml	31.37	935	29,330.95	120	3,764.40	2,627	82,408.99	3,682	115,504.34	99.0%

Description	Cost	ART Sites		RMSs (Combined)		CMS		National		Cumulative % of Total Value
	(NAD)	SoH	Value (NAD)	SoH	Value (NAD)	SoH	Value (NAD)	SoH	Value (NAD)	
ddl 400mg x 30	167.44	196	32,818.24	61	10,213.84	385	64,464.40	642	107,496.48	99.1%
ABC 20mg/ml 240ml	80.38	424	34,081.12	22	1,768.36	712	57,230.56	1,158	93,080.04	99.2%
d4T 6mg/ 3TC 30mg x60	21.75	1,925	41,868.75	186	4,045.50	2,124	46,197.00	4,235	92,111.25	99.4%
d4T6mg/3TC 30mg/NVP 50mg x 60	29.29	2,568	75,216.72	120	3,514.80	400	11,716.00	3,088	90,447.52	99.5%
ddl 250mg x 30	117.02	358	41,893.16	133	15,563.66	198	23,169.96	689	80,626.78	99.6%
IDV 400mg x 180	371.73	51	18,958.23	0	-	152	56,502.96	203	75,461.19	99.7%
d4T 15mg x 60	16.18	1,435	23,218.30	218	3,527.24	2,255	36,485.90	3,908	63,231.44	99.7%
EFV 30mg/ml 180ml	186.56	162	30,222.72	30	5,596.80	132	24,625.92	324	60,445.44	99.8%
d4T 1mg/ml 200ml	21.72	656	14,248.32	488	10,599.36	1,480	32,145.60	2,624	56,993.28	99.9%
RTV 100mg x 84	71.61	146	10,455.06	35	2,506.35	462	33,083.82	643	46,045.23	99.9%
ddl 25mg x 60	88.65	271	24,024.15	165	14,627.25	0	-	436	38,651.40	100.0%
d4T 30mg x 60	20.72	260	5,387.20	0	-	201	4,164.72	461	9,551.92	100.0%
ddl 100mg x 60	78.41	15	1,176.15	0	-	0	-	15	1,176.15	100.0%
TOTAL VALUE			15,814,325.33		3,629,179.60		61,691,758.22	0	81,135,263.13	
PERCENTAGE VALUE			19.5%		4.5%		76.0%		100%	

Note: All costs are in Namibia dollars (N\$)

Table 3 above shows that the value of ARVs held in stock in all public health facilities at the end of March 2011 was N\$ 81 million, an increase of 20 million from December 2010. ART sites accounted for 19.5% of national stock, RMSs 4.5% of national stock, while CMS accounted for 76% of national stock. This distribution shows that a greater proportion of national stock is now held at CMS compared to the last 3 quarters when ART sites and CMS held an average of 33% and 60% of national stock respectively which is attributed to beginning of the year re-stocking at CMS. The situation should normalize within the next quarter as ART sites pull more stock from CMS to get their stock holding to the recommended stock level.

The top four ARVs on this list account for more than 80% of the value of all ARVs in stock nationally and are also among the top four items with the highest consumption value over the last on year (refer to Table 4 below). This is commendable because it indicates that stock holding of key ARVs is consistent with consumption patterns.

3.3 ARVs Consumption Trends

Table 4: ARVs Consumption Trends for FY 2010/11 –April 2010 to March 2011

Description	Unit Cost in NAD	AVERAGE MONTHLY CONSUMPTION				CONSUMPTION VALUE ANALYSIS				CONSUMPTION TREND	
		AMC Apr-Jun 2010	AMC Jul-Sep 2010	AMC Oct-Dec 2010	AMC Jan-Mar 2011	Annual Consumption	Annual Consumption Value (NAD) ¹	ABC Analysis	Cumulative Percentage ²	Trend	Percentage ³
3TC/AZT/NVP x 60	\$ 92.31	32,114	37,029	45,057	32,481	440,043	\$ 40,620,369.33	39.8%	39.8%	Down	-28%
TDF 300mg/ 3TC 300mg x 30	\$ 76.58	9,623	11,600	15,761	20,663	172,940	\$ 13,243,745.20	13.0%	52.7%	Up	31%
AZT/3TC x 60	\$ 77.52	12,339	12,371	12,516	10,767	143,980	\$ 11,161,329.60	10.9%	63.7%	Down	-14%
LPV/r 200/50mg x 120	\$ 295.22	2,346	2,561	4,880	2,669	37,368	\$ 11,031,780.96	10.8%	74.5%	Down	-45%
EFV 600mg x 30	\$ 41.29	15,372	17,061	17,342	16,776	199,654	\$ 8,243,713.66	8.1%	82.5%	Down	-3%
NVP 200mg x 60	\$ 31.21	6,653	7,680	12,708	13,239	120,840	\$ 3,771,416.40	3.7%	86.2%	Up	4%
d4T 30mg/ 3TC/NVP x 60	\$ 43.30	6,707	9,156	5,969	5,791	82,869	\$ 3,588,227.70	3.5%	89.7%	Down	-3%
LPV/r (80/20mg)/ml 60ml	\$ 319.27	471	695	647	763	7,727	\$ 2,466,999.29	2.4%	92.1%	Up	18%
AZT 300mg x 60	\$ 56.08	1,420	1,471	1,688	1,425	18,011	\$ 1,010,056.88	1.0%	93.1%	Down	-16%
d4T 30mg/ 3TC x 60	\$ 24.90	4,331	3,637	2,812	2,570	40,050	\$ 997,245.00	1.0%	94.1%	Down	-9%
d4T12mg/3TC60mg/NVP100mgx60	\$ 37.75	1,691	1,656	2,180	2,170	23,092	\$ 871,723.00	0.9%	95.0%	Down	0%
TDF 300mg x 30	\$ 68.59	324	499	1,610	1,039	10,416	\$ 714,433.44	0.7%	95.7%	Down	-35%
ABC 300mg x 60	\$ 135.66	242	276	309	599	4,279	\$ 580,489.14	0.6%	96.2%	Up	94%
EFV 200mg x 90	\$ 48.00	409	873	361	1,520	9,489	\$ 455,472.00	0.4%	96.7%	Up	321%
NVP 10mg/ml 240ml	\$ 33.32	1,014	758	612	1,171	10,666	\$ 355,391.12	0.3%	97.0%	Up	91%
d4T6mg/3TC 30mg/NVP 50mg x 60	\$ 29.29	817	886	1,116	1,151	11,909	\$ 348,814.61	0.3%	97.4%	Up	3%
AZT 100mg x 100	\$ 47.55	598	421	771	597	7,162	\$ 340,553.10	0.3%	97.7%	Down	-23%
d4T 12mg/ 3TC 60mg x60	\$ 46.98	612	642	593	491	7,014	\$ 329,517.72	0.3%	98.0%	Down	-17%
AZT 10mg/ml 240ml	\$ 31.37	1,049	1,024	734	413	9,659	\$ 303,002.83	0.3%	98.3%	Down	-44%
ddl 25mg x 60	\$ 88.65	147	152	543	60	2,705	\$ 239,798.25	0.2%	98.6%	Down	-89%
EFV 50mg x 30	\$ 19.26	805	732	622	1,124	9,850	\$ 189,711.00	0.2%	98.7%	Up	81%
3TC 150mg x 60	\$ 21.60	767	928	845	294	8,501	\$ 183,621.60	0.2%	98.9%	Down	-65%
3TC 10mg/ml 240ml	\$ 17.05	816	1,051	671	632	9,510	\$ 162,145.50	0.2%	99.1%	Down	-6%
ABC 20mg/ml 240ml	\$ 80.38	117	113	134	109	1,418	\$ 113,978.84	0.1%	99.2%	Down	-19%
d4T 6mg/ 3TC 30mg x60	\$ 21.75	329	259	451	518	4,672	\$ 101,616.00	0.1%	99.3%	Up	15%
ddl 125mg x 60	\$ 100.20	191	88	2	9	869	\$ 87,073.80	0.1%	99.4%	Up	333%
d4T 1mg/ml 200ml	\$ 21.72	279	411	309	305	3,911	\$ 84,946.92	0.1%	99.5%	Down	-1%

Description	Unit Cost in NAD	AVERAGE MONTHLY CONSUMPTION				CONSUMPTION VALUE ANALYSIS				CONSUMPTION TREND	
		AMC Apr-Jun 2010	AMC Jul-Sep 2010	AMC Oct-Dec 2010	AMC Jan-Mar 2011	Annual Consumption	Annual Consumption Value (NAD) ¹	ABC Analysis	Cumulative Percentage ²	Trend	Percentage ³
ddl 100mg x 60	\$ 78.41	226	113	6	16	1,082	\$ 84,839.62	0.1%	99.5%	Up	161%
3TC/AZT/ABC x 60	\$ 236.40	23	34	38	15	330	\$ 78,012.00	0.1%	99.6%	Down	-61%
d4T 20mg x 60	\$ 15.78	340	633	309	315	4,792	\$ 75,617.76	0.1%	99.7%	Up	2%
ddl 250mg x 30	\$ 117.02	47	59	59	39	612	\$ 71,616.24	0.1%	99.8%	Down	-34%
EFV 30mg/ml 180ml	\$ 186.56	23	23	16	51	338	\$ 63,057.28	0.1%	99.8%	Up	217%
IDV 400mg x 180	\$ 371.73	10	12	10	11	128	\$ 47,581.44	0.0%	99.9%	Up	7%
d4T 15mg x 60	\$ 16.18	139	209	349	232	2,787	\$ 45,093.66	0.0%	99.9%	Down	-34%
ddl 400mg x 30	\$ 167.44	13	8	40	22	250	\$ 41,860.00	0.0%	100.0%	Down	-44%
RTV 100mg x 84	\$ 71.61	27	41	36	47	453	\$ 32,439.33	0.0%	100.0%	Up	31%
ddl 8mg/ml 200ml	\$ 779.65	0	0	2	0	12	\$ 9,355.80	0.0%	100.0%	Down	-100%
d4T 30mg x 60	\$ 20.72	1	9	5	39	161	\$ 3,335.92	0.0%	100.0%	Up	673%
TOTALS							\$ 102,149,981.94	100.0%			

¹All costs are in Namibia dollars (N\$)

² The cells highlighted in yellow represent the top 5 items with the highest annual consumption value.

³ The cells highlighted in light blue represent the top 10 items with the highest quarterly rise in consumption.

Table 3 above shows the average monthly consumption of ARVs for each of the four quarters of the Financial Year 2010-2011 and analyses the trend in consumption over the four quarters. The table is sorted according to cumulative ABC analysis to show the ARVs that accounted for the highest consumption value for the one year period from April 2010 to March 2011. The trend in consumption is derived from changes in average monthly consumption from quarter 3 to quarter 4 and shows an overall 37% increase in consumption of ARVs.

The value of all ARVs consumed during FY 2010/11 totalled N\$ 102 million (US\$ 14.6 million). Five ARV formulations: lamivudine-zidovudine-nevirapine 150/300/200mg FDC tablets, lamivudine-tenofovir 300/300mg FDC tablets, lamivudine-zidovudine 150/300mg FDC tablets, lopinavir/ritonavir 200/50mg tablets and efavirenz 600mg tablets accounted for more than 80% of the total consumption value of ARVs during the year. Greater stock management efforts should be focused on these items because they have the greatest impact on the program.

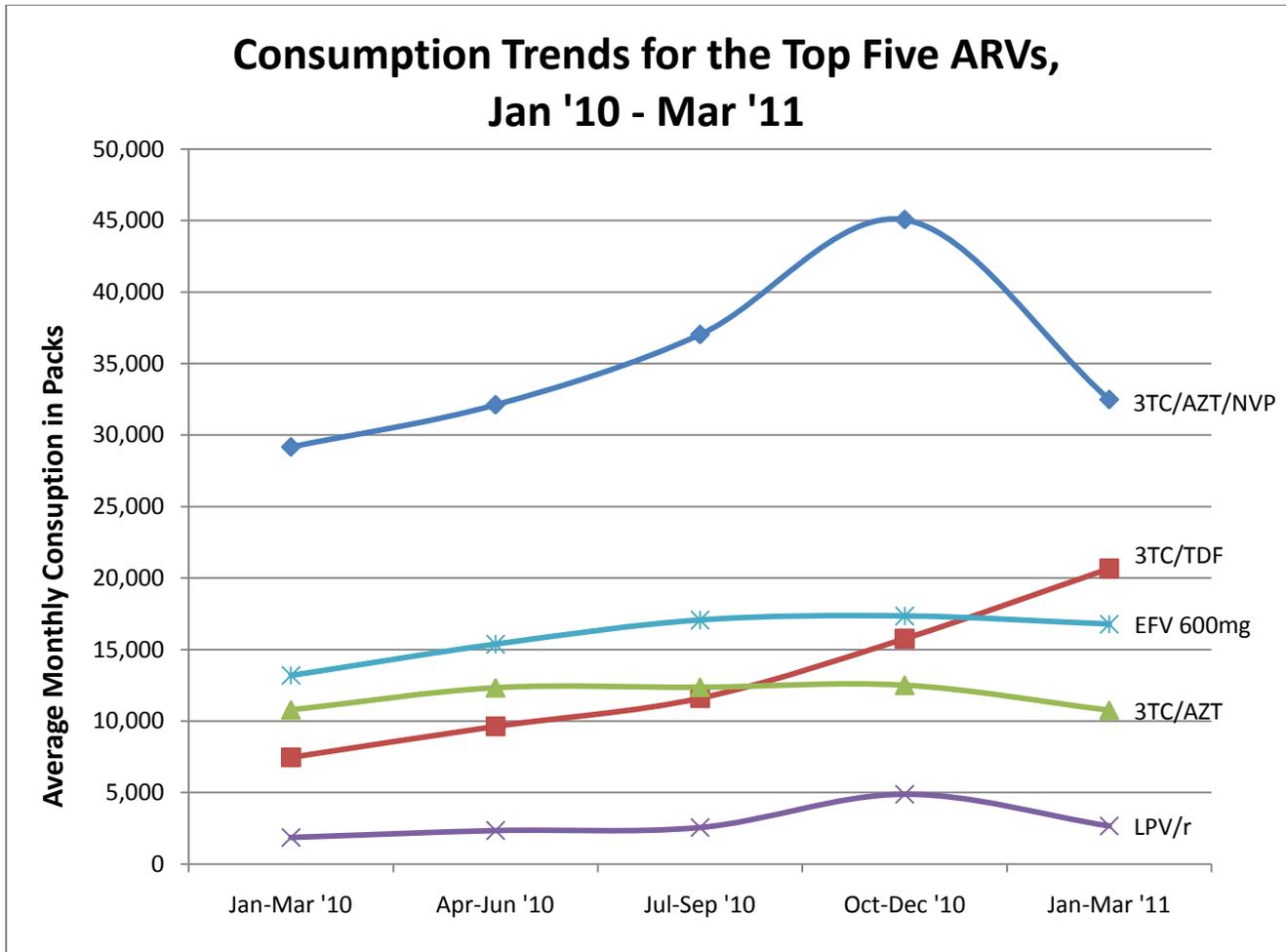
There was increased consumption of paediatric ARVs notably efavirenz 200mg capsules (up 321%), efavirenz 30mg/ml 180ml syrup (up 217%), nevirapine 10mg/ml 240ml syrup (up 91%), efavirenz 50mg capsules (up 81%). d4T 30mg tablets recorded the highest percentage increase in consumption between quarter 3 and quarter 4. On further investigation, it emerged that entire quantity of this item was dispensed in only one ART site –Katima Mulilo DH –and only to paediatric patients. There was also a 94% increase in consumption of Abacavir (ABC) 300mg tablets which needs further investigation to identify the underlying factors.

Generally, the emerging consumption patterns, especially increasing consumption of 3TC/TDF and decreasing consumption of 3TC/AZT and 3TC/AZT/NVP are consistent with the correct implementation of revised ART Treatment Guidelines.

Action:

- The Caprivi regional pharmacist and ART team should undertake further analysis of the use of d4T 30mg in Katima Mulilo to better understand the reasons for use in paediatric patients at this facility.

Figure 1: Consumption Trends for the Top Five ARVs, Jan 2010 to Mar 2011



Lamivudine-zidovudine-nevirapine FDC tablets still remain the most commonly dispensed item with an average of 32,481 units dispensed monthly over the Jan-Mar 2011 quarter, but this represents a significant decline from the peak of 45,057 in the quarter ending Dec 2010. On the other hand, the steady and consistent rise in consumption of lamivudine-tenofovir FDC tablets (up 31%) continued during this quarter in line with the revised National ART Treatment Guidelines that made this combination part of the first line treatment.

3.4 Short-dated, Expired and Damaged ARVs

Data on short-dated ARVs was reported by 17 facilities out of 44 (39%), but most of the facilities are still using the old ART AMR Template. The following 14 facilities are still using the old ART AMR template: Aranos HC, Grootfontein DH, Katutura IH, Mariental DH, Nankudu DH, Nyangana DH, Okahandja DH, Okakarara DH, Oshivelo DH, Otjiwarongo DH, Outapi DH, Rehoboth DH, Rundu IH, Tsumeb DH.

The total value of items reported in the March ART monthly reports as short dated (less than 6 months remaining shelf life) was N\$ 157,640. Table 5 below is a summary of short-dated ARVs while Annex IV provides a detailed list short-dated ARVs per facility that provided this data.

Table 5: Short-dated ARVs as at 31 March 2011

Description	Pack Size	Cost (NAD)	Quantity	Value (NAD)
d4T 30mg/ 3TC/NVP x 60	60	43.3	1184	\$ 51,267.20
AZT 100mg x 100	100	47.55	857	\$ 40,750.35
d4T 6mg/ 3TC 30mg x60	60	21.75	731	\$ 15,899.25
AZT 300mg x 60	60	56.08	176	\$ 9,870.08
LPV/r 200/50mg x 120	120	295.22	20	\$ 5,904.40
EFV 200mg x 90	90	48	114	\$ 5,472.00
d4T6mg/3TC 30mg/NVP 50mg x 60	60	29.29	185	\$ 5,418.65
d4T 15mg x 60	60	16.18	321	\$ 5,193.78
LPV/r (80/20mg)/ml 60ml	60ml	319.27	14	\$ 4,469.78
3TC 10mg/ml 240ml	240ml	17.05	198	\$ 3,375.90
AZT 10mg/ml 240ml	240ml	31.37	74	\$ 2,321.38
ddl 400mg x 30	30	167.44	12	\$ 2,009.28
d4T 20mg x 60	60	15.78	118	\$ 1,862.04
d4T 1mg/ml 200ml	200ml	21.72	70	\$ 1,520.40
ABC 300mg x 60	60	135.66	10	\$ 1,356.60
ddl 25mg x 60	60	88.65	9	\$ 797.85
d4T 12mg/ 3TC 60mg x60	60	46.98	2	\$ 93.96
EFV 50mg x 30	30	19.26	3	\$ 57.78
Grand Total				\$ 157,640.68

Of the 30 facilities that have adopted the ART templates, only nine are consistently providing data on short dated ARVs including the expiry date. These are: Karasburg DH, Katima Mulilo DH, Keetmanshoop DH, Khorixas DH, Luderitz DH, Okahao DH, Okongo DH, Opuwo DH and Swakopmund DH. This data is important because, apart from alerting the facility staff of potential expiries, it should also serve to triggers the regional pharmacist to initiate other actions such as stock rotation of slow-moving items so as to minimise losses.

Actions:

- ART site managers and regional pharmacists should ensure that facilities still using the old AMR template should immediately switch to the new template that enables them to record the quantity and expiry date of short-dated ARVs in separate columns.

- Regional pharmacists should routinely review the list of short-dated ARVs per facility before forwarding AMR reports to Pharmaceutical Services and so as to explore possibilities of stock rotation within their regions early enough minimise wastage.

Data on expiries and/or damages were reported by 37 facilities of out 44 (84%), a major improvement from the last quarter when only 11 facilities provided this data. The facilities that did not provide expiries and damages data are: Eenhana DH, Gobabis DH, Katutura HC, Khomasdal Clinic, Onandjokwe Hosp and Rosh Pinah Clinic.

The increased level of reporting may be attributed to the recent Supervisory Support Visits undertaken in January –February 2011 by the Div: Pharmaceutical Services in which facility staffs were sensitized about the data quality issues including accuracy and completeness of ART monthly reports.

Table 6: Expired/Damaged ARVs during the Quarter to March 2011

Description	Cost (NAD)	Quantity Expired /Damaged				Total Wastage Qty	Value (NAD)
		Jan-11	Feb-11	Mar-11			
d4T 30mg/ 3TC/NVP x 60	43.3	783	4,453	2,975	8,211	\$ 355,536.30	
NVP 200mg x 60	31.21	413	4,051	185	4,649	\$ 145,095.29	
NVP 10mg/ml 240ml	33.32	1,213	1,254	409	2,876	\$ 95,828.32	
AZT 10mg/ml 240ml	31.37	227	598	696	1,521	\$ 47,713.77	
d4T 30mg/ 3TC x 60	24.9	107	863	180	1,150	\$ 28,635.00	
EFV 200mg x 90	48		377	124	501	\$ 24,048.00	
AZT 100mg x 100	47.55	335			335	\$ 15,929.25	
ddl 8mg/ml 200ml	779.65	13			13	\$ 10,135.45	
TDF 300mg x 30	68.59	138	6		144	\$ 9,876.96	
LPV/r (80/20mg)/ml 60ml	319.27			30	30	\$ 9,578.10	
TDF 300mg/ 3TC 300mg x 30	76.58		108		108	\$ 8,270.64	
3TC/AZT/ABC x 60	236.4	33			33	\$ 7,801.20	
d4T 30mg x 60	20.72		180	180	360	\$ 7,459.20	
d4T 1mg/ml 200ml	21.72			233	233	\$ 5,060.76	
IDV 400mg x 180	371.73		11		11	\$ 4,089.03	
d4T 12mg/ 3TC 60mg x60	46.98	68			68	\$ 3,194.64	
ddl 25mg x 60	88.65	4		24	28	\$ 2,482.20	
RTV 100mg x 84	71.61	33			33	\$ 2,363.13	
3TC 10mg/ml 240ml	17.05	116			116	\$ 1,977.80	
AZT 300mg x 60	56.08		33		33	\$ 1,850.64	
ABC 20mg/ml 240ml	80.38		16		16	\$ 1,286.08	
d4T 15mg x 60	16.18		68		68	\$ 1,100.24	
ABC 300mg x 60	135.66			3	3	\$ 406.98	
d4T 20mg x 60	15.78	3	3	8	14	\$ 220.92	
d4T 6mg/ 3TC 30mg x60	21.75		10		10	\$ 217.50	
3TC 150mg x 60	21.6	3	5		8	\$ 172.80	
ddl 100mg x 60	78.41		1	1	2	\$ 156.82	
d4T 6mg/3TC 30mg/NVP 50mg x 60	29.29		3		3	\$ 87.87	
Grand Total						\$ 790,574.89	

The top 4 items on list constitute more than 80% of the value of all wastage of ARV reported during the quarter. Unlike in previous quarters where expiries were mainly observed with paediatric formulations, this quarter saw an increase in expiries/damages of adult formulations notably d4T 30mg/ 3TC/NVP which accounted for 45% of the value of all wastage reported. This could be attributed to change of ART Treatment Guidelines that effectively stopped the initiation of new patients on stavudine-based regimens and called for shifting of those who have been on stavudine for more than 2 years to tenofovir-based regimens.

Expiry of nevirapine 200mg tablets accounted for 18% of the value of all expiries precipitated a stock out crisis because no longer expiry batches were available in stock both at ART sites and centrally. It appears that CMS was holding large stocks of short expiry Nevirapine 200mg tablets and this may have been issued to ART sites with only a less than 3 months to expiry. In fact the expired quantity was lower because most new patients are now being started on treatment using of 3TC/TDF in combination with single dose nevirapine instead of the triple FDC 3TC/AZT/NVP.

Actions:

- Pharmacy staffs at ART sites are requested to update min-max stock levels quarterly to reflect changing consumption trends so as to avoid unnecessary stock losses.
- The EDT stock modules including quantification module should be used accurately and consistently in order to guide staffs on what to order and what to “rotate” to avoid wastages due to expiry.

3.5 Consumption Based Forecasting

A consumption-based forecast for FY 2011/12 was generated based on quantity consumed between April 2010 and March 2011 and the projected growth in patient numbers. ARVs showing steep decline in consumption resulted in negative future consumption and this was adjusted manually to a flat consumption pattern.

Table 7: Consumption Based Forecast for Financial Year 2011/2012

Description	Cost in NAD	AVERAGE MONTHLY CONSUMPTION				FORECAST ART POPULATION AND CONSUMPTION					
		AMC Apr-Jun '10	AMC Jul-Sep '10	AMC Oct-Dec '10	AMC Jan-Mar '11	AMC Apr-Jun '11	AMC Jul-Sep '11	AMC Oct-Dec '11	AMC Jan-Mar '12	FY 11/12 Annual Consumption	FY 11/12 Annual Value (NAD)
ART Population --->		83,326	86,083	89,494	94,757	100,000	104,500	109,500	115,000		
3TC/AZT/NVP x 60	92.31	32,114	37,029	45,057	32,481	37,440	34,621	30,862	31,937	404,581	\$ 37,346,847.60
TDF 300mg/ 3TC 300mg x 30	76.58	9,623	11,600	15,761	20,663	25,886	30,529	35,334	40,892	397,921	\$ 30,472,814.68
NVP 200mg x 60	31.21	6,653	7,680	12,708	13,239	17,383	20,073	22,247	26,061	257,293	\$ 8,030,110.80
EFV 600mg x 30	41.29	15,372	17,061	17,342	16,776	17,768	17,638	17,842	18,327	214,725	\$ 8,865,983.12
AZT/3TC x 60	77.52	12,339	12,371	12,516	10,767	10,429	9,562	8,558	7,867	109,247	\$ 8,468,805.54
LPV/r 200/50mg x 120	295.22	2,346	2,561	4,880	2,669	3,796	3,715	3,162	3,718	43,174	\$ 12,745,732.84
d4T 30mg/ 3TC/NVP x 60	43.30	6,707	9,156	5,969	5,791	4,944	3,398	2,956	1,641	38,816	\$ 1,680,749.25
d4T12mg/3TC60mg/NVP100mgx60	37.75	1,691	1,656	2,180	2,170	2,506	2,748	2,897	3,217	34,102	\$ 1,287,333.23
EFV 200mg x 90	48.00	409	873	361	1,520	1,733	2,122	2,789	3,141	29,352	\$ 1,408,905.60
TDF 300mg x 30	68.59	324	499	1,610	1,039	1,746	1,971	2,021	2,533	24,814	\$ 1,701,971.85
d4T6mg/3TC 30mg/NVP 50mg x 60	29.29	817	886	1,116	1,151	1,355	1,484	1,596	1,783	18,655	\$ 546,413.03
AZT 300mg x 60	56.08	1,420	1,471	1,688	1,425	1,533	1,496	1,418	1,455	17,704	\$ 992,851.53
EFV 50mg x 30	19.26	805	732	622	1,124	1,139	1,354	1,604	1,737	17,505	\$ 337,141.84
d4T 30mg/ 3TC x 60	24.90	4,331	3,637	2,812	2,570	1,555	1,423	1,423	1,423	17,472	\$ 435,055.80
NVP 10mg/ml 240ml	33.32	1,014	758	612	1,171	1,074	1,298	1,521	1,597	16,470	\$ 548,786.66
LPV/r (80/20mg)/ml 60ml	319.27	471	695	647	763	886	930	1,046	1,142	12,011	\$ 3,834,889.70
ABC 300mg x 60	135.66	242	276	309	599	716	888	1,084	1,248	11,810	\$ 1,602,152.90
d4T 6mg/ 3TC 30mg x60	21.75	329	259	451	518	628	753	835	965	9,542	\$ 207,545.81
AZT 100mg x 100	47.55	598	421	771	597	692	760	717	804	8,917	\$ 423,992.33
AZT 10mg/ml 240ml	31.37	1,049	1,024	734	413	413	413	413	413	4,957	\$ 155,487.02
d4T 15mg x 60	16.18	139	209	349	232	336	342	334	394	4,216	\$ 68,209.10
d4T 12mg/ 3TC 60mg x60	46.98	612	642	593	491	448	371	302	234	4,063	\$ 190,873.35

Description	Cost in NAD	AVERAGE MONTHLY CONSUMPTION				FORECAST ART POPULATION AND CONSUMPTION					
		AMC Apr-Jun '10	AMC Jul-Sep '10	AMC Oct-Dec '10	AMC Jan-Mar '11	AMC Apr-Jun '11	AMC Jul-Sep '11	AMC Oct-Dec '11	AMC Jan-Mar '12	FY 11/12 Annual Consumption	FY 11/12 Annual Value (NAD)
ART Population --->		83,326	86,083	89,494	94,757	100,000	104,500	109,500	115,000		
3TC 150mg x 60	21.60	767	928	845	294	294	294	294	294	3,529	\$ 76,216.71
d4T 1mg/ml 200ml	21.72	279	411	309	305	308	260	262	238	3,205	\$ 69,610.05
3TC 10mg/ml 240ml	17.05	816	1,051	671	632	494	299	220	37	3,151	\$ 53,724.82
ddl 25mg x 60	88.65	147	152	543	60	203	130	141	141	1,845	\$ 163,591.79
d4T 20mg x 60	15.78	340	633	309	315	260	117	99	41	1,552	\$ 24,496.96
ABC 20mg/ml 240ml	80.38	117	113	134	109	114	110	101	101	1,279	\$ 102,831.27
EFV 30mg/ml 180ml	186.56	23	23	16	51	55	70	89	100	943	\$ 175,876.99
d4T 30mg x 60	20.72	1	9	5	39	49	66	87	102	911	\$ 18,878.08
RTV 100mg x 84	71.61	27	41	36	47	54	58	67	73	759	\$ 54,351.44
ddl 400mg x 30	167.44	13	8	40	22	37	42	40	51	512	\$ 85,685.81
ddl 250mg x 30	117.02	47	59	59	39	41	30	21	16	324	\$ 37,920.37
ddl 125mg x 60	100.20	191	88	2	9	15	21	27	34	294	\$ 29,448.71
3TC/AZT/ABC x 60	236.40	23	34	38	15	18	18	18	18	216	\$ 50,998.05
IDV 400mg x 180	371.73	10	12	10	11	11	10	10	10	123	\$ 45,816.18
ddl 100mg x 60	78.41	226	113	6	16	0	0	0	0	0	\$ -
ddl 8mg/ml 200ml	779.65	-	-	2	0	0	0	0	0	0	\$ -
TOTAL ANNUAL VALUE											\$ 122,342,100.80

The outcome of this forecast differs significantly from that in the previous report mainly because the previous forecast relied on consumption data changes from quarter 3 to quarter 4 only to predict future requirements. The previous forecast data was biased by the observed spike in consumption in November that is attributed to bulk dispensing by many ART sites to cover the needs of patients throughout the holiday period. This forecast considered the one-year period from April 2010 to March 2011 to predict requirements for the next twelve months.

The population projection used to generate the forecast assumes that patient growth will continue at the rate of 4 – 6% quarter on quarter for the next three quarters. This consumption forecast will complement CMS issues data in guiding procurement planning for the next 3-4 quarters of this financial year.

4 PATIENT INFORMATION

4.1 ART Population

Table 8 below shows the total number of adult and paediatric patients receiving ART at each facility and the regional distribution of total ART population as at 31 March 2011.

Table 8: Number of Active Patients on ART per Facility as at March 2011

Facility Name	Type	Region	Adults	Paediatrics	Total	% of National
Katima Mulilo	Hospital	Caprivi	4,236	474	4,710	5.0%
		Caprivi Total	4,236	474	4,710	5.0%
Omaruru	Hospital	Erongo	515	39	554	0.6%
Swakopmund	Hospital	Erongo	2,038	89	2,127	2.2%
Usakos	Hospital	Erongo	334	21	355	0.4%
Walvis Bay	Hospital	Erongo	3,417	123	3,540	3.7%
		Erongo Total	6,304	272	6,576	6.9%
Aranos HC	HC	Hardap	151	12	163	0.2%
Mariental	Hospital	Hardap	660	58	718	0.8%
Rehoboth	Hospital	Hardap	666	35	701	0.7%
		Hardap Total	1,477	105	1,582	1.7%
Karasburg	Hospital	Karas	480	18	498	0.5%
Keetmanshoop	Hospital	Karas	805	58	863	0.9%
Luderitz	Hospital	Karas	1,151	58	1,209	1.3%
Rosh Pinah	Clinic	Karas	212	4	216	0.2%
		Karas Total	2,648	138	2,786	2.9%
Andara	Hospital	Kavango	822	63	885	0.9%
Nankudu	Hospital	Kavango	1,452	180	1,632	1.7%
Nyangana	Hospital	Kavango	1,250	136	1,386	1.5%
Rundu	Hospital	Kavango	5,236	458	5,694	6.0%
		Kavango Total	8,760	837	9,597	10.1%
Dordabis	Clinic	Khomas	52	6	58	0.1%
Katutura HC	HC	Khomas	5,702	150	5,852	6.2%
Katutura IH	Hospital	Khomas	4,574	569	5,143	5.4%
Khomasdai	Clinic	Khomas	560	11	571	0.6%
Robert Mugabe	Clinic	Khomas	451	3	454	0.5%
Windhoek CH	Hospital	Khomas	1,424	0	1,424	1.5%
		Khomas Total	12,763	739	13,502	14.2%
Khorixas	Hospital	Kunene	641	33	674	0.7%
Opuwo	Hospital	Kunene	641	33	674	0.7%
Outjo	Hospital	Kunene	491	31	522	0.6%
		Kunene Total	1,773	97	1,870	2.0%
Eenhana	Hospital	Ohangwena	2,934	439	3,373	3.6%

Facility Name	Type	Region	Adults	Paediatrics	Total	% of National
Engela	Hospital	Ohangwena	2,970	357	3,327	3.5%
Odibo	HC	Ohangwena	1,120	94	1,214	1.3%
Okongo	Hospital	Ohangwena	1,096	148	1,244	1.3%
Ongha	HC	Ohangwena	921	139	1,060	1.1%
		Ohangwena Total	9,041	1,177	10,218	10.8%
Gobabis	Hospital	Omaheke	1,177	72	1,249	1.3%
		Omaheke Total	1,177	72	1,249	1.3%
Okahao	Hospital	Omusati	1,981	325	2,306	2.4%
Onesi	Clinic	Omusati	469	81	550	0.6%
Oshikuku	Hospital	Omusati	2,963	491	3,454	3.6%
Outapi	Hospital	Omusati	4,542	652	5,194	5.5%
Tsandi	Hospital	Omusati	927	131	1,058	1.1%
		Omusati Total	10,882	1,680	12,562	13.3%
Ongwediva	HC	Oshana	1,021	181	1,202	1.3%
Oshakati	Hospital	Oshana	10,980	1,439	12,419	13.1%
		Oshana Total	12,001	1,620	13,621	14.4%
Onandjokwe	Hospital	Oshikoto	8,217	1,677	9,894	10.4%
Oshivelo	Clinic	Oshikoto	346	39	385	0.4%
Tsumeb	Hospital	Oshikoto	944	58	1,002	1.1%
		Oshikoto Total	9,507	1,774	11,281	11.9%
Grootfontein	Hospital	Otjozondjupa	1,386	87	1,473	1.6%
Okahandja	Hospital	Otjozondjupa	1,055	86	1,141	1.2%
Okakarara	Hospital	Otjozondjupa	266	22	288	0.3%
Osire	Clinic	Otjozondjupa	49	7	56	0.1%
Otjiwarongo	Hospital	Otjozondjupa	2,141	104	2,245	2.4%
		Otjozondjupa Total	4,897	306	5,203	5.5%
		Grand Total	85,466	9,291	94,757	100.0%
		Percentage	90.2%	9.8%	100.0%	0.0%

The total number of patients on ART has increased by 5.9% from 89,494 at the end of last quarter i.e. December 2010 to 94,757 as at 31 March 2011. The proportion of adults and paediatrics on treatment has remained fairly constant whereby adults constitute 90.2% of total ART population nationally while paediatrics constitutes 9.8% of the total ART Population as illustrated in figure below.

Figure 2: Proportion of Adult and Paediatric ART Population as at Dec 2010

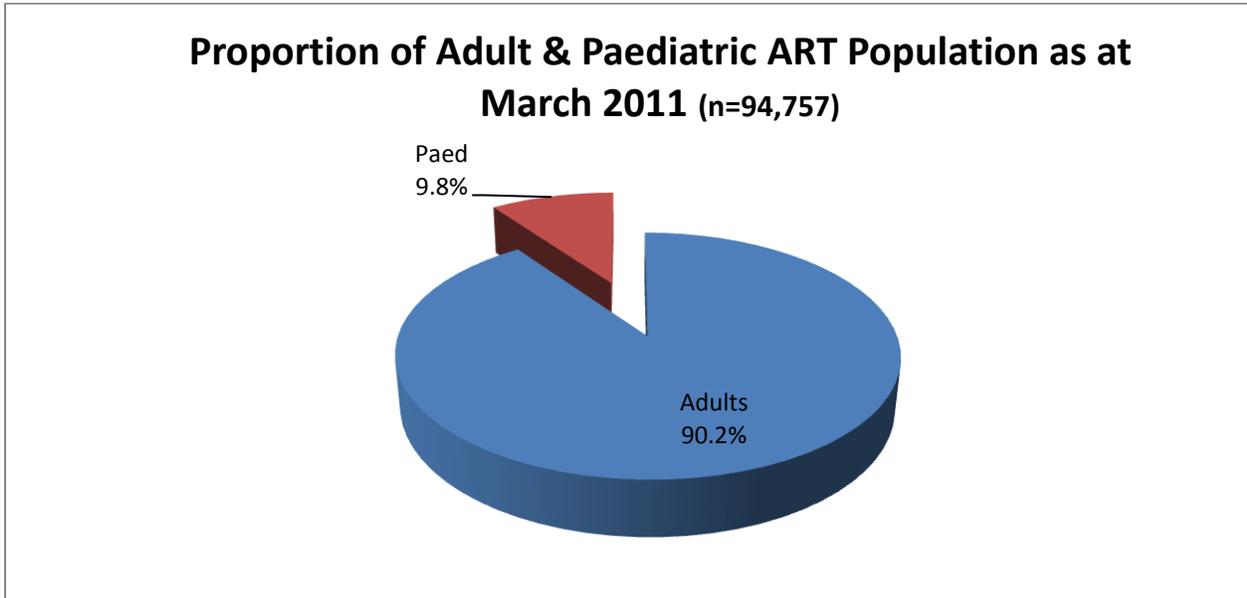
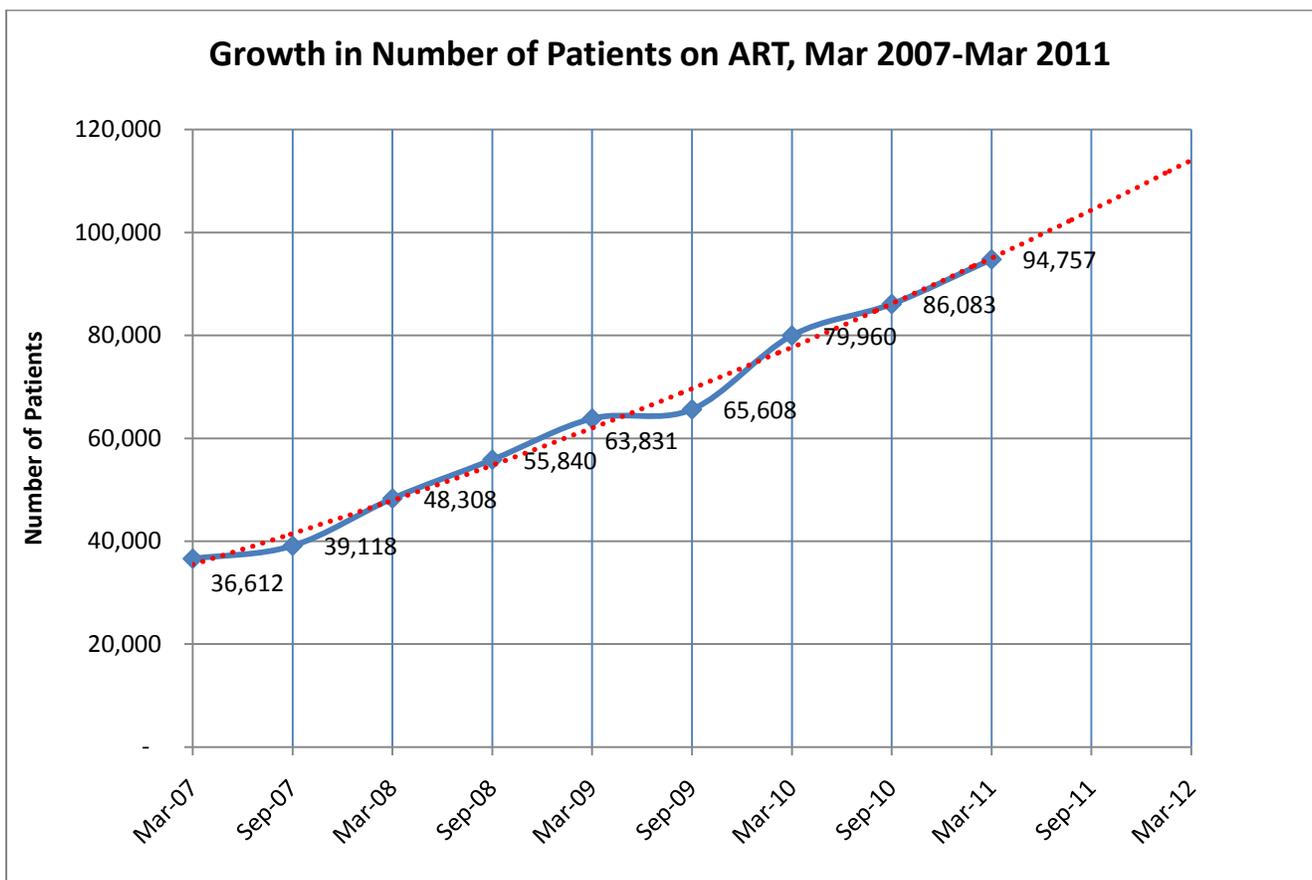


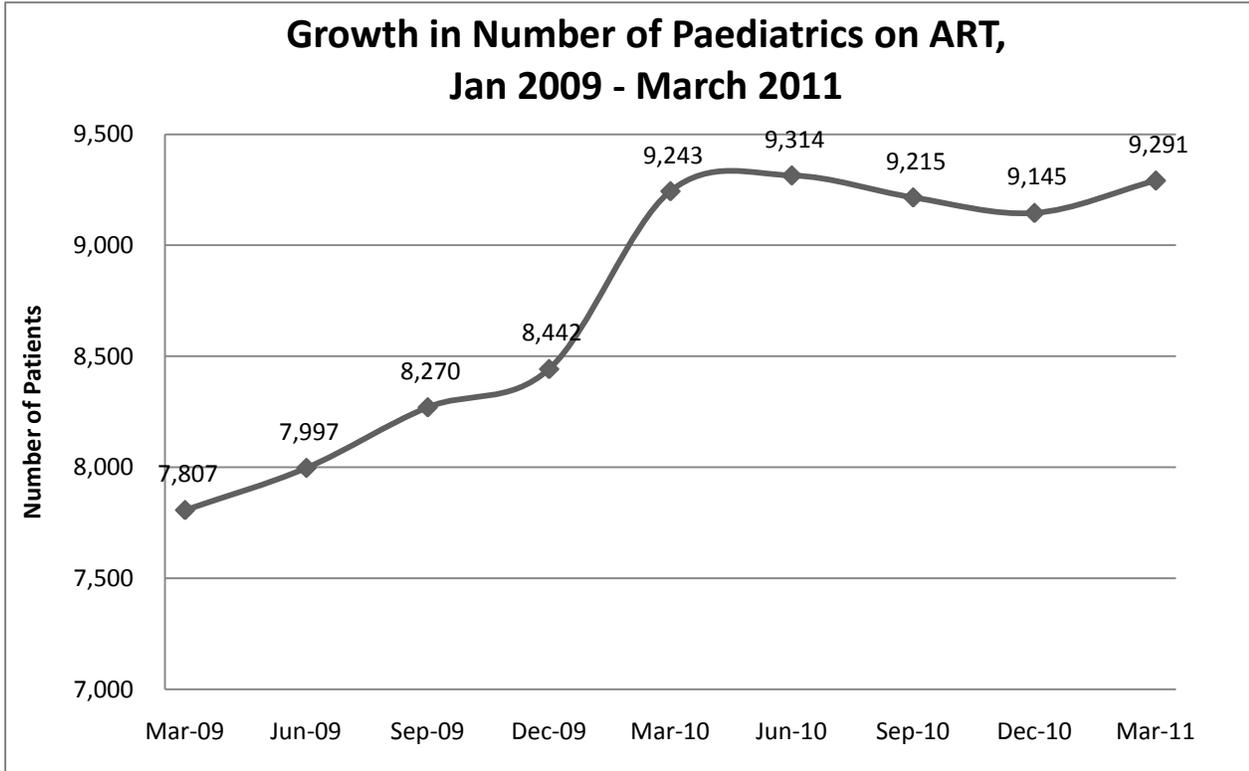
Figure 3: ART Patient Population Growth



As illustrated in Figure 3 above, the total ART population continued on an upward trend during this quarter under review. The trend line shows that if the current growth momentum is sustained, the number of patients on treatment is expected to hit the 100,000 mark by June 2011 and just below 110,000 by December 2011.

Therefore health facilities staffs are requested to continue monitoring the patient uptake carefully and take necessary actions to incorporate the changing needs for ARVs in line with the revised National ART Treatment Guidelines. Program managers are also requested to monitor the patient figures closely and so as to guide decision making regarding resource allocation.

Figure 4: Number of Paediatrics on ART



The declining trend in the paediatric population on ART that began in the July-September 2010 quarter saw a reversal during this quarter with upward trend with the number of paediatric patients on ART going up by about 1.6% from 9,145 at the end of last quarter to 9,291 at the end of this quarter. However, the number is still below the peak reached in June 2010.

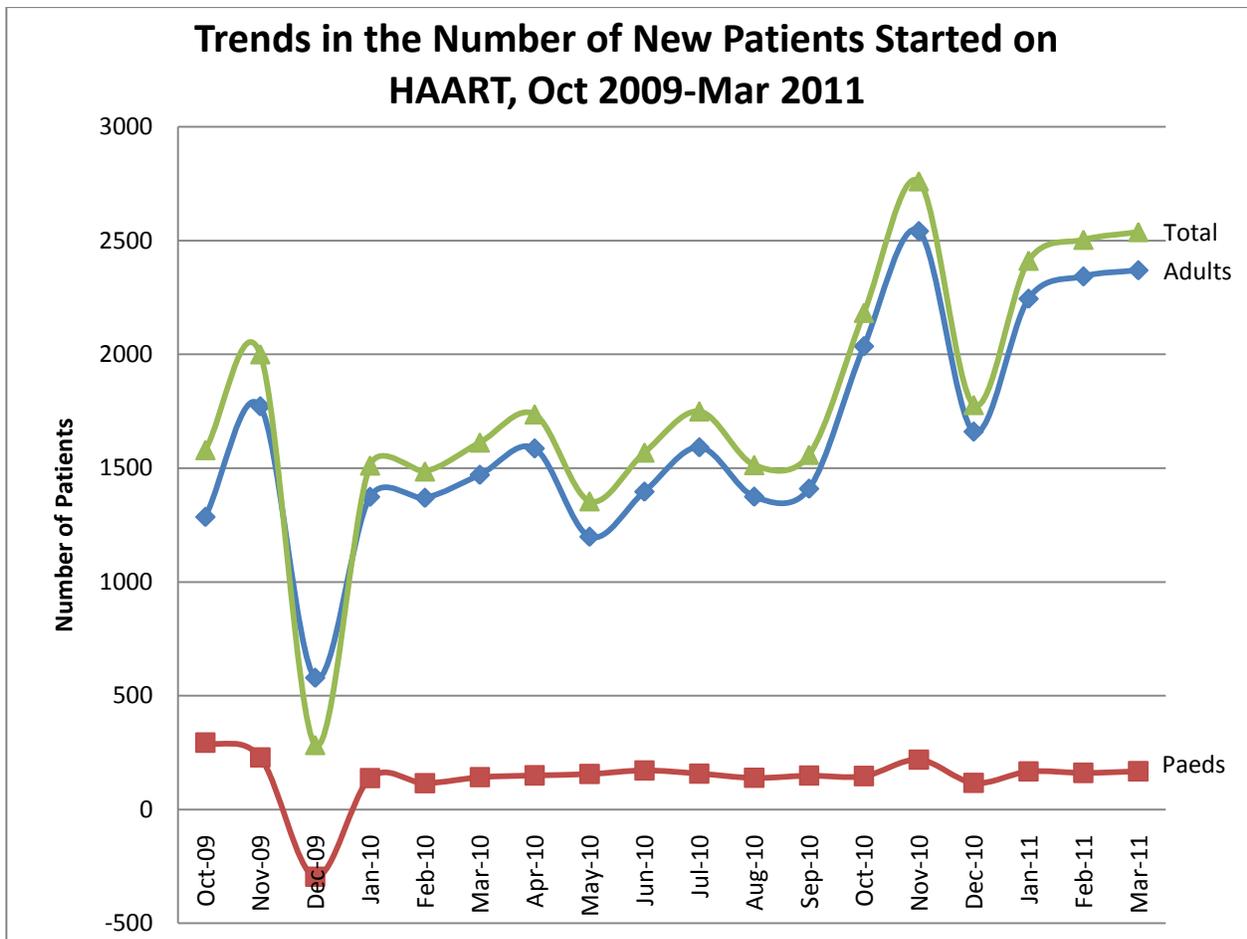
4.2 New Patients Started on ART

A total of 7,373 new patients were started on ART during this quarter of which 6,964 were adults and 409 were paediatrics. This represents an 11.6% jump in adult patient uptake and but a 15.3 % drop in paediatrics patient uptake when compared with the previous quarter.

The increase in patient uptake still continues to grow and can be attributed to the launch of the revised ART Treatment Guidelines in which the ART eligibility criteria was expanded to cover all

patients with a CD4 cell count ≤ 350 cells/mm³ including pregnant women irrespective of WHO clinical stage. Patient uptake is expected to continue rising in the short to medium term as ART sites continue to implement the revised ART Treatment Guidelines.

Figure 5: Number of New Patients initiated on ART



4.3 ART Coverage & Distribution of ART Patients by Region

The percentage contribution by each region to the national ART patients' population at the end of reporting period is as illustrated in the chart below. At over 14% of national total, Oshana and Khomas regions continue to have the highest ART population as in previous quarter while Omaheke, Kunene and Hardap regions have the lowest ART Population with fewer than 2% of national total ART population.

Figure 6: Distribution of ART Patient Population by Region

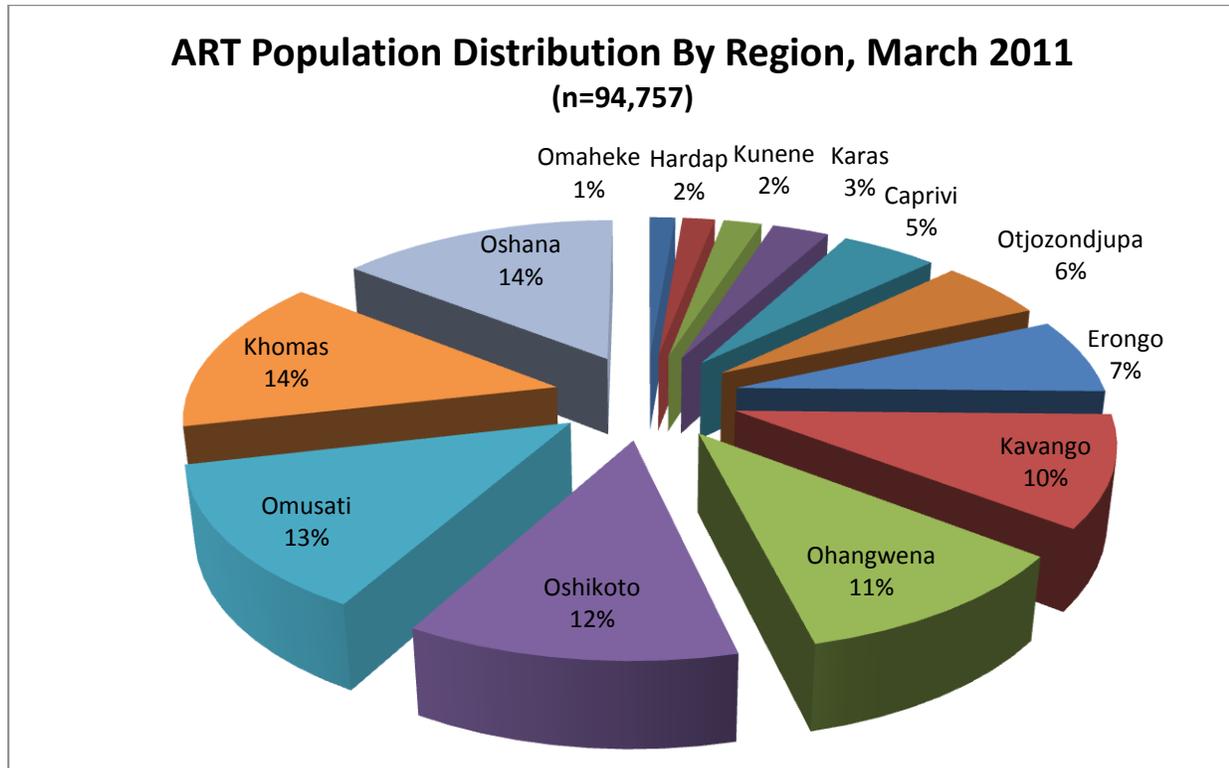


Figure 7: Facilities with the Highest Patient Load

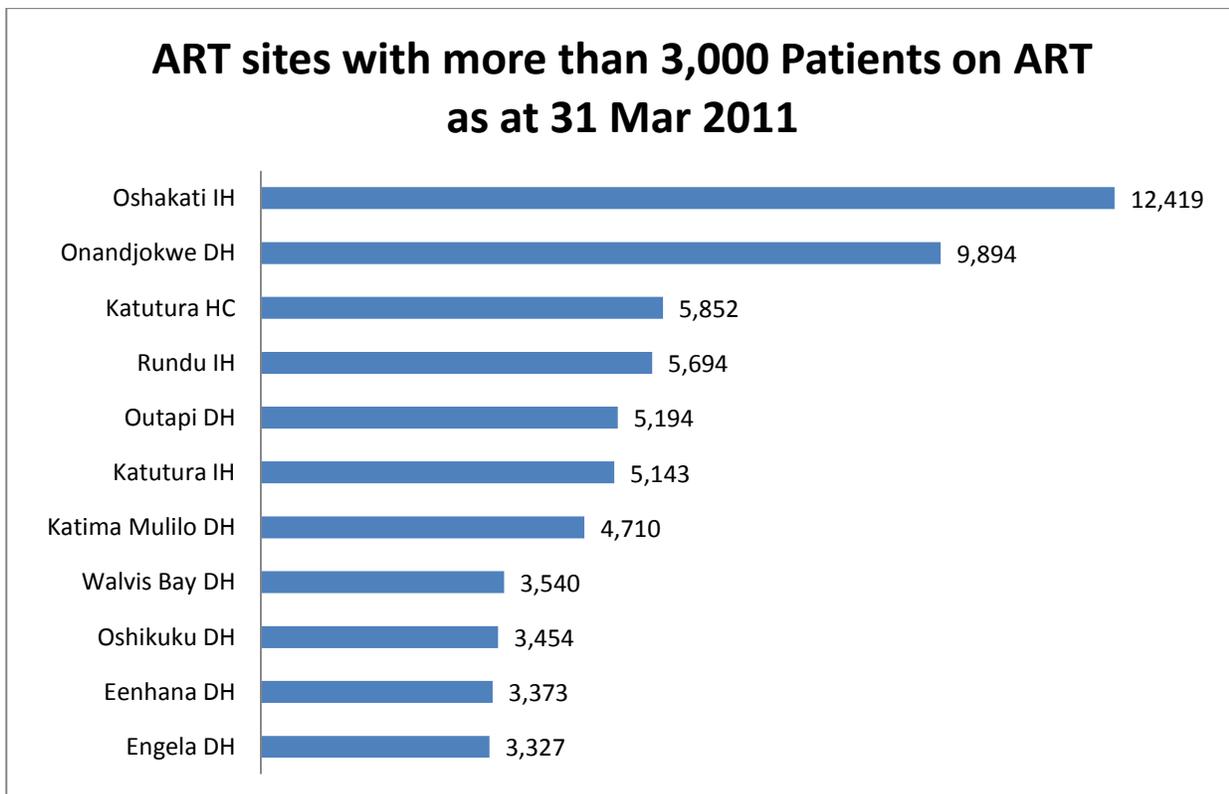


Figure 7 shows the 11 ART Sites with an ART patient population greater than 3,000. Assuming that each patient gets to visit the health facility once a month and patients' visits are distributed evenly for each of available maximum of 22 working days in a month, a facility with 3,000 ART patients will see at least 135 patients every day. When this statistic is computed for the high burden facilities, it reveals a very remarkable workload indicator. For example, Intermediate Hospital Oshakati with 12,419 ART patients sees at least 564 ART patients per day; Onandjokwe Hospital with 9894 ART patients sees 450 patients per day at and Katutura Health Centre with 5,852 ART patients sees 266 patients per day. However, pharmacy workload is more accurately provided by the PMIS indicator HF20 that captures 'the number of prescriptions per dispenser per day'. Table 9 below shows the results obtained for the PMIS indicator HF20 as at September 2010 for the 11 ART facilities with high patient load.

Table 9: Selected PMIS Results for Pharmacy Workload Indicator (HF20), Sep 2010

Facility	# prescriptions /day	# dispensers	# prescriptions /dispenser /day (HF20)
Rundu Hospital	900.6	6	150.1
Engela Hospital	224.6	2	112.3
Oshakati Hospital	999.2	11	90.8
Oshikuku Hospital	238.4	3	79.5
Onandjokwe Hospital	420.1	6	70.0
Katutura Hospital	742.3	11	67.5
Outapi Hospital	307.1	5	61.4
Eenhana Hospital	122.2	2	61.1
Walvis Bay Hospital	233.1	4	58.3
Katima Mulilo Hospital	312.5	8	39.1

A low health worker to patient ratio usually has a negative impact on the quality of health care services. For ART service delivery, unmanageable patient load can result in inadequate patient monitoring mechanisms leading to treatment failure and eventually drug resistance. Regional health teams and program managers are encouraged to make use of this data that is routinely collected to motivate for adequate staffing and other resources for facilities providing ART services so as not to compromise the quality of care.

Figure 8: National Distribution of Adult and Paediatric ART Population

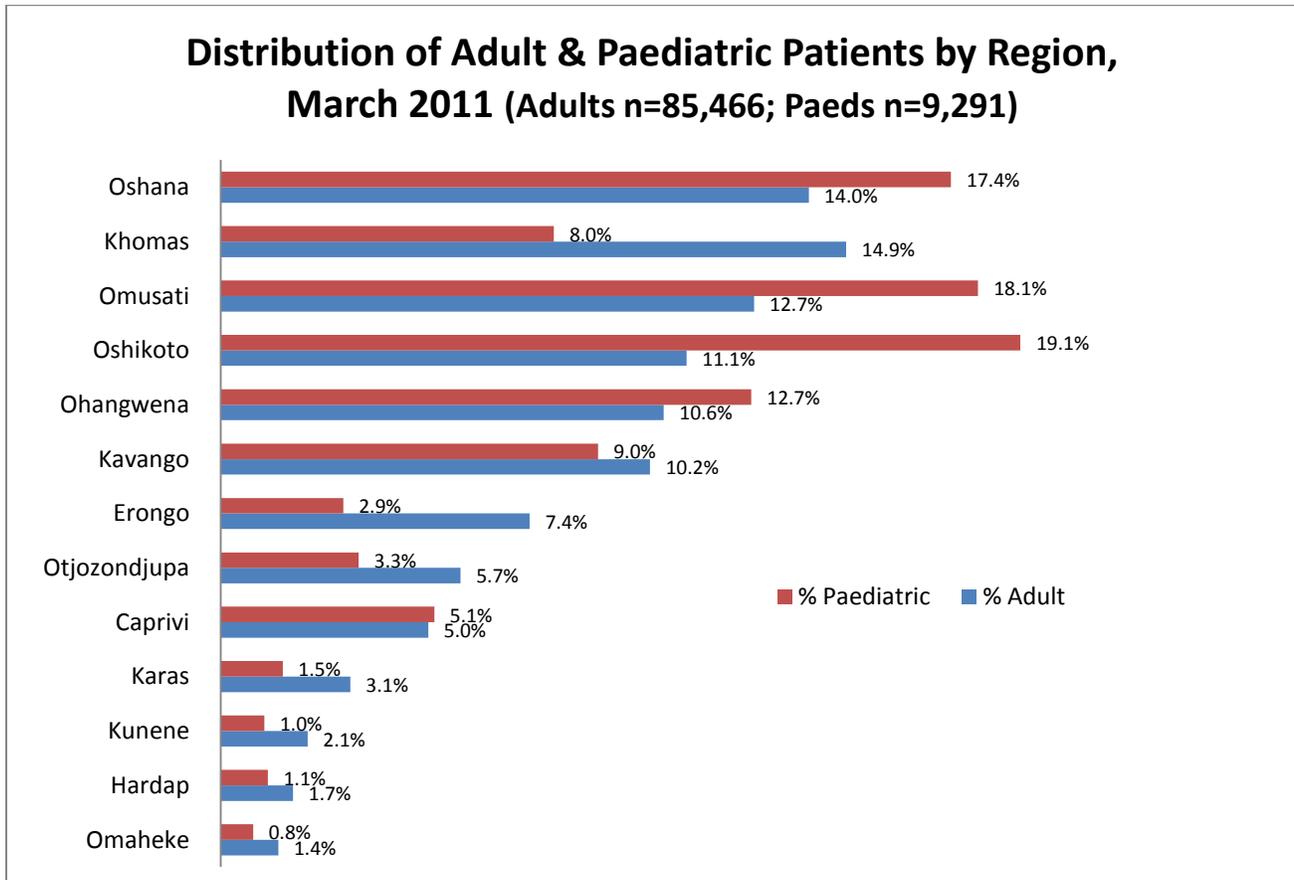


Figure 6 above illustrates the percentage distribution of adult and paediatric population in all thirteen regions of Namibia. At just below one-fifth of national total, Oshikoto region has highest paediatric ART population while Omaheke has the lowest paediatric ART population at just below 1%. Khomas has highest adult population at almost 15% of national total while Omaheke, once again has lowest adult population. About 48% of the adult population and two-thirds of paediatric ART population is concentrated in the North West Health District comprising Oshikoto, Oshana, Omusati and Ohangwena regions –a reflection of the Namibia’s population distribution.

The 2010 National HIV Sentinel Survey report provides estimates of HIV prevalence in all 13 regions of Namibia. These prevalence rates when are used to compute the number of people living with HIV (PLHIV) result in a total of 454,892 HIV positive individuals nationally. Of this number, the 2010 Spectrum model projected the upper bound in need for ART population to be 120,672 comprising 105,214 adults (87.2%) and 15,458 children (12.8%) for the period 2010/11. The in need for ART population therefore translates to 26.5% of the HIV+ population and this percentage was used to estimate the in need for ART in each of the 13 regions of Namibia. The estimated in need for ART population was compared to the actual population on ART to obtain ART coverage per region.

Table 10: Estimates of PLHIV and ART Coverage by Region, March 2011

Region	Population Estimate ¹	HIV Prevalence ²	HIV+ Population	Estimated in Need for ART (26.5% of PLHIV) ³			Actual Number on ART Treatment		ART Coverage (%)	
				Total In Need	Adult (87.2%)	Paeds (12.8%)	Adults	Paeds	Adult	Paeds
Omaheke	84,971	15.6%	13,255	3,516	3,066	450	1,177	72	38.4%	16.0%
Khomas	356,201	23.4%	83,351	22,111	19,279	2,832	12,763	739	66.2%	26.1%
Caprivi	93,729	35.6%	33,368	8,852	7,718	1,134	4,236	474	54.9%	41.8%
Kunene	81,423	12.8%	10,422	2,765	2,411	354	1,773	97	73.6%	27.4%
Kavango	281,093	19.2%	53,970	14,317	12,483	1,834	8,760	837	70.2%	45.6%
Karas	77,875	15.6%	12,149	3,223	2,810	413	2,648	138	94.2%	33.4%
Otjozondjupa	173,582	12.9%	22,392	5,940	5,179	761	4,897	306	94.6%	40.2%
Ohangwena	282,726	18.6%	52,587	13,950	12,163	1,787	9,041	1,177	74.3%	65.9%
Hardap	70,114	9.0%	6,310	1,674	1,460	214	1,477	105	101.2%	49.0%
Erongo	120,935	17.0%	20,559	5,454	4,755	699	6,304	272	132.6%	38.9%
Omusati	261,656	19.8%	51,808	13,743	11,983	1,761	10,882	1,680	90.8%	95.4%
Oshikoto	195,841	24.0%	47,002	12,468	10,871	1,597	9,507	1,774	87.5%	111.1%
Oshana	190,116	25.1%	47,719	12,659	11,037	1,622	12,001	1,620	108.7%	99.9%
National	2,270,262		454,892	120,672	105,214	15,458	85,466	9,291	81.2%	60.1%

Notes

¹Source: MoHSS Regional population estimates based 2001 Population Census

²Source: National HIV Sentinel Survey 2010

³Source: Based on Spectrum Results Namibia 2010 Model 3.49 Upper bounds in need

Figure 9: ART Coverage by Region

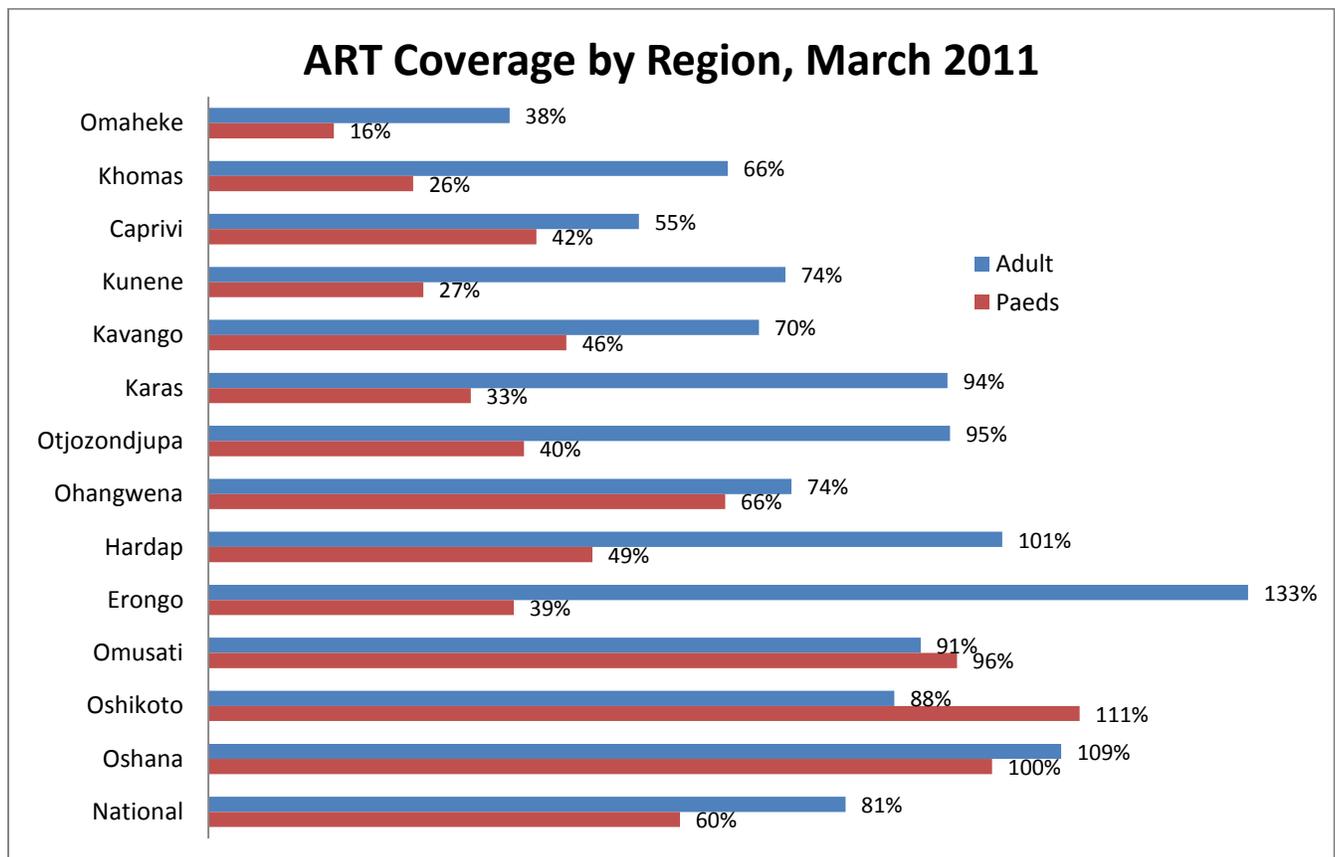


Figure 9 above shows that while the national ART coverage averages 81% for adults and 60% for children, ART coverage varies widely from one region to another. The coverage for adults varies from a high of 133% in Erongo region to a low of 38% in Omaheke region while coverage for children varies from a high of 111% in Oshikoto region to a low of 16% in Omaheke region. Oshana region has the highest overall ART coverage, followed by Oshikoto and Omusati regions. On the other hand, Omaheke region has the lowest overall ART coverage followed Khomas and Caprivi regions.

When interpreting these results, it should be noted that while the National HIV Sentinel Survey relies on HIV test results of pregnant women visiting antenatal clinics (ANC), Spectrum modelling involves triangulation of data to arrive at the HIV prevalence rate in the general population, which is always lower than the ANC prevalence rate. It is also probable that regional population distribution patterns have changed significantly from those of 2001 from which projections continue to be made which subsequently affects the estimated HIV+ population per region. Nevertheless, program managers at Directorate of Special Programs need to examine more deeply the factors behind relatively low ART coverage in Omaheke, Khomas and Caprivi regions and implement corrective interventions. Greater focus should be directed at improving ART coverage in children in Omaheke, Khomas, Kunene and Caprivi regions.

4.4 ART Services at Outreach Service Points

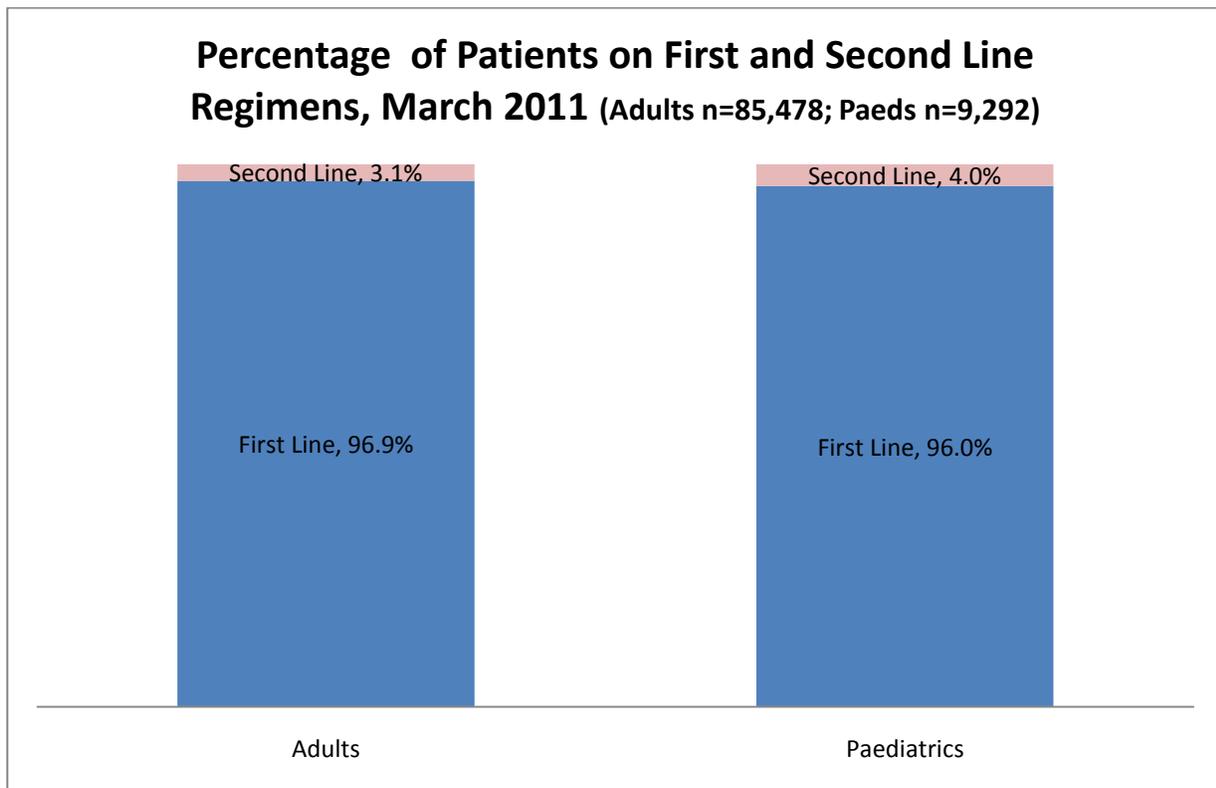
Due to lack of consistency in reporting of outreach activities which makes it difficult to compare trends over time, analysis of patient numbers at outreach service points was not done for this quarter. All pharmacy staff are reminded to complete all data sets in the latest ART Monthly Report template (see Annex 1) to ensure timely, consistent, complete and accurate reporting. Good quality data will help the facilities to take informed decisions at the user level as well as regional and national level to plan better for decentralization of ART services.

5. REGIMEN TRENDS AND ANALYSIS

5.1 Distribution of First and Second line Regimens

Second line regimens are generally reserved for cases where there is documented clinical, immunological or virological failure. Severe side effects to specific first line ARV medicines may also necessitate switching to ARVs normally reserved for second line treatment. A measure of the number of patients on second line regimens therefore gives us a general picture of the extent of failure of therapy on first line regimens, although some cases of second line are deliberate policy decisions due to circumstances. Figure 10 below shows the percentage of patients in the ART population on first line and second line treatment regimens.

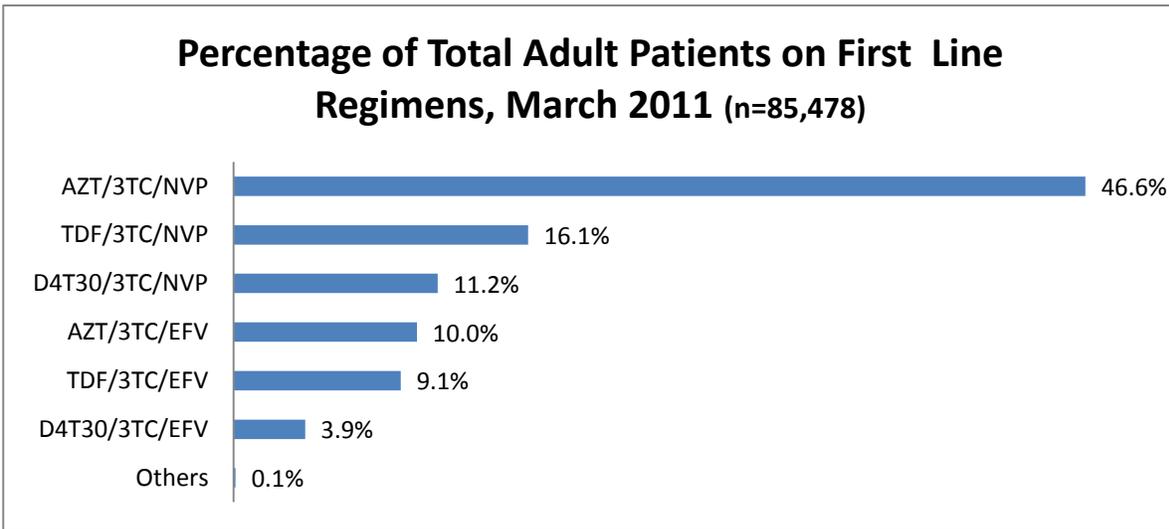
Figure 10: Distribution of First and Second line Regimens



The percentage of adults taking second line treatment regimens remained unchanged at 3.1% as with the previous quarter while the percentage paediatric population taking second line treatment fell slightly to stand at 4% from 4.6% in the last quarter. Stavudine-lamivudine-and-ritonavir-boosted-lopinavir based regimen is treated as first line regimen according to revised recommendations in the National ART Treatment guidelines. Only the commonly prescribed regimens are considered when compiling data for the ART Monthly Report –twenty-one (21) adults regimens and twelve (12) paediatric regimens –with the rest of the regimens, accounting for less than 0.5% total patient, being lumped together under the category “other”. For the purpose of this analysis, regimens categorised as “other” were considered to be “first line”. Annex 1 and II provide details of regimen classification.

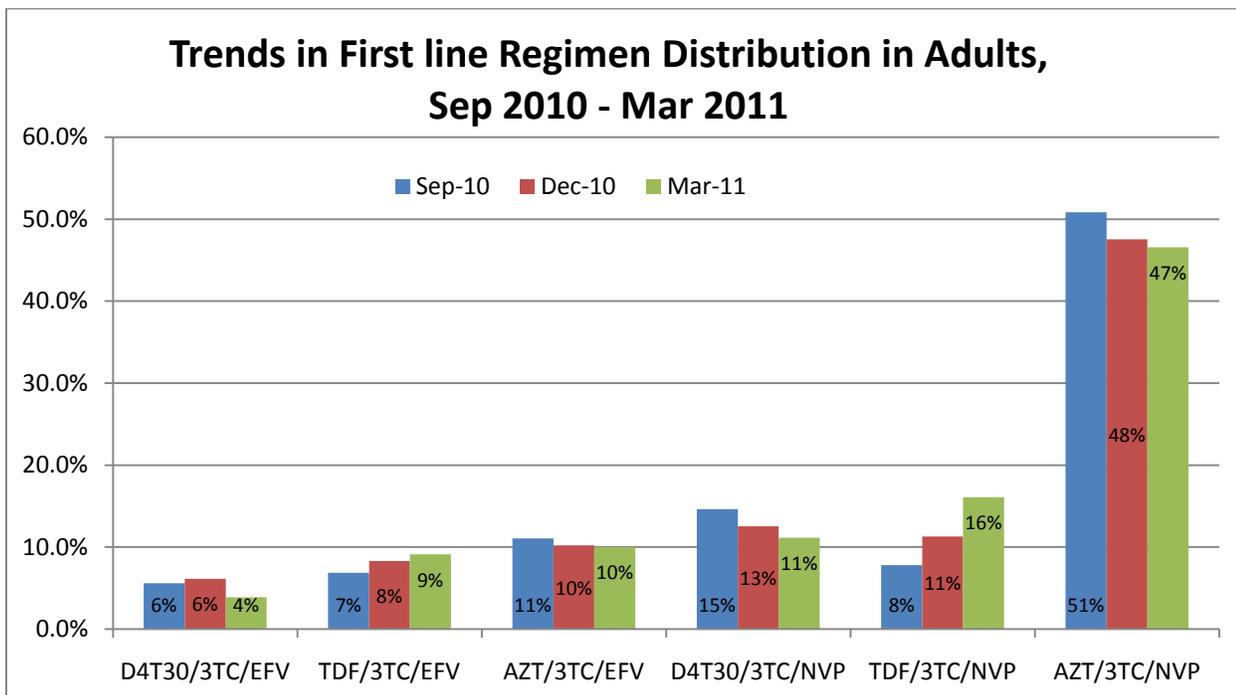
5.2 Distribution of Adult Regimens

Figure 11: Distribution of First Line Adult ART Regimens



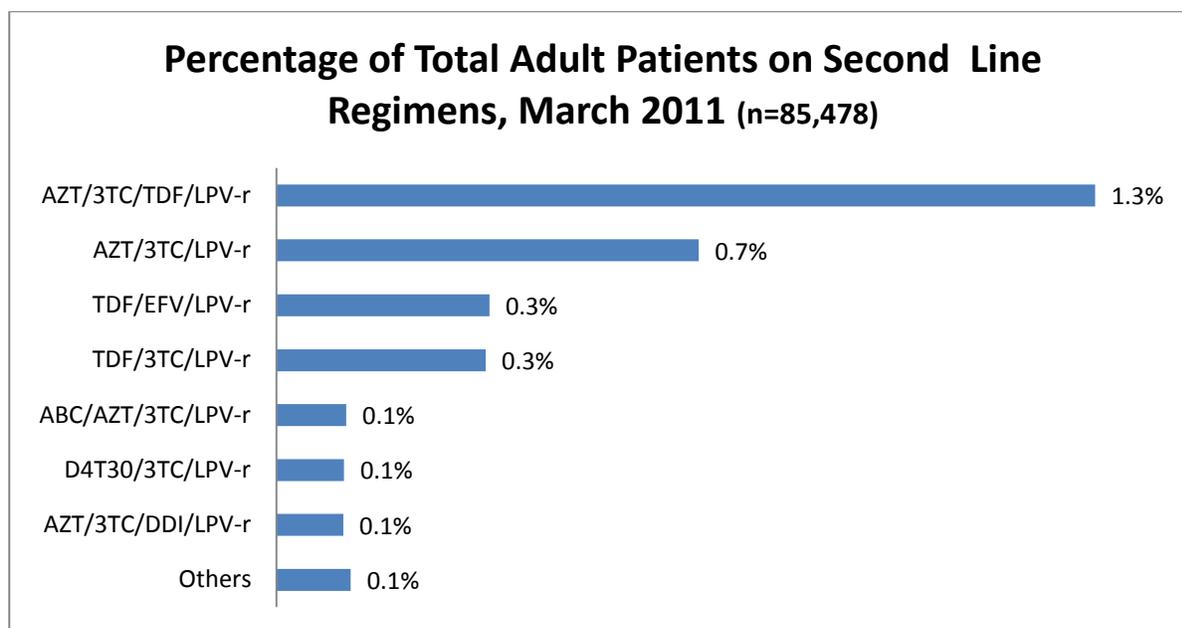
Zidovudine-lamivudine-and-nevirapine combination that was the recommended first line treatment in the previous ART treatment guidelines published in 2008 remains the most commonly used adult regimen with over 46% of the total adult population. With the launch of revised ART Treatment Guidelines in 2010, the proportion of patients on tenofovir-based first line regimens continues to and now stands at just over one-quarter from slightly below one-fifth of the total ART adult population in the previous quarter ended December 2010.

Figure 12: Trends in Distribution of First Line Adult ART Regimens



As expected, the number of adult patients on stavudine-based regimens continues on a downward trend and now only accounts for about 15% of total adult population. ART service providers are reminded to monitor the duration that patients have been on stavudine-based regimens with the intention of switching all those over 2 years to tenofovir-based regimens as per guidelines. Pharmacy staffs are requested to carefully monitor the consumption of stavudine containing dosage forms used for adult treatment to avoid unnecessary stock wastage situations.

Figure 13: Distribution of Second Line Adult ART Regimens



Overall, 2,608 (3.1%) of ART adult patients are on second line regimens out of which 42% are taking the recommended second line regimen i.e. TDF/AZT/3TC/LPV/r and just over one-fifth are taking the same combination without tenofovir. The simplification of adult second line treatment in the 2010 ART Treatment Guidelines where TDF/AZT/3TC/LPV/r was made the regimen of choice has relegated ABC and ddI to backup options only to be used in case of AZT or TDF toxicity or if AZT or TDF are contraindicated. Therefore, consumption of ABC and ddI is likely to stagnate going forward.

5.3 Distribution of Paediatric Regimens

The recommended first line treatment for paediatrics is stavudine-lamivudine-and-nevirapine which is available as fixed dose triple and double combinations in two different strengths to cater for varying weight bands of paediatric population. Despite the guideline recommendations, patients on zidovudine-based regimens account for almost half (46.9%) of the total paediatric ART population. It is important to note that stavudine-lamivudine & ritonavir-boosted-lopinavir containing regimen constitutes 4.9 % of the total paediatric ART population as illustrated the chart below. According to revised ART guidelines, this regimen will be used for the paediatrics with known Nevirapine exposure (PMTCT). Therefore pharmacy staffs are requested to monitor the number of patients taking this regimen to guide quantification.

Figure 14: Distribution of First Line Paediatric ART Regimens

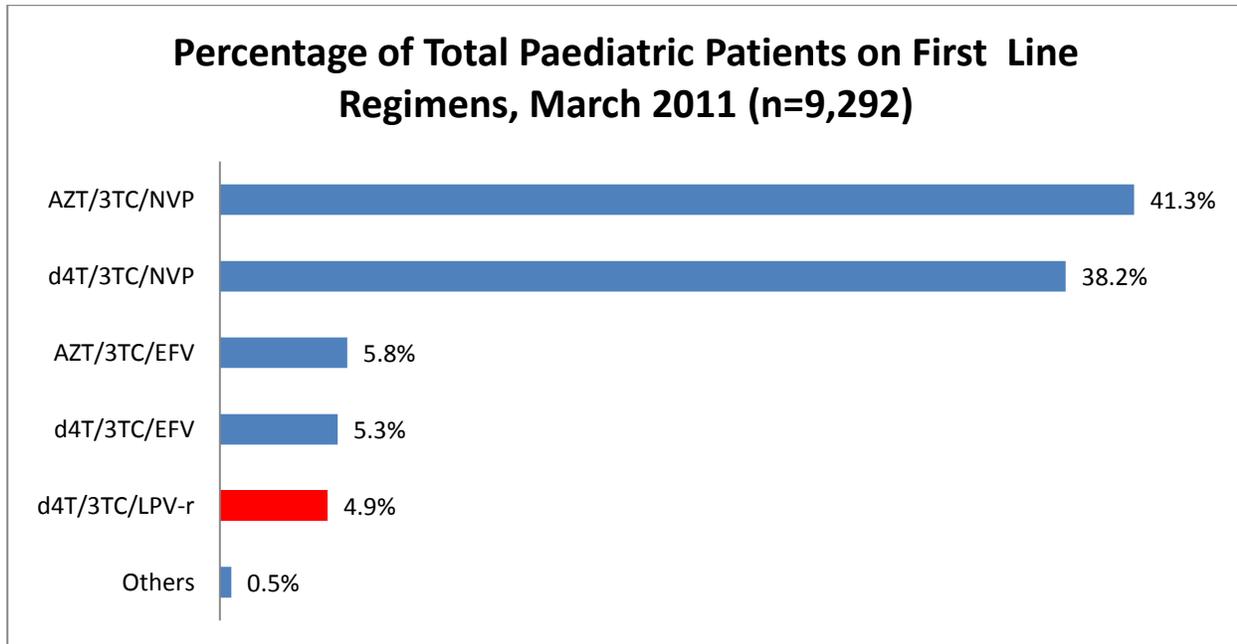
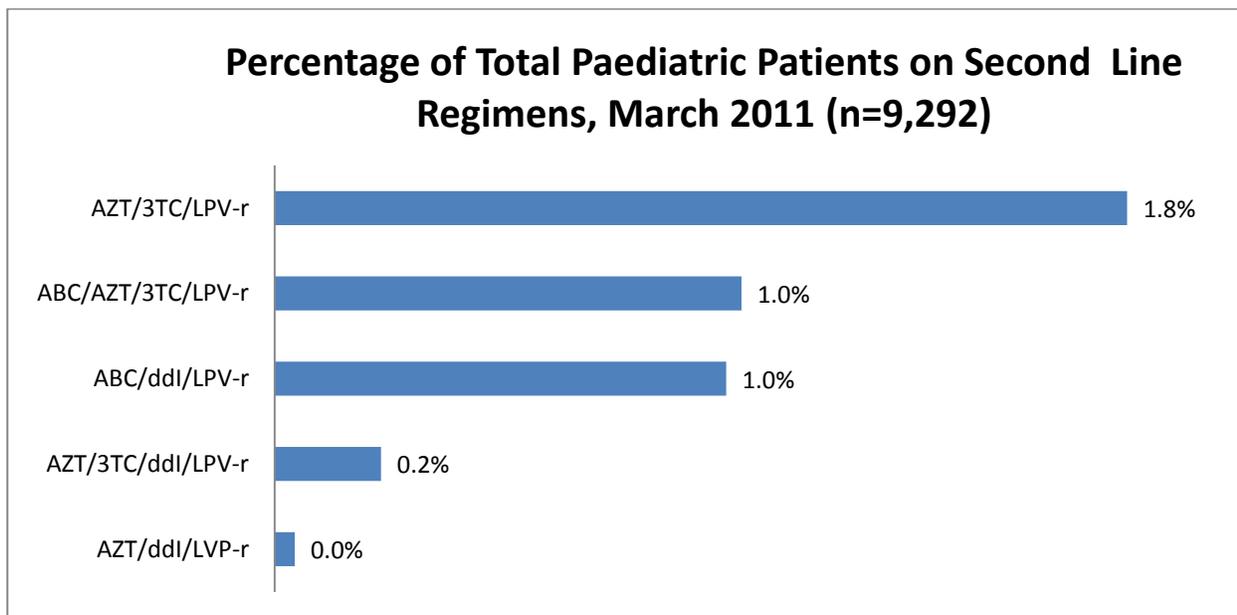


Figure 15: Distribution of Second Line Paediatric ART Regimens



The first line and second line regimen distribution among paediatric patients has remained fairly unchanged when compared to the previous quarter.

5.4 Regimens used to initiate new clients into ART

The distribution of new adults and paediatric clients initiated on treatment on various regimens is illustrated below.

Figure 16: Backbone NRTI used to start ART in Adults

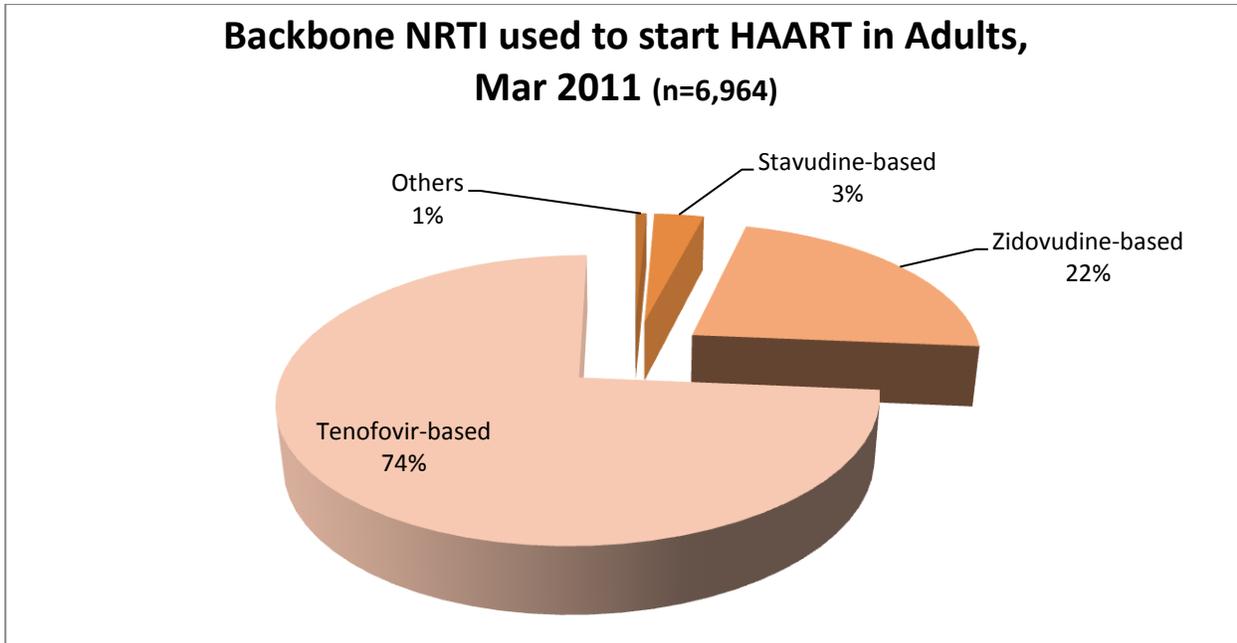
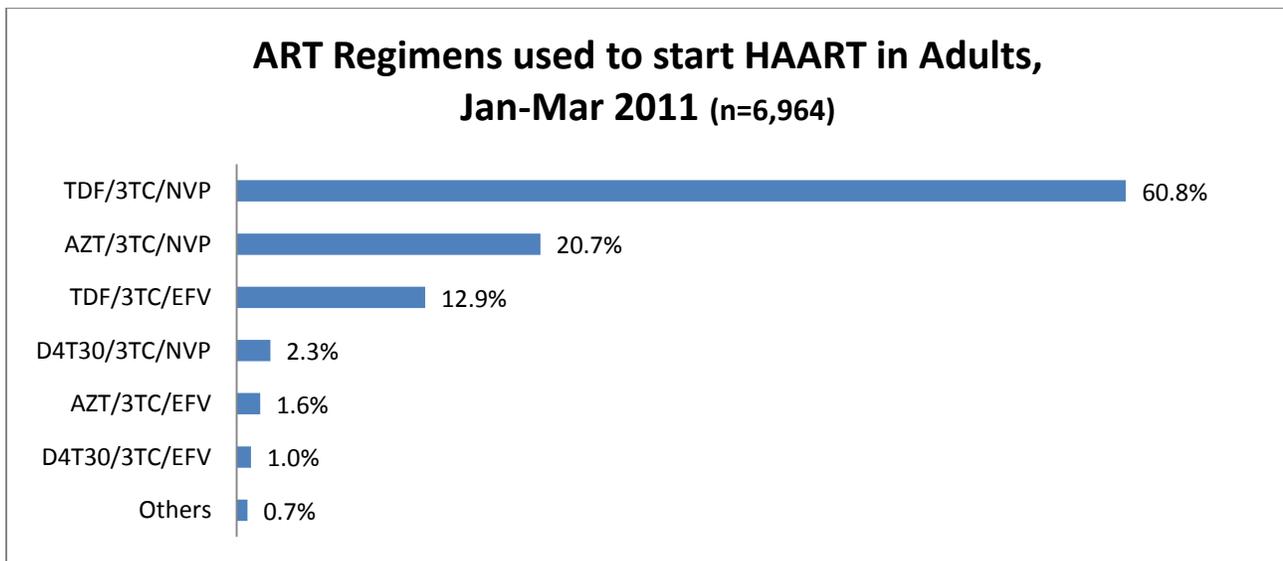


Figure 17: Distribution of Adults in the Regimens Used to Start ART



As illustrated in Figure 14 above, tenofovir-lamivudine-nevirapine combination was used to start ART in over 60% of adults who started ART during this quarter an increase from 52% from the last quarter. The percentage of patients starting on zidovudine-lamivudine-and-nevirapine continued on a downward trend from 23.6% in the previous quarter to 20.7% in this quarter. This shift is in line with changes in recommendations that made tenofovir-based regimens the preferred first line to start ART

in revised National ART Treatment Guidelines published in 2010. Indeed, if we consider the backbone Nucleoside Reverse Transcriptase Inhibitor (NRTI), tenofovir-based regimens were used to initiate therapy in 73.7% of all new adult patients started on ART.

Pharmacy staff are advised to carefully monitor the shift in the preferred first line treatment regimen and utilize the stock management module of EDT to calculate their orders to avoid un-necessary stock outs or overstocks.

The WHO Early Warning Indicator 1 (EWI-1) seeks to monitor the percentage of patients starting therapy who were prescribed an appropriate first line at site level. The target for this indicator is 100% as appropriate prescribing is instrumental in ensuring rational use and therefore help in preserving first line antiretroviral medicines. From the presented data above, it is clear that for adults, in the reporting period, Namibia reached the 99.3% target. The remaining patients were started on regimens containing lopinavir/ritonavir.

Figure 18: Trends in Distribution of Regimens used to start ART in Adults

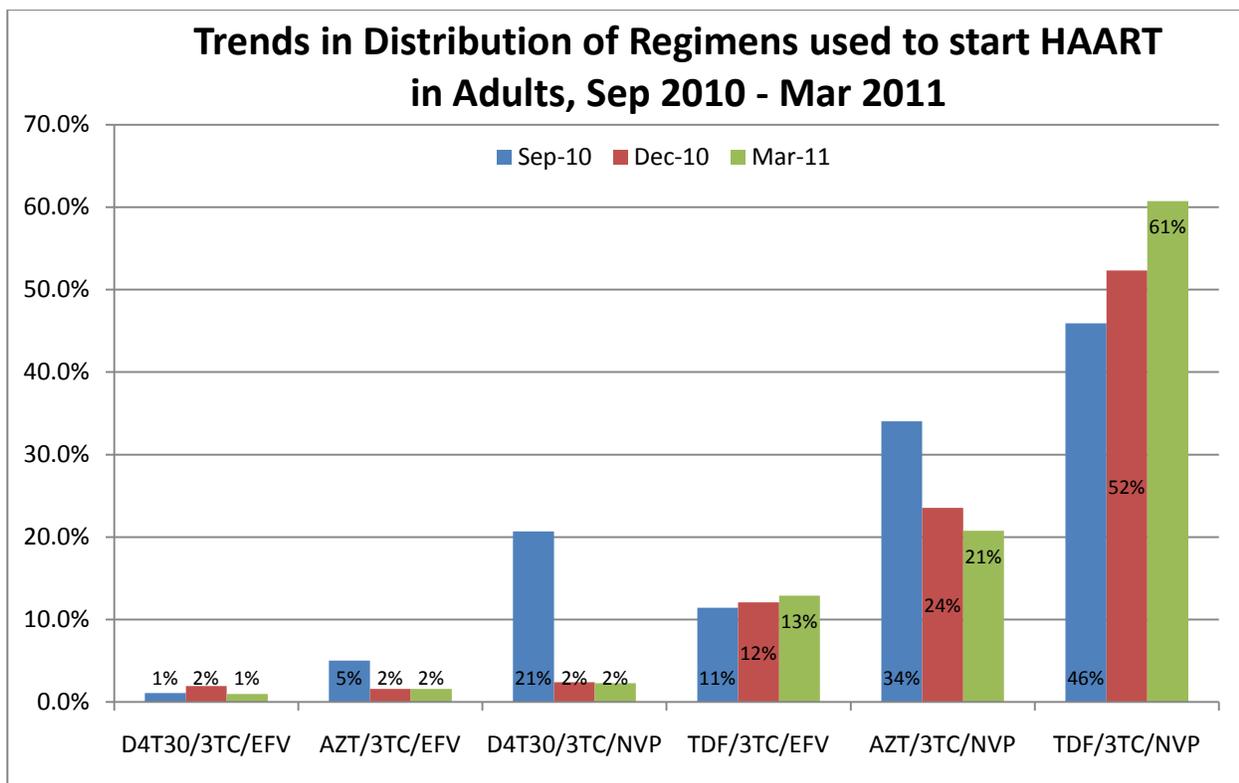


Figure 19: Backbone NRTI used to start ART in Paediatrics

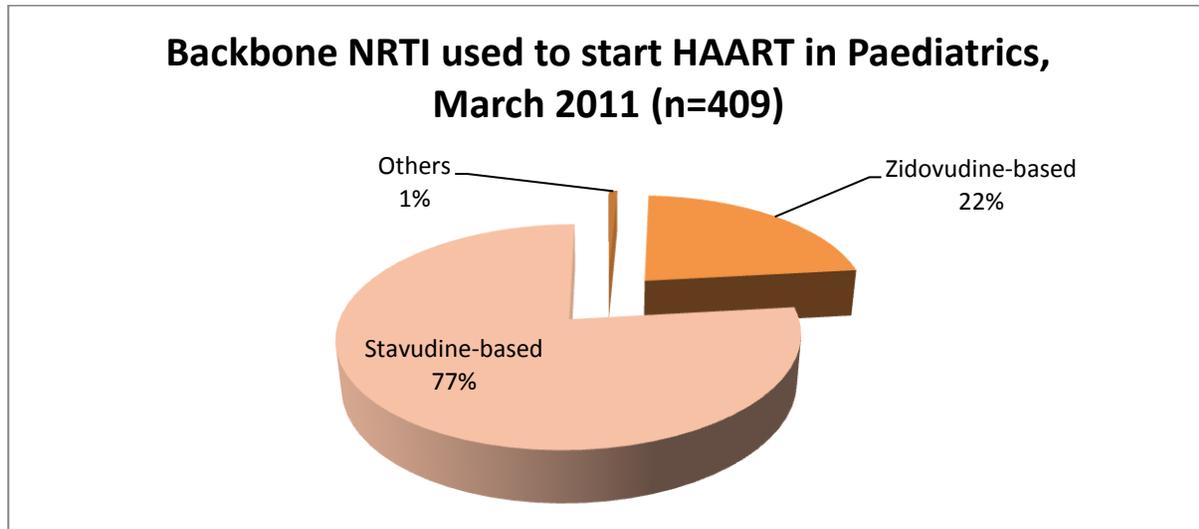
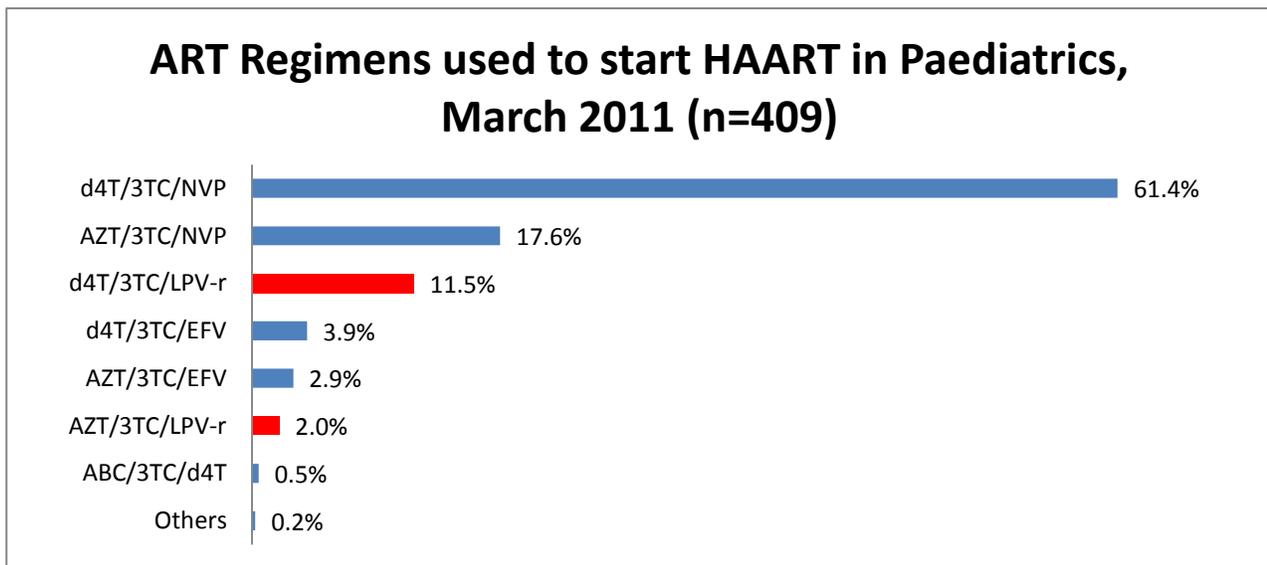


Figure 20: Distribution of Paediatrics in the Regimens Used to Start ART



Paediatric patients on stavudine-lamivudine-and-nevirapine combination constituted 61.4% of all the paediatrics started ART during this quarter which is a very marginal reduction from 62.4% during last quarter. The number of children initiated on zidovudine-lamivudine-nevirapine also so a slight decrease from 19.3% in the last quarter to 17.6% this quarter.

The revised ART Treatment Guidelines also recommend replacing nevirapine with ritonavir-boosted-lopinavir when starting ART in paediatrics with a history of nevirapine exposure (used for Prevention of Mother-to-Child Transmission (PMTCT)). Therefore stavudine-Lamivudine-and-Ritonavir-boosted-Lopinavir based regimen was the third most commonly used regimen to initiate ART in paediatrics, contributing about 11.5% of the total paediatric population starting ART up from 10% in the previous quarter.

The increased consumption of paediatric efavirenz formulations, efavirenz 200mg capsules, efavirenz 30mg/ml 180ml syrup, efavirenz 50mg capsules, observed from the stock status review could be attributed to the 39% and 61% increase in the number paediatrics started on d4T/3TC/EFV and AZT/3TC/EFV respectively as compared to the last quarter. There is need for the pharmacy staff to closely observe the consumption of fixed dose combinations and ritonavir-boosted-lopinavir syrup and adjust their orders according to changing trends to avoid unwanted stock situations.

6. CONCLUSION

As at March 31, 2011, the value of ARVs held in stock in all public health was N\$ 81 million where ART Sites accounted for 19.5% of national stock, RMSs 4.5% of national stock, while CMS accounted for 76% of national stock. This distribution showing a higher stockholding at CMS relative to ART Sites unlike in last 3 quarters can be attributed to beginning of the year re-stocking at CMS.

Overall, the average stockholding was 3.3 months, 1.3 months and 6.2 months at ART sites, Regional Medical Stores (RMSs) and Central Medical Stores (CMS) respectively and fairly unchanged from the previous quarter showing a sustained improvement in stock management practices. There was a national and facility level stock out of nevirapine 200mg tablets during this quarter mainly because a significant portion of stock held at CMS as at December 2010 was due to expire by February 2011.

Consumption of 3TC/TDF, the backbone NRTI recommended in the 2010 ART Guideline was up 31% while that of 3TC/AZT/NVP the regimen of choice in the 2008 ART Guideline was down 28% compared to the average monthly consumption in the last quarter. This trend is likely to continue as majority of new patients are started on TDF-based regimen.

With regards to cumulative patient numbers, as at 31 December 2010 there were 94,757 patients on ART with adults constituting 90.2% and paediatrics constituting 9.8%. Out of these, 3.1% of adults and 4.0% paediatric patients were taking second-line treatment regimens. A total of 7,373 new patients were started on ART during this quarter of which 6,964 were adults and 409 were paediatrics. This represents an 11.6% jump in adult patient uptake and but a 15.3% drop in paediatrics patient uptake when compared with the previous quarter.

3TC/TDF/NVP was the preferred first line regimen for adults starting ART accounting for over 60% of adults who were started on ART with only 20.7% being started on 3TC/AZT/NVP. This is attributed to good compliance by clinicians to the revised Namibia ART treatment guidelines. For paediatrics, d4T/3TC/NVP combination accounted for 61.4% while 3TC/AZT/NVP accounted for 17.6% of all the paediatrics started ART during this quarter. 13.5% of paediatrics patients were started on a lopinavir/ritonavir containing regimen presumably due to previous nevirapine exposure.

7. RECOMMENDATIONS

1. The simplification of adult second line treatment in the 2010 ART Treatment Guidelines where TDF/AZT/3TC/LPV/r was made the regimen of choice has relegated ABC and ddI to backup options only to be used in case of AZT or TDF toxicity or if AZT or TDF are contraindicated. Therefore, it is likely that consumption of ABC and ddI will stagnate going forward and facility staff should carefully monitor these items to avoid unnecessary losses.
2. Pharmacy staffs at ART sites need to pay attention to changes in consumption patterns brought about by the implementation of revised National ART Treatment Guidelines to avoid stock-outs of tenofovir-containing ARVs and potential overstocking of stavudine-based ARVs.
3. Noting that only 17 facilities provided short-expiry data on ARVs in stock, pharmacy staff at ART sites, RMSs and CMS are encouraged to MS Excel ART Monthly Report Template (see Annex V) by indicating the quantity and expiry date of short-dated ARVs (less than 6 months to expiry) to explore opportunities for stock rotation within their regions and appropriate substitution of products so as to reduce wastage.
4. The numbers of patients taking ART is expected to continue to grow as the new ART guidelines are implemented and is expected to hit 100,000 nationally by around June 2011. Therefore, health facilities should continue to be monitored more closely the uptake of patients to check the trends and provide data to guide resource allocations.
5. Program managers at Directorate of Special Programs (DSP) and Regional Health Directorates are encouraged to use routinely collected data on workload indicators for human resources planning and deployment of available health workers so as to achieve a fair distribution across the country.
6. Program managers at Directorate of Special Programs (DSP) need to examine more deeply the factors behind relatively low ART coverage, especially for children in Omaheke, Khomas, Caprivi and Kunene regions and implement corrective interventions.

ANNEXES

Annex I: Adult Regimen Classification

Adult Regimens	Classification	New Patients Jan-Mar '11	Cumulative Patients as at Mar 31 2011
TDF/3TC/NVP	First line	4,231	13,753
AZT/3TC/NVP	First line	1,445	39,796
TDF/3TC/EFV	First line	897	7,803
d4T30/3TC/NVP	First line	160	9,531
AZT/3TC/EFV	First line	112	8,560
d4T30/3TC/EFV	First line	68	3,337
ABC/3TC/NVP	First line	3	7
AZT/3TC/ABC	First line	3	56
Others	First line	1	27
First Line Subtotal		6,920	82,870
TDF/3TC/LPV-r	Second Line	28	281
AZT/3TC/LPV-r	Second Line	10	567
AZT/3TC/TDF/LPV-r	Second Line	5	1,099
ABC/AZT/3TC/LPV-r	Second Line	1	94
ABC/3TC/LPV-r	Second Line	0	9
ABC/3TC/TDF/LPV-r	Second Line	0	28
ABC/ddI/LPV-r	Second Line	0	42
AZT/3TC/ddI/LPV-r	Second Line	0	90
AZT/ddI/LPV-r	Second Line	0	7
AZT/TDF/LPV-r	Second Line	0	14
d4T30/3TC/LPV-r	Second Line	0	91
TDF/EFV/LPV-r	Second Line	0	286
Second Line Subtotal		44	2,608
TOTAL		6,964	85,478

Annex II: Paediatric Regimens Classification

Basic Regimen	Paediatric Regimen	Classification	New Patients Jan-Mar '11	Cumulative Patients as at Mar 31 2011
ABC/3TC/d4T	ABC/3TC/d4T	First line	2	16
AZT/3TC/EFV	AZT/3TC(sol)/EFV	First line	0	13
AZT/3TC/EFV	AZT/3TC/EFV	First line	3	344
AZT/3TC/EFV	AZT100/3TC/EFV	First line	1	16
AZT/3TC/EFV	AZT150/3TC/EFV	First line	8	151
AZT/3TC/EFV	AZT200/3TC/EFV	First line	0	11
AZT/3TC/NVP	AZT 100/3TC/NVP	First line	5	149
AZT/3TC/NVP	AZT/3TC/NVP	First line	31	2,422
AZT/3TC/NVP	AZT/3TC/NVP(sol)	First line	2	353
AZT/3TC/NVP	AZT150/3TC/NVP	First line	33	869
AZT/3TC/NVP	AZT200/3TC/NVP	First line	1	45
d4T/3TC/EFV	d4T 12/3TC 60/EFV	First line	3	60
d4T/3TC/EFV	d4T 15/3TC/EFV	First line	2	145
d4T/3TC/EFV	d4T 20/3TC/EFV	First line	4	174
d4T/3TC/EFV	d4T 30/3TC/EFV	First line	1	47
d4T/3TC/EFV	d4T 6/3TC 30/EFV	First line	5	4
d4T/3TC/EFV	d4T/3TC/EFV	First line	1	64
d4T/3TC/LPV-r	d4T 12/3TC 60/LPV-r	First line	1	18
d4T/3TC/LPV-r	d4T 15/3TC/LPV-r	First line	16	109
d4T/3TC/LPV-r	d4T 20/3TC/LPV-r	First line	2	57
d4T/3TC/LPV-r	d4T 6/3TC 30/LPV-r	First line	13	51
d4T/3TC/LPV-r	d4T/3TC/LPV-r	First line	15	217
d4T/3TC/NVP	d4T 12/3TC 60/NVP 100	First line	58	646
d4T/3TC/NVP	d4T 15/3TC/NVP	First line	67	777
d4T/3TC/NVP	d4T 20/3TC/NVP	First line	47	793
d4T/3TC/NVP	d4T 30/3TC/NVP	First line	10	475
d4T/3TC/NVP	d4T 6/3TC 30/NVP 50	First line	30	229
d4T/3TC/NVP	d4T/3TC/NVP	First line	39	631
Others	Others	First line	1	32
	First Line Subtotal		401	8,918
ABC/AZT/3TC/LPV-r	ABC/AZT/3TC/LPV-r	Second Line	0	92
ABC/ddI/LPV-r	ABC/ddI/LPV-R	Second Line	0	89
AZT/3TC/ddI/LPV-r	AZT/3TC/ddI/LPV-r	Second Line	0	21
AZT/3TC/LPV-r	AZT/3TC/LPV-r	Second Line	5	91
AZT/3TC/LPV-r	AZT/3TC/LPV-r (sol)	Second Line	0	28
AZT/3TC/LPV-r	AZT100/3TC/LPV-r	Second Line	0	10
AZT/3TC/LPV-r	AZT150/3TC/LPV-r	Second Line	3	39
AZT/ddI/LPV-r	AZT/ddI/LPV-r	Second Line	0	4
	Second Line Subtotal		8	374
	TOTAL		409	9,292

Annex III: Detailed List of Under-stocked and Over-stocked ARVs per Facility

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Andara	3TC/AZT/ABC x 60	0	0.7	-
Andara	TDF 300mg x 30	0	1.0	-
Andara	EFV 600mg x 30	72	292.7	0.2
Andara	d4T 12mg/ 3TC 60mg x60	4	13.3	0.3
Andara	AZT 300mg x 60	6	19.3	0.3
Andara	d4T 6mg/ 3TC 30mg x60	6	11.3	0.5
Andara	TDF 300mg/ 3TC 300mg x 30	166	270.7	0.6
Andara	d4T6mg/3TC 30mg/NVP 50mg x 60	16	20.3	0.8
Andara	d4T 30mg/ 3TC x 60	108	129.7	0.8
Andara	LPV/r 200/50mg x 120	8	8.7	0.9
Andara	3TC 10mg/ml 240ml	53	1.3	39.8
Andara	LPV/r (80/20mg)/ml 60ml	42	0.7	63.0
Andara Count	12			
Eenhana	AZT 300mg x 60	0	169.3	-
Eenhana	NVP 200mg x 60	0	300.0	-
Eenhana	LPV/r (80/20mg)/ml 60ml	0	16.7	-
Eenhana	EFV 30mg/ml 180ml	0	13.3	-
Eenhana	d4T 30mg/ 3TC/NVP x 60	54	336.0	0.2
Eenhana	EFV 600mg x 30	196	734.7	0.3
Eenhana	LPV/r 200/50mg x 120	25	58.3	0.4
Eenhana	3TC/AZT/NVP x 60	620	1,213.3	0.5
Eenhana	d4T 30mg/ 3TC x 60	80	146.7	0.5
Eenhana	TDF 300mg/ 3TC 300mg x 30	540	845.3	0.6
Eenhana	AZT 100mg x 100	10	15.0	0.7
Eenhana	d4T 15mg x 60	41	52.3	0.8
Eenhana	NVP 10mg/ml 240ml	180	214.0	0.8
Eenhana	ddl 25mg x 60	15	1.3	11.3
Eenhana	d4T6mg/3TC 30mg/NVP 50mg x 60	152	10.0	15.2
Eenhana	d4T12mg/3TC60mg/NVP100mgx60	228	10.7	21.4
Eenhana	EFV 50mg x 30	230	3.3	69.0
Eenhana Count	17			
Engela	NVP 200mg x 60	0	542.0	-
Engela	ddl 125mg x 60	0	7.3	-
Engela	EFV 30mg/ml 180ml	0	8.0	-
Engela	TDF 300mg x 30	67	255.0	0.3
Engela	LPV/r (80/20mg)/ml 60ml	15	35.3	0.4
Engela	AZT 10mg/ml 240ml	32	64.0	0.5
Engela	LPV/r 200/50mg x 120	160	246.7	0.6

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Engela	TDF 300mg/ 3TC 300mg x 30	324	493.7	0.7
Engela	d4T 1mg/ml 200ml	50	58.7	0.9
Engela	AZT/3TC x 60	504	560.0	0.9
Engela	ABC 20mg/ml 240ml	30	2.0	15.0
Engela Count	11			
Gobabis	d4T 1mg/ml 200ml	3	11.0	0.3
Gobabis	NVP 10mg/ml 240ml	10	30.7	0.3
Gobabis	AZT 100mg x 100	4	8.3	0.5
Gobabis	TDF 300mg/ 3TC 300mg x 30	306	402.0	0.8
Gobabis	AZT 10mg/ml 240ml	21	27.0	0.8
Gobabis	LPV/r (80/20mg)/ml 60ml	19	1	14.3
Gobabis	d4T 12mg/ 3TC 60mg x60	38	2	22.8
Gobabis	d4T 15mg x 60	19	1	28.5
Gobabis Count	8			
Grootfontein	EFV 200mg x 90	0	7.7	-
Grootfontein	3TC/AZT/NVPx 60	1	447.0	0.0
Grootfontein	d4T12mg/3TC60mg/NVP100mgx60	2	18.7	0.1
Grootfontein	AZT 300mg x 60	1	4.7	0.2
Grootfontein	d4T 6mg/ 3TC 30mg x60	3	8.0	0.4
Grootfontein	ABC 300mg x 60	1	2.7	0.4
Grootfontein	NVP 200mg x 60	108	220.3	0.5
Grootfontein	d4T6mg/3TC 30mg/NVP 50mg x 60	2	4.0	0.5
Grootfontein	TDF 300mg/ 3TC 300mg x 30	355	413.7	0.9
Grootfontein	ddl 400mg x 30	4	0.3	12.0
Grootfontein	AZT 10mg/ml 240ml	44	2.7	16.5
Grootfontein	EFV 50mg x 30	93	0.7	139.5
Grootfontein Count	12			
Karasburg	TDF 300mg x 30	4	34.7	0.1
Karasburg	EFV 200mg x 90	18	33.3	0.5
Karasburg	d4T 6mg/ 3TC 30mg x60	22	2.0	11.0
Karasburg	3TC 10mg/ml 240ml	30	2.0	15.0
Karasburg	3TC 150mg x 60	17	1.0	17.0
Karasburg	NVP 10mg/ml 240ml	76	3.3	22.8
Karasburg	d4T 20mg x 60	16	0.7	24.0
Karasburg	LPV/r (80/20mg)/ml 60ml	92	3.3	27.6
Karasburg	LPV/r 200/50mg x 120	60	1.7	36.0
Karasburg Count	9			
Katima Mulilo	EFV 600mg x 30	0	152.0	-
Katima Mulilo	TDF 300mg/ 3TC 300mg x 30	0	54.7	-

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Katima Mulilo	LPV/r 200/50mg x 120	0	3.0	-
Katima Mulilo	d4T 1mg/ml 200ml	0	6.7	-
Katima Mulilo	ABC 300mg x 60	3	170.0	0.0
Katima Mulilo	AZT 300mg x 60	9	29.7	0.3
Katima Mulilo	d4T 12mg/ 3TC 60mg x60	5	9.7	0.5
Katima Mulilo	ddl 100mg x 60	10	14.3	0.7
Katima Mulilo	RTV 100mg x 84	2	2.7	0.8
Katima Mulilo Count	9			
Katutura HC	d4T 30mg/ 3TC/NVP x 60	0	82.7	-
Katutura HC	AZT 300mg x 60	4	117.3	0.0
Katutura HC	TDF 300mg x 30	2	14.7	0.1
Katutura HC	d4T 6mg/ 3TC 30mg x60	3	13.3	0.2
Katutura HC	NVP 200mg x 60	435	949.7	0.5
Katutura HC	EFV 200mg x 90	6	10.0	0.6
Katutura HC	AZT/3TC x 60	309	508.3	0.6
Katutura HC	NVP 10mg/ml 240ml	13	20.7	0.6
Katutura HC	d4T12mg/3TC60mg/NVP100mgx60	51	61.3	0.8
Katutura HC	EFV 50mg x 30	7	8.0	0.9
Katutura HC	3TC/AZT/ABC x 60	47	4.3	10.8
Katutura HC	d4T 20mg x 60	28	1.0	28.0
Katutura HC Count	12			
Katutura IH	d4T 30mg/ 3TC/NVP x 60	0	175.7	-
Katutura IH	AZT 300mg x 60	0	67.3	-
Katutura IH	ddl 400mg x 30	0	1.7	-
Katutura IH	d4T 1mg/ml 200ml	0	0.3	-
Katutura IH	d4T 30mg/ 3TC x 60	1	74.7	0.0
Katutura IH	NVP 200mg x 60	403	710.0	0.6
Katutura IH	d4T12mg/3TC60mg/NVP100mgx60	56	73.0	0.8
Katutura IH	ddl 25mg x 60	101	8.7	11.7
Katutura IH	EFV 50mg x 30	598	45.7	13.1
Katutura IH	ddl 250mg x 30	29	0.3	87.0
Katutura IH Count	10			
Keetmanshoop	d4T6mg/3TC 30mg/NVP 50mg x 60	6	8.7	0.7
Keetmanshoop	d4T 12mg/ 3TC 60mg x60	5	6.0	0.8
Keetmanshoop	EFV 50mg x 30	10	11.7	0.9
Keetmanshoop	AZT 300mg x 60	6	6.3	0.9
Keetmanshoop	d4T 6mg/ 3TC 30mg x60	33	3.0	11.0
Keetmanshoop	LPV/r (80/20mg)/ml 60ml	113	7.0	16.1
Keetmanshoop	d4T 15mg x 60	23	1.3	17.3

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Keetmanshoop	3TC 150mg x 60	38	2.0	19.0
Keetmanshoop	3TC 10mg/ml 240ml	58	2.7	21.8
Keetmanshoop	TDF 300mg x 30	18	0.7	27.0
Keetmanshoop	d4T 20mg x 60	25	0.7	37.5
Keetmanshoop	NVP 10mg/ml 240ml	69	1.7	41.4
Keetmanshoop Count	12			
Khomasdal	d4T 15mg x 60	0	1.3	-
Khomasdal	AZT 300mg x 60	10	25.0	0.4
Khomasdal	d4T 30mg/ 3TC/NVP x 60	15	17.7	0.8
Khomasdal	AZT/3TC x 60	350	29.3	11.9
Khomasdal	3TC/AZT/ABC x 60	8	0.7	12.0
Khomasdal	RTV 100mg x 84	4	0.3	12.0
Khomasdal	NVP 10mg/ml 240ml	10	0.3	30.0
Khomasdal Count	7			
Khorixas	ddl 400mg x 30	0	1.0	-
Khorixas	RTV 100mg x 84	0	0.7	-
Khorixas	AZT 300mg x 60	2	11.3	0.2
Khorixas	d4T6mg/3TC 30mg/NVP 50mg x 60	1	5.0	0.2
Khorixas	d4T 12mg/ 3TC 60mg x60	1	2.0	0.5
Khorixas	d4T12mg/3TC60mg/NVP100mgx60	6	8.3	0.7
Khorixas	3TC 150mg x 60	11	1.0	11.0
Khorixas	d4T 6mg/ 3TC 30mg x60	9	0.7	13.5
Khorixas	NVP 10mg/ml 240ml	73	4.3	16.8
Khorixas	d4T 30mg/ 3TC x 60	238	14.0	17.0
Khorixas Count	10			
Luderitz	AZT 10mg/ml 240ml	0	2.7	-
Luderitz	d4T12mg/3TC60mg/NVP100mgx60	3	41.0	0.1
Luderitz	EFV 200mg x 90	1	4.0	0.3
Luderitz	TDF 300mg/ 3TC 300mg x 30	160	537.3	0.3
Luderitz	d4T6mg/3TC 30mg/NVP 50mg x 60	5	11.3	0.4
Luderitz	EFV 600mg x 30	303	639.0	0.5
Luderitz	3TC/AZT/NVPx 60	267	421.3	0.6
Luderitz	d4T 12mg/ 3TC 60mg x60	2	3.0	0.7
Luderitz	LPV/r 200/50mg x 120	24	31.0	0.8
Luderitz	TDF 300mg x 30	11	13.0	0.8
Luderitz	AZT 300mg x 60	13	15.0	0.9
Luderitz	d4T 1mg/ml 200ml	4	0.3	12.0
Luderitz	d4T 30mg/ 3TC x 60	412	30.3	13.6
Luderitz Count	13			

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Mariental	TDF 300mg x 30	0	1.0	-
Mariental	AZT 10mg/ml 240ml	0	0.7	-
Mariental	d4T6mg/3TC 30mg/NVP 50mg x 60	10	28.7	0.3
Mariental	TDF 300mg/ 3TC 300mg x 30	145	261.0	0.6
Mariental	AZT 300mg x 60	20	32.7	0.6
Mariental	NVP 200mg x 60	126	163.0	0.8
Mariental	EFV 600mg x 30	336	423.3	0.8
Mariental	ABC 20mg/ml 240ml	3	3.3	0.9
Mariental	ABC 300mg x 60	20	1.0	20.0
Mariental Count	9			
Nankudu	3TC/AZT/ABC x 60	0	2.0	-
Nankudu	d4T 30mg/ 3TC/NVP x 60	0	150.0	-
Nankudu	EFV 200mg x 90	0	3.3	-
Nankudu	NVP 200mg x 60	0	442.0	-
Nankudu	TDF 300mg x 30	0	1.0	-
Nankudu	d4T 30mg/ 3TC x 60	90	240.0	0.4
Nankudu	EFV 50mg x 30	2	4.7	0.4
Nankudu	LPV/r (80/20mg)/ml 60ml	2	2.7	0.8
Nankudu	LPV/r 200/50mg x 120	9	11.3	0.8
Nankudu	3TC 150mg x 60	9	0.7	13.5
Nankudu Count	10			
Nyangana	3TC/AZT/ABC x 60	0	5.0	-
Nyangana	AZT 10mg/ml 240ml	0	8.3	-
Nyangana	d4T 1mg/ml 200ml	0	1.3	-
Nyangana	LPV/r (80/20mg)/ml 60ml	40	59.3	0.7
Nyangana	NVP 200mg x 60	162	216.0	0.8
Nyangana	3TC/AZT/NVPx 60	390	432.3	0.9
Nyangana	EFV 200mg x 90	28	2.3	12.0
Nyangana	EFV 30mg/ml 180ml	28	1.3	21.0
Nyangana	d4T 15mg x 60	216	4.3	49.8
Nyangana	NVP 10mg/ml 240ml	768	14.7	52.4
Nyangana	d4T 30mg/ 3TC x 60	510	9.7	52.8
Nyangana	d4T 20mg x 60	245	3.7	66.8
Nyangana	3TC 150mg x 60	419	5.0	83.8
Nyangana	AZT 100mg x 100	324	3.0	108.0
Nyangana Count	14			
Odibo	ABC 300mg x 60	0	2.7	-
Odibo	NVP 200mg x 60	0	192.0	-
Odibo	EFV 50mg x 30	10	16.7	0.6

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Odibo	EFV 600mg x 30	218	254.3	0.9
Odibo	d4T 6mg/ 3TC 30mg x60	30	1.7	18.0
Odibo	d4T 30mg/ 3TC x 60	360	10.0	36.0
Odibo	3TC 10mg/ml 240ml	72	0.7	108.0
Odibo Count	7			
Okahandja	d4T 30mg/ 3TC/NVP x 60	0	63.3	-
Okahandja	d4T12mg/3TC60mg/NVP100mgx60	10	22.7	0.4
Okahandja	3TC 150mg x 60	25	1.7	15.0
Okahandja	d4T 1mg/ml 200ml	15	1.0	15.0
Okahandja	EFV 50mg x 30	20	1.0	20.0
Okahandja Count	5			
Okahao	AZT 300mg x 60	0	53.0	-
Okahao	AZT 10mg/ml 240ml	0	3.3	-
Okahao	d4T 1mg/ml 200ml	0	4.3	-
Okahao	EFV 30mg/ml 180ml	0	8.3	-
Okahao	3TC/AZT/NVPx 60	244	1,342.7	0.2
Okahao	AZT 100mg x 100	20	92.7	0.2
Okahao	d4T 12mg/ 3TC 60mg x60	12	36.0	0.3
Okahao	d4T12mg/3TC60mg/NVP100mgx60	68	169.3	0.4
Okahao	3TC 10mg/ml 240ml	28	62.0	0.5
Okahao	EFV 200mg x 90	4	8.7	0.5
Okahao	EFV 600mg x 30	268	429.7	0.6
Okahao	d4T6mg/3TC 30mg/NVP 50mg x 60	72	110.7	0.7
Okahao	TDF 300mg/ 3TC 300mg x 30	417	572.7	0.7
Okahao	NVP 200mg x 60	528	694.0	0.8
Okahao	TDF 300mg x 30	12	15.7	0.8
Okahao	3TC/AZT/ABC x 60	18	0.3	54.0
Okahao Count	16			
Okakarara	d4T 30mg/ 3TC x 60	0	8.0	-
Okakarara	d4T 30mg/ 3TC/NVP x 60	0	12.0	-
Okakarara	d4T 12mg/ 3TC 60mg x60	1	9.7	0.1
Okakarara	NVP 200mg x 60	14	61.7	0.2
Okakarara	d4T6mg/3TC 30mg/NVP 50mg x 60	3	4.7	0.6
Okakarara	d4T 6mg/ 3TC 30mg x60	8	9.7	0.8
Okakarara	TDF 300mg/ 3TC 300mg x 30	68	76.0	0.9
Okakarara	EFV 200mg x 90	19	1.3	14.3
Okakarara	EFV 50mg x 30	49	3.3	14.7
Okakarara Count	9			
Okongo	3TC 150mg x 60	0	2.0	-

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Okongo	AZT 10mg/ml 240ml	0	5.3	-
Okongo	d4T 1mg/ml 200ml	0	8.0	-
Okongo	LPV/r (80/20mg)/ml 60ml	7	12.3	0.6
Okongo	d4T 12mg/ 3TC 60mg x60	9	10.0	0.9
Okongo	3TC 10mg/ml 240ml	43	3.7	11.7
Okongo	AZT 100mg x 100	24	2.0	12.0
Okongo	TDF 300mg x 30	24	2.0	12.0
Okongo	ddl 400mg x 30	4	0.3	12.0
Okongo	AZT 300mg x 60	58	0.7	87.0
Okongo Count	10			
Omaruru	AZT 100mg x 100	0	3.3	-
Omaruru	TDF 300mg/ 3TC 300mg x 30	68	157.7	0.4
Omaruru	EFV 200mg x 90	4	0.3	12.0
Omaruru	3TC 10mg/ml 240ml	40	3.3	12.0
Omaruru	d4T 12mg/ 3TC 60mg x60	30	2.3	12.9
Omaruru Count	5			
Onandjokwe	d4T 30mg/ 3TC x 60	0	14.0	-
Onandjokwe	NVP 200mg x 60	0	45.0	-
Onandjokwe	AZT 10mg/ml 240ml	0	22.0	-
Onandjokwe	3TC 10mg/ml 240ml	0	16.0	-
Onandjokwe	EFV 600mg x 30	463	1,530.0	0.3
Onandjokwe	d4T12mg/3TC60mg/NVP100mgx60	13	37.0	0.4
Onandjokwe	ABC 300mg x 60	75	150.0	0.5
Onandjokwe	AZT 100mg x 100	3	5.0	0.6
Onandjokwe	d4T6mg/3TC 30mg/NVP 50mg x 60	79	122.0	0.6
Onandjokwe	EFV 50mg x 30	40	61.0	0.7
Onandjokwe	AZT/3TC x 60	302	336.0	0.9
Onandjokwe Count	11			
Ongha	d4T 12mg/ 3TC 60mg x60	0	3.3	-
Ongha	AZT 100mg x 100	0	0.7	-
Ongha	d4T 30mg x 60	0	2.3	-
Ongha	AZT 10mg/ml 240ml	0	4.0	-
Ongha	d4T 1mg/ml 200ml	0	1.0	-
Ongha	d4T 20mg x 60	1	9.0	0.1
Ongha	EFV 50mg x 30	15	50.7	0.3
Ongha	EFV 200mg x 90	22	50.3	0.4
Ongha	LPV/r (80/20mg)/ml 60ml	8	16.0	0.5
Ongha	d4T 6mg/ 3TC 30mg x60	6	9.0	0.7
Ongha	3TC 150mg x 60	112	5.0	22.4

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Ongha	NVP 10mg/ml 240ml	64	2.7	24.0
Ongha	AZT 300mg x 60	53	1.0	53.0
Ongha Count	13			
Ongwediva	AZT 300mg x 60	0	7.7	-
Ongwediva	TDF 300mg/ 3TC 300mg x 30	46	235.7	0.2
Ongwediva	TDF 300mg x 30	3	6.0	0.5
Ongwediva	d4T 15mg x 60	10	14.3	0.7
Ongwediva	d4T 20mg x 60	94	4.7	20.1
Ongwediva Count	5			
Opuwo	d4T 1mg/ml 200ml	0	1.3	-
Opuwo	d4T6mg/3TC 30mg/NVP 50mg x 60	1	10.0	0.1
Opuwo	AZT 300mg x 60	2	12.7	0.2
Opuwo	d4T 12mg/ 3TC 60mg x60	1	2.0	0.5
Opuwo	3TC/AZT/NVPx 60	298	329.0	0.9
Opuwo	d4T 6mg/ 3TC 30mg x60	9	0.7	13.5
Opuwo	d4T 30mg/ 3TC x 60	238	17.3	13.7
Opuwo	d4T 15mg x 60	23	1.7	13.8
Opuwo Count	8			
Oshakati	d4T 12mg/ 3TC 60mg x60	0	37.7	-
Oshakati	AZT 300mg x 60	0	40.3	-
Oshakati	d4T 30mg/ 3TC/NVP x 60	171	326.0	0.5
Oshakati	NVP 200mg x 60	808	856.3	0.9
Oshakati	EFV 50mg x 30	154	11.7	13.2
Oshakati	d4T 6mg/ 3TC 30mg x60	272	19.3	14.1
Oshakati	ABC 20mg/ml 240ml	63	4.3	14.5
Oshakati	TDF 300mg x 30	332	13.3	24.9
Oshakati	AZT 100mg x 100	177	3.3	53.1
Oshakati	d4T 20mg x 60	286	4.0	71.5
Oshakati	d4T 15mg x 60	540	6.7	81.0
Oshakati Count	11			
Oshikuku	d4T 30mg/ 3TC/NVP x 60	0	74.0	-
Oshikuku	d4T 12mg/ 3TC 60mg x60	0	28.7	-
Oshikuku	ABC 20mg/ml 240ml	0	5.0	-
Oshikuku	NVP 200mg x 60	131	675.7	0.2
Oshikuku	ABC 300mg x 60	10	23.3	0.4
Oshikuku	AZT 300mg x 60	23	46.0	0.5
Oshikuku	3TC 10mg/ml 240ml	14	21.0	0.7
Oshikuku	d4T12mg/3TC60mg/NVP100mgx60	72	107.0	0.7
Oshikuku	AZT 100mg x 100	15	19.0	0.8

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Oshikuku	d4T 6mg/ 3TC 30mg x60	45	47.7	0.9
Oshikuku	AZT 10mg/ml 240ml	5	0.3	15.0
Oshikuku	3TC 150mg x 60	83	3.0	27.7
Oshikuku	d4T 20mg x 60	88	2.0	44.0
Oshikuku	d4T 15mg x 60	44	0.3	132.0
Oshikuku Count	14			
Oshivelo	NVP 10mg/ml 240ml	0	1.0	-
Oshivelo	3TC/AZT/NVPx 60	25	305.7	0.1
Oshivelo	TDF 300mg/ 3TC 300mg x 30	22	114.3	0.2
Oshivelo	NVP 200mg x 60	31	90.0	0.3
Oshivelo	d4T6mg/3TC 30mg/NVP 50mg x 60	9	13.7	0.7
Oshivelo	d4T 6mg/ 3TC 30mg x60	2	2.7	0.8
Oshivelo Count	6			
Osire	d4T 30mg/ 3TC/NVP x 60	0	1.0	-
Osire	TDF 300mg/ 3TC 300mg x 30	11	22.3	0.5
Osire	d4T6mg/3TC 30mg/NVP 50mg x 60	2	2.7	0.8
Osire Count	3			
Otjiwarongo	d4T 30mg/ 3TC/NVP x 60	13	116.3	0.1
Otjiwarongo	AZT 300mg x 60	10	51.7	0.2
Otjiwarongo	d4T6mg/3TC 30mg/NVP 50mg x 60	5	17.7	0.3
Otjiwarongo	d4T 30mg/ 3TC x 60	14	44.3	0.3
Otjiwarongo	d4T 1mg/ml 200ml	1	3.0	0.3
Otjiwarongo	NVP 10mg/ml 240ml	11	15.7	0.7
Otjiwarongo	TDF 300mg/ 3TC 300mg x 30	463	563.0	0.8
Otjiwarongo	d4T 15mg x 60	11	1.0	11.0
Otjiwarongo	RTV 100mg x 84	17	1.0	17.0
Otjiwarongo Count	9			
Outapi	d4T 12mg/ 3TC 60mg x60	0	43.7	-
Outapi	ABC 20mg/ml 240ml	0	2.0	-
Outapi	AZT 300mg x 60	3	107.3	0.0
Outapi	d4T12mg/3TC60mg/NVP100mgx60	311	527.3	0.6
Outapi	d4T 30mg/ 3TC/NVP x 60	458	622.0	0.7
Outapi	d4T 20mg x 60	99	9.7	10.2
Outapi	3TC 150mg x 60	242	22.0	11.0
Outapi Count	7			
Outjo	d4T 30mg/ 3TC/NVP x 60	0	3.3	-
Outjo	d4T 12mg/ 3TC 60mg x60	0	0.3	-
Outjo	EFV 200mg x 90	0	1.3	-
Outjo	NVP 10mg/ml 240ml	0	3.0	-

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Outjo	AZT 300mg x 60	1	16.7	0.1
Outjo	TDF 300mg/ 3TC 300mg x 30	144	231.7	0.6
Outjo	ddl 25mg x 60	7	0.7	10.5
Outjo	ddl 125mg x 60	14	1.3	10.5
Outjo	d4T 6mg/ 3TC 30mg x60	8	0.7	12.0
Outjo	ddl 400mg x 30	106	7.7	13.8
Outjo Count	10			
Rehoboth	3TC/AZT/ABC x 60	0	0.3	-
Rehoboth	AZT 10mg/ml 240ml	0	4.0	-
Rehoboth	d4T 12mg/ 3TC 60mg x60	2	10.7	0.2
Rehoboth	EFV 200mg x 90	2	5.3	0.4
Rehoboth	ABC 20mg/ml 240ml	1	1.7	0.6
Rehoboth Count	5			
Robert Mugabe	d4T 30mg/ 3TC/NVP x 60	0	1.7	-
Robert Mugabe	AZT 300mg x 60	0	21.0	-
Robert Mugabe	LPV/r 200/50mg x 120	0	17.7	-
Robert Mugabe	NVP 200mg x 60	5	63.3	0.1
Robert Mugabe	TDF 300mg/ 3TC 300mg x 30	20	152.7	0.1
Robert Mugabe	3TC/AZT/NVPx 60	63	114.3	0.6
Robert Mugabe	TDF 300mg x 30	44	77.7	0.6
Robert Mugabe	EFV 600mg x 30	107	137.7	0.8
Robert Mugabe	ABC 300mg x 60	7	0.7	10.5
Robert Mugabe	3TC 150mg x 60	6	0.3	18.0
Robert Mugabe Count	10			
Rosh Pinah	d4T6mg/3TC 30mg/NVP 50mg x 60	0	3.7	-
Rosh Pinah	TDF 300mg/ 3TC 300mg x 30	0	47.0	-
Rosh Pinah	3TC/AZT/NVPx 60	13	65.0	0.2
Rosh Pinah	NVP 200mg x 60	7	34.3	0.2
Rosh Pinah	EFV 600mg x 30	21	89.7	0.2
Rosh Pinah	d4T12mg/3TC60mg/NVP100mgx60	1	3.7	0.3
Rosh Pinah	AZT/3TC x 60	9	22.3	0.4
Rosh Pinah	d4T 30mg/ 3TC/NVP x 60	2	3.7	0.5
Rosh Pinah	LPV/r 200/50mg x 120	1	1.3	0.8
Rosh Pinah Count	9			
Rundu	EFV 600mg x 30	192	288.0	0.7
Rundu	3TC/AZT/NVPx 60	1260	1,335.3	0.9
Rundu	LPV/r 200/50mg x 120	120	126.7	0.9
Rundu	AZT/3TC x 60	1243	51.3	24.2
Rundu	d4T 6mg/ 3TC 30mg x60	491	9.0	54.6

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Rundu Count	5			
Swakopmund	AZT 300mg x 60	0	7.0	-
Swakopmund	TDF 300mg x 30	0	28.0	-
Swakopmund	d4T 1mg/ml 200ml	0	11.7	-
Swakopmund	NVP 200mg x 60	90	298.7	0.3
Swakopmund	EFV 200mg x 90	2	5.7	0.4
Swakopmund	ABC 300mg x 60	1	1.7	0.6
Swakopmund	d4T12mg/3TC60mg/NVP100mgx60	12	1.0	12.0
Swakopmund	IDV 400mg x 180	6	0.3	18.0
Swakopmund	EFV 30mg/ml 180ml	12	0.3	36.0
Swakopmund	d4T 6mg/ 3TC 30mg x60	13	0.3	39.0
Swakopmund Count	10			
Tsandi	3TC/AZT/ABC x 60	0	1.7	-
Tsandi	AZT 300mg x 60	0	7.3	-
Tsandi	d4T 6mg/ 3TC 30mg x60	23	38.3	0.6
Tsandi	EFV 50mg x 30	15	1.3	11.3
Tsandi Count	4			
Tsumeb	RTV 100mg x 84	0	0.3	-
Tsumeb	AZT 300mg x 60	2	34.0	0.1
Tsumeb	d4T 6mg/ 3TC 30mg x60	1	15.7	0.1
Tsumeb	NVP 10mg/ml 240ml	9	41.0	0.2
Tsumeb	d4T 30mg/ 3TC/NVP x 60	42	58.0	0.7
Tsumeb	TDF 300mg/ 3TC 300mg x 30	349	402.7	0.9
Tsumeb	AZT 10mg/ml 240ml	27	2.7	10.1
Tsumeb	3TC 10mg/ml 240ml	16	1.3	12.0
Tsumeb	d4T6mg/3TC 30mg/NVP 50mg x 60	94	4.0	23.5
Tsumeb Count	9			
Usakos	d4T6mg/3TC 30mg/NVP 50mg x 60	0	0.3	-
Usakos	d4T12mg/3TC60mg/NVP100mgx60	0	0.7	-
Usakos	TDF 300mg x 30	0	12.0	-
Usakos	ddl 25mg x 60	0	1.3	-
Usakos	d4T 1mg/ml 200ml	0	7.3	-
Usakos	LPV/r (80/20mg)/ml 60ml	0	2.0	-
Usakos	LPV/r 200/50mg x 120	7	28.0	0.3
Usakos	d4T 12mg/ 3TC 60mg x60	20	1.7	12.0
Usakos	EFV 600mg x 30	304	18.7	16.3
Usakos	3TC 150mg x 60	30	1.0	30.0
Usakos Count	10			
Walvis Bay	AZT 300mg x 60	0	19.7	-

Facility	Description	SoH Mar 2011	AMC Jan-Mar 2011	MoS Mar 2011
Walvis Bay	d4T 20mg x 60	0	1.7	-
Walvis Bay	EFV 50mg x 30	0	1.7	-
Walvis Bay	TDF 300mg x 30	0	0.7	-
Walvis Bay	AZT 10mg/ml 240ml	0	7.0	-
Walvis Bay	TDF 300mg/ 3TC 300mg x 30	353	1,023.3	0.3
Walvis Bay	d4T 1mg/ml 200ml	41	67.7	0.6
Walvis Bay	ABC 300mg x 60	17	25.3	0.7
Walvis Bay	NVP 10mg/ml 240ml	51	67.3	0.8
Walvis Bay	d4T 30mg/ 3TC x 60	149	192.7	0.8
Walvis Bay	3TC 150mg x 60	7	8.0	0.9
Walvis Bay	d4T 15mg x 60	17	1.0	17.0
Walvis Bay Count	12			
Windhoek CH	AZT 300mg x 60	5	69.7	0.1
Windhoek CH	3TC 150mg x 60	41	3.0	13.7
Windhoek CH	d4T 15mg x 60	36	2.0	18.0
Windhoek CH	RTV 100mg x 84	41	2.0	20.5
Windhoek CH	NVP 10mg/ml 240ml	49	1.0	49.0
Windhoek CH Count	5			
Grand Count	403			

Annex IV: Detailed List of Short-Dated ARVs per Facility

Description	Pack Size	Cost	Quantity	Value (NAD)	Expiry Date	Facility
3TC 10mg/ml 240ml	240ml	17.05	198	\$ 3,375.90	Aug-11	Nyangana
3TC 10mg/ml 240ml Total			198	\$ 3,375.90		
ABC 300mg x 60	60	135.66	10	\$ 1,356.60	May-11	Luderitz
ABC 300mg x 60 Total			10	\$ 1,356.60		
AZT 100mg x 100	100	47.55	26	\$ 1,236.30	Jun-11	Karasburg
AZT 100mg x 100	100	47.55	20	\$ 951.00	May-11	Katima Mulilo
AZT 100mg x 100	100	47.55	27	\$ 1,283.85	May-11	Keetmanshoop
AZT 100mg x 100	100	47.55	4	\$ 190.20	May-11	Khorixas
AZT 100mg x 100	100	47.55	4	\$ 190.20	May-11	Luderitz
AZT 100mg x 100	100	47.55	8	\$ 380.40	May-11	Mariental
AZT 100mg x 100	100	47.55	324	\$ 15,406.20	Apr-11	Nyangana
AZT 100mg x 100	100	47.55	20	\$ 951.00	May-11	Okahao
AZT 100mg x 100	100	47.55	18	\$ 855.90	May-11	Okakarara
AZT 100mg x 100	100	47.55	24	\$ 1,141.20	May-11	Okongo
AZT 100mg x 100	100	47.55	4	\$ 190.20	May-11	Opuwo
AZT 100mg x 100	100	47.55	12	\$ 570.60	May-11	Rehoboth
AZT 100mg x 100	100	47.55	366	\$ 17,403.30	May-11	Rundu
AZT 100mg x 100 Total			857	\$ 40,750.35		
AZT 10mg/ml 240ml	240ml	31.37	10	\$ 313.70	Feb-11	Mariental
AZT 10mg/ml 240ml	240ml	31.37	64	\$ 2,007.68	Mar-11	Rundu
AZT 10mg/ml 240ml Total			74	\$ 2,321.38		
AZT 300mg x 60	60	56.08	58	\$ 3,252.64	Aug-11	Karasburg
AZT 300mg x 60	60	56.08	6	\$ 336.48	Aug-11	Keetmanshoop
AZT 300mg x 60	60	56.08	54	\$ 3,028.32	Sep-11	Nyangana
AZT 300mg x 60	60	56.08	58	\$ 3,252.64	Jul-11	Okongo
AZT 300mg x 60 Total			176	\$ 9,870.08		
d4T 12mg/ 3TC 60mg x60	60	46.98	1	\$ 46.98	Jun-11	Khorixas
d4T 12mg/ 3TC 60mg x60	60	46.98	1	\$ 46.98	Jun-11	Opuwo
d4T 12mg/ 3TC 60mg x60 Total			2	\$ 93.96		
d4T 15mg x 60	60	16.18	3	\$ 48.54	May-11	Karasburg
d4T 15mg x 60	60	16.18	23	\$ 372.14	May-11	Keetmanshoop
d4T 15mg x 60	60	16.18	25	\$ 404.50	May-11	Khorixas
d4T 15mg x 60	60	16.18	2	\$ 32.36	May-11	Luderitz
d4T 15mg x 60	60	16.18	3	\$ 48.54	May-11	Mariental
d4T 15mg x 60	60	16.18	216	\$ 3,494.88	May-11	Nyangana
d4T 15mg x 60	60	16.18	12	\$ 194.16	May-11	Okahao
d4T 15mg x 60	60	16.18	8	\$ 129.44	May-11	Okakarara
d4T 15mg x 60	60	16.18	25	\$ 404.50	May-11	Opuwo

Description	Pack Size	Cost	Quantity	Value (NAD)	Expiry Date	Facility
d4T 15mg x 60	60	16.18	4	\$ 64.72	May-11	Rehoboth
d4T 15mg x 60 Total			321	\$ 5,193.78		
d4T 1mg/ml 200ml	200ml	21.72	70	\$ 1,520.40	Mar-11	Swakopmund
d4T 1mg/ml 200ml Total			70	\$ 1,520.40		
d4T 20mg x 60	60	15.78	21	\$ 331.38	Apr-11	Keetmanshoop
d4T 20mg x 60	60	15.78	5	\$ 78.90	Apr-11	Khorixas
d4T 20mg x 60	60	15.78	3	\$ 47.34	Apr-11	Mariental
d4T 20mg x 60	60	15.78	53	\$ 836.34	Apr-11	Nyangana
d4T 20mg x 60	60	15.78	8	\$ 126.24	Apr-11	Okakarara
d4T 20mg x 60	60	15.78	15	\$ 236.70	Apr-11	Ongha HC
d4T 20mg x 60	60	15.78	5	\$ 78.90	Apr-11	Opuwo
d4T 20mg x 60	60	15.78	8	\$ 126.24	Apr-11	Rehoboth
d4T 20mg x 60 Total			118	\$ 1,862.04		
d4T 30mg/ 3TC/NVP x 60	60	43.3	198	\$ 8,573.40	Mar-11	Katima Mulilo
d4T 30mg/ 3TC/NVP x 60	60	43.3	986	\$ 42,693.80	Mar-11	Rundu
d4T 30mg/ 3TC/NVP x 60 Total			1184	\$ 51,267.20		
d4T 6mg/ 3TC 30mg x60	60	21.75	22	\$ 478.50	May-11	Karasburg
d4T 6mg/ 3TC 30mg x60	60	21.75	33	\$ 717.75	May-11	Keetmanshoop
d4T 6mg/ 3TC 30mg x60	60	21.75	9	\$ 195.75	May-11	Khorixas
d4T 6mg/ 3TC 30mg x60	60	21.75	141	\$ 3,066.75	Aug-11	Nyangana
d4T 6mg/ 3TC 30mg x60	60	21.75	8	\$ 174.00	Aug-11	Okakarara
d4T 6mg/ 3TC 30mg x60	60	21.75	10	\$ 217.50	May-11	Ongha HC
d4T 6mg/ 3TC 30mg x60	60	21.75	9	\$ 195.75	May-11	Opuwo
d4T 6mg/ 3TC 30mg x60	60	21.75	491	\$ 10,679.25	May-11	Rundu
d4T 6mg/ 3TC 30mg x60	60	21.75	8	\$ 174.00	Aug-11	Usakos
d4T 6mg/ 3TC 30mg x60 Total			731	\$ 15,899.25		
d4T6mg/3TC 30mg/NVP 50mg x 60	60	29.29	180	\$ 5,272.20	Jul-11	Nyangana
d4T6mg/3TC 30mg/NVP 50mg x 60	60	29.29	5	\$ 146.45	Jul-11	Rehoboth
d4T6mg/3TC 30mg/NVP 50mg x 60			185	\$ 5,418.65		
ddl 25mg x 60	60	88.65	5	\$ 443.25	Sep-11	Keetmanshoop
ddl 25mg x 60	60	88.65	4	\$ 354.60	Apr-11	Rehoboth
ddl 25mg x 60 Total			9	\$ 797.85		
ddl 400mg x 30	30	167.44	12	\$ 2,009.28	Aug-11	Keetmanshoop
ddl 400mg x 30 Total			12	\$ 2,009.28		
EFV 200mg x 90	90	48	14	\$ 672.00	Apr-11	Andara
EFV 200mg x 90	90	48	8	\$ 384.00	Apr-11	Karasburg
EFV 200mg x 90	90	48	27	\$ 1,296.00	Aug-11	Keetmanshoop
EFV 200mg x 90	90	48	4	\$ 192.00	Aug-11	Khorixas
EFV 200mg x 90	90	48	10	\$ 480.00	Apr-11	Mariental

Description	Pack Size	Cost	Quantity	Value (NAD)	Expiry Date	Facility
EFV 200mg x 90	90	48	28	\$ 1,344.00	Aug-11	Nyangana
EFV 200mg x 90	90	48	4	\$ 192.00	Aug-11	Okahao
EFV 200mg x 90	90	48	7	\$ 336.00	Aug-11	Okakarara
EFV 200mg x 90	90	48	4	\$ 192.00	Aug-11	Opuwo
EFV 200mg x 90	90	48	8	\$ 384.00	Aug-11	Rehoboth
EFV 200mg x 90 Total			114	\$ 5,472.00		
EFV 50mg x 30	30	19.26	3	\$ 57.78	May-11	Swakopmund
EFV 50mg x 30 Total			3	\$ 57.78		
LPV/r (80/20mg)/ml 60ml	60ml	319.27	5	\$ 1,596.35	Sep-11	Keetmanshoop
LPV/r (80/20mg)/ml 60ml	60ml	319.27	9	\$ 2,873.43	Nov-11	Rehoboth
LPV/r (80/20mg)/ml 60ml Total			14	\$ 4,469.78		
LPV/r 200/50mg x 120	120	295.22	20	\$ 5,904.40	May-11	Ongha HC
LPV/r 200/50mg x 120 Total			20	\$ 5,904.40		
Grand Total			4098	\$ 157,640.68		

Annex V: ART Monthly Report Template –Jan 2011

Name of Facility: _____

Reporting Month/Year: _____

Part I: Patient Information

Fill Only the Unshaded Areas		Male	Female	Total			
<i>New Patients (Starting this month)</i>							
Age Group	Children <13 years						
	Adult ≥ 13 years						
<i>Number of Patients By Reason of Visit</i>							
New (Starting this month) - EDT Report 01							
Refill (EDT Report 02)							
Switch (EDT report 05)							
In Transit (EDT Report 06)							
<i>Total ART Patients For This Month</i>							
Cumulative from the previous month (A)							
New (Starting this month) (B)							
Restarted this month (C)							
Transferred In (D)							
Transferred Out (E)							
Stopped By Physician (F)							
Lost To Follow Up (G)							
Deceased (H)							
Number on Active Treatment including this month {=(A+B+C +D)-(E+F+G+H)}							
<i>Patient Adherence (EDT Report 21)</i>		<i># who ran out of ARVs (EDT report 20)</i>		<i>Lateness for Appointment (EDT Report 18)</i>			
>95%	75%-95%	<75%		<4 days	4-10 days	11-19 days	20-29 days

Total number of outreach sites			
Number on Active Treatment this month at all Outreach Sites			
Adults	Children	Total	

Part II: Distribution of Regimens

Please DO NOT change the formatting or order of appearance of regimens on this form under any circumstance!

No	Regimen	Cumulative from last month (a)	New this month (b)	Restarted this month (c)	Transferred In (d)	Switch TO this regimen (e)	Switch FROM this regimen (f)	Transferred Out (g)	Lost to Follow Up (h)	Stopped by the Physician (i)	Deceased (j)	Cumulative this month =(a+b+c+d+e) - (f+g+h+i+j)
	EDT report Number		1	6	6	5	5	6	6	6	6	
	Adult Regimens											
1	d4T30/3TC/NVP											
2	d4T30/3TC/EFV											
3	d4T30/3TC/LPV-r											
4	AZT/3TC/NVP											
5	AZT/3TC/EFV											
6	AZT/3TC/LPV-r											
7	TDF/3TC/NVP											
8	TDF/3TC/EFV											
9	TDF/3TC/LPV-r											
10	TDF/EFV/LPV-r											
11	AZT/TDF/LVP-r											
12	AZT/ddI/LVP-r											
13	AZT/3TC/TDF/LPV-r											
14	AZT/3TC/ddI/LPV-r											
15	ABC/ddI/LPV- R											
16	ABC/3TC/LPV-r											
17	ABC/3TC/NVP											
18	AZT/3TC/TDF/NVP											
19	ABC/3TC/TDF/LPV-r											
20	ABC/AZT/3TC/LPV-r											
21												
22												
	Total For Adults											

No	Regimen	Cumulative from last month (a)	New this month (b)	Restarted this month (c)	Transferred In (d)	Switch TO this regimen (e)	Switch FROM this regimen (f)	Transferred Out (g)	Lost to Follow Up (h)	Stopped by the Physician (i)	Deceased (j)	Cumulative this month =(a+b+c+d+e) - (f+g+h+i+j)
Paediatric Regimens												
25	d4T 15/3TC/NVP											
26	d4T 20/3TC/NVP											
27	d4T 15/3TC/EFV											
28	d4T 20/3TC/EFV											
29	d4T 30/3TC/NVP											
30	d4T 30/3TC/EFV											
31	d4T 15/3TC/LPV-r											
32	d4T 20/3TC/LPV-r											
33	d4T 6/3TC 30/NVP 50											
34	d4T 12/3TC 60/NVP 100											
35	d4T 6/3TC 30/EFV											
36	d4T 12/3TC 60/EFV											
37	d4T 6/3TC 30/LPV-r											
38	d4T 12/3TC 60/LPV-r											
39	d4T/3TC/NVP											
40	d4T/3TC/EFV											
41	d4T/3TC/LPV-r											
42	AZT/3TC/NVP											
43	AZT200/3TC/NVP											
44	AZT150/3TC/NVP											
45	AZT 100/3TC/NVP											
46	AZT/3TC/EFV											
47	AZT200/3TC/EFV											
48	AZT150/3TC/EFV											
49	AZT100/3TC/EFV											
50	AZT/3TC/LPV-r											
51	AZT150/3TC/LPV-r											
52	AZT100/3TC/LPV-r											
53	AZT/3TC/NVP(sol)											
54	AZT/3TC(sol)/EFV											
55	AZT/3TC/LPV-r (sol)											
56	AZT/3TC/ddI/LPV-r											
57	ABC/ddI/LPV-R											
58	ABC/3TC/d4T											
59	ABC/AZT/3TC/LPV-r											
60	AZT/ddI/EFV											
61	AZT/ddI/LPV-r											
62												
63												
64												
65												
66												
Total For Paediatrics												

Name of _____

Reporting _____

Facility: _____

Month/Year: _____

Part III: Monthly ART Stock Status Report

Please **DO NOT** change the formatting or order of appearance of medicines on this form under any circumstance!

Description	Pack Size	SOH at the close of last month (A)	Qty Rcvd (B)	Total Dispensed		Issued to other Health Facility (E)	Qty Damaged /Expired (F)	SOH at the end of this month {=(A+B)-(C+D+E+F)}	Short dated (less than 6 months to expiry)	
				Adults (C)	Paeds (D)				Qty	Exp. Date (mm/yyyy)
EDT report		Stock card	Stock card	15d	15d			14		
3TC + AZT	60									
3TC + AZT + NVP	60									
3TC + AZT + ABC	60									
d4T 30 + 3TC	60									
d4T 30 + 3TC + NVP	60									
d4T 6 mg+3TC 30mg+NVP 50m	60									
d4T 12 mg+3TC 60mg+NVP 100	60									
d4T 6 mg+ 3TC 30mg	60									
d4T 12 mg+ 3TC 60mg	60									
3TC 150mg	60									
ABC 300mg	60									
AZT 100 mg	100									
AZT 300mg	60									
d4T 15mg	60									
d4T 20mg	60									
d4T 30mg	60									
EFV 50mg	30									
EFV 200mg	90									
EFV 600mg	30									
NVP 200 mg	60									
TDF 300 mg	30									
TDF 300 mg + 3TC 300mg	30									
LPV/r (200/50mg) tabs	120									
ddI 25 mg	60									
ddI 125 mg	30									
ddI 100mg	60									
ddI 250mg	30									
ddI 400mg	30									
IDV 400 mg	180									
Ritonavir 100mg	84									
ABC 20mg/ml	240ml									
AZT 10mg/ml	240ml									
3TC 10mg/ml	240ml									
NVP 10mg/ml	240ml									
d4T 1mg/ml	200ml									
LPV/r (80+20)mg/ml	60ml									
Efavirenz 30mg/ml	180ml									
ddI 8mg/ml	200ml									

N:B- SOH = Stock on Hand. Carry out a Physical Stock take to verify SOH. If the stock take value does not match the calculated SOH, Indicate the counted Physical stock under SOH and investigate cause of difference.

	Name	Signature	Date
Prepared by:	_____	_____	_____
Checked by:	_____	_____	_____
Distributed by:	_____	_____	_____

