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NIGERIA: HIV/AIDS COMMODITIES LOGISTICS SYSTEM DESIGN WORKSHOP PROCEEDINGS

MARCH 10 TO 13, 2008, JOS, NIGERIA

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COMMODITIES LOGISTICS
SYSTEM DESIGN WORKSHOP
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USAID | DELIVER PROJECT

John Snow, Inc.

1616 Fort Myer Drive, 11th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

E-mail: askdeliver@jsi.com

Internet: deliver.jsi.com

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ACRONYMS

ART	Antiretroviral Therapy
CMS	Central Medical Stores
CRRIRF	Combined Report, Requisition, Issue and Receipt Form
EO	Emergency order
EOP	Emergency order point
FDS	Food and Drug Services
FMOH	Federal Ministry of Health, Nigeria
HF	Health facility
ICC	Inventory Control Card
JSI LS	John Snow Inc. Logistics Services
LMIS	Logistics management information system
LTWG	Logistics Technical Working Group
MAP	World Bank's Multi-country AIDS Program
NACA	National Agency for the Control of AIDS
OI Drugs	Drugs for the treatment of Opportunistic Infections
POD	Proof of delivery
SDP	Service delivery point

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Table 1 – System Design Workshop Participants

Name	Organisation	Designation
GODWIN IYOHA	ECWA HOSPITAL EGBE	ART FOCAL PHARMACIST
SAMUEL ADEYEMI	ECWA HOSPITAL, EGBE	LAB. SCIENTIST
ZUBAIRU A.ELAYO	D.O.D HIV PROGRAM	LOGISTICIAN
ADAMU BABA	GENERAL HOSPITAL MINNA	CHIEF MEDI LAB SCIENTIST
ATENDE EDWARD	FEDERAL MEDICAL CENTER MAKURDI	ART FOCAL PHARMACIST
AMODU BENJAMIN	FMOH-FDS	DEPUTY DIRECTOR (Logistics)
Mrs. I.E. ASHABA	FMOH-CMS	CMS (Head of LMIS Unit)
ALUKU ALFRED J.	SPECIALIST HOSPITAL NASARAWA	MED. LAB SCIENTIST
GBENGA IJAODOLA	LOGISTICS, FMOH	MEDICAL OFFICER
GEORGE OLIGBO	CROWN AGENTS	LOGISTICS CONSULTANT
JOHNNIE AMENYAH	JSI	CHIEF OF PARTY
YEKINI OLOYEDE	FMOH-FDS	CHIEF PHARMACIST
DR. ALI ONOJA	CENTRAL PUBLIC HEALTH LABORATORY	HEAD OF DEPARTMENT
LUKA JOSEPH	MADONNA HOSPITAL MAKURDI	MED.LAB SCIENTIST
BART VAN DER GRINGEN	IDA FOUNDATION	COUNTRY MANAGER
ATTAH ONOJA .I.	GENERAL HOSPITAL ANKPA	SENIOR MEDICAL LAB. SCIENTIST
OLUFEMI LUCAS .O.	GENERAL HOSPITAL SULEJA	MED.LAB SCIENTIST
DR.EGESIMBA GINIKA	HYGEIA FOUNDATION	PROGRAM MANAGER
KEHINDE ONASANYA	HARVARD PEPFAR	LOGISTICS MANAGER
ABAH SULE	JSI	SENIOR LOGISTIC ADVISOR
AKOJI ERIC M.	GEN. HOSPITAL ANKPA	PHARMACIST
ANITA FANTO	NIPRD	ART FOCAL PHARMACIST
COLLINS NDUKWE	NACA	PROCUREMENT & LOGISTIC OFFICER
ABIOLA EPOYUN	CU-ICAP	PHARMACY LOGISTICS & MONITORING ADVISOR
ANNE IKWANG	JSI	M&E ADVISORS
LUCKY UWABOR	CHANMEDI PHARM	LOGISTICS AND DISTRIBUTION MANAGER
JAYA CHIMNANI	JSI	TECHNICAL ADVISOR
DRAGANA VESKOV	JSI	TECHNICAL ADVISOR
GREG ROCHE	JSI	TECHNICAL ADVISOR
YUSUF BABAYE	AXIOS/GHAIN	PROGRAM OPERATION MANAGER
YAKUBU KACHIRO	HIV/AIDS, FMOH	PSO
DAWHA ISHAYA	NACA	PROCUMENT. OFFICER
ADAMU SAMBO	JSI	LOGISTIC ADVISOR
TERFA TARHEMBAH	JSI	PROCUREMENT SPECIALIST
SHANDE YIMA	GENERAL HOSPITAL KATSINA-ALLAH	ART LAB. FOCAL PERSON
TYAVYAR AKOSU	FHI/GHAIN	SENIOR PALLIATIVE CARE/TB/HIV ADVISER

EXECUTIVE SUMMARY

For more than four years, John Snow, Inc. (JSI) has worked with the Federal Ministry of Health (FMOH) and other partners on a number of key initiatives, including technical support related to the management of HIV/AIDS commodities.

In the past, a number of supply chains have been used to manage different products which are supplied in support of the overall provision of HIV/AIDS services, with various systems used to supply FMOH or partner-supported facilities. This includes a variety of vertical FMOH systems used to supply ARV drugs, opportunistic infection (OI) drugs and HIV tests, and several systems which together manage laboratory reagents and supplies. The FMOH has recently begun to undertake endeavors to rationalize and harmonize the various systems so that FMOH may eventually assume management of all commodity management activities for all products and at all sites.

The goal for the workshop was to involve system participants from all levels in the health management system in the design of a more integrated commodity management system, including the logistics management information system and related inventory control system which would provide for common management principles and guidelines, including re-supply, with differences only when the product-specific requirements so dictated. Specifically, participants were to incorporate the management of OI drugs into the system currently used to manage antiretroviral drugs (ARV) and to harmonize the various partner systems used to manage Laboratory commodities for eventual handover to CMS.

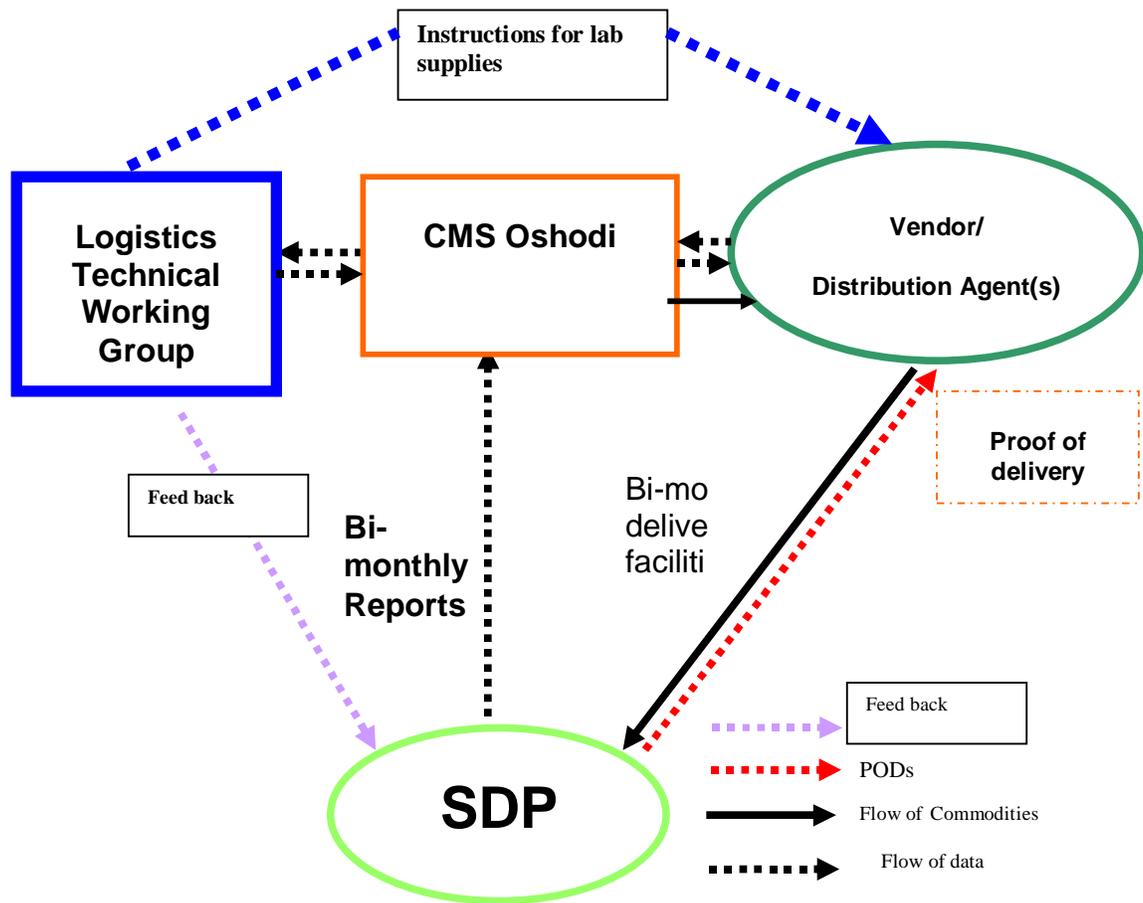
The systems recommended by workshop participants correspond directly to the established guidelines. ARV drugs management procedures were updated, with few changes needed to co-manage the OI drugs. The harmonized system proposed for the Lab products mirrors the ARV/OI system as well, though with minor changes based on the characteristics of the Lab products and particularly their re-supply sources. Both systems are basic two level supply chains with ARVs and OI Drugs supplied by Central Medical Stores to Health Centers and Hospitals every other month; Lab commodities also follow the bi-month order cycle, though in the short term those products will be re-supplied directly through private vendors and not CMS itself. Health Centers and Hospitals order health commodities using a forced ordering maximum-minimum inventory control system taking into consideration current stock balances and consumption, and ordering enough of each commodity to bring stock balances up to the maximum quantity. The choice of Forced Ordering inventory control system was not surprising, given it is the system currently used to manage most commodities in Nigeria and it is the system which is most appropriate even when taking into account the requirements for OI Drugs and Laboratory commodities.

The supply system is supported by a comprehensive Logistics Management Information System (LMIS). A *Combined Report, Requisition, Issue and Receipt Form* is used by the Health Centers and the Hospitals, with separate versions for each of three commodity classes, based on the data requirements for each class and reflecting the organizational structure of the Health Facilities. There is thus one *CRRIRF* for ARVs and OI Drugs, a second *CRRIRF* for HIV Tests and a third *CRRIRF* for Laboratory Commodities (reagents and supplies). The *CRRIRF* is used both to order health commodities from CMS and to report data on stock availability and use to MOH management units at the central level. Management units can use the data reported to monitor system performance, advocate for resources, and provide supportive supervision.

Health commodities held in storage at facilities at each level are accounted for using the *Inventory Control Card*; larger facilities that manage large quantities of products will also use the *Bin Card*. Transactions within a health facility are documented using the *Internal Requisition, Issue and Receipt Voucher*.

The following diagram illustrates the recommended system:

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



*** The flow of commodities shown in the diagram (from the vendor to the SDPs) will be in effect until such time when CMS takes over laboratory commodities*

To manage the system, sufficient and trained personnel are needed at health facilities and management units. Based on the recommendations of the workshop, various personnel will be involved in different aspects of commodity management and data management and reporting. The specific personnel involved will be based on facility staff availability, the class of products being managed and commodity management requirements.

A full description of the system design, including the LMIS and inventory management system, and the roles and responsibilities of personnel is found in the text of this report and supported with additional information in the appendices.

I. BACKGROUND

In recent years Nigeria has undergone a massive scale-up to mitigate and prevent the spread of HIV/AIDS and treat those infected with those affected from the disease. Currently, there is a complex network of organizations involved in funding, organizing and delivering commodities and services. For more than four years, John Snow, Inc. (JSI) has worked with the Federal Ministry of Health (FMOH) and other partners on a number of key initiatives, including technical support related to the management of HIV/AIDS commodities.

In the past, a number of supply chains have been used to manage different products which are supplied in support of the overall provision of HIV/AIDS services, with different systems used to supply FMOH and partner-supported facilities. This includes a variety of vertical FMOH systems used to supply antiretroviral (ARV) drugs, opportunistic infection (OI) drugs and HIV tests, and several systems which together manage laboratory reagents and supplies. The FMOH has recently begun to undertake endeavors to rationalize and harmonize the various systems so that FMOH may eventually assume management of all commodity management activities for all commodities and at all sites.

The National Agency for the Control of AIDS (NACA) has championed partner coordination and resource mobilization for all players involved in the diagnosis, prevention and treatment programs. NACA is also the recipient to the Global Funds Rounds 1 and 5, and has garnered financial contributions from the World Bank's multi country AIDS program (MAP). Under the round 5 grant, NACA has a reimbursement contract with JSI to perform coordination and other supply chain management functions in order to ensure commodity security for all players.

JSI Logistics Services (LS) serves as the coordinating body for the partnership of supply chain management (PSM) backbone stakeholders, and is also responsible for managing supply chain functions including quantification and forecasting, supply planning for all program commodities, implementation challenges, training and capacity building.

In supporting the design of a more unified and harmonized system, a comprehensive logistics system assessment for OI drugs and laboratory commodities was completed in November 2007. The assessment findings revealed the need for improving the existing systems if proposed scale up of ART provision in the program is to be achieved.

The System Design Workshop represents the beginning of the FMOH initiative to institutionalize and standardize records, reports and operating procedures for the entire range of HIV/AIDS commodities, including ARV drugs, OI drugs, HIV tests and laboratory reagents and supplies which are to be used within public health facilities. This Workshop is also the subject matter of this report.

II. WORKSHOP GOAL & OBJECTIVES

The primary goal of the System Design Workshop was as follows:

Participants will design a logistics management information system for OI drugs and laboratory supplies and aspects of the FMOH inventory control system for all Global Fund supported antiretroviral therapy (ART) sites.

The design for the OI commodities should be integrated into the existing FMOH ART system. For laboratory commodities, one standardized system will be designed for both Hygeia and FHI managed sites. Standardization in the system design for both Hygeia and FHI sites will result in improved availability of OI drugs and laboratory commodities at the health facilities.

The following objectives were also addressed during the workshop:

1. Describe the design principles of the logistics management information system and the inventory control system for OIs and laboratory commodities.

2. Identify LMIS components within the FMOH ART logistics system that need re-design or further work on the design to allow for seamless integration of the OI commodities into the existing FMOH system for all GF sites.
3. Design one standardized logistics management system for laboratory commodities for all GF sites
4. Design one common inventory control system for laboratory commodities for all GF sites including establishing maximum-minimum stock levels for each level in the system, order, re-order/review period, for stock-keeping/stores management, and for reporting and ordering from the higher levels.
5. Determine collection, aggregation, ordering, reporting, and approval procedures, including frequency and information flows, to ensure that accurate and timely commodity information is produced, reported, and used for ordering and regular commodity management for OI and laboratory commodities. This information will also allow managers to monitor system performance.
6. Determine the appropriate inventory control system for OIs and laboratory commodities for the GF sites
7. Identify roles and responsibilities for site managers, focal pharmacists, medical laboratory scientists at ART sites, CMS, Food and Drug Services (FDS), distribution agents, and for other personnel and agencies with supply management responsibilities.

III. WORKSHOP SCHEDULE & PROCESS

The workshop gathered 33 participants representing the Federal level, Health Facilities, and partner organizations including USAID, SCMS/JSI, Hygeia, FHI and others. The participants followed a defined process which included the following steps:

- Review of Logistics Principles
- Review of the current context for supply management, including parameters outlined by the FMOH that would need to be taken into account in order to draft the system design
- Group work to propose the design elements for the LMIS and Inventory Control System and recommendations for distribution
- Review of Roles and Responsibilities related to commodity and information management and system implementation.

After the conclusion of the workshop, participant representatives made a final presentation to MOH and other partners, during which they reviewed the system design work that had been accomplished, obtained feedback on the system design and raised outstanding issues.

The specific steps included:

- *Review of Logistics Principles:* Provided participants with a common theoretical basis on technical issues relevant to the design and implementation of an LMIS and its related inventory control system. Topics covered included *Introduction to Logistics, Logistics Management Information Systems (LMIS), Assessing Stock Status, and Inventory Control Systems (ICS)*.
- *Review of the current context:* Provided participants with Nigeria-specific information covering contextual and technical elements that would need to be taken into consideration when designing the system, particularly as they related to the overall objective of FMOH.

- *Group work to propose the design elements for the LMIS and Inventory Control System:* Provided time for participant work groups to discuss the technical issues and existing context, and then to propose a system design. For each of the two technical areas, LMIS and inventory control system, two sub-groups were formed in order to increase the opportunity for each participant to contribute, ensure that issues were adequately discussed, and verify that the technical approaches and solutions were sound. After presentations of their initial sub-group work, the groups then sat together again to arrive at a single inventory control system and a single LMIS. The large group heard the results of the small groups and achieved consensus on the final recommendations for system design.
- *Review of Roles and Responsibilities:* Provided an opportunity to develop, review and then refine the expected roles and responsibilities of those who are to be involved in implementing the commodity management systems. The review was done at several times during the workshop, each time providing participants an opportunity to update their work based on the most recent discussions and the current iteration of the system design.
- *Final presentation to MOH leaders and other partners:* Provided an opportunity to review with the relevant partners the system design work that had been accomplished, obtain feedback on the system design, and highlight outstanding issues.

The specific topics and flow of sessions/discussions held during the Workshop are provided in the Workshop Schedule found in Appendix A.

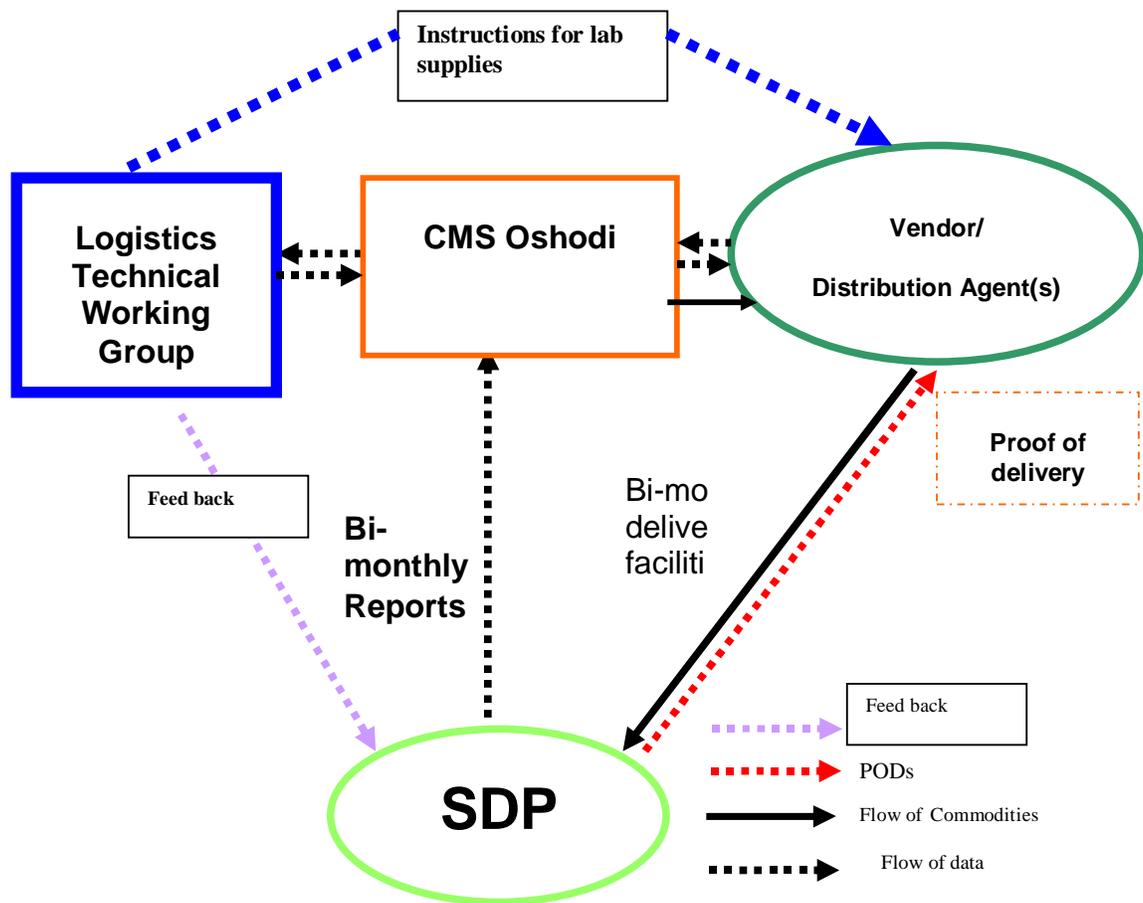
The outputs of the small and large group discussions and related technical information were used to produce an initial draft of a *Logistics Management of HIV/AIDS Commodities, Standard Operating Procedures Manual for the Management of Antiretroviral Drugs, OI Drugs, HIV Tests and Laboratory Reagents and Supplies*. This draft will be further revised and finalized as the next steps for system design and implementation are accomplished.

IV. RESULTS OF THE DESIGN WORKSHOP

A. HEALTH COMMODITY SUPPLY SYSTEM

The details of the health commodity supply system, as proposed and agreed to by the Workshop participants, are outlined in the diagram below and detailed in the text which follows. The flow of commodities and information for all HIV/AIDS commodities is similar, though there are some product-specific differences related to laboratory commodities.

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



*** The flow of commodities shown in the diagram (from the vendor to the SDPs) will be in effect until such time when CMS takes over laboratory commodities.*

The flow of commodities and information for the HIV/AIDS commodities, reflected in the diagram above, includes the following features:

- SDPs orders HIV/AIDS commodities bimonthly (every other month) on a requisition system. Orders are submitted to the Central Medical Stores (CMS) using the Combined Report Requisition Issue and Receipt Form (CRRIRF). The quantities ordered are based on the quantities used to serve clients (consumption) and quantities of stock on hand at the time the order is placed, and adhering to the established desired stock levels (maximum and minimum).
- Information is electronically shared with the Logistics Technical Working Group (LTWG), a virtual unit which is comprised of individuals from the Central Medical Stores (CMS), FDS, NACA, and the HIV/AIDS Division (formerly NASCP) of the FMOH; members of the Working Group will include representation of all commodity categories. If a facility cannot send its report electronically, then the report must be submitted on paper copy through other means (mail, hand delivery). The information arrow from SDPs to the CMS indicates the submission of the bi-monthly reports and feedback from the LTWG to the SDPs.
- The LTWG reviews the Combined Report, Requisition, Issue and Receipt Form (CRRIRF) to confirm requisitions with the CMS, correct any errors, ensure data accuracy and oversee completion of orders.

- CMS manages the physical processing of the requisitions, either by re-supplying the commodities directly, or by facilitating purchases from private vendors. CMS also exchanges information with the LTWG (product availability/stock status).
- The LTWG also provides feedback to the SDPs regarding requisition quantities or other issues found in the CRRIRFs.
- For CMS-managed products, contracted distribution agents such as CHAN MediPharm and/or Darlez are notified when orders are ready for pick-up. The distribution agents are then responsible for transporting and distributing the commodities directly to the various SDPs.
- In the case of laboratory commodities, the orders are sent to the various vendors who are responsible for storage, packaging and transportation of the products to the service delivery site.

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

B. LOGISTICS MANAGEMENT INFORMATION SYSTEM

Management of the Health Commodity Supply System requires that commodity managers at health facilities, CMS and TWG have essential logistics data for commodity decision-making– whether for commodity re-supply, supervision, monitoring, or program management. By using the records and reports listed in Table 3 below, health facility personnel and managers collect and report the data needed to manage the system.

Table 2 - LMIS Summary Table

Level	Name of LMIS Record or Report	Purpose	Disposition	Data Items Recorded or Reported
SDP	Inventory Control Card (ICC)	Stock keeping – track stock in storage	Kept in the store managers office	Stock on hand, quantity issued, losses and adjustments
	ARV Drugs Daily Consumption Record	Consumption record	Kept in the pharmacy/dispenser	The number of ARV drugs that have been used in the facility over a defined period of time
	Daily Usage Record for HIV Test Kits	Consumption record	Kept in the laboratory	The number of HIV test kits that have been used in that laboratory by their purpose of use
	OI Drug Daily Consumption Record	Consumption record	Kept in the pharmacy/dispenser	The number of OI drugs that have been used in the facility over a defined period of time
	CRRIRF for requisition and report	Report & Transaction record; essential data items, order health commodities from CMS	Submitted every other month to CMS with copy to TWG	For each item – Quantity Issued/ dispensed, stock on hand, quantity requested
	Record for Returning Unusable Commodities	Transaction record to track the movement of supplies back up the logistics system	Submitted with every returning product	Items, units, quantity returned, reason for Return/Non-Use
CMS	Bin card	Stock keeping – track stock in storage	Kept in store with item	Stock on hand, quantity issued, losses and adjustments Additional information: batch number and expiry date
	Inventory Control Card (ICC)	Stock keeping – track stock in storage	Kept in the store managers office	Stock on hand, quantity issued, losses and adjustments
	CRRIRF for requisition and report	Transaction – issue health commodities from the CMS to the SDP	Used by the CMS to issue commodities to SDPs	For each item – Quantity supplied
TWG	CRRIRF for requisition and report	Report & Transaction- report essential data items, order health commodities from CMS	Submitted every other month to CMS with copy to TWG	For each item: quantity issued, stock on hand, losses and adjustments, quantity requested

The LMIS Records and Reports noted in the table above and proposed for the LMIS represent the minimum and required records and reports needed to track commodities and perform re-supply actions.

ARV drugs

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

HIV test kits

Daily Usage Record for HIV Test Kits collects the number of HIV test kits that have been used in that laboratory by their purpose of use. This information is called the usage data and is one of the essential data items. The Daily Usage Record for HIV Test Kits should be kept with the person(s) using the HIV test kits for testing in the laboratory or other settings, for example, Medical Laboratory Scientist.

OIs

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

Lab commodities

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

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

The **Bin card** will be used at larger facilities (CMS, tertiary hospital store rooms). The Bin Card is designed to collect the quantity of Stock on Hand and the quantity of losses/adjustments. Unlike the ICC, the Bin Card is used to track one batch number and expiry date of each product. For example, NVP 200mg with expiry date in November 2009 and NVP 200mg with expiry date in November 2010 will have two separate bin cards.

Record for Transferring/Returning Commodities. Every logistics system tries to prevent wastage of products. However, sound policy, procedures and guidelines need to be in place to prevent wastage and to destroy product that is no longer safe to use. In the case of the Nigeria drug and laboratory logistics system, a form has been developed to track the transfer of unusable drugs, test kits, and laboratory commodities. The purpose of this form is to track the return/transfer of OIs, ARV drugs, HIV and HIV test kits to the CMS and Lab Commodities to a vendor.

Combined Report, Requisition, Issue, and Receipt Form for requisition and report

The requisition, issue and receipt portion of the CRRIRF is the primary transaction record for HIV/AIDS commodity resupply. While the report section of the CRRIRF is slightly different, the transaction portion is the same for all the commodities.

CRRIRF for requisition and report is used to calculate the facility order quantities and to monitor whether the facilities are maintaining stock according to plan, i.e. no overstock, shortages, or stock outs. This report is also a transaction record as mentioned above. If a facility does not process the data, calculate reorder quantities and send in the report, the Central Medical Store will not be able to issue the facility their supply of commodities. This form will be used to report on the estimated consumption/usage during the reporting period, the stock on hand at the time of reporting, and for requisition, issue and receipt of all above mentioned commodities. For ARVs, OI drugs and HIV test kits, actual consumption will be reported based on the specific dispensing records for each of those products. For all Lab commodities, information will come from the Inventory Control Card for each

product. The report should be prepared by personnel responsible for re-supply of OI drugs, ARVs, HIV test kits and lab commodities at the service delivery point.

Feedback Reports

Data reported to the Technical Working Group should be aggregated, processed and analyzed to produce feedback reports that are used by program and commodity managers to monitor the performance of the ARVs, OIs HIV test kits and Laboratory commodities logistics system. These same reports can be used by supervisors to help personnel identify problems and take corrective actions.

C. INVENTORY CONTROL SYSTEM

C.1. Forced Ordering Maximum-Minimum Inventory Control System

The logistics system used to manage HIV/AIDS commodities in Nigeria is designed following common, sound practices for maintaining adequate stock levels in order to ensure product availability. Commodities must be ordered and received on a regular basis, and the quantities of products that are received must include enough to serve existing patients, as well as to account for new patients and unexpected events (rapid increased consumption, unusual events such as product losses, etc.).

The participants in the Design Workshop maintained the forced ordering maximum-minimum inventory control system as is currently used for managing ARV drugs, and taking into account the review period, stock levels, and emergency order procedures.

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

Table 3: The Nigerian Inventory Control System at the Service Delivery Point

	Inventory control system:	Forced Ordering Max/Min
1.	Review Period and Re-Order Interval	Every two months
2.	Lead time	2 weeks
3.	Emergency order point	2 weeks of stock
4.	Minimum stock level	2 months of stock
5.	Maximum stock level	4 months of stock

The most basic activity in managing a logistics system is re-supply of commodities and the procedures for re-supply are based on the established Inventory Control System. The proposed Minimum Stock Levels reflect realistic lead time periods for order processing and receipt of commodities as well as acceptable buffer/safety stock levels. The proposed Maximum Stock Levels further take into account the recommended review periods as noted. (Note: In a Forced Ordering ICS, the review period also corresponds with the re-supply/order interval, thus giving bi-monthly re-supply to the service delivery points. The proposed Emergency Order Point is based on a realistic lead time for placing and receiving emergency orders.

The Inventory Control System used in Nigeria is a pull Forced Ordering system. A pull system is one in which facilities use the logistics data they collect to determine their own order quantities. Forced Ordering means that facilities are “forced to order” all commodities at the end of every review period: at the end of every review period facilities review their HIV/AIDS commodities and order all stocks to the established level. In Nigeria, the review period and order interval has been established at every two months, so that at the end of every two months, facilities will place an order for their products.

When ordering HIV/AIDS commodities, products are ordered in sufficient quantity to reach the established Maximum Stock Level. The Maximum Stock Level in Nigeria is four (4) Months of Stock, and is based on factors such as lead time (the amount of time needed to place an order, receive commodities, and make them available for use), safety stock (also called buffer stock), and the review period (explained above). Ordering products to the Maximum Stock Level will help to ensure that all

products are regularly available. As consumption increases or decreases, the maximum stock quantity will self-adjust, so that facilities consistently maintain four Months of Stock.

Table 4: The Nigerian Inventory Control System at the Central Medical Stores

1.	Re-Supply Interval	Various
2.	Review Period	3 months
3.	Emergency order point	3 months of stock
4.	Minimum stock level	6 months of stock
5.	Maximum stock level	9 months of stock

Note: At the central level, maximum/minimum is managed slightly differently than at the SDP, which accounts for the differences in terminology used (Review Period/Re-supply Interval). At the central level, there is typically one annual procurement (which would be planned according to procurement lead time) with several deliveries throughout the year (which in practice correspond to the review period). In this model, procurement does not begin when stock levels reach the minimum; rather, procurement actions begin whenever they are needed but so that products arrive in-country around the time stock levels reach their minimum.

It is important to underscore the fact that the months of stock as indicated in the table above are the desired time intervals and months of stock levels based on the ideal time intervals. Currently, the procurement lead time is up to 11 months; if max/min is followed to the letter, this would mean for minimum stock level, there would be a need to keep 11 months of stock simply for lead time, and not including safety stock; the maximum would therefore be more than 18 months of stock. Clearly, with products that have a short shelf life, such stock levels are unrealistic. As a result, the design group defined max/min levels as indicated, but with the proviso that other system improvements take place which would move actual timeframes in line with the desired timeframes for re-supply actions, and thus would correspond to the defined minimum and maximum stock levels. See the section on Implementation Planning below for additional discussion on this topic.

C.2. EMERGENCY ORDER PROCEDURES

The system is designed to prevent emergency orders if the system is operated as designed. However, every logistics system must have procedures for placing emergency orders at times when exceptional circumstances occur that could have an impact on product availability. In the case of the HIV/AIDS commodities logistics system, the emergency order is based on a special stock level called the “Emergency Order Point”. The emergency order point disregards the review period timing and the quantity to order is calculated to top the stock-on-hand to the maximum level (four months of stock).

As noted in the table above, the Emergency Order Point established in Nigeria at the SDP level is 2 (two) weeks of stock. This means that if the stock level for any products drops to two weeks of stock at any time before the end of the normal two-month review period, it is mandatory for the store pharmacist or manager to contact the Central Medical Stores using the most efficient means of communication and place an emergency order. At the Central level, an emergency order/procurement will need to be placed if at any time stock on hand reaches or falls below 3 months of stock.

D. ROLES AND RESPONSIBILITIES

Many health staff play key roles in the operation of the HIV/AIDS logistics system. To ensure efficiency in the operation of the logistics system, related both to commodity and information management and supervision/monitoring, workshop participants proposed a number of roles and responsibilities for personnel involved at each level of the system, as outlined in the table below (for both ARV and OI drugs and for HIV test kits and laboratory commodities). These lists may be updated depending on final decisions related to current assumptions and final system design.

Table 5: Roles and Responsibilities for personnel who manage ARV and OI Drug

Levels	Personnel	Roles and Responsibilities
Central	Logistics Technical Working Group	<ul style="list-style-type: none"> • Receive, review and analyze summary logistics performance reports on ARV and OI drugs (regular update of the stock status report at both SDP and central level) • Periodically analyze Combined Report Requisition Issue and Receipt Forms and determine which reporting sites need supervisory support to ensure regular, accurate and timely reporting • Monitor the central warehouse to ensure that orders are sent to reporting sites in a timely manner and in accordance with the established lead time • Monitor the central warehouse to ensure good distribution and warehouse management practices. • Communicate stock status information regularly with the FMOH, NACA, and other relevant stakeholders including implementing partners to ensure that information collected are used for logistics decision making. • Share logistics report periodically with the other stakeholders on test usage, stock levels at the warehouse and SDP
Central Warehouse	Warehouse Manager	<ul style="list-style-type: none"> • Supervise the management of the ARV and OI drugs in the central warehouse • Approve and document all receipts and issues of ARV and OI drugs flowing through the pipeline • Monitor the Inventory Control Cards and stock levels of ARV and OI drugs • Coordinates delivery of ARV and OI drugs with the distribution agents (i.e. CHAN MediPharm and Darlez) • Coordinate all warehouse operations and ensure that all clients to the warehouse derive maximum value for their time • Submit Bi-Monthly stock status reports to Logistics Technical Working Group
	Stores Pharmacist	<ul style="list-style-type: none"> • Receive and issue ARV and OI drugs • Update and maintain inventory control cards every time ARV drugs are issued or received • Conduct visual inspection and ensure the storage of ARV and OI drugs according to the storage standards • Monitor ARV and OI drugs management in the warehouse • In collaboration with the store keeper, conduct periodic physical inventory • Receive and process bi-monthly report, and data management (manual and electronic)
	Store Keeper	<ul style="list-style-type: none"> • Update bin cards for all ARV and OI drugs • Ensure the storage of ARV and OI drugs according to the storage standards • In collaboration with the pharmacist, conduct periodic physical inventory • Responsible for receiving ARV and OI drugs, record keeping, issuing commodities
	Security Officers	<ul style="list-style-type: none"> • Ensures security at the CMS, both internal and external

Service Delivery Points	ART focal pharmacist	<ul style="list-style-type: none"> • Responsible for overall managing of OI and ARV drugs and HIV test kits • Responsible for proper management and completing of the various LMIS forms used at the facility– store commodity ledger, bin card and inventory control card; Returning/transferring form, CRRIRF form and intra-facility requisition booklet; Daily consumption forms • Ensures timely updates of forms and/or reporting – requisition for OI and ARV drugs and HIV test kits • Responsible for completing the Combined Report Requisition Issue and Receipt Forms at the end of the review period • Responsible for proper dispensing of OI and ARV drugs • Collect the Daily Usage register for ARV drugs from other locations in the facility where ARV drugs are dispensed (for instance PMTCT unit) • Sends unusable ARV drugs that must be returned to the Central Medical Stores after filling out the Record for Returning/Transferring Commodities • Aggregate all consumption data from the Daily Usage Register for ARV and OI drugs and enter in the Combined Report - Requisition and Issue Form (ARV and OI drugs) and send to the central warehouse • Ensures timely updates of all forms and/or reporting – requisition for ARV and OI drugs. • Monitor the management of ARV and OI drugs in the store
	ART Team Leader	<ul style="list-style-type: none"> • Endorse order/requisition to be sent to the central warehouse

Table 6: Roles and Responsibilities for personnel who manage HIV Test Kits and Laboratory Commodities.

Levels	Personnel	Roles and Responsibilities
Central	Logistics Technical Working Group	<ul style="list-style-type: none"> • Receive, review and analyze summary logistics performance reports on HIV test kits (regular update of the stock status report at both SDP and central level) • Periodically analyze Combined Report Requisition Issue and Receipt Forms and determine which reporting sites need supervisory support to ensure regular, accurate and timely reporting • The LTWG Laboratory focal person processes the facility orders to the vendor or to the CMS for distribution • Aggregates the reports for all of the facilities in the country to provide the input for the national quantification • Monitor stock levels at the central warehouse • Communicate with relevant procurement units for procurement of HIV test kits • Monitor the central warehouse to ensure that orders are sent to reporting sites in a timely manner and in accordance with the established lead time • Monitor the central warehouse to ensure good distribution and warehouse management practices. • Communicate stock status information regularly with the FMOH, NACA, and other relevant stakeholders including implementing partners to ensure that information collected are used for logistics decision making • Report periodically and share HIV test kits and laboratory commodities logistics information (e.g. test usage, stock levels at the warehouse and the SDPs) with both internal and external stakeholders
Central Warehouse**	Manager	<ul style="list-style-type: none"> • Supervise the management of the HIV test kits in the Central Medical Stores • Approve and document all receipts and issues of HIV test kits • Monitor the Inventory Control Cards and stock levels of HIV test kits • Coordinates delivery of HIV test kits with the distribution agents • Coordinate all warehouse operations and ensure that all clients to the warehouse derive maximum value for their time • Submit Bi-Monthly stock status reports to Logistics Technical Working Group

	Pharmacist	<ul style="list-style-type: none"> • Receive and issue HIV test kits • Update and maintain inventory control cards every time HIV test kits are issued or received • Conduct visual inspection and ensure the storage of HIV test kits according to the storage standards • Monitor HIV test kit management in the warehouse • Monitor HIV test kits management in the warehouse • In collaboration with the store keeper, conduct periodic physical inventory • Receive and process bi-monthly report, and data management (manual and electronic)
	Store Keeper	<ul style="list-style-type: none"> • Ensure the storage of HIV test kits according to the storage standards • Update bin cards for all HIV test kits • Ensure the storage of test kits according to the storage standards • In collaboration with the pharmacist, conduct periodic physical inventory
Service Delivery Points	Laboratory Assistant and PMTCT Nurse / VCT Counselor	<ul style="list-style-type: none"> • Order HIV test kits from the facility store • Fill in the Daily Usage Record for HIV Test Kits every time tests are administered
	Focal Laboratory Scientist	<ul style="list-style-type: none"> • Responsible for the management of all HIV test kits and laboratory commodities at the facility • Issues HIV test kits and other laboratory tests • Maintain contact with all of the testing sites at the facility to approve any issues from the laboratory store room to the benches • Collect the Daily Usage Record for HIV Test Kits and other tests from the Laboratory Assistant and/or the PMTCT / VCT Counselor • Send unusable HIV test kits and other laboratory tests that must be returned to the Central Medical Stores after filling out the Record for Returning Unusable Commodities • Compile the data from all of the Daily Usage Record for HIV Test Kits and laboratory commodities to enter in the Combined Report - Requisition and Issue Form (HIV Test Kits and for laboratory commodities) and send to the central warehouse on a bimonthly basis • Approves laboratory commodities orders to be sent to the CMS • Signs the proof of delivery and manages inventory of all HIV test kits and laboratory commodities received at the facility • Conduct visual inspection and ensure the storage of HIV test kits and laboratory commodities is according to the storage standards

	ART Team Leader or other authorized persons	<ul style="list-style-type: none"> • Approve HIV test kit order to be sent to the central warehouse
--	---	--

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

V. IMPLEMENTATION PLANNING

5.1 OUTLINE OF MAJOR IMPLEMENTATION STEPS

Workshop participants provided input to a first draft of a plan for the system implementation. These inputs cover a number of the major steps that are needed in order to move the system design from concept to reality. The activities identified by the Workshop participants are noted below.

- Approval of recommended system
- Finalization and production of SOP Manuals
- Training on SOP manual
- Printing & distribution of LMIS forms
- Process improvement
 - Streamline procurement processes
- Upgrade, improve CMS storage infrastructure and processes
- Identify and resolve funding issues
 - Logistics Technical Working Group
 - Procurement
 - Distribution

JSI will work with FMOH and other partners to finalize the implementation plan and to phase in the new system.

5.2 ISSUES RELATED TO MAJOR IMPLEMENTATION STEPS

For each of the steps in the implementation process already identified and mentioned above, there are certain issues that will need to be addressed before full system implementation can be achieved as designed by the workshop participants. Some of these issues are relatively straightforward, with others being more complex in their resolution. Issues related to the implementation steps include:

Approval of recommended system: The system design as proposed by the workshop participants will need to be formally approved and accepted by the relevant officials (FMOH, others). Once such approval is obtained, the system can be considered the official set of procedures for managing HIV/AIDS commodities and the roadmap for full implementation can be outlined.

Finalization and production of SOP Manuals: The existing draft SOP Manual will be finalized based on any issues or discussion which occurs during the approval process noted above. Once finalized, the SOP Manual will define all procedures and the related roles and responsibilities which will be implemented for the management of HIV/AIDS commodities. Such procedures will also include “interim” measures that will need to be taken until full implementation is achieved, particularly as it relates to the management of laboratory commodities. (See below for additional comments related to this point.)

Printing & distribution of LMIS forms: Once the SOP Manual is approved, the LMIS forms that will be used to manage system data will need to be printed and distributed. All facilities that are expected to follow the defined procedures will need regular and reliable access to the forms that will be required. Distribution of the forms can occur in conjunction with the SOP training as noted below.

Training on SOP manual: A training strategy will need to be developed and implemented so that service and commodity management personnel at both the central and facility levels understand and have the ability to implement the system as designed. The strategy may include formal classroom-style training through a series of workshops, informal training done through an “on-the-job” mentoring approach, or through a combination of the two. In any event, once trained, personnel will need to have immediate access to the required logistics records and report formats so that the system can be immediately implemented once the training is accomplished.

Process improvement: Streamline procurement processes: As note above, the current timeline for procurement actions is a lengthy one. In order to achieve the desired maximum/minimum stock levels, which reflect commodity requirements in terms of shelf life among others, procurement processes will need to be streamlined so that the time involved is the absolute minimum.

Upgrade, improve CMS storage infrastructure and processes: A number of re-supply and commodity management tasks, including transportation and some storage (particularly related to laboratory commodities) are currently outsourced, as noted above. In part, this is due to the special nature of lab products, including but not limited to short to very short shelf life, large number of products, and special storage requirements. Should CMS assume complete responsibility for these tasks and for all products, additional skills will need to be developed in-house, processes will need to be improved and infrastructure upgrades will need to be implemented. Only with such improvements and upgrades will CMS be able to expand its operations to handle the significant increase in workload and product through put that will be involved with lab commodities management.

Identify and resolve funding issues, Logistics Technical Working Group: The role of the Logistics Technical Working Group in the overall system implementation is a crucial one, one which provides an important level of oversight over the entire commodity management and re-supply processes. Adequate resources must be identified to ensure the on-going sustainability of the Working Group as well as representation of each area of technical expertise of HIV/AIDS commodities (ARV drugs, OI drugs, HIV Test Kits, and Laboratory commodities).

Identify and resolve funding issues, Procurement: As the Government of Nigeria assumes a greater role in the provision of all products to support efforts to combat and treat HIV/AIDS-related illnesses, it will be incumbent upon them to ensure adequate resources for the re-supply of products that are currently provided by outside sources.

Identify and resolve funding issues, Distribution: As Central Medical Stores assumes a greater role in the management of the full range of HIV/AIDS products, including laboratory products, adequate resources will need to be available to support the purchase and distribution of such products, either through in-house management by CMS or through the use of contractors.

APPENDIX A – WORKSHOP SCHEDULE

NIGERIA OI AND LABS SYSTEM DESIGN WORKSHOP MARCH 10 – 13, 2008

Monday, Mar. 10	Tuesday, Mar. 11	Wednesday, Mar. 12	Thursday, Mar. 13
9:00 – 9:45 Official Opening	8:30 – 9:30 Assessing Stock Status	8:30 – 10:00 Group Work Assignments and Start of Group Work #1	8:30 – 10:00 2 nd Group Check-in by Product
9:45 – 10:45 Introduction to Design Workshop: Ice Breaker	9:30 – 10:15 Inventory Control Systems		
10:45 – 11:00 Break	10:15 – 10:30 Break	10:00 – 10:15 Break	10:00 – 10:15 Break
11:00 – 12:00 Introduction to Design Workshop: Goals, Objectives, Norms, Admin.	10:30 – 12:00 Inventory Control Systems	10:15 – 12:00 Group Work #1 & 1 st Group Check-in by Product	10:15 – 12:00 2 nd Large Group Report-Out & Finalize Designs
12:00 – 1:15 Introduction to Logistics	12:00 – 1:15 Findings from Baseline Assessment	12:00 – 1:00 1 st Large Group Report-Out	12:00 – 1:00 Finalize Roles and Responsibilities
1:15 – 2:15 Lunch	1:15 – 2:15 Lunch	1:00 – 2:00 Lunch	1:00 – 2:00 Lunch
2:15 – 5:30 LMIS (including break at best moment)	2:15 – 4:15 System Design Parameters	2:00 – 3:00 Review of Roles & Responsibilities	2:00 – 2:30 Finalize Roles and Responsibilities
			2:30 – 3:30 Planning for Introduction of the OI and Labs Systems, Pending Issues, Next Steps
	4:15 – 4:30 Break	3:00 – 5:30 Group Work #2 (including break at best moment)	3:30 – 3:45 Break
	4:30 – 5:30 Identification of Design Needs		3:45 – 5:30 Prepare for Final Presentation & Workshop Closing

Notes:

- The Group Work sessions are those during which the participants work together to propose/finalize the system designs: Inventory Control System, Max/Min stock levels, flow of commodities and information; along with design of any specific LMIS forms/reports that will be used to run the systems.
- Group Work Check-Ins are those times during which each sub-group will present its progress to the group at large, to get input and ensure that the work of all groups is cohesive and complementary.

- Final Presentation on System Designs will be made in Abuja on Friday, March 14.

APPENDIX B – LMIS FORMS DESIGNED DURING THE WORKSHOP

A. Bin Card

B. Inventory Control Card

C. ART Daily Consumption Record

D. OI Drug Daily Consumption Record

E. Daily Usage Record for HIV Test Kits

F. Combined Report, Requisition, Issue and Receipt Form – Antiretroviral and OI Crugs

G. Combined Report, Requisition, Issue and Receipt Form – HIV Test Kits

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

I. Internal Requisition, Issue and Receipt Voucher

J. Record for Transferring/Returning Commodities

C. ART DAILY CONSUMPTION RECORD

ART DAILY CONSUMPTION RECORD

		FIXED DOSE COMBINATIONS			SINGLE DOSES																						
		Adult First Line			Adult First Line				Adult Second Line			Pediatric First Line			Pediatric Second Line												
FACILITY: _____		d4T/3TC/NVP (30/150/200)			Stavudine d4T 30 mg	Stavudine d4T 40 mg	Zidovudine AZT 300 mg	Lamivudine 3TC 150 mg	NVP 200 mg	Nevirapine	EFV 200 mg	EFV 200 mg	EFV 600 mg	Didanosine ddi 400 mg	Abacavir ABC-300 mg	Ritonavir RTV-100mg	Indinavir IDV-400 mg	Zidovudine AZT syrup 100 ml	Lamivudine 3TC syrup 100 ml	NVP syrup 100 ml	Nevirapine NVP syrup 100 ml	Didanosine ddi 100 mg	Abacavir ABC syrup-240 ml	Nelfinavir NVP powder 50 mg/g-100 ml			
Serial No.	Pharmacy No.	d4T/3TC/NVP (40/150/200)																									
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											
11																											
12																											
13																											
14																											
TOTAL QTY DISPENSED-PAGE SUBTOTAL																											
TOTAL QTY DISPENSED-ALL PAGES TO DATE THIS MONTH																											
Prepared By Name:		Designation:			Sign:				Date:																		

F. COMBINED REPORT, REQUISITION, ISSUE AND RECEIPT FORM – ANTIRETROVIRAL AND OI DRUGS



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

Facility Name:		Reporting Period:		Maximum Stock Level: 4 Months of Stock
Facility Code:			month – month, year	Minimum Stock Level: 2 Months of Stock
State:		Date Prepared:		

Antiretroviral Drugs

Sl. No.	Drugs	Pack Size	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments			Ending Balance (Physical Count)	Maximum Stock Quantity	Number of Patients		Quantity Required for Expected New Patients for 2 Months	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
						Positive + D	Negative – E	Continuing			Expected New						
			A	B	C			F	G = C x 2	H	I	J	K = G + (J x 2) – F	L	M		
1	d4T/3TC/NVP 30/150/200 mg	60 tabs															
2	d4T/3TC/NVP 40/150/200 mg	60 tabs															
3	AZT/3TC 300/150 mg	60 tabs															
4	Stavudine D4T 30 mg	60 caps															
5	Stavudine D4T 40mg	60 caps															
6	Lamivudine 3TC 150 mg	60 tabs															
7	Neverapine NVP 200 mg	60 tabs															
8	Efavirenz EFV 200 mg	90 tabs															
9	Efavirenz EFV 600 mg	30 tabs															
10	Didanosine DDI 400 mg	60 tabs															
11	Abacavir ABC 300mg	60 tabs															
12	Ritonavir RTV 100 mg	84 caps															

Sl. No.	Drugs	Pack Size	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Number of Patients		Quantity Required for Expected New Patients for 2 Months	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
						Positive +	Negative -			Continuing	Expected New					
			A	B	C	D	E	F	G = C x 2	H	I	J	K = G+(J x 2)-F	L	M	
13	Indinavir IDV 400 mg	60 tabs														
14	Zidovudine AZT syrup 50mg/5ml	100 ml														
15	Zidovudine AZT syrup 50mg/5ml	200 ml														
16	Lamivudine 3TC syrup 10mg/ml	100 ml														
17	Lamivudine 3TC syrup 10mg/ml	200 ml														
18	Nevirapine NVP oral suspension 50mg/5ml	100 ml														
19	Nevirapine NVP oral suspension 50mg/5ml	200 ml														
20	ddI 2 gm	100 ml														
21	Abacavir ABC syrup Xxx mg/g	240 ml														
22	Nevirapine NFV syrup 50 mg/g	100 ml														
23																
24																
25																
26																
27																
28																
29																
30																

F. COMBINED REPORT, REQUISITION, ISSUE AND RECEIPT FORM – ANTIRETROVIRAL AND OI DRUGS

OI Drugs

Sl. No.	Drugs	Pack Size	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
						Positive +	Negative -						
			A	B	C	D	E	F	$G = C \times 2$	$H = G - F$	I	J	K
1	Fluconazole tablet 200mg												
2	Nystatin Oral Tablet 100,000												
3	Clotrimazole dermal cream												
4	Ciprofloxacin tablet 500mg												
5	Amoxicillin Caps 500mg												
6	Miconazole Nitrate 1%												
7	Pyrimethamine tablets 25mg												
8	Benzyl Benzoate Appl. 100ml												
9	Ibuprofen tablet 400mg												
10	Paracetamol tablet 500mg												
11	Amitriptyline tablets 25mg												
12	Loperamide Hcl Tablet 2mg												
13	Imipramine tablet 25mg												
14	Acyclovir tablets 200mg												
15	Cotrimoxazole Susp. 100ml												
16	Coartem tablets 100mg												
17	ORS salts Sachets												
18	Dihydroartemisinin syrup xx mg/ml												
19	Cotrimoxazole tab 480mg/960mg												
20													
21													

Sl. No.	Drugs	Pack Size	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
						Positive + D	Negative - E						
			A	B	C			F	$G = C \times 2$	$H = G - F$	I	J	K
22													
23													
24													
25													
26													
27													
28													
29													
30													

Comments:

Report Prepared by: (Full Name)	Signature:	Date:
Report Approved by: (Full Name)	Signature:	Date:
Requisition Approved by: (Full Name)	Signature:	Date:
Drugs Issued by: (Full Name)	Signature:	Date:
Drugs Received by: (Full Name)	Signature:	Date:

G. COMBINED REPORT, REQUISITION, ISSUE AND RECEIPT FORM – HIV TEST KITS



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

Facility Name:	Reporting Period:	Maximum Stock Level: 4 Months of Stock
Facility Code:	month – month, year	Minimum Stock Level: 2 Months of Stock
State:	Date Prepared:	

Serial No.	HIV TEST KITS	No. TESTS PER KIT	BASIC UNIT	Beginning Balance for Reporting Period		Quantity Received during Reporting Period	Total Number of Test Used During Reporting Period	Losses/ Adjustments (+/-)	Quantity on Hand at the end of the Reporting Period (Physical Count)	Maximum Stock Quantity	Quantity Issued by CMS	Quantity Rec'd by Facility
				A	B							
1.	SCREENING TEST #1:		1 test									
2.	SCREENING TEST #2:		1 test									
3.	TIE BREAKER TEST:		1 test									

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

Prepared By: _____ Full Name _____ Signature _____ Date _____

Approved By: _____ Full Name _____ Signature _____ Date _____

Issued By: _____ Full Name _____ Signature _____ Date _____

Received By: _____ Full Name _____ Signature _____ Date _____

Remarks: _____

H. COMBINED REPORT, REQUISITION, ISSUE AND RECEIPT FORM – LABORATORY REAGENTS AND SUPPLIES



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

Facility Name:		Reporting Period:		Maximum Stock Level: 4 Months of Stock
Facility Code:			month – month, year	Minimum Stock Level: 2 Months of Stock
State:		Date Prepared:		

Sl. No.	Product	Unit of Pack/ Bottle	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
						Positive +	Negative -						
						D	E						
1			A	B	C			F	$G = C \times 2$	$H = G - F$	I	J	K
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Sl. No.	Product	Unit of Pack/ Bottle	Beginning Balance for Reporting Period	Quantity Received during Reporting Period	Quantity Dispensed	Losses and Adjustments		Ending Balance (Physical Count)	Maximum Stock Quantity	Quantity to Order	Quantity Issued	Quantity Delivered	Remarks
						Positive +	Negative -						
			A	B	C	D	E	F	$G = C \times 2$	$H = G - F$	I	J	K
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
Etc.													

Comments:

Report Prepared by: (Full Name)	Signature:	Date:
Report Approved by: (Full Name)	Signature:	Date:
Requisition Approved by: (Full Name)	Signature:	Date:
Drugs Issued by: (Full Name)	Signature:	Date:
Drugs Received by: (Full Name)	Signature:	Date:

H. COMBINED REPORT, REQUISITION, ISSUE AND RECEIPT FORM – LABORATORY REAGENTS AND SUPPLIES

I. INTERNAL REQUISITION, ISSUE AND RECEIPT VOUCHER



Internal Requisition, Issue and Receipt Voucher

Serial Number: _____

Name of Facility:		Facility Code:	
From:			
To:			

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

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

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

J. RECORD FOR TRANSFERRING/RETURNING COMMODITIES



**FEDERAL REPUBLIC OF NIGERIA
RECORD FOR TRANSFERRING/ RETURNING COMMODITIES**

Name of facility returning/transferring commodities: _____

Sent to: _____

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

Record Compiled By: _____ Sign: _____ Date: _____

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

CARRIER

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

Comments: _____

Name of Carrier: _____ Designation: _____

Carrier's Signature: _____ Date: _____

RECEIVING FACILITY

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

Comments: _____

Receiver's Name: _____ Designation: _____

Receiver's Signature: _____ Date: _____

For more information, please visit deliver.jsi.com.

USAID | DELIVER PROJECT

John Snow, Inc.

1616 Fort Myer Drive, 11th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: askdeliver@jsi.com

Internet: deliver.jsi.com