

Rapid ART Pharmaceutical Management Assessment in Five Mission Hospitals in Tanzania

March 2006

Management Sciences for Health
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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Key Words

antiretroviral therapy, pharmaceutical management, procurement, ordering, human resources, information management, policy, guidelines, stock controls, monitoring and evaluation, mission hospital, infrastructure, pharmacy, dispensing, opportunistic infection

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ACRONYMS

ADR	adverse drug reaction
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
CSSC	Christian Social Service Commission
CTC	Care and Treatment Clinic
DDH	Designated District Hospital
DMIS	drug management information system(s)
DMO	district medical officer
ELCT	Evangelical Lutheran Churches of Tanzania
HBC	home-based care
MEMS	Mission for Essential Medical Supplies
MoH	Ministry of Health
MSH	Management Sciences for Health
NACP	National AIDS Control Program
OI	opportunistic infection
PEP	postexposure prophylaxis
PMTCT	prevention of mother-to-child transmission
RPM Plus	Rational Pharmaceutical Management Plus
SOP	standard operating procedure
STI	sexually transmitted infection
TFDA	Tanzania Food and Drugs Authority
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing

BACKGROUND

Strengthening Pharmaceutical Management in Mission Hospitals

Management Sciences for Health's (MSH) Rational Pharmaceutical Management (RPM) Plus Program received funding from the U.S. Agency for International Development (USAID)/Tanzania as part of the U.S. President's Emergency Plan for AIDS Relief to provide technical support to Christian Social Services Commission (CSSC) and Evangelical Lutheran Churches of Tanzania/Mission for Essential Medical Supplies (ELCT/MEMS) affiliated hospitals to strengthen pharmaceutical management in support of the HIV/AIDS national response. CSSC represents a group of 84 Christian denominational hospitals in Tanzania. A rapid assessment was determined necessary to establish priority areas for the technical assistance.

Five hospitals were selected by CSSC and MEMS for the assessment based on needs and those that were also providing or planning to be antiretroviral therapy (ART) sites in the near future—

- St. Elizabeth Hospital and Selian Lutheran Hospital, Arusha region
- Haydom Lutheran Hospital, Mbulu district, Manyara region
- Muheza Designated District Hospital (DDH), Tanga region
- Mvumi Hospital, Dodoma region

Goals and Objectives of the Assessment

The goal of the assessment was to collect information on existing needs and gaps in HIV/AIDS commodity management to develop a plan of action for strengthening pharmaceutical management systems for HIV/AIDS commodities in selected missionary hospitals in Tanzania.

The objectives were to assess and evaluate—

- Availability and use of policies and guidelines for HIV/AIDS services delivery
- Capacity and training of human resources (HR)
- Status of infrastructure supporting HIV/AIDS commodity management
- Standard operating procedures (SOPs) that support HIV/AIDS commodity management
- Status and use of management information systems
- ART prescribing and dispensing practices
- Commodity financing supporting HIV/AIDS services

Methodology

A multidisciplinary team with staff from MSH/RPM Plus, CSSC, MEMS, and key hospital staff participated in the assessment. On March 3 and 4, 2006, the assessment teams participated in a two-day team building and training on assessment data collection and tools in the MSH/RPM

Plus Dar es Salaam office. The teams were oriented to the assessment tool and provided final input for changes.

The training was followed by field visits and facility-level data collection in hospitals in Arusha, Tanga, and Dodoma regions from March 6 to 11, 2006. Hospital visits included interviews with hospital directors, medical officers in charge, ART program coordinators, and pharmaceutical personnel. In addition, direct observations (operations, infrastructure, HR) and examination of antiretroviral (ARV) and tracer opportunistic infection (OI) inventories were completed.

Data collection employed the rapid assessment tool (Annex 6) developed by MSH/RPM Plus with input from staff participating in the assessment.

In each facility, information collected during interviews was shared with hospital senior management staff as “initial findings and feedback” after the assessment was completed. The assessment team sought inputs and jointly verified gaps identified during data collection.

Orientation of Assessment Teams

CSSC sent letters to all selected facilities detailing the purpose and intent of the assessment, and requesting all facilities to send two representatives to participate as part of the data collection team.

Two facilities (St. Elizabeth and Muheza DDH) sent staff to participate in the data collection. Also in attendance were representatives from MEMS, CSSC, ELCT, and MSH/RPM Plus.

Two days were dedicated to explaining the goals and objectives of the assessment and reviewing the assessment tool. Areas of interest and specific questions were discussed. Feedback was provided and changes were made to improve the assessment tool.

The group was divided into two assessment teams: Team 1 to visit St. Elizabeth, Selian, and Haydom hospitals; Team 2 to visit Muheza DDH and Mvumi hospitals. Team leaders were selected. Other logistic issues for the assessment teams were discussed and resolved.

Conducting Assessment of Five Mission Hospitals

Team 1

St. Elizabeth Hospital and Selian Lutheran Hospital, Arusha

Team 1 was composed of two staff members from Muheza DDH (ART program pharmacist in charge and ART project coordinator), one staff member from St. Elizabeth (ART coordinator), a CSSC pharmaceutical support services coordinator, an ELCT program coordinator, and a RPM Plus representative. At both facilities, the team interviewed the medical officers in charge, ART program personnel, pharmaceutical personnel (Pharmaceutical Technician and Pharmaceutical Assistant) involved in the dispensing and management of ARVs, and other dispensing staff.

The team visited the Care and Treatment Clinic (CTC) sites and main pharmacy stores for Selian Lutheran Hospital. The CTC dispensing pharmacy is located in the town of Arusha, while the main ARV pharmacy is located at the main hospital area in Ngaramtoni, 15 kilometers from Arusha. The site visit involved inspections of the physical conditions of the ARV main store, inventory of selected ARVs, observations of dispensing encounters, and prescription review. Inventory of ARVs and OIs was not done at St. Elizabeth since there were no bin cards, while prescription review and dispensing encounters were not conducted at Selian Lutheran Hospital as the hospital does not use prescriptions. It also was not possible to do the dispensing encounters or medication use counseling as the CTC dispensing unit was small and occupied with patients.

Team members met every evening to discuss and review the information collected and prepared a summary of identified gaps and possible areas of interventions to provide as feedback for the hospital management the following day.

Haydom Lutheran Hospital, Mbulu

From Arusha, Team 1 went to the Manyara region and visited Haydom Lutheran Hospital. Interviews were conducted with the acting medical officer in charge, the pharmaceutical technician who is in charge of the pharmacy, the pharmaceutical assistant, the Haydom HIV/AIDS control program (HAVACOP) coordinator, and the dispensing nurses at the CTC housed at the OPD. After completing interviews, a visit was made to the main pharmacy/ARV main store for inventory verification—a physical stock count at the CTC housed at the OPD unit was done.

Team 1 discussed their findings with the hospital management staff, where preliminary findings were presented and the team informed them that a complete detailed report would be shared.

Team 2

Muheza DDH

Team 2, composed of two RPM Plus representatives, an ART program pharmacist from St. Elizabeth's, and a representative from MEMS traveled first to Tanga to visit Muheza DDH. The team conducted interviews with the hospital director, the chief medical officer, and the medical officer in charge at the ART clinic to obtain information on commodity financing in support of HIV/AIDS services, availability of policies and guidelines, and HR issues.

After completing interviews at the ARV clinic, the team went to the dispensing area and interviewed the pharmaceutical assistant dispensing ARVs (the pharmacist and ART clinic coordinator had joined Team 1 for the assessment in Arusha) to collect information on availability and use of SOPs, drug management information systems (DMIS), and pharmaceutical supply procedures. The team directly observed the infrastructure, physical conditions, dispensing process, and reviewed prescription sheets. The team also visited the Main/Bulk Store to investigate the physical conditions of the ARV store room and take inventory of selected ARVs and medicines for OIs as compared with the amount recorded in the bin

card/inventory records. Due to the absence of bin cards for all ARVs, the team was unable to complete this component of the assessment.

That evening, Team 2 met to discuss their observations of the facility and to determine the strengths and potential areas for improvement in the management of commodities within the ART program. These ideas and reflections were presented to the hospital management the following day. They were told to expect to see the final report in the next couple of months.

Mvumi

Team 2 then traveled to Mvumi Hospital which is about an hour outside of Dodoma. Unfortunately, due to miscommunication, the clinic was not open to patients on the day of the visit (the clinic is only open on Mondays and Wednesdays) and the medical officer in charge of the ART clinic, Dr. Simon, had traveled to Dodoma and would be there for two days. Because there is no pharmaceutical staff at Mvumi hospital, Dr. Simon has taken on many responsibilities related to the pharmacy, e.g., ordering, procuring, maintaining stock, record keeping, reporting, and would be the key informant in learning about the program.

As a result, the team interviewed the medical officer in charge, the hospital administrator, a clinical officer, and a nurse midwife who dispensed ARVs to patients—each had some connection with the ART clinic. The team completed an inventory/records check for ARVs and medicines for OIs but was unable to observe dispensing encounters as the clinic was closed. The team also could not review prescriptions because Mvumi hospital did not write prescriptions; instead the doctors write medications on patients' files for pharmacists to dispense. The team presented its findings to the medical officer in charge and explained that the hospital would be receiving the final report.

Once in Dodoma, the team contacted Dr. Simon and met with him to further explain their operations and processes. The team was able to gain additional information regarding the management of ARVs and other HIV/AIDS-related commodities at Mvumi.

Discussing the Gaps and Identifying Priority Areas and Approaches for Interventions

After the hospital visits had been completed, both assessment teams returned to Dar es Salaam and met to discuss the findings at the various hospitals and determine priority areas for possible interventions. Overall, participants said they had personally benefited by participating in the weeklong assessment and seeing other mission hospital ART programs in action. They had learned a lot and would take these lessons back to their own facilities to improve their management systems. The group discussed the gaps found and identified priority areas and approaches for potential interventions.

FINDINGS AND RECOMMENDATIONS

Facility Characteristics and HIV/AIDS Services Available

Facility	Ownership	Bed Capacity	Patients Enrolled in the ART Program and Currently on ARVs*	Other HIV/AIDS Services Available			
				Voluntary Counseling and Testing (VCT)	PMTCT	Home-Based Care (HBC)	STI Treatment
St. Elizabeth Hospital	Catholic Church/ Archdiocese of Arusha	100	883 (416)	☒	☒	☒	☒
Selian Lutheran Hospital	Lutheran Church	140	320 (169)	☒	☒	☒	☒
Haydom Lutheran Hospital	Lutheran Church	400	247 (170)	☒	☒	☒	☒
Muheza DDH	Anglican Church	330	2,241 (748)	☒	☒	☒	☒
Mvumi Hospital	Catholic Church	280	236 (76)	☒	☒	☒	☒

* Data obtained from 2004 and 2005 hospital annual reports.

The key findings of the assessment were as follows—

Strengths in overall hospital and HIV/AIDS programs

- Most of the policies and guidelines for the care of HIV/AIDS patients were available and appear to be used in all facilities visited. There were a few guidelines and resource materials that were not available or, when available, were locked either at the pharmacy or in the coordinator's office.
- All facilities visited have comprehensive HIV/AIDS care activities with voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), home-based care (HBC), ART, sexually transmitted infection (STI) treatment, and some nutritional and orphan support at various stages of implementation and performance. Two of the facilities have established strong links between the ART and HBC programs and other plans to establish a mobile ARV/STI clinic for population that are less accessible.
- There were regularly scheduled systems for internal/external audits: a combination of donor-funded project audits (which was said to be external) and those commissioned by ELCT or the Archdiocese of Arusha (internal), which also involved the pharmacy. This assessment did not review any of the audit reports.

- Encouragingly, all of the facilities had functional computers that they used daily and all have good internet and telephone service connections, although the pharmacy was not always linked with these services.
- Medicine donations appear to be less of a problem now as cash donations occur more frequently and hospitals procure medicines locally. Some items for specialized services such ophthalmology or orthopedics continue to be donated in modest quantities.
- During inventory, ARVs and all tracer OI medicines assessed were available at the facilities visited, with no stock-out days in the last six months.
- Continued medical education and other training activities in the majority of the sites visited offer potential for integrating pharmaceutical management training for hospital staff.

Several gaps were identified in most facilities by the group—

- A shortage of pharmaceutical staff was evident in all facilities even with the current workload. With project increase in enrollment, all facilities will need additional staff to meet scale-up targets. There was also a lack of pharmaceutical-focused supportive supervision.
- Few SOPs were available for ART pharmaceutical management. Generally, facilities did not have written SOPs, e.g., for security of ARVs, adverse drug reaction [ADR] monitoring, and medication use counseling. When available, the most frequently encountered written SOP was for receipt/ordering and storage of ARVs from the National AIDS Control Program (NACP).
- Lack of training in pharmaceutical management—aimed at pharmaceutical assistants and other personnel handling ARV. Few of the staff who dispensed ARVs were found to have been trained on pharmaceutical management by NACP. Lack of involvement of pharmaceutical staff in patient care, relegated to only dispensing, was very evident.
- Inadequate space for storage of medicines and for dispensing. Poor ventilation and temperature control in storage and dispensing areas as well. Infrastructure upgrade is needed for scaling up ART efforts in the majority of facilities. In particular, dispensing space was found to be a major constraint.
- Inadequate maintenance of stock records as part of management information system and good storage practices in general. Facilities did not keep adequate and up-to-date inventory management records. There were discrepancies between stocks on shelves and bin card records for ART commodities.
- No facility-based M&E system in place for the hospital pharmaceutical management. None of the facilities had a systematic method for providing medication counseling or

ADR monitoring and reporting. Some are unable to identify and track patients who were late in picking up ARVs.

- Hospital therapeutic committees have not been established or are not functioning.
- Need for improved process for medicine disposal: guidelines or coordination with regional pharmacist/government authority to complete the process. Need for improved communication—from central level to facilities and vice versa.

RECOMMENDATIONS

To address these gaps, strategies and approaches for interventions were discussed. Leading themes/recommendations for interventions are as follows—

- Strengthen supportive supervision in pharmaceutical management
 - Maximize the use of staff from facilities and consider collaborating with missionary referral hospitals, Kilimanjaro Christian Medical Centre (KCMC), and Bugando Medical Center to provide supportive supervision in the planned idea of decentralized support by CSSC/NACP.
 - Mobilize local resources close to facilities; develop support supervision structures at facility level. Identify staff, train/orient them, provide tools, and develop detailed plan.
 - Conduct regular and on-going follow up visits to consult and assist in establishing and maintaining standards in pharmaceutical management.
- Establish Hospital Drug Therapeutic Committees (DTCs)
 - Discuss with the hospital management the appropriate roles and benefits of a hospital therapeutic committee. Use supportive supervision visits to advocate the importance of DTC.
 - DTC to explore potential to coordinate with Continuing Medical Education (CME) program in hospitals in integrating ART pharmaceutical management training.
 - Participate in development of facility-level M&E plans and selection of indicators for pharmaceutical management. Conduct monthly or quarterly meetings.
- Train in ART pharmaceutical management
 - Widen responsibilities and knowledge of ART pharmaceutical management beyond one to two persons in the facility, through mainstreaming ART into general hospital care—requires training all staff in management of ARVs.
 - Develop training materials and job aids suited for junior or non-pharmaceutical staff, for example, nurses.
 - Strengthen core pharmaceutical management principles in the facility.
 - Focus training needs and plans to be site-specific.

CONCLUSION

To be successful, any intervention planned should take into consideration and respect the semi-autonomy of mission hospitals. Establishing systems to support core pharmaceutical management principles to maintain quality of care in mission hospitals would be critical. Any technical assistance provided to CSSC-affiliated hospitals currently providing ART should be done with an eye toward scale-up and capacity development.

MSH/RPM Plus has agreed to prepare and submit the final report of assessment findings to CSSC and other interested parties. RPM Plus will work in cooperation with CSSC and each individual mission hospital to develop any future intervention/assistance in pharmaceutical management. In addition, RPM Plus will maintain communication with other U.S. President's Emergency Plan for AIDS Relief partners in the country and USAID. A dissemination workshop of assessment findings will take place in Tanzania in July 2006 during which interventions and next steps may be determined.

ANNEX 1. RAPID ASSESSMENT OF ST. ELIZABETH HOSPITAL, ARUSHA

RAPID ASSESSMENT OF ST ELIZABETH HOSPITAL, ARUSHA

March 6 and 7, 2006

**Management Sciences for Health
Rational Pharmaceutical Management Plus Program**

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Rapid Assessment of St. Elizabeth Hospital, Arusha

Name Of Site	St. Elizabeth Hospital																
Persons Interviewed	<input type="checkbox"/> Dr. Thomas Kway, Medical Officer in-charge <input type="checkbox"/> Mark Nyaki, Pharmaceutical Assistant <input type="checkbox"/> Dr. Juventus Palapala, ART Doctor																
Date Of Interview	March 6, and 7, 2006																
Other Contact Persons	<input type="checkbox"/> Joyce Sagala, Hospital Matron and ART Coordinator <input type="checkbox"/> James Kapwani, Finance Officer-ART Program <input type="checkbox"/> Sister Philys, Assistant Matron <input type="checkbox"/> Daniel Lukumayi, HBC Focal Person																
HIV/AIDS Services Available	VCT, PEP, ART, HBC PMTCT. Diclufulcan donation																
ART Program (Background Information)	<p>ART Program By end of 2005, there were 883 patients enrolled and 416 were on ARV. Patients started on ARVs in 2005 is shown on the following table—</p> <table border="1"> <thead> <tr> <th></th> <th>Males</th> <th>Females</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Adults</td> <td>225 (96)</td> <td>556 (280)</td> <td>781 (376)</td> </tr> <tr> <td>Children</td> <td>49 (20)</td> <td>53 (20)</td> <td>102 (40)</td> </tr> <tr> <td>Total</td> <td>274 (116)</td> <td>609 (300)</td> <td>883 (416)</td> </tr> </tbody> </table>		Males	Females	TOTAL	Adults	225 (96)	556 (280)	781 (376)	Children	49 (20)	53 (20)	102 (40)	Total	274 (116)	609 (300)	883 (416)
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Adults	225 (96)	556 (280)	781 (376)														
Children	49 (20)	53 (20)	102 (40)														
Total	274 (116)	609 (300)	883 (416)														
Policies and Guidelines In Support of ART	Available and being used: <ol style="list-style-type: none"> 1. National Guidelines for VCT services in Tanzania (2005) 2. National Guidelines for Clinical Management of HIV (April 2005) 3. Standard Treatment Guidelines and National Essential Drug List for Tanzania (NEDLIT), 2nd edition 1997 4. National Multi-Sectorial Strategic Framework on HIV/AIDS 2003-2007 5. National HIV/AIDS Policy 																
Human Resource in Support of ART Program	<p>Clinic/CTC Doctor: 1 Nurses: 1 Clinical officer: 1</p> <p>Pharmacy Pharmacists: 1 permanent Pharmaceutical assistant: 1 Dispensing nurses (midwife and auxiliary): 2</p>																

Name Of Site	St. Elizabeth Hospital
Training Status Of Staff In Support Of ART	<p>Pharmacy ARV dispensing by NACP (6/2005): 2 pharmacy personnel. ARV medication and adherence counseling by NACP (6/2005): 2 clinical officers and 6 Nurses Other trainings: Treatment and Clinical Management of ART by NACP (6/2005)-1 Medical Officer + Clinical Officer. Pediatric Counseling by AIDS Relief (2/2006)-1 Clinical Officer + 2 Nurses Home-based care and TB Counseling by AIDS Relief (6/2005)-2 Lab staff ART data entry and management (CAREWARE) by AIDS Relief (2005)-2 staff Pharmaceutical management training by NACP-2 staff</p>
<p>Supportive Supervision Visits In Pharmaceutical Management</p> <ul style="list-style-type: none"> ▪ How often? When was the last one? ▪ Who conducts the visits? ▪ Support provided 	<p>Monthly and quarterly supervision visits took place with the last received within the last month prior to the assessment. These were conducted by AIDS Relief, NACP, CSSC, MEMS, and occasionally DHMT. Limited or no pharmaceutical-focused support supervision. MEMS provide support in area of ordering and quantification of essential medicines. Other support provided was in the areas of clinical care, CTC recording and monitoring.</p>
DMIS (Forms, Records, and Reports)	<ol style="list-style-type: none"> 1. MoH Request and Report form is used for ordering. Bin cards are kept in the main store but were not updated. 2. Fluconazole is entered in the Diflucan register. 3. No ADR forms 4. No monthly pharmacy report 5. ART monthly report done 6. No forms/chart to track ARV expired drugs 7. GRN available
<p>Standard Operating Procedures (SOPs)</p> <ul style="list-style-type: none"> ▪ Requesting, receiving, storage, distribution ▪ Use: Dispensing, medication use counseling. ▪ ADR monitoring and reporting, temperature control, disposal of ARVs, managing donations. 	<ul style="list-style-type: none"> • No Bin cards • There are no SOPs/ written procedures for receiving, storage, distribution, ADR monitoring and reporting, disposal of ARVs, dispensing and medication use counseling and temperature control. • However, there are SOPs for requesting and ordering ARVs (NACP/MOH Forms). • No more medicines donations, instead donors deposits funds for local procurement of medicines needed. This arrangement has taken care of all problem associated with donations.

Name Of Site	St. Elizabeth Hospital
<p>Drug Utilization</p> <ul style="list-style-type: none"> ▪ Prescribing practices: weight, age, gender ▪ Dispensing practices: labeling, packaging, reference, patient education materials <p>Others: Medication use counseling, ADR/side effects, medication error reporting</p>	<p>Prescription review showed the following:</p> <ul style="list-style-type: none"> • Doctors do not indicate patients' age and weight on the adult prescriptions. However the dispensing staff always ask the patients for their age and weight before issuing ARVs • All pediatric prescriptions had weight and age indicated • Only one prescription was properly filled. After dispensing the pharmacy copies were filed daily. Prescriptions for one month are kept one file. • Medication use counseling is offered to all patients collecting ARVs in a ARV main stored also used as the dispensing room. However, drugs interactions, adherence and how ARVs work information was completely not covered in all dispensing encounters observed.
<p>Drug Supply Procedures</p> <ul style="list-style-type: none"> ▪ Selection ▪ Quantification ▪ Ordering ▪ Local Procurement ▪ Arv Stock Control 	<ul style="list-style-type: none"> ▪ The pharmacist is responsible for selection of essential medicines and this is based on costs and national essential drug list. ARVs and OIs have already pre-determined. ▪ Consumptions and morbidity appears to be the method used for quantifications. However with no good inventory records, it is difficult to see how accurate the quantities orders are based on available stock. Available budget is the determining factor on the quantity procured. ▪ The pharmacist or pharmaceutical assistant initiates the ARVs order as well as other essential medicines, which has to be approved by the Medical Officer in charge. For all orders that need immediate cash payments, the accountant/purchasing officer is involved in the process. ▪ Monthly ordering is standard, but there appears to be frequent ad hoc weekly orders as well. MSD is the main supply and would deliver within the same day if drugs are available, MEMS delivery is 2-3 weeks and the private wholesaler MAKMEDICS deliver within a week but requires cash payments within a month's time. ▪ Overall MAKMEDIC performance (appropriate quantity, quality of drugs and delivery time) is the best, however quantity ordered are relatively small, MEMS has long lead time and deliver in piece-meal while quality of medicines from MSD is always a problem.
<p>Commodity Financing</p> <ul style="list-style-type: none"> ▪ Cost of ARVs and OI drugs to the patients ▪ Exemption, waiver systems 	<p>The hospital total budget (2004 Annual Report) is 264,055,053.75 Tanzanian shillings [TSH] (with TSH 10 million being donation for procurement of medicines) and TSH 44,366,725 or 17% is for procurement of pharmaceuticals.</p> <p>All patients pay TSH 1500 per day for in-patients services and TSH</p>

Name Of Site	St. Elizabeth Hospital
<ul style="list-style-type: none"> ▪ Other sources of funds 	500 for registration and file. No payment for opportunistic infections medications. .
M&E Systems Available	There are no systems for ascertaining— <ul style="list-style-type: none"> • Number of patients with appointment for ARV, only lab monitoring CD4 count has the system in place to track patient's appointment and follow up. • Percentage of patients receiving adequate ART medication use counseling. • Percentage of ART prescriptions complying with guidelines • Percentage of ARVs with physical count matching bin card records. • Number of days ARVs were out of stock during last quarter.
Support Infrastructure <ul style="list-style-type: none"> ▪ Storage: Shelving, lockable cabinets, cold room, refrigerators ▪ Space: Dispensing, medication use counseling, storage ▪ Communication : Telephone, fax, e-mail, Internet, computer <p>Others: Tablet counters, ventilation, air conditioning, fire fighting equipment, running water, lighting</p>	<p>Current Pharmacy The ART pharmacy lacks adequate space for dispensing, medication use counseling and storage of ARVs. The main ARV store is the same room for dispensing and counseling and patients have access. The whole ARVs stock is kept at the pharmacy. ARVs are stored in a lockable cupboard. There is no refrigerator or cold room for working stock or bulk storage. The ART pharmacist has access to the hospital telephone, fax, e-mail and Internet through general hospital lines. The pharmacy has one computer (donated by MEMS) which is used to maintain patients' dispensing records. Only ARVs are dispensed from this pharmacy. There are no tablet counters and dispensing trays are not enough, but most drugs are dispensed as full packs (1 month supply). They rarely open the full packs. Drugs for opportunistic infections are dispensed from the main pharmacy. There was no fire fighting and air conditioning equipment in the pharmacy. However there was adequate lighting.</p> <p>Infrastructural changes proposed by assessment team (immediate) Separate ARV working stock from the main ARV stock in the glass cabinets in the ARV Main Pharmacy (currently same for dispensing and medication counseling of ARVs but not OIs)</p>

**ANNEX 2. RAPID ASSESSMENT OF SELIAN LUTHERAN HOSPITAL,
ARUSHA**

RAPID ASSESSMENT OF SELIAN HOSPITAL, ARUSHA

March 8 and 9, 2006

**Management Sciences for Health
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Rapid Assessment of Selian Hospital, Arusha

Name of Site	Selian
Persons Interviewed	Dr. M.A Kipuyo, Medical Secretary, ELCT Arusha Diocese and medical officer in charge] Janet Temba, Administrative Coordinator, Michael King'ori, Head of Pharmacy/Pharmaceutical Technician Dr. A. Kisyeri, Care and Treatment Clinic Head Joseph Reuben, Care and Treatment Clinic Pharmaceutical Assistant
Date of Interview	Wednesday, March 8, 2006 Thursday, March 9, 2006
Other Contact Persons	
HIV/AIDS Services Available	VCT, PMTCT, ART, Orphans and Vulnerable Care (OVC), STI and Home-based Hospice and Palliative Care.
ART Program (Background Information)	Selian hospital started providing ARVs to patient back in 2003 where patients had to pay for the cost. The GOT/PEPFAR supported-ART program was started in July 2004. The CTC clinic is located Arusha town where nearly 95% of HIV/AIDS patients are seen and the rest attend the clinic at Selian hospital located at Mto wa Mbu 10-15 km from Arusha town. ART program: 320 HIV/AIDS patients were enrolled by Dec. 2004, 169 already on ARVs and the target is to enroll 1,300 patients by the end of this 2006 (Annual Report 2004). The CTC clinic operates three times a week.
Policies and Guidelines In Support of ART	Available— <ul style="list-style-type: none"> • Guidelines for PMTCT in Tanzania 2002/2003 • National guidelines for VCT services in Tanzania (2005) • National guidelines for Clinical Management of HIV (April 2005) • Standard treatment guidelines and National Essential Drug List for Tanzania (NEDLIT), 2nd Edition 1997 • National HIV/AIDS Policy • Health Sector Strategy for HIV/AIDS 2003-2006 (December 2004) • Home -based Care Guidelines Not available— <ul style="list-style-type: none"> • Standard Operating Procedure for ART (from facility) • Training Curriculum for Sexually Transmitted

Name of Site	Selian
	<p>Infections, MOH, 2003.</p> <ul style="list-style-type: none"> • Universal Precaution. • National Multi-Sectorial Strategic Framework on HIV/AIDS 2003-2007
<p>Human Resource in Support of ART Program (Dispensing)</p>	<p>No. of Pharmaceutical Technician: 1 (head of hospital pharmacy and responsible for ART program as well) No. dispensing in ART clinic: 1 Pharmaceutical Assistant and 2 Nurses</p> <ul style="list-style-type: none"> • The CTC clinic will need 3 additional dispensing staff. Advertisement for Pharmaceutical Assistant position has been posted but few applications have been received. • AIDS Relief pays for hospital staff time while dispensing ARVs.
<p>Training Status of Staff In Support of ART</p>	<p>Pharmaceutical Management:</p> <ul style="list-style-type: none"> • 2 Dispensing staff trained on Management of ARVs by NACP in 2004 and 2005. <p>Other trainings:</p> <ul style="list-style-type: none"> • 4 Doctors, 3 Nurses, and 1 Clinical Officer participated in the National training on Management of HIV/AIDS organized by NACP in 2004 and 2005. • Some of the trained staff have left.
<p>Supportive Supervision Visits in Pharmaceutical Management</p> <ul style="list-style-type: none"> ▪ How Often? When was the last one? ▪ Who conducts the visits? ▪ Support provided 	<p>Support supervision in the areas of clinical care, TB/VCT and other areas of CTC appears to be regularly done by NACP, AIDS Relief and DMO. The only pharmaceutical-focused support supervision is done by a MSD Zonal Pharmacist and MEMS support hospitals in quantification and processing of their essential medicines procurement orders.</p>
<p>DMIS (Forms, Records, and Reports)</p>	<ul style="list-style-type: none"> ○ Limited or no computerized system for support of pharmaceutical management of ART. The computer in the main ARV store (donated by MEMS) is for processing procurement orders and reports. ○ Patient logbook/Register is used. ○ GRN available and up-to-date ○ Bin cards used in ARV main ○ ADR form available

Name of Site	Selian
	<ul style="list-style-type: none"> ○ Monthly ART Report available and up-to-date
<p>Standard Operating Procedures (SOPS) and Forms</p> <ul style="list-style-type: none"> ▪ Requesting, Receiving , Storage, Distribution ▪ Use: Dispensing, Medication Use Counseling. ▪ ADR Monitoring and Reporting, temperature control, disposal Of ARVs, managing donations. 	<p>SOPs/Forms were available for—</p> <ul style="list-style-type: none"> ○ Requesting and ordering ARVs (forms and SOPs) ○ Receiving ARVs-use general hospital GRNs (forms) ○ Storing and recording at the main bulk store (bin cards) ○ Inter- and Intra-facility distribution issue/requesting voucher. ○ ADR monitoring-TFDA Yellow card ○ Disposal of ARVs – adapted from national SOPs ○ Managing donations (SOPs follows national guidelines) <p>There were no written procedures for security of ARVs, stock count discrepancy, procedures for handover, temperature control in the main stores.</p>
<p>Drug Utilization</p> <ul style="list-style-type: none"> ▪ Prescribing practices: weight, age, gender ▪ Dispensing practices: labeling, packaging, reference, patient education materials <p>Others: Medication use counseling, ADR/ Side effects, Medication error reporting</p>	<ul style="list-style-type: none"> ○ Prescription Review: Not done since they are not used for ART patients. Instead patients carry patient files to dispensing unit and back to records. <p>Dispensing Practices:</p> <ul style="list-style-type: none"> ▪ At the CTC ARVs are dispensed from dispensing unit with all other medicines. No medication counseling takes place. ▪ Sufficient reference materials were available and being used. <p>Unable to observe dispensing encounters as CTC dispensing unit was small and occupied with patients.</p>
<p>Drug Supply Procedures</p> <ul style="list-style-type: none"> ▪ Selection ▪ Quantification ▪ Ordering ▪ Local procurement ▪ ARV stock control 	<ul style="list-style-type: none"> ▪ The Pharmaceutical Technician is responsible for selection of essential medicines with input from each department’s needs and this is based on costs and national essential drug list. ARVs and OIs have already pre-determined and currently delivered as push-system. ▪ Consumptions and morbidity (for seasonal conditions such as malaria) appears to be the method used for quantifications. Inventory records are used to determine the quantities ordered. Available budget is the determining

Name of Site	Selian
	<p>factor on the final quantity procured.</p> <ul style="list-style-type: none"> ▪ The Pharmaceutical Technician initiates the drug order, then it has to be approved by the hospital committee and then the hospital director approves it for the account/treasury section to effect payment. MSD is the main source of essential medicines and ARVs followed by the local pharmaceutical supplier MACMEDICS for small orders. Occasional orders are also sent to MEMS and IDA for big quantity once year procurement. ▪ Overall, MSD deliver on time when they have drug in stock, takes 2-3 weeks for MEMS and often they deliver the bulky order in piece-meals, while orders from IDA take a long time due to delays in port clearance. MACMEDIC performance (appropriate quantity, quality of drugs and delivery time) is the best, however quantity ordered are relatively small. ▪ In terms of ARV stock control, all ARV request from the CTC and satellite health centers goes through the Medical Director for approval. Bin cards, patient's files and GRN/issue notes collects dispensing data. • Bin cards were present in the main ARV store and some discrepancies b/n bin cards and physical stock was evident for ARVs and OIs.
<p>Commodity Financing</p> <ul style="list-style-type: none"> ▪ Cost of ARVs and OI drugs to the patients ▪ Exemption , waiver systems ▪ Other sources of funds 	<ul style="list-style-type: none"> • All patients (including those on ARVs) pay a consultation fee of TSH. 3000 per day. AIDS patients do not pay admission/in-patients fee. • Total budget for the hospital (2004 Annual Report): 86,123,621 TSH • Approx. 56% spent on drugs: (not counting ARVs).
<p>M&E Systems available</p>	<ul style="list-style-type: none"> ▪ No M&E system is in place for pharmaceutical management system. ▪ Only system in place to determine if patient is late in collecting medicines is the date marked on CTC1 card kept by the patient.

Name of Site	Selian
<p>Support Infrastructure</p> <ul style="list-style-type: none"> ▪ Storage: Shelving, lockable cabinets, cold room, refrigerators ▪ Space: Dispensing, medication use counseling, storage ▪ Communication: Telephone, fax, e-mail, Internet, computer <p>Others: Tablet counters, ventilation, air conditioning, fire fighting equipment, running water, lighting</p>	<ul style="list-style-type: none"> • Sufficient quantity of refrigerators both in the main store and at the CTC clinic. The ARV main store has enough shelves, burglar proofing, well ventilated and a computer. Dispensing trays appears to be enough for the current patient load but they have worn out. • The dispensing unit at the CTC was a small room with no storage cabinet and ARVs were kept in a box on a floor. Computer access was available in the clinic, main pharmacy and ARV main store. The hospital has telephone and internet connection and the CTC and ARV main store are connected as well. • Waiting area was primarily the clinic waiting area and is for all patients attending. The CTC is housed in a very large facility out-patient clinic in Arusha town—so as the program grows (expected to reach target of 1,300 patients on ART by end of this year)—additional space/alternate location may need to be identified within the facility. Immediate arrangements for dispensing unit to be moved another room (the current kitchen was suggested as a possible temporary alternative). • Both the ARV main store and the main pharmacy were well kept and ventilated. Stock was organized in FEFO manner. The fire extinguisher was only located in the main pharmacy. No running water in all-main store, ARV store, and CTC dispensing unit.

ART COMMODITY INVENTORY STATUS (1)					
ART Facility Name: SELIAN . Start Date of ART Program: July 2005 .					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
<i>NRTIs</i>					
Zidovudine 300 mg tabs	1,170	1 172			Bin card not updated
Lamivudine 150 mg tabs	12,873	12,404	0	0	Bin card not updated
Stavudine 30 mg caps	13,230	13,215	0	0	Bin card not updated
Stavudine 40 mg caps	5,598	5,566	0	0	Bin card not updated
<i>NNRTIs</i>					
Efavirenz 200 mg caps	1,800	3,420	0	0	Bin card not updated
Efavirenz 600 mg tabs	2,370	2,330	0	0	Bin card not updated
Nevirapine 200 mg tabs	12,210	12,279	0	0	Bin card not updated

ART COMMODITY INVENTORY STATUS (2)

ART Facility Name: SELIAN HOSPITAL.

Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
Fixed Dose Combinations					
Zidovudine 300 mg + Lamivudine 150 mg	786 tins	786 tins	0	0	
Stavudine 30 mg+ Lamivudine 150 mg+ Nevirapine 200 mg	789 tins	900 tins	0	0	Bin card not updated

ART COMMODITY INVENTORY STATUS (3)

ART Facility Name: SELIAN HOSPITAL.

Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
Fixed Dose Combinations continued					
Stavudine 40 mg + Lamivudine 150 mg + Nevirapine 200 mg	509 tins	509 tins	0	0	
Pediatric Formulations					
Nevirapine oral suspension: 50 mg/5 mL	410	410	0	0	
Lamivudine 10 mg/mL oral solution	328	409	0	0	Bin card not updated
Zidovudine 50 mg/5ml syrup 100 ml	100 bottles	60 bottles			Bin card not updated

ANNEX 3. RAPID ASSESSMENT OF HAYDOM LUTHERAN HOSPITAL

RAPID ASSESSMENT OF HAYDOM LUTHERAN HOSPITAL

March 9 and 10, 2006

**Management Sciences for Health
Rational Pharmaceutical Management Plus Program**

Facilitated by:



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With funding from:



Rapid Assessment of Haydom Lutheran Hospital, Mbulu.

Name of Site	Haydom Lutheran Hospital
Persons Interviewed	Dr. Isaack Malleyeke, Acting Medical Officer in Charge William Molam, Pharmaceutical Technician/In-Charge of Pharmacy Joseph-Pharmaceutical Assistant Delvin Mushi-Nurse Counselor/Dispensing CTC Margaret Deyamet-Nurse Counselor/Dispensing CTC Hosea Naman-HIV/AIDS Coordinator HAVACOPS
Date Of Interview	Thursday, March 9, 2006 Friday, March 10, 2006
Other Contact Persons	Dr Olsen Oysten, Director, Haydom Lutheran Hospital
HIV/AIDS Services Available	VCT, PMTCT, ART, PEP, HBC, STI
ART Program (Background Information)	Haydom Voluntary AIDS Control Program (HAVACOPS) project started in 2003 with outreach community sensitization, IEC [information, education, and communication], mobile VCT, mobile male clinic for STI treatment and women rights. A total of 34 counselors have been trained. HAVOC also provided Highly Active Antiretroviral Therapy (HAART) and treatment for OIs for positive patients and pregnant women. As ARV drugs became available through the GOT/PEPFAR program in October 2004, HAVACOP continue with community activities and operational research. ARVs and medicines for OIs are stored in the general pharmacy and then released to individual patient each time the dispensing nurse present the patient cards from the CTC and finally dispensed to patients in the clinic. The ART program currently has enrolled 247 patients and 170 (163 adults and 17 children) are on ARV (Annual Report 2005).
POLICIES And GUIDELINES IN SUPPORT OF ART	Available: <ul style="list-style-type: none"> • Guidelines for PMTCT in Tanzania 2002/2003 • National Guidelines for VCT services in Tanzania (2002) • National Guidelines for Clinical Management of HIV (April 2005) • Standard Treatment Guidelines and National Essential Drug List for Tanzania (NEDLIT), 2nd Edition 1997 • National HIV/AIDS Policy. • Standard Operating Procedure for ART (form facility) • Training Curriculum for Sexual Transmitted Diseases, MOH 2003 • Universal Precaution. • Home Based Care
Human Resource In Support Of ART Program (Dispensing)	Clinic: Pharmacist: 0 Pharmaceutical Technician: 1 Pharmaceutical Assistant: 1 Senior Nurse/adherence counselor: 2 Pharmacy: Pharmaceutical Technician: 1 Pharmaceutical Assistant: 1

Name of Site	Haydom Lutheran Hospital
Training Status Of Staff In Support Of Art	<p>ARV Management and Patient Care by NACP (2004): 2 Nurses and 2 Medical Doctors.</p> <p>No pharmaceutical personnel have attended any training. Instead they were trained on site by doctor who participated in the training on ARV management organized by NACP. They have difficulty carrying out medication counseling and been reading the guidelines on drug interactions and side-effects of different combination on their own.</p>
Supportive Supervision Visits in Pharmaceutical Management <ul style="list-style-type: none"> ▪ How often? When was the last one? ▪ Who conducts the visits? ▪ Support provided 	<p>The last supervision visit was conducted six-months by AIDS Relief. NACP and MEMS have provided ad hoc supervision as well. None has focused on pharmaceutical management.</p>
DMIS (Forms, Records And Reports)	<ul style="list-style-type: none"> • MoH form is used for ordering and reporting. Bin Cards are kept in the main store for all ARVs. • No prescriptions were used for patient's ARVs; instead CT2 form is used for dispensing. Separate prescriptions were used for OIs. • Internal Requisitions/Voucher available • Goods Received Notes (GRN) available • ADR forms available • ART Monthly report available and up-to-date • No patient centered records at dispensing unit
Standard Operating Procedures (SOPs) <ul style="list-style-type: none"> ▪ Requesting, receiving , storage, distribution ▪ Use: Dispensing, medication use counseling. ▪ ADR monitoring and Reporting, Temperature control, Disposal of ARVs, Managing donations. 	<p>There were SOPs for requesting, ordering, receiving, storing and recording ARVs at the Main Store. There were also SOPs for intra-facility distribution of ARVs. Medication Use Counseling for ART SOP is part of a large ARV Dispensing Protocol developed for the hospital under HAVACOP project.</p> <p>No other SOPs (Stock count discrepancy, Medication Error Reporting, ADR Monitoring and Reporting, Temp. Control, Procedures for Handover, Disposal of ARVs) were to be found.</p> <p>For the expired/obsolete medicines disposal, once valued one personnel from the pharmacy and other department proceed with disposal. No information is sent to the DMO or Police.</p>
Drug Utilization <ul style="list-style-type: none"> ▪ Prescribing practices: weight, age, gender ▪ Dispensing practices: labeling, packaging, 	<ul style="list-style-type: none"> ▪ No prescriptions review was done because the hospital does not use prescriptions for ART patients. ▪ The dispensing of ARV takes place in the counseling rooms at the clinic. ▪ No dispensing encounters observation was done because medication use counseling was addressed as part of

Name of Site	Haydom Lutheran Hospital
<p>reference, patient education materials</p> <p>Others: Medication use counseling, ADR/side effects, medication error reporting</p>	<p>counseling before ARVs could be collected from the ARVs store.</p> <ul style="list-style-type: none"> ▪ The system in place to alert the facility when patients have not showed up to collect their medicines is through getting the names of eligible patients from the appointment list at the clinic and if patient has not shown up for two days then initiate home follow up.
<p>DRUG SUPPLY PROCEDURES</p> <ul style="list-style-type: none"> ▪ Selection ▪ Quantification ▪ Ordering ▪ Local procurement ▪ ARV stock control 	<ul style="list-style-type: none"> • The Pharmaceutical Technician participates in hospital management meetings and together with the Medical Office in-charge addresses pharmaceutical related issues during the management meetings and also responsible for initiating the order and procurement. Quantification of procured medicines is based on historical consumption and inventory records methods. • Ordering is scheduled at quarterly intervals with about 10% of purchases being emergency or ad hoc basis. MSD is the major supplier for essential medicines and all ARVs after the start of the government ART program, private whole seller MAKMEDICS and MEMS in Arusha as alternative sources. • Overall satisfaction with supply of ARVs and essential medicines appears to be high with MSD and MACMEDIC which have short lead time (within a week) and MEMS have has a four-week lead time that has been a problem. • The Pharmacist is responsible for ARV stocks – receiving and storing. Stocks are managed with bin cards and ledgers. ARVs are stored in the main pharmacy and issued daily to dispensing nurse at the clinic. No prescription is used in dispensing, only patient cards-CTC1. Both ARVs and OIs are dispensed from the clinic. • For inpatients-since majority of patients comes from far distance, the first 14-days of loading ARV dose takes place in the ward and patients are given their two weeks supply from the main ARV store to keep and daily attend the clinic for counseling on medication and side-effects and connecting them to local community support groups before being discharged. No stocks are distributed to clinic outside the facility. • ARV drug distribution records maintained: Requisitions/Issues Voucher, Sales Invoice from MSD, Delivery Note, and Internal Requisition Note. • Monthly stock counts is routinely done for all medicines including ARVs which is actually done on weekly basis to take into account rapidly changing consumption pattern due to new patients being enrolled. A major stock inventory occurs after six months and involves in additional to pharmacy staff, people from account and two other selected staff from other departments.

Name of Site	Haydom Lutheran Hospital
Commodity Financing <ul style="list-style-type: none"> ▪ Cost of ARVs and OI drugs to the patients ▪ Exemption , waiver systems ▪ Other sources of funds 	<ul style="list-style-type: none"> ▪ For all patients enrolled on ART—all treatment is free of charge – ARVs, OIs, and other medicines. ▪ From the 2005 Annual Report: <ul style="list-style-type: none"> ○ Total hospital budget is TSH. 2.7 billion with TSH 180 millions for pharmaceuticals. Major funding comes from NORAD/Norwegian Embassy (75%), GOT-5.7%, Patients fees 15% and district basket funding 10%.
M&E Systems available	No systems in place, no indicators collected for pharmaceutical management.
Support Infrastructure <ul style="list-style-type: none"> ▪ Storage: Shelving, Lockable cabinets, Cold room, Refrigerators ▪ Space: Dispensing, medication use counseling, storage ▪ Communication : Telephone, fax, e-mail, Internet, computer Others: Tablet counters, Ventilation, Air conditioning, Fire fighting equipment, Running water, Lighting	<ul style="list-style-type: none"> • The dispensing of ARV takes place in the counseling rooms at the clinic. The dispensing nurse collects medicines from the main pharmacy. There are no lockable cabinet in the counseling rooms but the rooms are private and spacious. Patients enter the room one-by-one to receive their medicines and close the door behind them. • The pharmacy has no dispensing trays for general dispensing including ARVs. Pills were counted by hand or by spoon on a plate. There are six refrigerators in the pharmacy dispensing unit and a cold room construction was being finalized. There were two fire extinguishers in the pharmacy. • The pharmacy is connected with internet and inter-com telephone. • The Pharmacy and the ARV main store were spacious, well organized with adequate shelving/storage space. ARVs are part of the main pharmacy but once the bulky boxes are opened, they are stored in a secure lockable cabinet. Ledgers are alphabetically organized for all ARVs.

ART COMMODITY INVENTORY STATUS (1)					
ART Facility Name: HAYDOM. Start Date of ART Program: July 2005.					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
NRTIs					
Zidovudine 100 mg tabs	2,000	2,000			
Zidovudine 300 mg tabs	60	60			
Lamivudine 150 mg tabs	6,960	7,680	0	0	Bin card not updated
Stavudine 30 mg caps	4,800	5,400	0	0	Bin card not updated
Stavudine 40 mg caps	3,360	4,860	0	0	Bin card not updated
NNRTIs					
Efavirenz 200 mg caps	3,510	3,510	0	0	Expired in January
Efavirenz 600 mg tabs	1,410	1,200	0	0	Bin card not updated
Nevirapine 200 mg tabs	7,440	8,640	0	0	Bin card not updated
Efavirez 50 mg tabs	240	240			

ART COMMODITY INVENTORY STATUS (2)					
ART Facility Name: ...HAYDOM.....					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
Fixed Dose Combinations					
Zidovudine 300 mg + Lamivudine 150 mg	0	0	0	0	Out of stock
Stavudine 30 mg+ Lamivudine 150 mg+ Nevirapine 200 mg	60 tins	60 tins	0	0	

ART COMMODITY INVENTORY STATUS (3)					
ART Facility Name:					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
Fixed-Dose Combinations continued					
Stavudine 40 mg + Lamivudine 150 mg + Nevirapine 200 mg	6240 tins	7140 tins	0	0	Bin card not updated
Pediatric Formulations					
Nevirapine oral suspension: 50 mg/5 mL	0	0	0	0	Out of stock
Lamivudine 10 mg/mL oral solution	156	172	0	0	Bin card not updated
Zidovudine 50 mg/5ml syrup 100 ml	350 bottles	350 bottles			

ANNEX 4. RAPID ASSESSMENT OF MUHEZA DDH, TANGA

RAPID ASSESSMENT OF MUHEZA DDH, TANGA

6th and 7th March 2006

**Management Sciences for Health
Rational Pharmaceutical Management Plus Program**

Facilitated by:



MANAGEMENT SCIENCES for HEALTH

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With funding from:



Rapid Assessment of Muheza DDH, Tanga

Name of Site	Muheza DDH, Tanga
Persons Interviewed	Dr. Leonard Mndeme, Acting Medical Officer in Charge Dr. Karilyn Collins, Director ART Clinic Ms. Emmy Mkumba, Pharmaceutical Assistant, dispensing in ART clinic Mr. Christopher Mnzava, Administrator for ART Hospice
Date of Interview	Monday, March 6, 2006 Tuesday, March 7, 2006
Other Contact Persons	Claire A. Chizazi, ART program coordinator, Muheza DDH Ernest Mdoe, Pharmacist in charge, Muheza DDH
HIV/AIDS Services Available	VCT, PMTCT, ART, PEP, HB and STI.
ART Program (Background Information)	<p>With support from the Diana Fund, the HIV/AIDS Clinic started in 2001 offering palliative care and VCT services from a shipping container. In 2002 – they started a staff treatment program dispensing ARVs (They currently have 34 staff on ART). In 2003, they began offering ART to patients – before drugs became available through the government program. A separate structure has been built for the clinic but the program is quickly outgrowing the space and is looking for additional support to build an additional pharmacy for ARVs and other HIV/AIDS related commodities.</p> <p>Medicines are purchased and stored in the hospital pharmacy. ARVs and medicines for OIs are then released to the ART dispensing unit and finally dispensed to patients in the clinic. Any other medicines not purchased by the hospital are purchased directly by the clinic with other funds – and stored in the clinic.</p> <p>The HIV/AIDS clinic is currently providing ART to over 748 patients—including over 100 children.</p>
Policies and Guidelines In Support of ART	<p>Available:</p> <ul style="list-style-type: none"> ▪ National Guidelines for VCT services in Tanzania (2002) ▪ National Guidelines for Clinical Management of HIV (April 2005) ▪ Standard Treatment Guidelines and National Essential Drug List for Tanzania (NEDLIT), 2nd Edition 1997 ▪ National HIV/AIDS Policy—online version
Human Resource In Support Of ART Program (Dispensing)	<p>Clinic: ART Doctor: 1 Pharmacist: 1 Pharmaceutical Assistant: 1 Clinical Officers/adherence counselor: 2 Senior Nurses: 2 VCT Counselors: 4</p>

Name of Site	Muheza DDH, Tanga
	<p>Pharmacy: Pharmaceutical Assistant: 2</p> <p>Staff salaries for ART clinic are supported by various sources. PEPFAR is supporting 5 key positions in the ART program and there is concern about how the hospital will maintain these positions once the project support ends (sustainability issues).</p>
Training Status of Staff In Support of ART	ARV Dispensing by NACP (2004): 1 Pharmacy Asst.
<p>Supportive Supervision in Pharmaceutical Management</p> <ul style="list-style-type: none"> ▪ How often. When was the last one ▪ Who conducts the visits? ▪ Support provided 	None reported
DMIS (Forms, Records And Reports)	<ul style="list-style-type: none"> ▪ MoH form is used for ordering and reporting. Bin Cards are kept in the main store but were not present for all ARVs. Bin cards were also present in the dispensing unit for ARVs but not OIs. ▪ Prescriptions were used for patients—ARVs and OIs on the same prescription. Once received by the dispensing unit – they were collected loosely in a drawer ▪ Internal Requisitions/Voucher available ▪ Goods Received Notes (GRN) available ▪ ADR forms available ▪ ART Monthly report available and up-to-date ▪ No patient centered records at dispensing unit
<p>Standard Operating Procedures (SOPs)</p> <ul style="list-style-type: none"> ▪ Requesting, receiving, storage, distribution ▪ Use: Dispensing, medication use counseling. ▪ ADR monitoring and Reporting, Temperature control, Disposal of ARVs, Managing donations. 	<p>There were SOPs for requesting, ordering, receiving, storing and recording ARVs at the Main Store. There were also no written SOPs for intra-facility distribution of ARVs but this was known for all staff. No other SOPs (for Medication Use Counseling, Inter-facility Distribution, Stock count discrepancy, Medication Error Reporting, ADR Monitoring and Reporting, Temp. Control, Procedures for Handover, Disposal of ARVs, Managing Donations etc.) were to be found.</p>
<p>Drug Utilization</p> <ul style="list-style-type: none"> ▪ Prescribing practices: Weight, age, gender 	<p>Prescription review showed the following—</p> <ul style="list-style-type: none"> ▪ Doctors do indicate patient’s age on the prescription but not the weight. ▪ Not all doctors are using the generic drug name.

Name of Site	Muheza DDH, Tanga
<ul style="list-style-type: none"> ▪ Dispensing practices: Labeling, packaging, reference, patient education materials Others: Medication use counseling, ADR/ side effects, medication error reporting 	<ul style="list-style-type: none"> ▪ Only half of the prescription had signature of prescriber. <p>Dispensing encounters showed the following—:</p> <ul style="list-style-type: none"> ▪ No medication use counseling was provided during dispensing. Only drug name and dosage are written on packaging ▪ Adherence counseling, information on ADR/side effects provided at another time and place
<p>Drug Supply Procedures</p> <ul style="list-style-type: none"> ▪ Selection ▪ Quantification ▪ Ordering ▪ Local procurement ▪ ARV stock control 	<ul style="list-style-type: none"> • MSD is the major source and cheapest supplier for the medicines. The government deposit funds with MSD for quarterly procurement. If drugs are not available—funds cannot be used for an alternate supplier. Once these funds are used—other suppliers (non-MSD) are identified. The allocated funds from the government are not sufficient and therefore hospitals use other source of funds such as cost sharing to procure medicine. • The hospital formulary/drug committee has already selected a list of essential medicines • No apparent fixed system for ordering—based on availability of supply, cost, consumption and morbidity. • Inventory records appear to be used to calculate needs however requisition/order frequencies were not regular – often under one month. • The pharmacist initiates the ordering process. Medical Officers and Pharmacist meet once a month to discuss. • Orders are picked up, same day at MSD Zonal store in Tanga, but again sometimes supplies are not available. • The Pharmacist is responsible for ARV stocks—receiving and storing. Stocks are managed with bin cards and ledgers. • ARVs are stored in locked ARV storeroom in the main bulk store and dispensed every morning to the clinic. Outpatients provide a prescription and/or CTC1 card to dispensing agent in exchange for medicines. Both ARVs and OIs are dispensed from the clinic. • For inpatients, a nurse with a treatment sheet or prescription is sent to the dispensing unit to collect medicines – other staff also collects for inpatients. • They have started dispensing ARVs at a clinic outside Muheza. • ARV drug distribution records maintained: Requisitions/Issues Voucher, Sales Invoice from MSD, Delivery Note, Internal Requisition Note
<p>Commodity Financing</p> <ul style="list-style-type: none"> ▪ Cost of ARVs and OI drugs to the patients ▪ Exemption , waiver systems 	<ul style="list-style-type: none"> √ For all patients enrolled on ART—all treatment is free of charge – ARVs, OIS, and other medications. √ From the 2004 Annual Report: <ul style="list-style-type: none"> ○ Roughly 15% of hospital budget are spent on drugs ○ Hospice (ART clinic) is funded by multiple sources including:

Name of Site	Muheza DDH, Tanga
<ul style="list-style-type: none"> ▪ Other sources of funds 	<p>Rapid Funding Envelope (RFE), Diana Fund, Elton John, PEPFAR, Geneva Global, and various private donors</p>
M&E Systems available	<p>No systems in place</p>
<p>Support Infrastructure</p> <ul style="list-style-type: none"> ▪ Storage: Shelving, lockable cabinets, cold room, refrigerators ▪ Space: Dispensing, medication use counseling, storage ▪ Communication : Telephone, fFax, e-mail, Internet, computer <p>Others: Tablet counters, ventilation, air conditioning, fire fighting equipment, running water, lighting</p>	<p>The Dispensing unit is actually a counseling room that has been converted into a dispensing area. It is private. Patients enter the room one-by-one to receive their medicines and close the door behind them. But storage space for medicines, record keeping, and reference materials was insufficient. No water was available in dispensing unit. A telephone was available. The room and cabinets were secure and ventilated by ceiling fan but no AC was available. The program has clearly outgrown the space. The waiting area and halls were crowded with patients and the single dispensing agent seemed overwhelmed having to dispense, count medicines, keep records etc. The clinic has managed to obtain nearly enough funds to construct a new ART pharmacy to support its growing number of patients.</p> <p>There appears to be a shortage of dispensing trays as one was not available in the dispensing unit—it was being used in the pharmacy. Pills were counted by hand or by spoon on a plate.</p> <p>The main pharmacy seemed to have adequate shelving/storage space. It was very dusty and the AC made little difference in cooling the space. A fire extinguisher was on the premises but not functional.</p> <ul style="list-style-type: none"> • The ARV store room was locked but was poorly lighted and ventilated. There appeared to be adequate shelving for current stock, but the space was very small and confined.

ANNEX 5. RAPID ASSESSMENT OF MVUMI HOSPITAL

RAPID ASSESSMENT OF MVUMI HOSPITAL, DODOMA

March 9, 2006

Management Sciences for Health Rational Pharmaceutical Management Plus Program

Facilitated by:

With funding from:



MANAGEMENT SCIENCES *for* **HEALTH**

RPM Plus | Rational Pharmaceutical Management Plus



Rapid Assessment of Mvumi Hospital, Dodoma

Name of Site	Mvumi
Persons Interviewed	<p>Rev. Richard Meshack, Hospital Administrator Dr. Simon Walton, ART Project Coordinator and acting in charge of the pharmacy. Email: simonwalton@doctors.org.uk Tel: 0744955666 Address: PO Box 32, Mvumi, Dodoma, TZ</p> <p>Joyce Chitemasi, nurse midwife dispensing ARVs James Kuwayawaya, clinical officer Dr. Chimarra, medical officer in charge</p>
Date Of Interview	March 9, 2006
Other Contact Persons	
Hiv/Aids Services Available	VCT, PMTCT, ART, HBC, STI
ART Program (Background Information)	<p>The ART program was started in July 2005. The clinic is located on one floor above maternity and is open only on Mondays and Wednesday. The catchment area is quite wide—100 km—and not densely populated. There is no pharmaceutical staff. A nurse midwife is dispensing ARVs. Other pharmaceutical responsibilities—ordering, receiving, stock control, etc., for are handled by Dr. Simon. They have been actively recruiting/looking for a pharmacist for some time.</p> <p>Mvumi trained 10 dispensaries in HIV/AIDS and ARVs— simply so that they can refer. They are not dispensing ARVs.</p> <p>Plan to have 2 mobile clinics to facilitate follow-up visits with current patients— One per mo. in 2 locations. Clinic staff would travel to locations with ARVs and medicines.</p> <p>They are screen TB patients for HIV. Hoping to bring VCT, TB, CTC all together</p> <p>ART program: 236 enrolled, 76 patients on treatment including 4 children</p>
Policies and Guidelines In Support of ART	<p>Available:</p> <ul style="list-style-type: none"> ▪ National Guidelines for VCT services in Tanzania (2005) ▪ National Guidelines for Clinical Management of HIV (April 2005) ▪ Standard Treatment Guidelines and National Essential Drug List for Tanzania (NEDLIT), 2nd Edition 1997 ▪ Hospital Guidelines for Care and Treatment of HIV/AIDS, May 2005 ▪ Universal Precautions ▪ Home -based Care Guidelines <p>Most guidelines, policies are kept in locked room in ART</p>

Name of Site	Mvumi
	<p>clinic</p> <ul style="list-style-type: none"> • Just recently received NACP patient leaflets developed in Sept 2005 – and only received 20 or so leaflets. They've had to make additional B/W copies.
<p>Human Resource In Support of ART Program (Dispensing)</p>	<p>No. dispensing in hospital: 3 nurses No. dispensing in ART clinic: 2 nurses</p> <ul style="list-style-type: none"> • Great need for pharmaceutical staff • AIDS Relief pays time hospital staff spends while dispensing ARVs.
<p>Training Status of Staff In Support of ART</p>	<p>AIDS Relief/NACP, Sept. 2005 – 1 Nurse Midwife received training National training for comprehensive management of HIV/AIDS</p>
<p>Supportive Supervision Visits In Pharmaceutical Management</p> <ul style="list-style-type: none"> ▪ How often? When was the last one? ▪ Who conducts the visits? ▪ Support provided 	<p>Receives visits regularly from NACP. They make recommendations to improve pharmaceutical management in the ART clinic. Assistance towards making these changes and communication as to why changes are needed – does not seem to be communicated.</p> <p>In 2004 – A volunteer pharmacist spent 6 months at Mvumi putting some SOPs, procedures in place.</p>
<p>DMIS (Forms, Records and Reports)</p>	<ul style="list-style-type: none"> • Computerized system in clinic to maintain patient records, calculates cost of medicines dispensed, and estimates consumption (Careware)—Careware is used though a pharmacy component within the program has not yet been used. Expect to be asked to change this system by Futures Group to produce a CTCB form for TFDA. • Prescriptions are not used in ART clinic. Patients carry patient files to dispensing unit and back to records. • Patient logbook/Register is used. • GRN available and up-to-date • Bin cards used in main store and dispensary. • ADR form available. • Monthly ART Request and Ordering Report forms available and up-to-date.
<p>Standard Operating Procedures (SOPs)</p> <ul style="list-style-type: none"> ▪ Requesting, receiving , 	<p>SOPs were available for—</p> <ul style="list-style-type: none"> • Requesting and ordering ARVs • Storing and recording at the main bulk store • Medication use counseling

Name of Site	Mvumi
<p>storage, distribution</p> <ul style="list-style-type: none"> ▪ Use: Dispensing, medication use counseling. ▪ ADR monitoring and reporting, temperature control, disposal of ARVs, managing donations. 	<ul style="list-style-type: none"> • Stock discrepancy report for orders from supplier but not for discrepancy occurring in ARV store. • Security of ARVs • Disposal of ARVs—adapted from national SOPs
<p>Drug Utilization</p> <ul style="list-style-type: none"> ▪ Prescribing practices: weight, age, gender ▪ Dispensing practices: labeling, packaging, reference, patient education materials <p>Others: Medication use counseling, ADR/ side effects, medication error reporting</p>	<p>Prescription Review—</p> <ul style="list-style-type: none"> • Prescriptions not used. <p>Dispensing Practices—</p> <ul style="list-style-type: none"> • Only ARVs are dispensed from ART dispensing unit. All other medicines are collected by patients from main hospital pharmacy • Reference materials were kept in locked room separate from the dispensing area. • Unable to observe dispensing encounters as clinic was closed on day of visit.
<p>Drug Supply Procedures</p> <ul style="list-style-type: none"> ▪ Selection ▪ Quantification ▪ Ordering ▪ Local procurement ▪ ARV stock control 	<ul style="list-style-type: none"> ▪ Medicines are selected and ordered by Dr. Simon based on historical selection. Hospital Drug Therapeutic Committee (9 people) is in place but not functional. ▪ Consumption and morbidity data are used to calculate need. ▪ Order ARVs every month and MSD delivers on their own schedule—delivering medicines unannounced and not always even requested by the facility. Lead time is generally 1-2 weeks. OIs are ordered every 3 months. Where possible, they try to source from alternate suppliers. (Salama Pharmacy) as MSD has not performed well (require pick-up in Dar, products not always available, will not release funds when product not available, must pay in cash). ▪ Mvumi buys all IV fluids and ointments—infusion unit closed because no one was qualified to supervise. ▪ Bin cards, computer program collects dispensing data, GRN/issue notes. ▪ Discrepancies between bin cards and physical stock were found for ARVs and OIs. ▪ ARVs are stored in separate locked room within the main store. For the clinic – ARVs are kept in lockable cabinet in the lab and taken as dispensed to the dispensing unit. Bin cards were present – but discrepancies b/n bin cards and physical stock was evident for Ois and ARVs.

Name of Site	Mvumi
<p>Commodity Financing</p> <ul style="list-style-type: none"> ▪ Cost of ARVs and OI drugs to the patients ▪ Exemption, waiver systems ▪ Other sources of funds 	<ul style="list-style-type: none"> • All patients pay a flat fee of 200 TSH for any medicines they receive through the pharmacy • Total Budget for the hospital (2004 Annual Report): 86,123,621 TSH. • Approx. percentage spent on drugs: (not counting ARVs): 17%
<p>M&E Systems available</p>	<ul style="list-style-type: none"> • Only system in place to determine if patient is late in collecting medicines – is the date marked on CTC1 card – kept by the patient. • All other patient information, eligibility is maintained in the computer patient file.
<p>Support Infrastructure</p> <ul style="list-style-type: none"> ▪ Storage: Shelving, lockable cabinets, cold room, refrigerators ▪ Space: Dispensing, medication use counseling, storage ▪ Communication: Telephone, fax, e-mail, Internet, computer <p>Others: Tablet counters, ventilation, air conditioning, fire fighting equipment, running water, lighting</p>	<p>ART clinic is located above maternity in the hospital. It occupies one hallway and connecting rooms. Clinic is open only Mondays and Wednesdays.</p> <p>The dispensing unit was a small room with a sink and very little storage, shelving counter top space for dispensing with no lockable cabinet. ARVs were stored in lockable cabinet in the lab located across the hall. Computer access was available in the clinic. The hospital is to have wireless internet connection in the next couple of months.</p> <p>Waiting area was primarily in the hall. The hospital itself is a very large facility—so as the program grows (expected to reach target of 300 patients on ART by next year)—additional space/alternate location may need to be identified within the facility. Mobile units will also be used to reach clients due to the difficulty and infrequency of transport in the area.</p> <p>The ARV/Main Store was well kept and fairly ventilated. No AC was available. The ARV storeroom was very small and some surplus stock was on the floor not organized in FEFO manner. There were several formulations not prescribed by the doctors – that were taking up precious storage space. A refrigerator was located in the ARV locked room.</p>

Name of Site	Mvumi
Concerns:	<p>Concern with the packaging of medicines from MSD. Packaging is so similar with brand name often more prominent than the generic—makes it easy to confuse staff not trained in pharmacy to know the difference.</p> <p>Salama Pharmaceutical—</p> <ul style="list-style-type: none">• Provides good service—delivery and payment by credit.• Uncertain of the quality of medicines.• When they change supplier the dose can also sometimes change for same medication.

ART COMMODITY INVENTORY STATUS (1)					
ART Facility Name: MVUMI . Start Date of ART Program: July 2005 .					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
<i>NRTIs</i>					
Zidovudine 100mg caps	2800	2800	0	0	
Lamivudine 150 mg tabs	4920	4920	0	0	
Stavudine 30 mg caps	3660	4920	0	0	Bin card not updated
Stavudine 40 mg caps	2100	2100	0	0	
<i>NNRTIs</i>					
Efavirenz 200 mg caps	1800	3420	0	0	Bin card not updated
Efavirenz 600 mg tabs	1020	1020	0	0	
Nevirapine 200mg tabs	3720	3720	0	0	

ART COMMODITY INVENTORY STATUS (2)

ART Facility Name:

Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
Fixed-Dose Combinations					
Zidovudine 300 mg + Lamivudine 150 mg	4800	4800	0	0	
Stavudine 30 mg+ Lamivudine 150 mg+ Nevirapine 200 mg	8820	10,020	0	0	Bin card not updated
Stavudine 40 mg + Lamivudine 150 mg + Nevirapine 200 mg	6480	6960	0	0	Bin card not updated
Pediatric Formulations					
Nevirapine oral suspension: 50 mg/5 mL	138	164	0	0	Bin card not updated
Lamivudine 10 mg/mL oral solution	172	182	0	0	Bin card not updated

OI COMMODITY INVENTORY STATUS						
ART Facility Name:MVUMI.....						
Medicines to treat OIs	Routinely Stocked Y/N	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
		Physical	Bin Card	July-Sept 2005	Oct-Dec 2005	
acyclovir tabs 200 mg	Y	425	425	0	12	
Cotrimoxazole tabs 480 mg	Y	20,000	6800	0	0	Cards not updated
Cotrimoxazole susp 240 mg/5ml	Y	871	807	0	0	Cards not updated
Fluconazole 150 mg tablets	Y	2772	2758	N/A	N/A	Received first supply from donation program in Jan 06.
Ketoconazole 200 mg tabs	Y	800	800	0	0	
Erythromycin 250 mg tablets	Y	13,000	15,000	0	0	Bin cards not updated
Nystatin Oral drops 100,000 IU/ml	Y	155	155	0	0	
Multivitamin tabs	Y	8000	9000	0	0	Cards not updated

ANNEX 6. THE ASSESSMENT TOOL

ASSESSING PHARMACEUTICAL MANAGEMENT SYSTEM STRENGTHENING NEEDS FOR SELECTED MISSIONARY HOSPITALS IN TANZANIA

Data Collection Instrument

LOCATION and AFFILIATION
Name of facility:
Type of facility:
Ownership/Affiliation:
District:
Region:

Interviewers: (List)	Interviewees (List)		Areas Visited/ Observed (List)
	Name	Position	
Date Of Interview:			

FACILITY CHARACTERISTICS

Annual Census (#)	TYPES OF HEALTH SERVICES PROVIDED	
	GENERAL HEALTH	HIV/AIDS
Number of patients in OPD (#): _____	MEDICAL <input type="checkbox"/> YES <input type="checkbox"/> NO	VCT <input type="checkbox"/> YES <input type="checkbox"/> NO
	SURGICAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
No. Inpatient: _____	OBSTETRICS/ GYNAECOLOGY <input type="checkbox"/> YES <input type="checkbox"/> NO	PMTCT <input type="checkbox"/> YES <input type="checkbox"/> NO
	MCH/OUTPATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ART <input type="checkbox"/> YES <input type="checkbox"/> NO
CORE (Directly served by the facility)..... REFERRAL.....	PAEDIATRICS <input type="checkbox"/> YES <input type="checkbox"/> NO	PEP <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHARMACY <input type="checkbox"/> YES <input type="checkbox"/> NO	HBC <input type="checkbox"/> YES <input type="checkbox"/> NO
Bed Capacity: _____	ENT <input type="checkbox"/> YES <input type="checkbox"/> NO	STI <input type="checkbox"/> YES <input type="checkbox"/> NO
		OTHER <input type="checkbox"/> YES ----- <input type="checkbox"/> NO
<u>For the ART program:</u>		
CORE (Directly served by the facility)..... REFERRAL.....		

POLICIES, REGULATION AND STANDARDS IN SUPPORT OF ART					
DIMENSION	OBSERVATION		STAFF PERCEPTIONS		PRIORITY STATUS
POLICIES and GUIDELINES <i>(Variables: Availability, Use)</i>	Are they available at facility? Y/N	Is there evidence that they are used? Y/N	Why not available? Why not used?	<i>Possible options(if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
Guidelines For PMTCT in Tanzania 2002/2003	•	•			
National Guidelines for VCT services in Tanzania (2005)	•	•			
National Guidelines for the Clinical Management of HIV and AIDS (April 2005)	•	•			
Standard Treatment Guidelines and National Essential Drug List for Tanzania (NEDLIT) 2 nd Edition 1997	•	•			

POLICIES, REGULATION AND STANDARDS IN SUPPORT OF ART					
DIMENSION	OBSERVATION		STAFF PERCEPTIONS		PRIORITY STATUS
POLICIES and GUIDELINES <i>(Variables: Availability, Use)</i>	Are they available at facility? Y/N	Is there evidence that they are used? Y/N	Why not available? Why not used?	<i>Possible options(if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007	•	•			
National HIV/AIDS Policy	•	•			
Health Sector Strategy for HIV/AIDS 2003-2006 (December 2004)	•	•			
Standard Operating Procedures for ART (from facility)	•	•			
Training Curriculum for sexually transmitted diseases, MoH 2003	•	•			

POLICIES, REGULATION AND STANDARDS IN SUPPORT OF ART					
DIMENSION	OBSERVATION		STAFF PERCEPTIONS		PRIORITY STATUS
POLICIES and GUIDELINES <i>(Variables: Availability, Use)</i>	Are they available at facility? Y/N	Is there evidence that they are used? Y/N	Why not available? Why not used?	<i>Possible options(if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
Universal Precautions	•	•			
Home Based Care Guidelines	•	•			

HUMAN RESOURCE CAPACITY IN SUPPORT OF PHARMACEUTICAL MANAGEMENT FOR ART					
DIMENSION	OBSERVATION		STAFF PERCEPTIONS		PRIORITY STATUS
<i>Categories of Dispensing Staff</i>	<i>Number Dispensing</i>	<i>Number Dispensing ARVs</i>	<i>What are the gaps/need identified or articulated by site staff with regard to HR capacity and dispensing ARVs?</i>	<i>Possible options(if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
Pharmacists	•	•			
Pharmacy Techs	•	•			
Pharmacy Assistants	•	•			
Clinical officers	•	•			
Doctors	•	•			
Nurses	•	•			
Other dispensers	•	•			
Other Comments:					

TRAINING IN ART COMMODITY MANAGEMENT						PRIORITY STATUS	
	<i>Cadre</i>	<i>Number Trained</i>	<i>Provider of Training</i>	<i>Year</i>	<i>Content of Training</i>	<i>Disregard during interview</i>	
Training	•						
	•						
	•						
	•						
	•						
	<i>What is the gap/need identified or articulated by site staff with regard to in-service training in ART Commodity Management?</i>				<i>Possible options(if at all) for addressing the gap/need</i>		<i>Disregard during interview</i>

SUPPORTIVE SUPERVISION IN PHARMACEUTICAL MANAGEMENT		PRIORITY STATUS
<ul style="list-style-type: none"> How often do you receive supportive supervision visits? 	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER _____	
<ul style="list-style-type: none"> When did you receive your last supportive supervision visit? 	<input type="checkbox"/> WITHIN THE LAST MONTH <input type="checkbox"/> 6 MONTHS AGO <input type="checkbox"/> 3 MONTHS AGO <input type="checkbox"/> 1 YEAR AGO +	
<ul style="list-style-type: none"> Who conducts the visits? 	<input type="checkbox"/> AIDS Relief <input type="checkbox"/> DMO <input type="checkbox"/> OTHER _____ <input type="checkbox"/> MOH <input type="checkbox"/> NACP <input type="checkbox"/> DHMT <input type="checkbox"/> MEMS <input type="checkbox"/> OTHER _____	
<ul style="list-style-type: none"> What kind of support is provided? 		
Other Comments: 		

INFRASTRUCTURE THAT SUPPORTS PHARMACEUTICAL MANAGEMENT FOR ART			
DIMENSION	OBSERVATION	STAFF PERCEPTIONS	PRIORITY STATUS
INFRASTRUCTURE (variables: Availability, Functionality)	<i>Total number functional</i>	<i>Possible options (if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
Equipment			
• Dispensing Trays			
• Refrigerator			
• Computers and Software			
Communications	<i>Available? Y/N</i>		
• Telephone			
• Fax			
• Internet Access			
• E-mail			

INFRASTRUCTURE THAT SUPPORTS PHARMACEUTICAL MANAGEMENT FOR ART				
INFRASTRUCTURE (Variables: Availability, Adequacy)	<i>Available?</i> Y/N	<i>Adequate?</i> Y/N	<i>Possible options (if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
Fixtures and building				
• Shelving				
• Air conditioning				
• Dispensing space				
• Medication counseling room				
• Separate waiting room/area for patients				
Dispensing Unit				
• Burglar Proofing				
• Doors				
• Windows				
• Lockable Cabinets				
• Running water				
• Lighting/Power Supply				
• Stand by Generator				
• Ventilation				

INFRASTRUCTURE THAT SUPPORTS PHARMACEUTICAL MANAGEMENT FOR ART				
INFRASTRUCTURE (Variables: Availability, Adequacy)	<i>Available?</i> Y/N	<i>Adequate?</i> Y/N	<i>Possible options (if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>
ARV/Main Store				
• Shelving				
• Air conditioning/Cold room				
• Separate ARV store room				
• Burglar Proofing				
• Doors				
• Windows				
• Lockable Cabinets				
• Running water				
• Lighting/Power Supply				
• Ventilation				
• Fire fighting equipment Specify: _____				

STANDARD OPERATING PROCEDURES and FORMS					
DIMENSION	OBSERVATION				PRIORITY STATUS
	FORMS		PROCEDURES		
STANDARD OPERATING PROCEDURES and FORMS <i>(Variables: Availability, implemented, followed)</i>	<i>Available ?</i> <i>Y/N</i>	<i>Record the Name/Title of Form available – indicate whether it is the standard MOH Form or an adapted form</i>	<i>Available?</i> <i>Y/N</i>	<i>Is the written procedure followed?</i> <i>Y/N</i>	<i>Disregard during interview</i>
Requesting and Ordering ARVs	•		•	•	
Receiving ARVs	•		•	•	
Storing and Recording at Main Bulk store	•		•	•	
Intra-Facility Distribution of ARVs (b/n Pharmacy – Ward/Clinic)	•		•	•	
Inter-Facility Distribution of ARVs (b/n affiliated hospitals)	•		•	•	
Medication Use Counseling for ART	•		•	•	

STANDARD OPERATING PROCEDURES and FORMS					
DIMENSION	OBSERVATION				PRIORITY STATUS
	FORMS		PROCEDURES		
STANDARD OPERATING PROCEDURES and FORMS <i>(Variables: Availability, implemented, followed)</i>	<i>Available</i> <i>Y/N</i>	<i>Record the Name/Title of Form available – indicate whether it is the standard MOH Form or an adapted form</i>	<i>Available</i> <i>Y/N</i>	<i>Is the written procedure followed?</i> <i>Y/N</i>	<i>Disregard during interview</i>
Stock Count Discrepancy report for ARVs	•		•	•	
Medication Error Reporting	•		•	•	
ADR Monitoring and Reporting (Yellow Card)	•		•	•	
Temperature Control	•		•	•	
Security of ARVs	•		•	•	
Supervision/Inspection	•		•	•	
Procedures for Handover	•		•	•	
Disposal of ARVs	•		•	•	
Managing Donations	•		•	•	

STANDARD OPERATING PROCEDURES and FORMS			
DIMENSION	STAFF PERCEPTIONS AND OBSERVATIONS		PRIORITY STATUS
STANDARD OPERATING PROCEDURES and FORMS	<i>What is the gap/ need identified or articulated by site staff with regard to Standard Operating Procedures and Forms?</i>	<i>Possible options(if at all) for addressing the gap/need</i>	<i>Disregard during interview</i>

DRUG SUPPLY PROCEDURES THAT SUPPORTS PHARMACEUTICAL MANAGEMENT OF HIV COMPREHENSIVE CARE (ART, OI'S E.T.C)		
DIMENSION	STAFF PERCEPTIONS/OBSERVATIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<i>Provide as much detail as possible to questions indicated below.</i>		
SELECTION		
<ul style="list-style-type: none"> Who is responsible? Is this system working? 		
<ul style="list-style-type: none"> What are criteria used for selection? (CHECK ALL THAT APPLY) <input type="checkbox"/> MOH ESSENTIAL DRUG LIST <input type="checkbox"/> COST <input type="checkbox"/> MOH STANDARD TREATMENT GUIDELINES <input type="checkbox"/> OTHER _____		
QUANTIFICATION		
<ul style="list-style-type: none"> Which method is used for quantification? <input type="checkbox"/> CONSUMPTION <input type="checkbox"/> MORBIDITY <input type="checkbox"/> ADJUSTED CONSUMPTION <input type="checkbox"/> SERVICE-LEVEL PROJECTION OF BUDGET REQUIREMENTS <input type="checkbox"/> OTHER _____		
<ul style="list-style-type: none"> What data elements are used to calculate needs? <input type="checkbox"/> INVENTORY RECORDS <input type="checkbox"/> PATIENT ATTENDANCE <input type="checkbox"/> ACTUAL OR PROJECTED PREVALENCE <input type="checkbox"/> UTILIZATION BY SERVICE LEVEL AND FACILITY TYPE <input type="checkbox"/> OTHER _____		

DRUG SUPPLY PROCEDURES THAT SUPPORTS PHARMACEUTICAL MANAGEMENT OF HIV COMPREHENSIVE CARE (ART, OI'S E.T.C)		
DIMENSION	STAFF PERCEPTIONS/OBSERVATIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<i>Provide as much detail as possible to questions indicated below.</i>		
ORDERING		
<ul style="list-style-type: none"> Who initiates the orders/ordering process? <input type="checkbox"/> Hospital Director/Medical Officer in-charge <input type="checkbox"/> Hospital Pharmacists <input type="checkbox"/> Procurement/Store Officer <input type="checkbox"/> Other _____		
<ul style="list-style-type: none"> What is procedure for ordering? From where? What triggers ordering process? Delivery or pick-up? Reports submitted?		
<ul style="list-style-type: none"> How frequently do you order? <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Scheduled – periodic order (every 3 mos) <input type="checkbox"/> Other _____		
LOCAL PROCUREMENT		
<ul style="list-style-type: none"> What/who is source of supply? Check all that apply <input type="checkbox"/> Gov't Medical Store Dept (MSD) <input type="checkbox"/> Private Wholesaler <input type="checkbox"/> Donation <input type="checkbox"/> Other _____		
<ul style="list-style-type: none"> What is method of procurement? <input type="checkbox"/> Open Tender <input type="checkbox"/> Restricted Tender <input type="checkbox"/> Competitive Negotiation <input type="checkbox"/> Direct Procurement <input type="checkbox"/> Other _____		
<ul style="list-style-type: none"> What is lead time? If long, why? If results in stock out, what is done? 		

DRUG SUPPLY PROCEDURES THAT SUPPORTS PHARMACEUTICAL MANAGEMENT OF HIV COMPREHENSIVE CARE (ART, OI'S E.T.C)		
DIMENSION	STAFF PERCEPTIONS/OBSERVATIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<i>Provide as much detail as possible to questions indicated below.</i>		
<ul style="list-style-type: none"> Have you been satisfied with supplier's performance? <input type="checkbox"/> YES <input type="checkbox"/> NO <p>Appropriate quantity supplied? Drugs of high quality? Reasonable delivery time?</p>		
ARV STOCKS		
<ul style="list-style-type: none"> Who is responsible for ARV stocks? Position? 		
<ul style="list-style-type: none"> Who is responsible for receiving ARVs? 		
<ul style="list-style-type: none"> Are received stocks checked? i.e. correct number, items, not expired, no damage to packaging etc. <input type="checkbox"/> YES <input type="checkbox"/> NO 		
<ul style="list-style-type: none"> Describe storage procedures for ARVs (including security, stock records, storage conditions, cold chain) 		
<ul style="list-style-type: none"> How are ARVs distributed in out-patient settings? 		
<ul style="list-style-type: none"> How are ARVs distributed in in-patient settings? 		
<ul style="list-style-type: none"> Are ARV stocks distributed to clinics outside your facility? If yes, please describe process. <input type="checkbox"/> YES <input type="checkbox"/> NO 		

DRUG SUPPLY PROCEDURES THAT SUPPORTS PHARMACEUTICAL MANAGEMENT OF HIV COMPREHENSIVE CARE (ART, OI'S E.T.C)		
DIMENSION <i>Provide as much detail as possible to questions indicated below.</i>	STAFF PERCEPTIONS/OBSERVATIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<ul style="list-style-type: none"> List All ARV drug distribution records maintained by this facility ,and where they are found to be in use <p>_____</p> <p>_____</p>		
<ul style="list-style-type: none"> How is ART Drug Stock managed, and what control procedures /methods are employed. (<i>probe for stock control methods that are practiced in the facility</i>) 		
<ul style="list-style-type: none"> Managing Drug Donations: (probe for type, frequency, origin) <p>Are donations based on need? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are they approved for use in-country? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do they arrive with remaining shelf-life of at least ¾ of product? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

DRUG SUPPLY PROCEDURES THAT SUPPORTS PHARMACEUTICAL MANAGEMENT OF HIV COMPREHENSIVE CARE (ART, OI'S E.T.C)		
DIMENSION <i>Provide as much detail as possible to questions indicated below.</i>	STAFF PERCEPTIONS/OBSERVATIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<ul style="list-style-type: none"> • Describe auditing process <ul style="list-style-type: none"> ○ Internal Audits - ○ External Audits - 		
<ul style="list-style-type: none"> • Describe process for taking stock of ARVs 		
<ul style="list-style-type: none"> • How are expired or damaged ARV stocks disposed of? 		
<ul style="list-style-type: none"> • What is the policy/practice for dealing with the following issues? <ul style="list-style-type: none"> • Pilferage – • Deterioration – • Obsolescence – 		
<ul style="list-style-type: none"> • Is there a system in place for exchanging short dated stock? If yes, what is it? 		

MANAGEMENT INFORMATION SYSTEM (DMIS) THAT SUPPORTS PHARMACEUTICAL MANAGEMENT FOR ART				
DIMENSION	OBSERVATION		STAFF PERCEPTIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
	Available? Y/N	Used and Kept Up to date? Y/N		
Official Prescription Pads	•			
Patient Log Book/Register	•	•		
Internal Requisitions/Voucher	•			
Goods Received Notes (GRN)	•	•		
Stock Control Cards/Bin cards <ul style="list-style-type: none"> ○ Main store ○ Dispensary 	•	•		
Discrepancy report forms	•			
Counter requisition and receipt/ voucher				

MANAGEMENT INFORMATION SYSTEM (DMIS) THAT SUPPORTS PHARMACEUTICAL MANAGEMENT FOR ART

DIMENSION	OBSERVATION		STAFF PERCEPTIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
	Available? Y/N	Used and Kept Up to date? Y/N		
Adverse Drug Reaction Form	•			
Medication error report	•			
Temperature Control Log <ul style="list-style-type: none"> ○ Main store room ○ Main store refrigerator ○ Dispensary room ○ Dispensary refrigerator ○ Cold room 	•	•		
Monthly Reporting Forms (PEP, PMTCT and ART)	•	•		
Pharmacy ART Monthly Report	•	•		
ART Chart to Track the Expiry of ARV Drugs	•	•		
Automated report systems: <ul style="list-style-type: none"> ○ computers ○ fax sheets ○ e-mail 	•	•		
Patient-centered records at the pharmacy	•	•		

ARV DRUG UTILIZATION: OUT-PATIENT DISPENSING AREA			
DIMENSION	Adequate? Y/N	STAFF PERCEPTIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
Cleanliness / Tidiness	•		
Organization (shelving, filing, work flow...) Orderliness (e.g. are the drugs arranged based on First-Expiry-First-Out)	•		
Security (bar, lock, strong door, intact window, access to unauthorized persons...)	•		
<ul style="list-style-type: none"> • List the Reference books available in the pharmacy: <ul style="list-style-type: none"> ▪ BNF <input type="checkbox"/> Tanzania National Formulary ▪ MIMS Africa <input type="checkbox"/> STG ▪ Tanzania Pharmacy Handbook ▪ Others _____ 			
<ul style="list-style-type: none"> • Is there an ADR monitoring and reporting system in place for ARVs? <input type="checkbox"/> YES <input type="checkbox"/> NO Is it functioning? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, describe why.</i> 			
<ul style="list-style-type: none"> • Does the pharmacy use any mechanisms to monitor ART adherence? <ul style="list-style-type: none"> ▪ Records ▪ Self reporting ▪ Pill counts ▪ Others 			

ARV DRUG UTILIZATION: OUT-PATIENT DISPENSING AREA		
DIMENSION	STAFF PERCEPTIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<ul style="list-style-type: none"> Does the pharmacy have adequate materials for labeling? <input type="checkbox"/> YES <input type="checkbox"/> NO 		
<ul style="list-style-type: none"> Does the pharmacy have adequate materials for packaging ARVs? <input type="checkbox"/> YES <input type="checkbox"/> NO 		
<ul style="list-style-type: none"> Does the pharmacy have adequate syringes for measuring ARV syrups/suspensions? <input type="checkbox"/> YES <input type="checkbox"/> NO 		
<ul style="list-style-type: none"> Does the pharmacy issue any ART patient information leaflets? (<i>Obtain a copy</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO 		
<ul style="list-style-type: none"> Does the pharmacy have a checklist for counseling patients on ART? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please describe.</i> 		
<ul style="list-style-type: none"> Does the pharmacy have any system in place to alert them when patients are late in collecting ARVs? <input type="checkbox"/> YES <input type="checkbox"/> NO <p><i>Describe</i></p>		
<ul style="list-style-type: none"> Does the pharmacy have any means in place to check that the patient is eligible to receive ARVs at that facility? <input type="checkbox"/> YES <input type="checkbox"/> NO 		

MONITORING AND EVALUATION (M&E)		
DIMENSION	STAFF PERCEPTIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<ul style="list-style-type: none"> • What M&E system is in place for pharmaceutical system? 		
<ul style="list-style-type: none"> • What indicators are routinely tracked? <ul style="list-style-type: none"> ▪ % of ARVs drugs whose physical count exactly match the records in the bin cards ▪ No. days that ARV drugs by type were out of stock during the last quarter OTHERS <ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ ▪ _____ ▪ _____ 		
<ul style="list-style-type: none"> • How often is information collected? <ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly 		
<ul style="list-style-type: none"> • How often is the information communicated? <ul style="list-style-type: none"> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually 		

FINANCING		
DIMENSION	STAFF PERCEPTIONS Strengths/weaknesses, problems/solutions	PRIORITY STATUS
<ul style="list-style-type: none"> Are patients responsible for paying any fees associated with their treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO <p>Please list.</p> <p>_____ Tsh _____</p> <p>_____ Tsh _____</p> <p>_____ Tsh _____</p> <p>_____ Tsh _____</p>		
<ul style="list-style-type: none"> What is the total budget of the hospital? _____ 		
<ul style="list-style-type: none"> What % of budget is spent on pharmaceuticals? _____% <p>In the past 3 years? _____</p>		

Prescriptions Review

(Pick 30 ART completed prescriptions at random from each ART program)

(Enter the ART Facility name).....

Prescriptions Review	<i>Tally the # of prescriptions with the following details</i>	<i>Percent (%) Calculation</i>
Name of drugs prescribed written in generic name	/ 30	= %
Product Form	/ 30	= %
Product Strength	/ 30	= %
Dosage	/ 30	= %
Number of days to take the medication	/ 30	= %
Serial Number of prescription	/ 30	= %
Name of patient	/ 30	= %
Age/sex of patient	/ 30	= %
Name of prescriber	/ 30	= %
Signature of prescriber	/ 30	= %
Weight of patient	/ 30	= %
Date	/ 30	= %
Legible writing	/ 30	= %
OTHER DIMENSIONS FOR FACILITY		
Filled prescriptions filed chronologically	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Adequate supply of prescriptions forms	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Source of prescription forms?		

ART Dispensing Practice

Observe 10 ART Dispensing Encounters

(Enter the ART Facility name).....

ARVs dispensed from: <input type="checkbox"/> Window <input type="checkbox"/> Office <input type="checkbox"/> Booth										
Does Medication Counseling include:	<i>Encounter Number</i> <i>(Tick box if mentioned in any encounter)</i>									
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
• Indicate whether new or re-visit										
• Name of ARVs										
• Dosage										
• Side effects										
• Importance of not missing any doses										
• Information about taking with/after food as relevant										
• Drug Interactions										
• Understanding on how the medications work (e.g. medicines do not cure AIDS, need to use prevention methods)										
• Assessment of patient's understanding (e.g. patient to repeat dosage instructions)										
• Pill counts										
• Self reporting of adherence										

ART COMMODITY INVENTORY STATUS (1)					
ART Facility Name:		Start date of ART Program			
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
NRTIs					
Zidovudine 100 mg caps					
Zidovudine 300 mg tabs					
Lamivudine 150 mg tabs					
Didanosine 25 mg tabs					
Didanosine 100 mg tabs					
Stavudine 30 mg caps					
Stavudine 40 mg caps					
Abacavir 300 mg tabs					

NNRTIs					
Efavirenz 200 mg caps					
Efavirenz 600 mg tabs					
Nevirapine 200 mg tabs					

ART COMMODITY INVENTORY STATUS (2)					
ART Facility Name:					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
PIs					
Indinavir 400 mg caps					
Nelfinavir 250 mg tabs					
Ritonavir 100 mg caps					
Saquinavir 200 mg caps					
Kaletra 133.3 mg/33.3 mg capsules					
Fixed Dose Combinations					
Zidovudine 300 mg + Lamivudine 150 mg + Nevirapine 200 mg					
Zidovudine 300 mg + Lamivudine 150 mg + Efavirenz 200 mg					
Zidovudine 300 mg + Lamivudine 150 mg					
Stavudine 30 mg+ Lamivudine 150 mg+ Nevirapine 200 mg					

ART COMMODITY INVENTORY STATUS (3)					
ART Facility Name:					
Tracer ARVs	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
	Physical	Bin Card	July-Sept 05	Oct-Dec 05	
Fixed-Dose Combinations continued					
Stavudine 40 mg + Lamivudine 150 mg + Nevirapine 200 mg					
Lamivudine 150 mg + Stavudine 40 mg					
Lamivudine 150 mg + Stavudine 30 mg					
Pediatric Formulations					
Nevirapine oral suspension: 50 mg/5 mL					
Lamivudine 10 mg/mL oral solution					
Stavudine 1 mg/mL oral solution					
Abacavir oral solution: 20 mg/mL					
Didanosine 10mg/ml oral solution					
Kaletra oral solution: 80 mg/20 mg/mL					

OI COMMODITY INVENTORY STATUS						
ART Facility Name:						
Medicines to treat OIs	Routinely Stocked Y/N	Current Stock Pharmacy (Unexpired only)		Days Out Of Stock		Remarks
		Physical	Bin Card	July-Sept 2005	Oct-Dec 2005	
Acyclovir tabs 200 mg						
Cotrimoxazole tabs 480 mg						
Cotrimoxazole susp 240mg/5ml						
Fluconazole 150 mg tablets						
Ketoconazole 200 mg tabs						
Erythromycin 250 mg tablets						
Nystatin oral drops 100,000 IU/ml						
Multivitamin tabs						

ANNEX 7. ASSESSMENT TEAMS AND LIST OF MEMBERS

Rapid ART Pharmaceutical Management Assessment Teams

Team	Members	Hospitals Assessed
Team 1	Edmund Rutta Marsha Macatta-Yambi-Team Leader. Joyce T. Sagala Claire A. Chizazi Ernest Mdoe Geoffrey Sigalla	<ul style="list-style-type: none"> • St. Elizabeth Hospital, Arusha • Selian Hospital, Arusha • Haydom Lutheran Hospital, Mbulu
Team 2	Jennifer McCollum Salama Mwakisu Roman Mallya—Team Leader Peter W. Kiyanga	<ul style="list-style-type: none"> • Muheza DDH, Tanga • Mvumi Hospital, Dodoma

List of Assessment Team Members

Name/Designation	Contact Details
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Peter W. Kiyanga, Pharmacist-in-Charge, ART Program, St. Elizabeth hospital	
Claire A. Chizazi, ART Program Coordinator, Muheza DDH	
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