PRACTICAL GUIDE FOR THE MANAGEMENT OF PHARMACEUTICALS AND HEALTH-RELATED COMMODITIES

Standard Operating Procedures and Tools
for Health Facility Staff and Warehouse Personnel

Department of Health
May 2015

Systems for Improved Access to Pharmaceuticals and Services
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ABOUT DOH AND NTP

The Department of Health (DOH) of the Philippines has overall technical authority for health as the national health policy maker and regulatory institution. Its mandate is to develop national plans, technical standards, and guidelines on health with the goal of universal health care by: 1) financial risk protection through expansion of enrollment and benefit delivery of the National Health Insurance Program; 2) improved access to quality hospital and health care facilities; and 3) attainment of health-related Millennium Development Goals. The National Tuberculosis Control Program (NTP) is a priority public health program. Under the leadership of the Disease Prevention and Control Bureau, the NTP has been implemented nationwide since 1978. The main strategy of the NTP since 1997 is the World Health Organization-recommended DOTS.

ABOUT SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and quality pharmaceutical services.

RECOMMENDED CITATION

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KEY WORDS

TB, drugs and commodities, NTP, supply chain, supply management, warehouse management, logistics

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Summary of diagrams, tables and figures:

ACRONYMS

ADR	adverse drug reaction
APP	annual procurement plan
CHD	Center for Health Development
CHO	City Health Office
COBAC	Central Office Bids and Awards Committee
DOH	Department of Health
DPCB	Disease Prevention and Control Bureau
FDA	Food and Drug Administration
FEFO	first expiry, first out
FIFO	first in, first out
FQ	fluoroquinolones
GMP	Good Manufacturing Practices
IAEB	Invitation to Apply for Eligibility and to Bid
ID	identification
IDO	Infectious Disease Office
IRP	invoice receipt for property
IRR	implementing rules and regulations
LCRB	lowest calculated and responsive bid
LGU	Local Government Unit
LMD	Logistics Management Division
MDR-TB	multidrug-resistant TB
MMD	Material Management Division
MOP	Manual of Procedure
MSH	Management Sciences for Health
NCDPC	National Center for Disease Prevention and Control
NGO	nongovernmental organization
NSAID	nonsteroidal anti-inflammatory drug
NTRL	National TB Reference Laboratory
PhilPACT	Philippine Plan of Action to Control TB
PHO	Provincial Health Office
PMDT	Programmatic Management of Drug-resistant TB
PNDF	Philippine National Drug Formulary
PPMP	Project Procurement Management Plan
RHU	Rural Health Unit
RIS	requisition and issue slip
RITM	Research Institute for Tropical Medicine
SLD	second-line anti-TB drug
SOP	standard operating procedure
STC	Satellite Treatment Center
STG	standard treatment guidelines
TC	Treatment Centers
TB	tuberculosis
TWG	technical working group
USAID	US Agency for International Development
WHO	World Health Organization

FOREWORD

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

Tuberculosis (TB) is the sixth leading cause of mortality in the Philippines, impacting at least 2.5 million Filipinos and their families in 2009. The Department of Health is deeply committed to achieving the 2016 Philippine Plan of Action to Control TB (PhilPACT) targets on treatment success rates for TB and multidrug-resistant TB (MDR-TB) cases. However, there needs to be a comprehensive and collaborative effort to improve pharmaceutical management at the service delivery level.

This *Practical Guide for the Management of Pharmaceuticals and Health-Related Commodities*, as jointly prepared by the Department of Health and the USAID-funded Systems for Improved Access to Pharmaceutical Services (SIAPS) program, provides an action-oriented reference tool for the selection, procurement, distribution, and use of TB supplies. It is targeted for use by all health care workers and professionals in the local health units and storage facilities. The document includes a catalog of TB medicines and supplies as well as standard operating procedures (SOP) for the management of the TB supply chain.

The Department of Health believes that the use and adoption of this manual's guidelines and procedures are necessary to strengthen the management of the supply chain system. Along with regular mentoring, monitoring, and supervision of local supply chain workers, this publication will contribute to ensuring the quality, safety, and uninterrupted supply of TB medicines and other commodities.

Janette P. Loreto-Garin, MD, MBA-H
Secretary of Health

RATIONALE AND PURPOSE

The results of the 2013 National Tuberculosis Control Program (NTP) Joint Program Review and other monitoring findings show that there are gaps in the knowledge, attitude, and practices of health workers to ensure the safety and uninterrupted supply of TB medicines and other required commodities for the program. Most health facilities and warehouse staff do not maintain inventory records, know how to calculate their facility's needs, submit medicine requirement reports, and safeguard the quality of medicines and commodities.

The primary goal of this document is to provide a basic action-oriented reference tool for supply chain management and standard operating procedures (SOP) for use by the health units and storage facilities. This practical guide aims to be a supplemental source of recommended practices for health workers handling and managing medicines and health commodities in the field in specific areas of the supply management framework. In addition, this material is intended to aid in addressing various pharmaceutical management issues, including stock-outs, overstocking, and damage as well as to contribute to the attainment of the PhilPACT indicator that there should be no stock-outs of medicines and other needed commodities in health facilities.

TARGET AUDIENCE

The target audience for this document are personnel who are directly involved in the management of medicines and commodities. This includes staff from the health-facility level and warehouses involved in the distribution, storage, and use of TB medicines and commodities. Managers at the national, regional, and provincial/city level who are monitoring and supervising supply chain management may also learn and benefit from this Practical Guide.

DESCRIPTION OF THE PRACTICAL GUIDE

This document is divided into sections highlighting the components of the supply chain management cycle. Each section is divided into three parts, as described below:

OVERVIEW 	***Overview*** gives a brief description of the particular section and its various topics.
KEY ACTIVITIES 	***Key Activities*** details the major activities that are done under the specific section. It also refers the reader to the corresponding procedure number.
PROCEDURES 	***Procedure*** describes the step-by-step process of how to do the set of activities listed in the summary of key activities part.

SUMMARY OF PROCEDURES

1	**SELECTION**
2	**PROCUREMENT**
3	**DISTRIBUTION**

Procedure 1 Receipt and Inspection
Procedure 2 Inventory Control
Procedure 3 Storage
Procedure 4 Requisition
Procedure 5 Allocation
Procedure 6 Delivery/Issuance
Procedure 7 Disposal of Expired and Damaged Commodities

4	**RATIONAL USE**

Procedure 8 Drug Education
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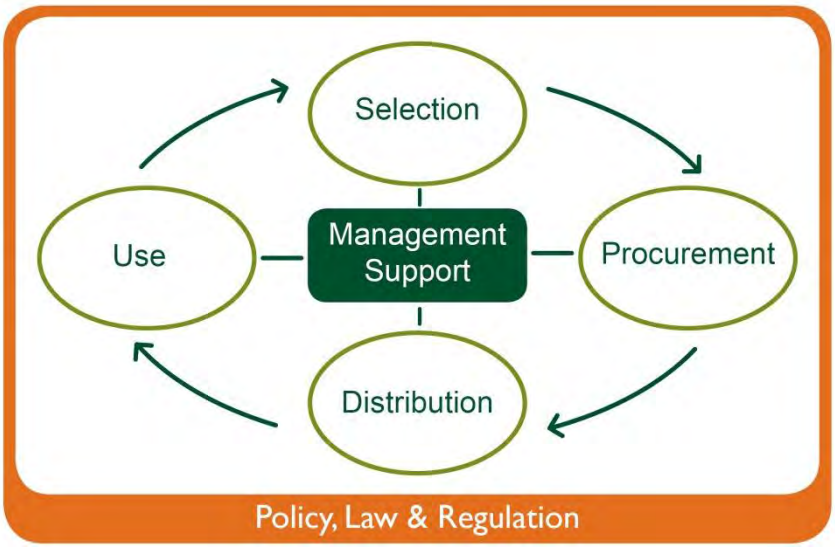
5	**MANAGEMENT SUPPORT**

Section 1 Recording and Reporting at the Health Facilities
Section 2 Recording and Reporting at the Warehouse
Section 3 Recording and Reporting at the Coordinator's Office
Procedure 12 Monitoring Drugs and Supplies Management

INTRODUCTION

Management of medicines and health-related commodities follows the supply chain management cycle depicted in Figure 1 below. It consists of four components: SELECTION, PROCUREMENT, DISTRIBUTION, and USE, supported by management systems and guided by a POLICY AND LEGAL FRAMEWORK.



Source: Center for Pharmaceutical Management. 2011. *Center for Pharmaceutical Management: Technical Frameworks, Approaches, and Results*. Arlington, Virginia: Management Sciences for Health.

Figure 1. Supply chain management cycle

Selection involves the identification of medicines and commodities that are required and essential, and that are made available for the health program. It is important to ensure that the medicines and health commodities managed are based on approved standard treatment guidelines (STG) and the essential medicines list (EML) of the Department of Health (DOH).

Procurement includes the quantification and determination of the procurement method designed to acquire quality and affordable medicines and health commodities. In the Philippines, this is governed by the Republic Act (RA) 9184 of 2003 and its implementing rules and regulations (IRR). **Distribution** is the movement of medicines and commodities, including their storage, from the central store to the point of care. The term, **rational use,** refers to the appropriate, safe, and effective use of medicines and other supplies.

Management support provides the right structure and systems to establish a functioning and effective health program, which includes a quality assurance system, human resources, funding, information management, training, monitoring and evaluation, etc. The **policy and legal framework** establishes the goal and the main strategies for attaining a high-functioning health program as well as the structures to coordinate activities.

ROLES OF STAKEHOLDERS

SUPPLY CHAIN MANAGEMENT is a process that requires teamwork among several stakeholders. Each stakeholder plays a vital role in ensuring that all components of the cycle are functioning and directly contributing to the attainment of the program's goal. The involvement of each stakeholder is unique and inter-related; this is why identifying and establishing the roles and responsibilities is very important. Several development partners are engaged in the DOH's tuberculosis control program. The following table describes the role of government agencies as stakeholders in the implementation of supply chain management within the NTP.

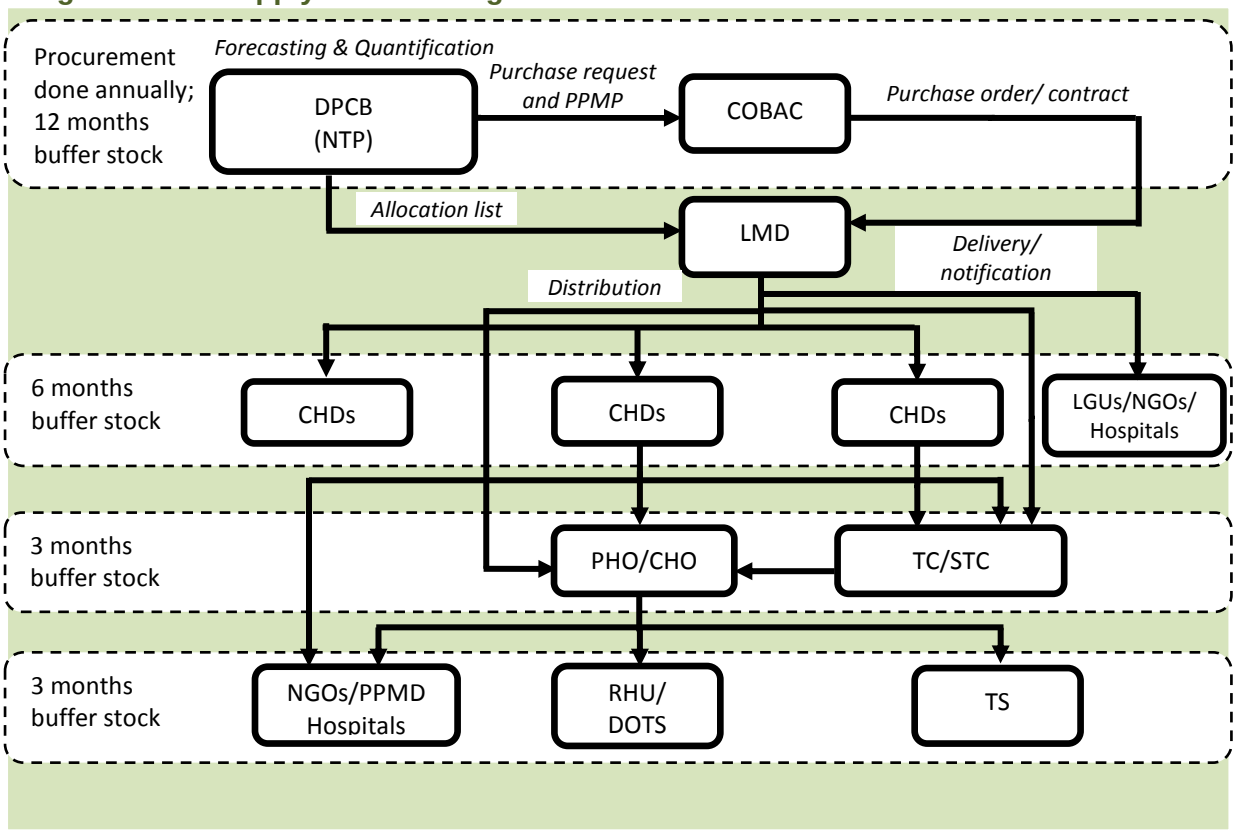
GOVERNMENT AGENCIES	FUNCTIONS
Disease Prevention and Control Bureau/National TB Control Program (DPCB/NTP)	• Formerly the National Center for Disease Prevention and Control (NCDPC) • Supervises the overall implementation of the TB program in the country. • Serves as the key decision maker in terms of policies and strategies to be undertaken. • Identifies treatment regimens to be used by the program. • Quantifies the medicines and other supplies required by the program. • Allocates medicines and other supplies to regions and provinces.
Research Institute for Tropical Medicine/National TB Reference Laboratory (RITM/NTRL)	• Coordinates with the NTP on the management of the laboratory network, including the management of laboratory supplies and equipment.
Central Office Bids and Awards Committee (COBAC)	• Manages the procurement process for the DOH's Central Office in accordance with Republic Act 9184 of 2003.
Logistics Management Division (LMD)	• Formerly the Material Management Division (MMD). • Manages the storage and distribution of medicines and health commodities for the various programs of the DOH, including the NTP. • Manages the central warehouse of the DOH.
Center for Health Development (CHD)	• Oversees the implementation of the NTP at the regional level and coordinates with the DOH's Central Office and Local Government Units. • Manages the regional warehouse and distributes TB medicines and supplies to provinces/cities.
Local Government Unit (LGU)	• Implements the NTP and other health services at the local government.
Provincial/City Health Office (PHO/CHO)	• Oversees the implementation of DOTS at the provincial/city level. • Stores TB medicines and supplies and distributes them to the health facilities.
Rural Health Unit (RHU)/DOTS facilities	• Provides direct TB services to patients. • Ensures the appropriate management and uninterrupted supply of TB medicines and commodities at the facility level.

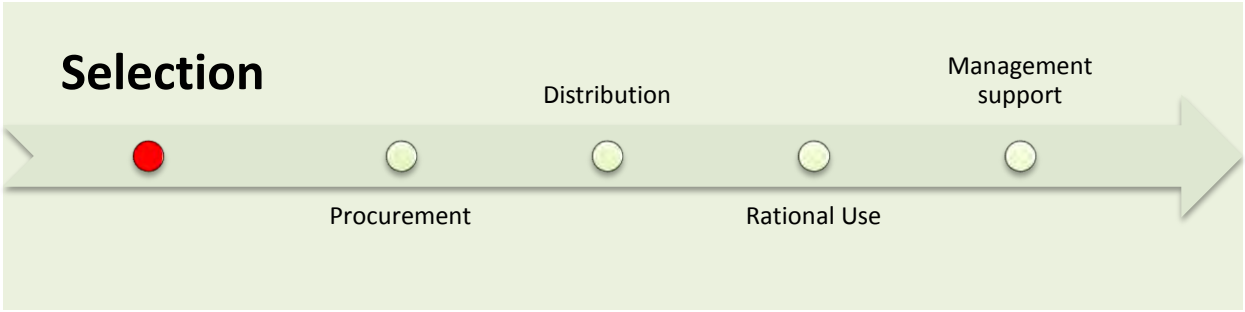
Diagram 1 presents the TB supply chain management process, from forecasting and quantification to distribution.

The Disease Prevention and Control Bureau (DPCB), formerly the NCDPC, through the NTP, prepares the forecast for TB medicines and other commodities, and submits a purchase request (PR) and Project Procurement Management Plan (PPMP) based on the quantification of the country's annual requirements. The PR and PPMP are sent to the Central Office Bids and Awards Committee (COBAC) for processing of the procurement.

Suppliers deliver the procured TB medicines and supplies to the Logistics Management Division (LMD), which acts as the central warehouse of the DOH. TB medicines are distributed from the central warehouse through a network of facilities, where medicines are stored and distributed until they reach the patients. The Center for Health Development (CHD) maintains six months of buffer stock; the Provincial Health Office (PHO) or City Health Offices (CHO) maintain three months of buffer stock; and the Rural Health Units (RHU) and DOTS facilities maintain three months of supply, plus buffer stock of TB medicines and health commodities.

Diagram 1: TB Supply chain management





OVERVIEW

The well-managed selection of medicines means that the TB program chooses medicines based on epidemiological profile, recent drug resistance data, and STGs or the NTP's Manual of Procedure (MOP). A good selection process also ensures that medicines to be used are cost effective, quality assured, and are able to pass the requirements set by the Food and Drug Administration (FDA).

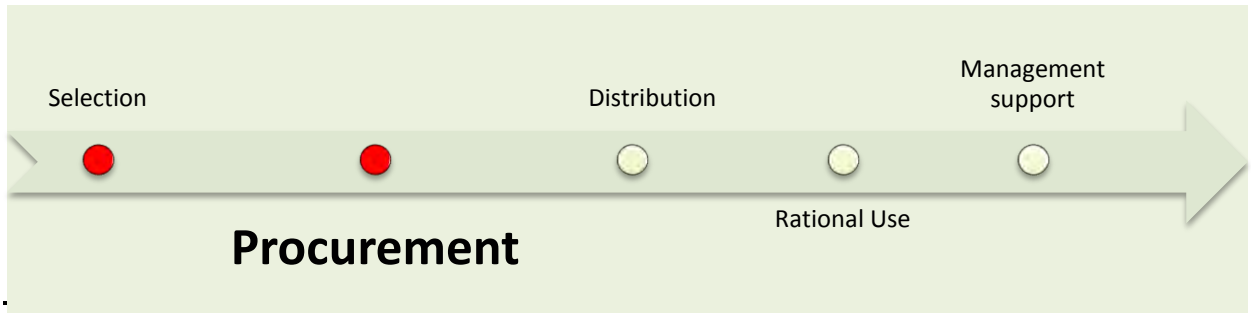
The FDA, as per Administrative Order no. 67 series of 1989, requires that all selected medicines and medical supplies in the public sector are registered.

According to Executive Order no. 49, s 1993, only medicines listed in the latest Philippine National Drug Formulary (PNDF) are allowed to be procured and used by all government entities.

The rationale for selecting a limited number of essential medicines is that it may lead to better supply, more rational use, and lower costs. Essential medicines are those that are deemed to satisfy the health care needs of the majority of the population and that should be available in the appropriate dosage forms and strengths at all times. Because selection of medicines has a considerable impact on quality of care and cost of treatment, it is one of the most cost-effective areas for intervention.

Source: Management Sciences for Health. *MDS-3: Managing Access to Medicines and Health Technologies.* Arlington, VA: Management Sciences for Health; 2012.

Medicines and medical equipment used by DOH programs should be registered with the FDA. Product registration is a process whereby the FDA reviews and evaluates products to determine their quality, safety, and efficacy prior to public use.



OVERVIEW

An efficient procurement mechanism should have a good quantification system, which is the calculation of specific medicine needs. The procurement process requires skills in tendering and contracting to manage local procurement as well as international procurement, if needed. There should also be a prequalification process, including the Good Manufacturing Practices (GMP) certification requirement for choosing suppliers, to ensure that procured medicines and commodities are of good quality. A procedure for monitoring prices and supplier performance should also be in place.

Coordination with other partners, i.e., the Central Office of the DOH and LGUs, should be maintained to ensure that there is harmonization in procurement.

Procurement by the government is under the jurisdiction of RA 9184, which ensures transparency and standardization of the process.

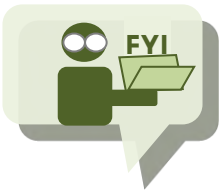
Under the current policy, TB medicines are procured annually by the DOH Central Office. Quantification is done by the NTP, as described below.

SUMMARY OF KEY ACTIVITIES FOR PROCUREMENT

Quantification

The NTP Program Manager prepares the quantification based on case and inventory reports submitted by NTP coordinators at health facilities.

The DPCB submits the PPMP and procurement request to COBAC for procurement.



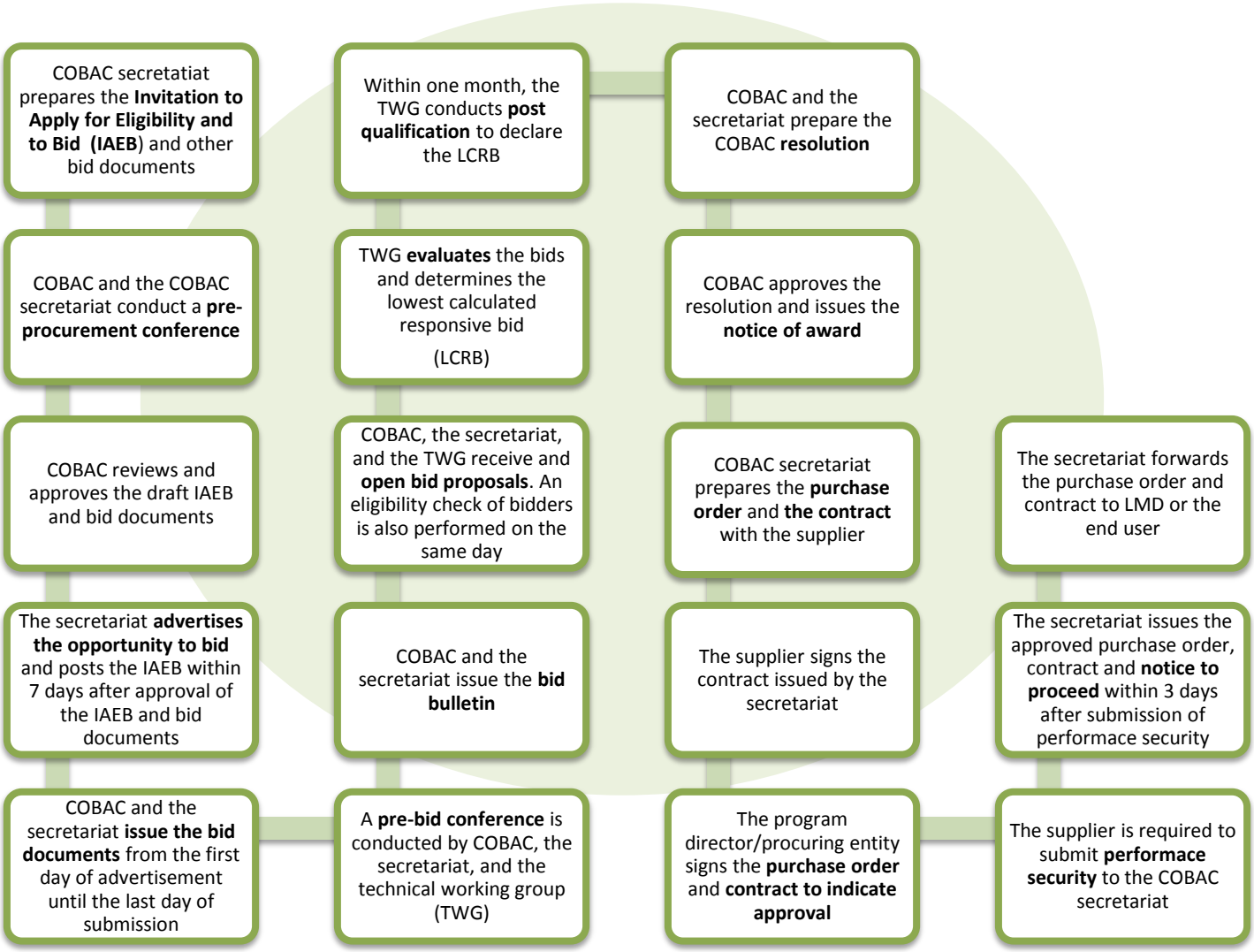
Accurate and timely submission of reports from the health facilities is very important for the DOH Central Office to prepare an accurate forecast and quantification.

Procurement

The procurement of medicines and supplies follows provisions of RA 9184 and its implementing rules and regulations (IRR).

Public bidding is the general mode of procurement. However, for highly exceptional cases, there are alternative methods of procurement, such as selective bidding, single source procurement, etc.

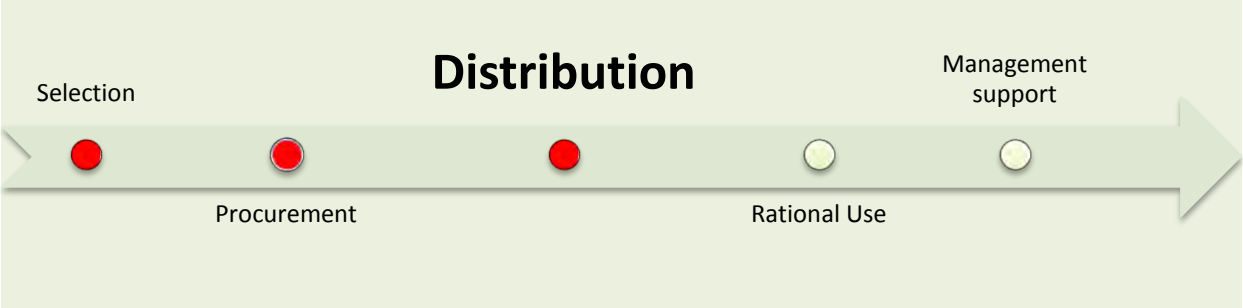
Diagram 2: Competitive bidding/public bidding process



Source: PSM MOP 2011

When procuring medicines for public health programs, you should consider the following:

- *Provisions stated in RA 9184.*
- *Use competitive or public bidding as the general mode of procurement.*
- *Medicines should be in accordance with international guidelines and are indicated in the national standard guidelines.*
- *Medicines should be duly registered by the FDA.*
- *Medicines should be included in the PNDF.*



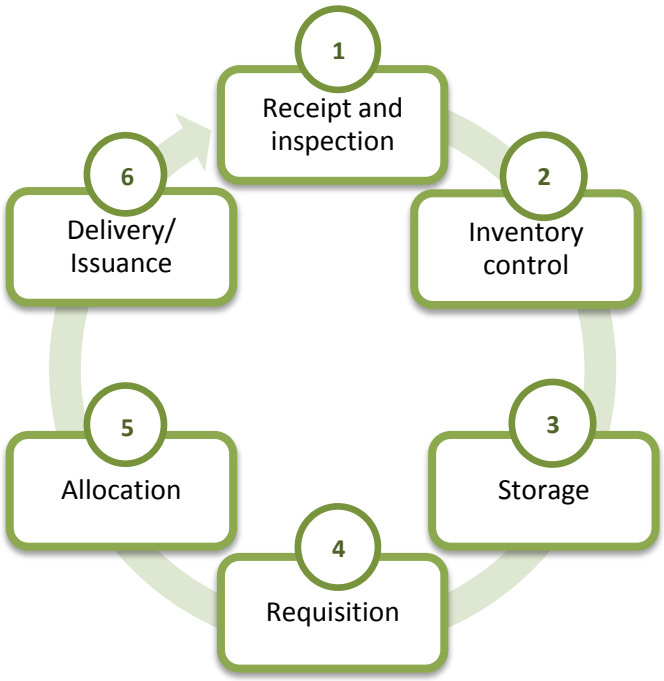
OVERVIEW

To have a good distribution structure, there should be:

- A transportation system that is cost effective and timely.
- Appropriate delivery methods and management in the health care setting.
- Skilled and trained health facility staff and warehouse personnel for maintaining inventory, and storage and distribution practices.

Medicines and supplies require proper handling at all levels of the health care system because they are expensive and very valuable to the health program and to patients. To do this effectively requires a lot of effort and commitment on the part of the warehouse and health facility staff. Diagram 3 below depicts the processes involved in the distribution cycle for TB medicines and health commodities.

Diagram 3: Distribution cycle



The distribution cycle for TB medicines for both health facilities and warehouses follows the same path, for the most part, which involves receipt and inspection, inventory control, and storage. However, only health facilities request medicines and only warehouses deliver or issue medicines to health facilities based on the allocation list.

SUMMARY OF KEY ACTIVITIES FOR DISTRIBUTION

Procedure 1

- Receipt and Inspection

Procedure 2

- Inventory Control

Procedure 3

- Storage

Procedure 4

- Requisition

Procedure 5

- Allocation

Procedure 6

- Delivery/Issuance

Procedure 7

- Disposal of Expired and Damaged Commodities

PROCEDURES: DISTRIBUTION

Procedure 1

Receipt and Inspection

Objective: To define the standard procedure for ensuring that all commodities are received and inspected properly upon delivery.
Time/Frequency: Every delivery
Responsibility: Warehouse personnel/RHU nurse/point person for medicines

STEP	PROCEDURE
1.1	Receive the commodities from delivery staff: a. Ensure that the delivered stocks are placed separately while undergoing inspection to avoid mix up with other stock. b. Review the delivery receipt **documents** to determine whether they are consistent with the purchase request or requisition form: ▪ At the warehouse, check the bill of lading, purchase order, and invoice receipt for property (IRP). ▪ At the facility, check the requisition and issue slip (RIS). c. Count the delivered commodities and check for accuracy: ▪ Name of the item, strength, and dosage form. ▪ **Quantity** in the specific unit of measure (in tablets, boxes, or cartons, etc.). ▪ Expiry date and batch number. The **delivery receipt** is a document that is typically signed by the receiver of a shipment to indicate that it has, in fact, received the item being shipped and has taken possession of it. Examples include: IRP, RIS.
1.2	Check the condition of commodities: a. Commodities needing **refrigeration**: Ensure cold chain during transport. These items should be checked first for immediate storage. b. Signs of **damage** by checking the condition of the cartons and packaging. c. **Quality** of items delivered. (Refer to Annex 2.A1.) It is very important to meticulously check the boxes and containers for signs of damage! Some cartons may contain several types of medicine and/or medicines that will expire. Check them properly and account separately to ensure observance of first expiry, first out (FEFO).
1.3	Document any discrepancy or damage: a. Record discrepancies clearly the delivery receipt. b. Take pictures of damaged goods for documentation. c. Report and notify supervisor or coordinator of discrepancies or damage immediately and seek advice. d. Plan necessary actions.
1.4.	Request for inspection of goods (for warehouses receiving commodities directly from market suppliers). a. Submit a request for an inspection of the goods to the inspection committee (Annex 2F). b. If the goods pass inspection, request an Inspection and Acceptance Report (Annex 2G). c. If the goods DO NOT pass inspection, inform the DOH Central Office and seek advice. d. Give a copy of the inspection report to the Program Manager.
1.5.	Sign the delivery receipt as a proof of acceptance. a. Ensure that delivery staff also affixes their signature to the form. b. Keep and file the forms properly. c. Report or notify the supervisor or coordinator regarding the delivery.

Procedure 2

Inventory Control

Objective: To define the standard procedure for ensuring that proper inventory management is followed.
Time/Frequency: Every medicine movement
Responsibility: Warehouse personnel/RHU nurse/point persons

STEP	PROCEDURE
2.1	Fill out a stock card for every commodity: a. Use separate stock cards for different dosages, strengths, unit sizes, or expiration dates. b. Update the stock card when receiving commodities: b.1. Fill in date received b.2. Enter quantity received b.3. Update stock balance b.4 Indicate the source of the commodity c. Update the stock card when issuing or dispensing commodities: c.1 Fill in the date issued c.2.Enter quantity issued c.3. Update stock balance c.4 Indicate the recipient of the commodity Stock cards are the inventory management tools used for monitoring the movement of commodities, expiration, and quantity.
2.2	Ensure that recorded quantities tally with the actual stock on hand: a. Count actual stocks on hand regularly (i.e., quarterly) and compare with the stock card. b. Record and investigate discrepancies in quantities. c. File stock cards for future reference. Counting stocks regularly ensures that the stock balance on the stock cards is consistent with the physical count. This is done by the warehouse personnel and RHU nurse.
2.3	Update the electronic inventory systems, such as the National Online Stock Inventory Reporting System (NOSIRS). Ensure that the data entered in NOSIRS is consistent with the actual stocks on hand.

Pencil should not be used to fill out a stock card and liquid eraser should not be used for corrections.

STOCK CARD

Time/Frequency: Every delivery and maintained during the storage period.
Responsibility: Warehouse personnel/RHU nurse/point person

Sample of a filled-out stock card

LOCATION: AB030
STOCK CARD #: 0021

NAME OF ITEM: Category I TB kit (adult)
EXPIRY DATE: 11/2017
ITEM DESCRIPTION: Anti-TB medicine
UNIT: Patient kits
DATE RECEIVED: 12/21/2013
UNIT COST: 100
MODE OF PROCUREMENT: Competitive bidding
END USER: Health facilities

INVOICE NUMBER: 05301989 D.R. NUMBER: 03192011 P.O/CONTRACT #: 12211985
DATE: 5/30/2013 DATE: 11/29/2013 DATE: 4/14/2013

SUPPLIER: VMA Laboratories Inc.

DATE	QUANTITY						IR	RIS	RECIPIENT/ REMARKS
	RECEIVED	COST	ISSUED	COST	BALANCE	TOTAL COST			
12/21/2013	1000		0		1000		3400	5490	From DOH LMD
01/02/2014	0		100		900		3400	5490	To Rizal RHU

Generic name of the medicine

Unit of measurement for the item

Indicate the expiration date

Short description of the product

Note the date of drug movement

Indicate the name of the receiving or issuing facility

Quantity received or "IN"

Quantity issued or "OUT"

Add the quantity received or subtract quantity issued to the previous balance in stock

How to correct a wrong entry on the stock card

Write a straight line across the wrong entry

~~10~~

Write the correct data on the side

~~10~~ 20

Affix your signature

~~10~~ 20

Write the date the correction was made

~~10~~ 20 12/21/2012

PROCEDURES: DISTRIBUTION

Procedure 3

Storage

Objective: To define the standard procedure for ensuring that all commodities are stored and well maintained.
Time/Frequency: Every delivery
Responsibility: Warehouse personnel/RHU nurse/point person

STEP	PROCEDURE
3.1	Prepare the storage area. (Refer to Annex 2.A2 for proper storage practices.)
3.2	Assign an appropriate area for the storage of received commodities. ▪ Assign fast moving items to the most accessible area.
3.3	If applicable, fill in a locator card for each commodity. Locator cards are used by storage facilities to record and document the designated storage areas for each commodity.
3.4	Transfer commodities to assigned storage area and organize stocks: a. Ensure that commodities are handled properly during transfer. b. Arrange similar items together by type or by classification; (separate medicines from other supplies or chemicals). c. Arrange stocks with expiration dates according to FEFO, and other commodities without expiration dates according to FIFO. FEFO (first expiry, first out): products with the earliest expiry date are the first issued. FIFO (first in, first out): the first products received are the first issued. FEFO and FIFO are both used in storage facilities, FEFO for commodities with expiration dates, and FIFO for commodities without expiration dates or with the same expiration.
3.5	Monitor temperature regularly in the refrigerator and storage room: a. Ensure appropriate temperature conditions, as per recommendations of the manufacturers. (See Table 1 . b. b. File all temperature monitoring forms or logbook. (See Annex 3A.)
3.6	Schedule regular cleaning and maintenance of the storage area. Ideally, the temperature should be monitored three times a day: morning, noon, and afternoon. Make sure that expiration dates of commodities are visible for easy observance of FEFO.:

Table 1: Standard temperature range

Description	Temperature range
Protect from excess heat	25-30° Celsius
Room temperature	15-25° Celsius
Keep cool	8-15° Celsius
Refrigerated	2-8° Celsius
Frozen	<0° Celsius

PROCEDURES: DISTRIBUTION

Procedure 4

Requisition

Objective: To define the standard procedure for reporting and requisition of medicines and supplies.
Time/Frequency: Quarterly
Responsibility: Coordinator/RHU nurse/point person

STEP	PROCEDURE
4.1	Identify the facility's needs based on the previous quarterly report.
4.2	Update stock inventory by conducting a physical count and updating the stock cards.
4.3	Fill in the "Quarterly report on drugs and supply inventory and requirement" (next page). Consider the quarterly need, buffer and stock on hand when preparing the report.
4.4	Submit the quarterly report to the coordinator. See Table 2 for the recommended schedule on the submission of the requisition. File a copy for documentation.

Procedure 5

Allocation

Objective: To define the standard procedure for allocating medicines and supplies.
Time/Frequency: Quarterly
Responsibility: Coordinator/supply officer/warehouse personnel

STEP	PROCEDURE
5.1	Provincial/city coordinators review and validate the "Quarterly report on drugs and supply inventory and requirement" of the RHUs and DOTS facilities.
5.2	Provincial/ city coordinators provide feedback to RHUs and DOTS facilities on any adjustments and clarifications.
5.3	Based on validated and consolidated quarterly reports, prepare an allocation list for distribution to all RHUs and DOTS facilities and submit it to the provincial/city supply officer.
5.4	Submit the validated and consolidated quarterly reports to the regional office.
5.5	Regional coordinators review and consolidate provincial and city quarterly reports and submit them to the Central Office.
5.6	Central Office Coordinator prepares an allocation list of medicines and supplies for the regional warehouses and submits it to the central warehouse supply officer.
5.7	Warehouse supply officer confirms the receipt of the allocation list and prepares for delivery/issuance.

Table 2: Requisition schedule

Quarter	Month of Requisition (first week of)
1	January
2	April
3	July
4	October

PROCEDURES: DISTRIBUTION

DRUG INVENTORY AND REQUIREMENT REPORT

Time/Frequency of submission: Quarterly
Responsibility: RHU nurse/point person

Sample Drug Inventory and Requirement Report

Report 4. Quarterly report on drug and supply inventory and requirement
(Data Source- Stock Inventory Records and Program Reports)

CHD: Region X

Province/City: Y Province **Report for** 2nd **Quarter of** 2014

Municipality: Maharlika Municipality **Date reported:** April 7, 2014

DOTS Facility: Maharlika Health Center **Prepared by:** Anya Eliza Cristobal

Total population of catchment area: 10,000 **Designation:** HC Nurse

A. Quarterly Drug Inventory and Requirements

Treatment Regimen	Category 1 TB Kits (Adult)	Category 2 TB Kits (Adult)	Category 1 TB Kits (Children)	Category 2 TB Kits (Children)
New cases	33		2	
Retreatment cases		3		0
Total stocks required in a quarter (A)	33	3	2	0
Stock + buffer (B) =Ax2	66	6	4	0
Stock on hand (C)	8	0	2	0
Total kits to request =B-C	58	6	2	0

Expected cases based on past quarter's accomplish-ment

Stock on hand based on stock card or actual physical count

Tick "Yes" if your facility had stock outs of Cat 1 and "No" if none

For DOTS Facilities:

Did your facility experience stock-outs of Cat 1 anytime during this quarter?

☐ Yes
☒ No

To get the total request, subtract the stock on hand from the required stock with buffer. Example, 66 – 8 =58

For province, city and regional level:

No. of DOTS Facilities with stock-outs of Cat 1 in this quarter	
Total no. of DOTS facilities	

FYI

A good requisition system for commodities depends primarily on reliable consumption data and accurate physical inventory reports.

PROCEDURES: DISTRIBUTION

Procedure 6

Delivery/Issuance

Objective: To define the standard procedure for ensuring that all commodities are handled well during delivery.
Time/Frequency: Quarterly
Responsibility: Supply officer/warehouse personnel

STEP	PROCEDURE
6.1	Check if stocks are available and sufficient based on the allocation received from the coordinator: a. If commodities are not available or are insufficient, inform the coordinator. b. If the goods are for cross-docking, inform the coordinator and recipient. "Cross-docking" is a delivery method used wherein stocks are shipped directly to subsidiary levels of the supply chain, thus limiting storage and handling. For example, when medicines are distributed from the LMD central warehouse directly to the PHO. This should be done in coordination with the CHD.
6.2	Prepare the following documents: a. Invoice receipt for property b. Requisition and issue slip
6.3	Pick medicines and commodities from the storage area, and prepare them for packaging and labeling according to the allocation list.
6.4	Update inventory records: stock cards and/or electronic system, such as NOSIRS.
6.5	Determine if the goods are to be picked up by recipients or delivered: a. If the goods are to be picked up, inform the recipients of the following: ▪ Schedule when goods are available for pickup ▪ Description and quantity of items b. If the goods are to be delivered, arrange for vehicle and driver. Inform the recipient of the delivery schedule and time/date of arrival.
6.6	When handing over the medicines and supplies, secure the signature of the recipient on the RIS and IRP.
6.7	File the RIS and IRP.

NOSIRS captures inventories of all commodities purchased/received and distributed by the Logistics Management Division (LMD) of the DOH to the different CHDs, retained hospitals, and other health facilities, and purchased and dispensed/distributed by the CHDs and different health facilities (other than the LMD).

Source: http://www.ncpam.doh.gov.ph/index.php/26-presentation/70-nosirs-presentation

Procedure 7

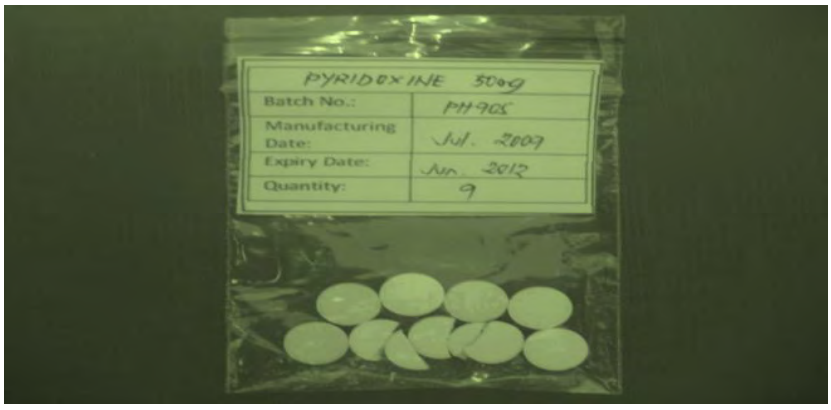
Disposal of Expired and Damaged Commodities

Objective: To define the standard procedure for ensuring that all expired and damaged commodities are handled and disposed of properly.
Time/Frequency: When necessary
Responsibility: Warehouse personnel/RHU nurse/point person

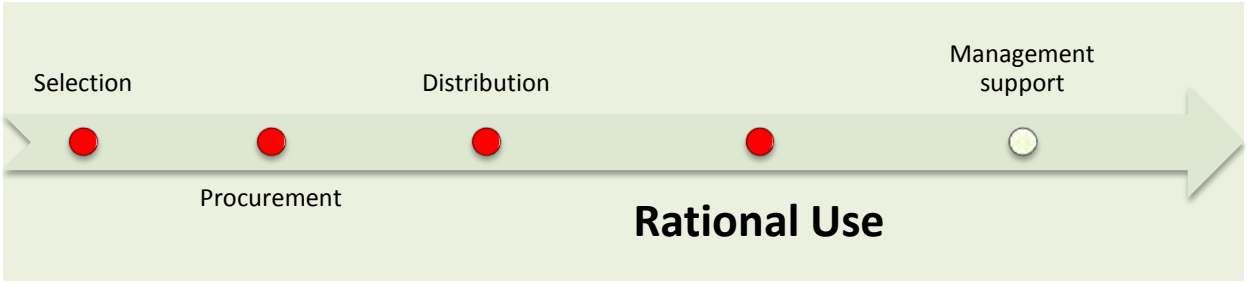
STEP	PROCEDURE
7.1	Carefully identify the expired medicines and damaged commodities. (Use the indicators of poor quality and damaged supplies in Annex 2.A1 as a reference.)
7.2	Separate the storage of expired or damaged medicines from the good stock and label the containers properly.
7.3	Reflect the quantities expired or damaged on their corresponding stock cards.
7.4	Coordinate with the sanitary engineer or sanitary officer of the health facility or PHO/CHO for their proper disposal.
7.5	Complete a report on the expired or damaged medicines and submit to the supervisor and sanitary officer. File a copy for the facility's documentation.
7.6	Get samples and take pictures of the damaged or expired commodities for documentation.
7.7	Take direction from the sanitary officer regarding the disposal method to be implemented. Refer to Annex 2.A3 (Guide for Disposal Method of Pharmaceuticals) and the DOH Health Care Waste Management Manual as references.
7.8	Participate in, take pictures of, and document the disposal process.
7.9	File all documentation.

FYI

Facilities should regularly monitor expiry dates, and expired medicines should be immediately removed from stock.



It is important to properly label expired or damaged medicines and take pictures for documentation.



OVERVIEW

Use of medicines and health commodities is maximized in any health care setting if there is a correct diagnosis, rational prescribing, proper dispensing, and patient counseling. It is important that information is available for health care providers to ensure that the right treatment and strategies are being implemented. Monitoring, documenting medicine use, and seeking feedback from patients are also important to evaluate the effectiveness of treatment.

Continuous training and staff development should also be given to health care personnel to improve the quality of treatment services given to every patient. Management, recording, and reporting of ADRs are also important for observing pharmacovigilance. Ancillary medicines are provided to aid in addressing ADRs. Patient kits with fixed- dose combination (FDC) tablets improve the compliance of patients. The DOTS strategy of the NTP requires patients to be under direct observation when taking their medicines. Below are the list of anti-TB medicines (Table 3) and the common ADRs and their management (Table 4). For the complete list of TB medicines and supplies, see Annex 1: Catalog of TB Commodities.

Table 3. List of anti-TB medicines

First-line		
Cat I Adult kit	Intensive Phase: FDC HRZE: Isoniazid (H), Rifampicin (R), Pyrazinamide (Z), Ethambutol (E) Continuation Phase: FDC HR: Isoniazid (H), Rifampicin (R)	75 mg, 150 mg, 400 mg, 275 mg 75 mg, 150 mg
Cat II Adult kit	Intensive phase: FDC HRZE Streptomycin (S) Continuation phase: FDC HRE	 75 mg, 150 mg, 400 mg, 275 mg 1 gram 75 mg, 150 mg, 275 mg
TB in Children kit	Bottles of H suspension R suspension Z suspension	200 mg/5 ml 200 mg/5 ml 250 mg/5 ml
TB in children IPT kit II	H suspension	200 mg/5 ml, 100 mg/5 ml
Single formulation	H suspension	300 mg
	Z tablet	500 mg
	E tablet	400 mg
Second-line		
Injectables	Kanamycin (Km)	1 g
	Capreomycin (Cm)	1 g
Fluoroquinolones (FQs)	Levofloxacin (Lfx)	250 mg, 500 mg
	Moxifloxacin (Mfx)	400 mg
Bacteriostatic oral second-line drugs (SLD)	Prothionamide (Pto)	250 mg
	Cycloserine (Cs)	250 mg
	Para-amino salicylic acid/sodium (PAS)	4 g
Reinforcers	Clofazimine (Cfz)	100 mg
	Amoxicillin-Clavulanic acid (Amx-Clv)	1 g
	Clarithromycin (Clr)	500 mg

Table 4. Common adverse drug reactions and their management

ADR	RESPONSIBLE AGENT	MANAGEMENT
Gastro-intestinal intolerance	H, R	1. Give medication at bedtime or small meals.
Mild skin reaction	Any kind of medicines	1. Give antihistamines.
Orange/red-colored urine	R	1. Reassure the patient.
Pain at the injection site	S, Km and Cm	1. Apply warm compress. Rotate sites of injection.
Burning sensation in the feet due to peripheral neuropathy	H	1. Give Pyridoxine 100-200 mg daily for treatment. 10 mg daily for prevention.
Arthralgia due to hyperuricemia	Z, fluoroquinolones (FQ)	1. Give aspirin or nonsteroidal anti-inflammatory drug (NSAID). 2. If symptoms persist, consider gout and request a blood chemistry (uric acid determination and manage accordingly). 3. Advise patient to avoid high-uric diet.
Flu-like symptoms (fever, muscle pain, inflammation of the respiratory tract)	R	1. Give antipyretics.
Severe skin rash due to hypersensitivity	Any kind of medicines (especially S)	1. Discontinue anti-TB medicines and refer to DOTS physician.
Jaundice due to hepatitis	Any kind of medicines (especially H, R, Z)	1. Discontinue anti-TB medicines and refer to DOTS physician. 2. If symptoms subside, resume treatment and monitor clinically.
Impairment of visual acuity and color vision due to optic neuritis	E	1. Discontinue E; refer to an ophthalmologist.
Hearing impairment, ringing in the ear, and dizziness due to damage of the eight cranial nerves	S, Km and Cm	1. Discontinue and refer to DOTS physician.
Oliguria or albuminuria due to renal disorder	R, S	1. Discontinue anti-TB medicines and refer to DOTS physician.
Psychosis and convulsion	H, Cs	1. Discontinue anti-TB medicines and refer to DOTS physician.
Thrombocytopenia, anemia, shock	R	1. Discontinue anti-TB medicines and refer to DOTS physician.
Seizures	Cs, FQs	1. Rule out any other likely causes. 2. Treat any suspected causes. 3. Initiate anticonvulsant treatment phenytoin; valproic acid; carbamazepine; phenobarbital. 4. Increase pyridoxine to 100 mg daily. 5. Lower dose or discontinue suspect medicine.
Peripheral neuropathy	Cs, S, Km, Cm, Pto, FQs	1. Increase pyridoxine to 200 mg/day. 2. Begin exercise regimen; focus on affected regions. 3. Initiate therapy with tricyclic antidepressant medicines. 4. Lower dose or discontinue suspected medicine. 5. Initiate therapy with gabapentin.
Hypothyroidism	PAS, Pto	1. Initiate thyroxine.
Hearing loss	S, Km, Cm	1. Conduct audiometry and compare with baseline. 2. Consider reducing frequency of the medicine. 3. Lower the dose or discontinue suspected medicine if this will not compromise the regimen.
Depression	Cs, FQs, Cm, Pto	1. Rule out side effects of concomitant medications (e.g., amoxicillin-clavulanate, penicillin, benzodiazepines). 2. Refer to psychologist or psychiatrist for assessment. 3. Initiate group or individual psychological therapy. 4. Initiate anti-depressant medicines (e.g., amitriptyline, nortiptyline, fluoxetine, sertraline), but use with caution when there is a history of convulsions. 5. Increase pyridoxine to 200 mg daily.

ADR	RESPONSIBLE AGENT	MANAGEMENT
		6. Lower dose or discontinue suspect medicine if this will not compromise the regimen.
Nausea and vomiting	Z, E, Pto, PAS, Cm	1. Assess for rehydration and rehydrate if indicated. 2. Initiate anti-emetics 30 minutes prior to administering anti-TB medicines. 3. Lower dose or discontinue suspect medicine.
Gastritis	Z, E, PAS, Pto	1. Administer medicine with small amount of food. 2. Caffeine and cigarettes should be avoided. 3. Consider use of: • Antacids (e.g., calcium carbonate, aluminum hydroxide, magnesium hydroxide) • H2-Blockers (e.g., cimetidine, ranitidine), proton pump inhibitors (e.g omeprazole) 4. Withhold suspect medicine(s) for short periods of time (e.g., 1-7 days). 5. Lower dose or discontinue suspect medicine.
Renal failure and nephrotoxicity	S, Km, Cm	1. Discontinue causative medicine. 2. Consider dosing 3 times per week and monitor creatinine clearance. 3. Adjust dose of all the medicines according to creatinine clearance. 4. Consider use of capreomycin if patient is on aminoglycoside.
Electrolyte disturbances (hypokalemia, hypomagnesemia)	Cm, Km, S	1. Replenish potassium. 2. Treat associated vomiting or diarrhea. 3. Check magnesium levels if potassium levels do not improve. 4. Discontinue arrythmogenic medicines (e.g ., digoxin, amitriptyline, cisapride, and haloperidol) if patient is taking them. 5. Discontinue aminoglycosides if condition is severe.

Sources: Department of Health, Republic of the Philippines. *NTP Manual of Procedures.* Manila: Department of Health; 2014; World Health Organization. *Guidelines for the Programmatic Management of Drug-resistant Tuberculosis.* Geneva: WHO; 2008.

SUMMARY OF KEY ACTIVITIES

Procedure 8
- Drug Education

Procedure 9
- Dispensing Medicines

Procedure 10
- Management of ADRs

Procedure 11
- Reporting of ADRs

PROCEDURES: RATIONAL USE

Procedure 8

Drug Education

Objective: To define the standard procedure for ensuring that patients and family members receive proper education on their medicines.

Time/Frequency: During initiation of treatment

Responsibility: Health facility staff/treatment partner

STEP	PROCEDURE
8.1	Upon finalization of diagnosis and prescription, gather the patient together with family member(s) or companion.
8.2	Explain the treatment to be started, for how long, what medicines, need for supervised treatment, etc.
8.3	Explain the possible side effects of each medicine.
8.4	Encourage the patient to voice any complaints of ADRs.
8.5	Ask for any questions or clarifications.
8.6	Validate by asking the patient about his/her treatment.

Ask the patient for validation to make sure that he/she understands.

Source: Management Sciences for Health/Euro Health Group. *Managing Drug Supply: The Selection, Procurement, Distribution, and Use of Pharmaceuticals.* West Hartford, CT: Kumarian Press; 1997.

In explaining the treatment to the patient, take note of the following:

What are the medicines to be taken and how many	How long is the treatment duration	How will the patient take his/her medicine	What are the special precautions in taking the medicines

Procedure 9

Dispensing Medicines

Objective: To define the standard procedure for ensuring that medicines and other commodities are being handled properly during dispensing.

Time/Frequency: Every day

Responsibility: Health facility staff/treatment partner

STEP	PROCEDURE
9.1	Start treatment based on the doctor's prescription indicated in the patient's chart.
9.2	Check the label for the correct medication. Assign one kit per patient, except for MDR-TB, where second-line anti-TB medicines are not arranged in kits. Write the patient identification (ID) number and other relevant information on the kit.
9.3	Count correct quantity of medicines to be dispensed. Review and ensure correct dosing based on the patient's weight. If necessary, add more tablets to the kit from surplus of other patients or from a new unused kit.
9.4	Keep medicines and other commodities clean, safe, and organized: a. Keep medicines properly labeled and covered to avoid contact with direct sunlight and dust. b. Maintain medicines requiring cold chain in the refrigerator or in a cooler with frozen ice packs. c. Do not remove tablets from blisters until they are to be taken.
9.5	Check for the quality of the medicines. Do not give medicines that are dirty, discolored, cracked, broken, or have an odd smell.
9.6	In preparing and administering injections, take note of the following: a. Always use a new syringe and needle for each patient. b. Ensure aseptic technique in preparation and administration. c. Rotate injection site. d. Discard used syringe and needles in a safe container.
9.7	Explain the proper way of taking medicines to the patient. Encourage the patient's adherence to treatment and provide counseling.
9.8	Observe the patient while taking all the medicines.
9.9	Update the patient's treatment card and ID card after the patient's intake.

In dispensing medicines to the patient, take note of the following:

Procedure 10

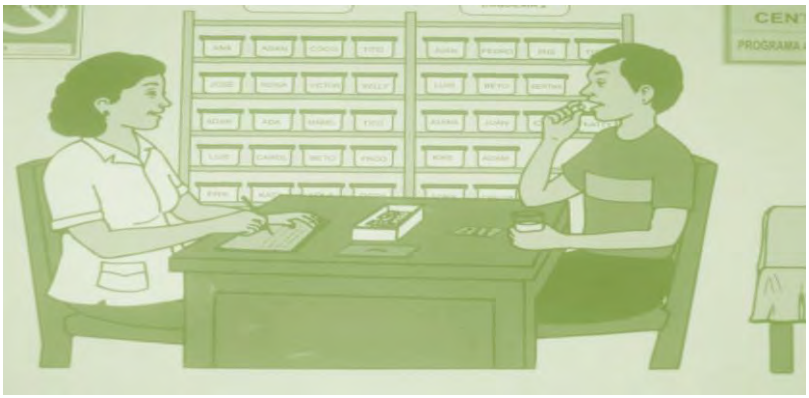
Management of ADRs

Objective: To define the standard procedure for ensuring that ADRs experienced by patients are properly managed and documented.

Time/Frequency: Every day

Responsibility: Health facility staff/treatment partner

STEP	PROCEDURE
10.1	Get details about patient's adverse reaction.
10.2	Record and document details in a logbook or the patient progress report form.
10.3	Classify the side effect according to severity.
10.4	Refer the patient to the physician for consultation.
10.5	Carry out the physician's orders and provide clarification to the patient.
10.6	Document the intervention and the ancillary medicine dispensing done.
10.7	Follow up with the patient during the next visit if adverse reactions have resolved. If ADRs have not resolved, refer to the coordinator or nearest hospital for management.



Interview the patient regarding his/her condition during DOTS and take note of his/her important feedback or response.

Source: Rational Pharmaceutical Management Plus. *Managing TB Medicines at the Primary Level.* Arlington, VA: Management Sciences for Health; 2007.

Procedure 11

Reporting of ADRs

Objective: To define the standard procedure for ensuring that ADRs experienced by patients are properly reported.

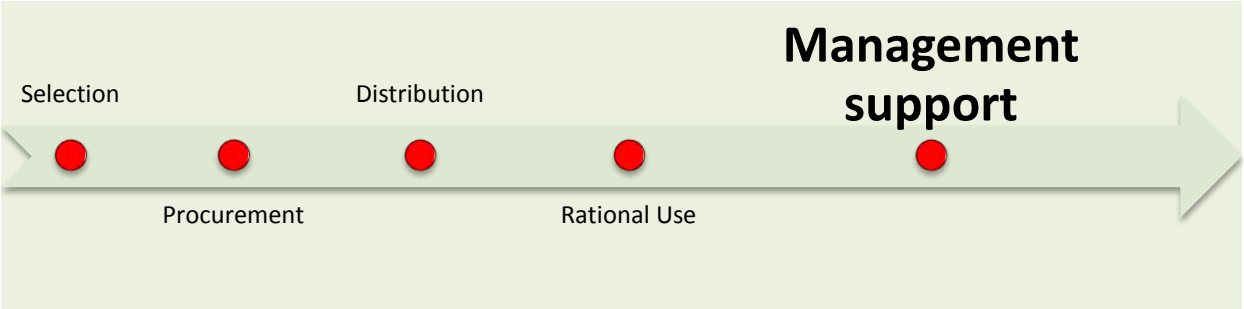
Time/Frequency: Monthly

Responsibility: Health facility staff

STEP	PROCEDURE
11.1	Health facility prepares a hard copy or electronic copy of the FDA ADR report (see Annex 3B).
11.2	Health facility submits consolidated ADR reports monthly/quarterly to the provincial/city coordinators. The provincial/city coordinators submit them to regional coordinators, who submit them to the DOH Central Office.
11.3	The Central Office coordinates the submission of ADR reports to the FDA.
11.4	The Central Office completes all the necessary information required for FDA analysis.

FYI

As defined by the World Health Organization (WHO), pharmacovigilance is the science of and activities relating to the detection, assessment, understanding, and prevention of adverse events or any other possible medicine-related problems.



OVERVIEW

One of the main things to consider in management support, especially for medicines and health commodities, is the establishment of a good mechanism for reporting and information management to ensure that there is no stock-out or overstock. Regular reporting is done on a monthly or quarterly basis.

There are two information systems currently in place: a paper-based one and an electronic-based system.

The electronic-based system plays a big role in terms of ease of use and in speeding up processes for inventory management, requisition, distribution, and monitoring.

While the electronic system is continuously undergoing development, the paper-based system should remain a reliable source of information.

Monitoring and evaluation is another key component of management support. A good monitoring system keeps track of accomplishments and identifies areas for improvement. Monitoring visits can also be a form of support for health facility staff or warehouse personnel in terms of strengthening their performance.

As seen in figure 2, information management is a very essential process. Raw data are analyzed and interpreted as the basis for key program decisions, treatment strategies, and quantification. Therefore, reliable information taken from the consolidated reports of health facilities and warehouses means sound program decisions, good quantification, and better performance.

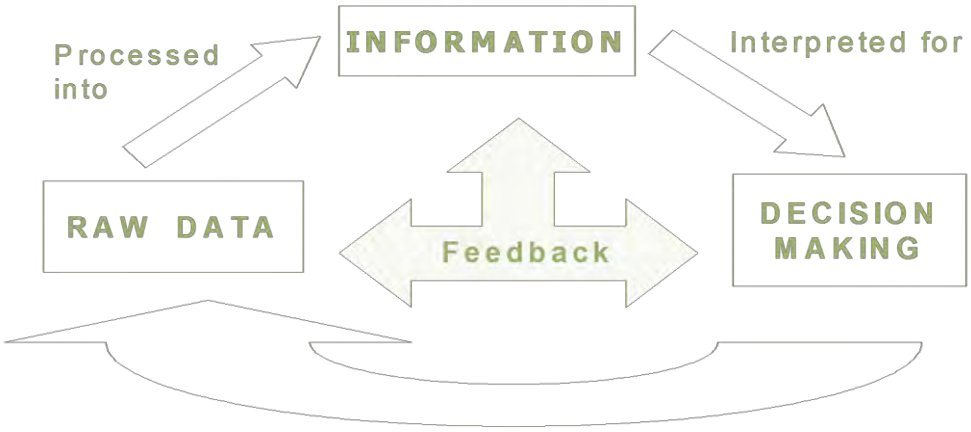


Figure 2: Information for decision making

Source: Rational Pharmaceutical Management Plus. *Managing Pharmaceuticals and Commodities for Tuberculosis: A Guide for National Tuberculosis Programs.* Arlington, VA: Management Sciences for Health; 2008.

SUMMARY OF KEY ACTIVITIES/SECTIONS

Section 1

- Recording and Reporting at Health Facilities

Section 2

- Recording and Reporting at the Warehouse

Section 3

- Recording and Reporting at the Coordinator's Office

Procedure 12

- Monitoring Drugs and Supplies Management

SECTION: INFORMATION MANAGEMENT

Section 1

Recording and Reporting at Health Facilities
Objective: To define records and reports maintained by health facilities.
Responsibility: RHU nurse/point person

Below are the records and reports that need to be maintained at the health facility:

Number	References, records, and reports related to pharmaceutical management	Remarks
1.1	NTP Manual of Procedure	Reference
1.2	Programmatic Management of Drug-Resistant TB (PMDT) training modules	Reference
1.3	Stock cards	(storage) Updated every medicine movement
1.4	Temperature monitoring form	(storage) Updated every day
1.5	Quarterly report on drug and supply inventory and requirement	(requisition) submitted to coordinator quarterly, for filing
1.6	Request and issue slip (RIS)	(receipt) for filing
1.7	Adverse drug reaction logbook	(rational use) submitted to coordinator, for filing
1.8	Disposal of expired and damaged medicines and supplies document(s)	(when there are expired and damaged medicines and supplies), for filing

Section 2

Recording and Reporting at the Warehouse
Objective: To define records and reports maintained by warehouses.
Responsibility: Warehouse supply officer

Below are the records and reports that need to be maintained at the warehouse:

Number	References, records, and reports	Remarks
2.1	Warehouse operations manual	Reference
2.2	Delivery documents from suppliers	(receipt) for filing
2.3	Bill of lading	(receipt) for filing
2.4	Purchase order	(receipt) for filing
2.5	Request for inspection and acceptance	(receipt) for filing
2.6	Inspection and acceptance report	(receipt) for filing
2.7	Stock cards/locator cards	(storage) updated every medicine movement
2.8	Temperature monitoring form	(storage) updated every day
2.9	Inventory report	(inventory) monthly, submitted to coordinator, for filing
2.10	Allocation list	(delivery) from coordinators, for filing
2.11	Request and issue slip (RIS)	(delivery) for filing
2.12	Invoice Receipt for Property (IRP)	(delivery) for filing
2.13	Disposal of expired and damaged medicines and supplies document(s)	(when there are expired and damaged medicines and supplies), for filing

Section 3

Recording and Reporting at the Coordinator's Office
Objective: To define records and reports maintained by the coordinator's office.
Responsibility: TB coordinator at provincial, city, and regional levels

Below are the records and reports that need to be maintained at the coordinator's office:

Number	References, records, and reports	Remarks
3.1	NTP Manual of Procedure	Reference
3.2	PMDT training modules	Reference
3.3	Consolidated quarterly report on drug and supply inventory and requirement	(requisition) submitted quarterly, for filing
3.4	Inventory reports	(inventory) from warehouse supply officer, for filing
3.5	Allocation list	(delivery) submitted to warehouse supply officer, for filing
3.6	Consolidated ADR reports	(rational use) submitted to CHD/Central Office, for filing
3.7	Disposal of expired and damaged medicines and supplies document(s)	(when there are expired and damaged medicines and supplies), for filing
3.8	Monitoring reports	Every monitoring, for filing

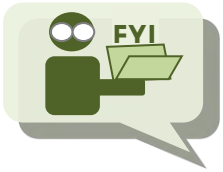
Procedure 12

Monitoring Drugs and Supplies Management

Objective: To define the standard procedure for monitoring of medicines and supplies management.

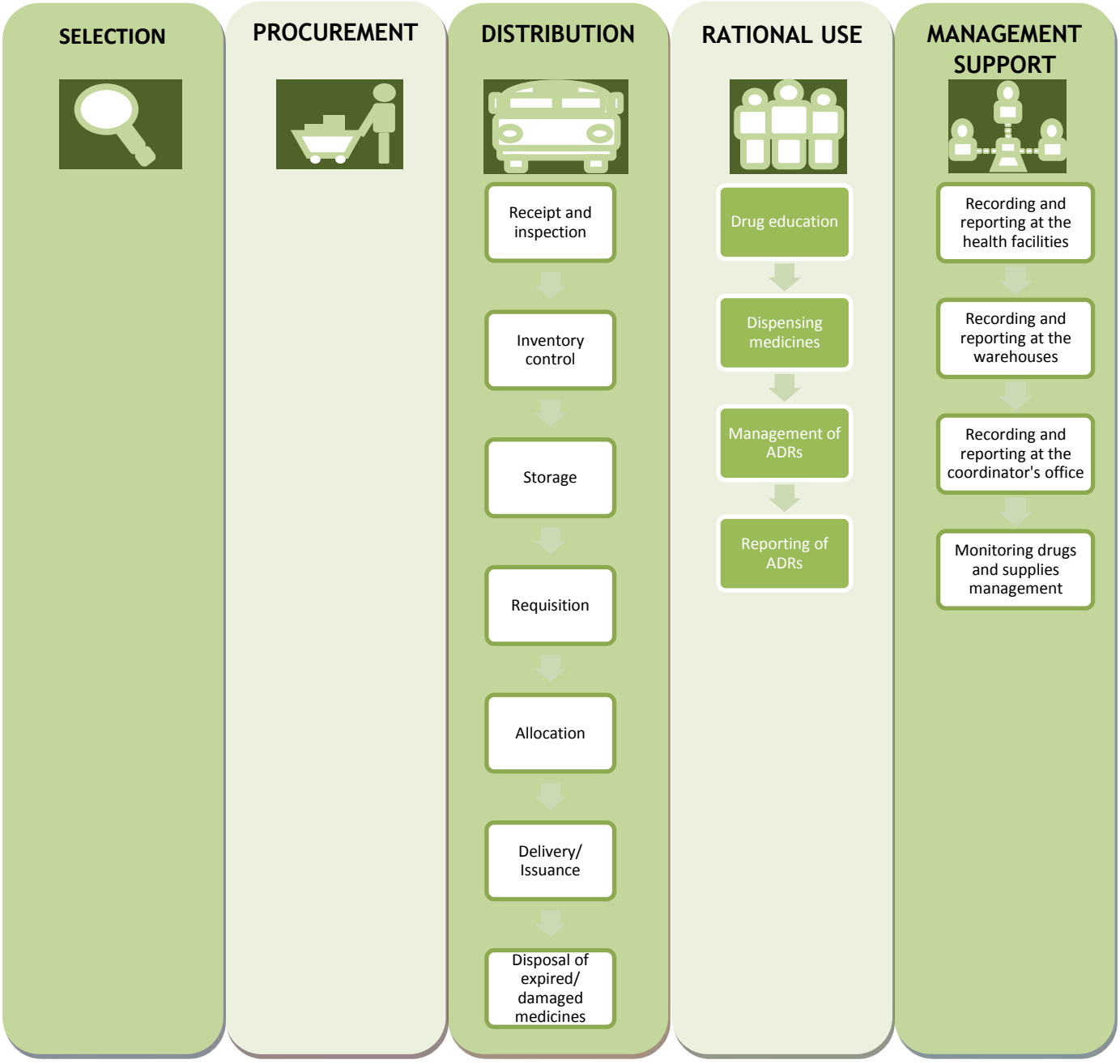
Responsibility: TB coordinator at provincial, city and regional levels, and health facility staff

STEP	PROCEDURE
12.1	Plan prior to monitoring visit. Arrange communications and logistical requirements.
12.2	Introduce the objective of the monitoring.
12.3	Employ the following techniques in data collection: Personnel interviews Document reviews Physical inventory checks Patient chart reviews
12.4	Complete data collection/monitoring tool (see Annex 4A).
12.5	Interpret results and preliminary findings.
12.6	Provide feedback and recommendations to the facility.
12.7	Prepare written report and disseminate to the facility.



Health-facility staff and warehouse personnel can do self-monitoring so that they will know where to re-educate themselves or pay special attention during that aspect of their work.

SUMMARY OF ALL KEY ACTIVITIES



PRACTICAL APPROACHES FOR PROBABLE SITUATIONS

I. STORAGE AND DISTRIBUTION

A. TYPHOON/FLOOD

In case of typhoon or flood, the following steps should be taken:

☑	Be alert Monitor surroundings Monitor updates through radio, television, etc. Follow emergency plan
☑	Assemble disaster supplies Battery-powered radio Medication and first aid supplies Flashlight and extra batteries
☑	Secure all utilities and ensure that power is switched off. Avoid touching if you are wet.
☑	Protect commodities Place items in dry and elevated areas. Make use of racks and pallets. Waterproof commodities by placing them in plastic containers or sealing them in plastic bags. Waterproof the storage area by sealing building openings, such as doors or windows. Conduct inspection for probable leaks and other damages.
☑	Inform the supervisor or coordinator of any assistance needed.
☑	Prepare to evacuate, if necessary Identify safe areas Turn off main breaker or switch of the circuit breaker Ensure that the doors and windows are locked before leaving Walk carefully and do not run to the nearest exit Follow instructions from authorities
☑	Wait for further instructions before returning to the facility.

B. BLACKOUT

In case of blackout, the following steps should be taken:

☑	Be alert Monitor surroundings Monitor updates through radio, television, etc. Follow emergency plan
☑	Assemble disaster supplies Battery-powered radio Medication and first aid supplies Flashlight and extra batteries
☑	Turn off all switches in the building, including that of equipment and any appliances. Leave one light switch on so that you will know when the power returns.
☑	Use flashlight for emergency lighting. Use of candles may pose a risk of fire.
☑	Do not open refrigerators or coolers to preserve medicines and commodities inside.
☑	Protect commodities Place items in dry and elevated areas. Make use of racks and pallets.
☑	Inform the facility administrator of any assistance needed.
☑	Open windows or doors to increase ventilation and lighting.
☑	Prepare to evacuate, if necessary Turn off main breaker or switch of the circuit breaker. Ensure that the doors and windows are locked before leaving Do not use elevators Walk carefully and do not run to the nearest exit Follow instructions from authorities
☑	Wait for further instructions before returning to the facility.

C. FIRE SAFETY MEASURES

For fire safety and prevention, the following steps should be taken:

☑	Review and keep emergency plans updated.
☑	Participate in fire drills being conducted at the facility.
☑	Ensure that the fire alarm system, fire extinguishers, and other fire control equipment are working.
☑	Store combustible items away from heat-generating devices.
☑	Keep the storage area clean and free from piles of trash, which can be a fire hazard.
☑	Keep corridors and stairways clear of any obstruction.
☑	Keep all exit signs visible and maintain emergency lighting in good working condition.
☑	Keep emergency exit doors closed but not locked to prevent the further spread of fire.

Make sure that storage for combustible items is properly labeled and fire extinguishers are available nearby.

D. TRANSFER OF COMMODITIES TO OTHER FACILITIES

In case of the need to transfer stocks from one facility to another (e.g., because of a stock-out or overstock at another facility or product recall), the following steps should be taken:

☑	Coordinate with the other facility and with the coordinator regarding the transfer of the commodities.
☑	Arrange the transfer (pick-up/delivery, schedule and personnel).
☑	Prepare the commodities to be transferred and complete the RIS. Take note of the: ▪ recipient facility ▪ date of transport ▪ quantity of commodities to be transferred ▪ lot number and expiration date
☑	Pack the items Provide appropriate packaging and proper cushioning to protect the commodities from shock and friability during transport (i.e., use foam, bubble wrap, etc.). Seal and label the items properly.
☑	Ensure temperature stability for medicines needing refrigeration. Make use of Styrofoam boxes and frozen ice packs. Ensure that there are enough frozen ice packs to generate the temperature requirement of the commodities during transport. Ask the receiving facility to validate the temperature upon receipt
☑	Have the transport personnel check and sign the receipt form.
☑	File the receipt form accordingly.
☑	Inform the recipient facility once the commodities are ready for pick up and ask for confirmation of delivery.

II. RATIONAL USE

A. PRODUCT RECALL

In case of product recall, the following steps should be taken:

☑	Secure a copy of the letter issued by the NTP and/or FDA regarding the recall.
☑	Check if there is any of the recalled lot in the facility's stock.
☑	Secure and separate the recalled lot from the good stocks.
☑	Label the container properly to note that the stock is "recalled."
☑	Send back the recalled stock to your supervisor or coordinator, or as instructed.
☑	Prepare the commodities for transfer and refer to the *Transfer of Commodities to Other Facilities* checklist.

B. DONATIONS

In case of donations, the following steps should be taken:

☑	Make a list of priority medicines and supplies that are needed and indicate the required quantity.
☑	Check national policies on importation of goods.
☑	Confirm the donor's capacity to fulfill the request.
☑	Provide potential donors the complete information regarding the needed items and their intended use.
☑	Do the following before agreeing to accept a donation: • Check if the supplies being offered conform to national policy or the WHO Guidelines for Drug Donations. • Confirm who will be responsible for covering the costs of transportation, freight, insurance, import duties, and customs clearance. • Check if the goods will have adequate expiry dates.
☑	Check expiry dates and labeling upon receipt of the donation.
☑	Confirm receipt of donated goods with the donor and provide information regarding the condition and appropriateness of the goods.
☑	File all records of donations received, including those you have not requested, and inform donors of unsolicited donations.
☑	Refuse inappropriate donations and provide an explanation of the reasons for refusal.

C. EXCESS QUANTITY OF STOCKS DELIVERED

In case the delivered commodities are found to be excessive based on a review of actual needs, the following steps should be taken:

☑	Validate and review the previous request/need compared to the delivered items.
☑	If the quantity delivered exceeds the quantity requested and needed, receive the items and indicate in the RIS the excess quantity.
☑	If the excess quantity cannot be consumed before expiration, inform your coordinator and seek advice for redistribution.
☑	Identify the specific quantities in excess and secure the quantities needed for the facility.
☑	Refer to the *Transfer of Commodities to Other Facilities* checklist.

REFERENCES / ADDITIONAL READING

1	Management Sciences for Health. *MDS-3: Managing Access to Medicines and Health Technologies*. Arlington, VA: Management Sciences for Health; 2012.
2	Rational Pharmaceutical Management Plus. *Managing Pharmaceuticals and Commodities for Tuberculosis: A Guide for National Tuberculosis Programs*. Arlington, VA: Management Sciences for Health; 2008.
3	Rational Pharmaceutical Management Plus. *Managing TB Medicines at the Primary Level*. Arlington, VA: Management Sciences for Health; 2007.
4	World Health Organization. *Guide to Good Storage Practices for Pharmaceuticals,* Annex 9 (WHO Technical Report Series, No. 908). Geneva: World Health Organization; 2003.
5	World Health Organization. *Good Distribution Practices for Pharmaceuticals*, Annex 5 (WHO Technical Report Series, No. 957). Geneva: World Health Organization; 2010.
6	WHO. *Guidelines for Safe Disposal of Unwanted Pharmaceuticals In and After Emergencies*. Geneva: World Health Organization; 1999.
7	WHO. *Guidelines for Drug Donations.* Geneva: World Health Organization; 1999.
8	Department of Health, Republic of the Philippines. *NTP Manual of Procedures, fifth edition*. Manila: Department of Health; 2014.
9	Department of Health, Republic of the Philippines. *Best Practices in Warehouse Management*. Manila: Department of Health;2010.
10	Department of Health, Republic of the Philippines. *Health Care Waste Management Manual 3rd edition*. Manila: Department of Health; 2011.
11	Department of Health. *NTP Pharmaceutical and Supply Management MOP*. 2011.
12	USAID | DELIVER PROJECT, Task Order 4. *Guidelines for Warehousing Health Commodities*, second edition. Arlington, VA: USAID | DELIVER PROJECT, Task Order 4; 2014.
13	John Snow Incorporated/DELIVER. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. Washington, D.C.: John Snow Incorporated/DELIVER, for the U.S. Agency for International Development; 2003.
14	Tropical Disease Foundation and Department of Health, Philippines. *Management of Drug-Resistant TB Training for Health Facility Staff in the Philippines. Module F: Manage Drugs and Supplies for MDR-TB*. Manila: Tropical Disease Foundation (TDF) and Department of Health, Philippines (DOH); 2008.

ANNEX 1: CATALOG OF TB COMMODITIES

A. MEDICINES

No.	FIRST-LINE DRUGS	DOSAGE FORM
1	Adult patient kits CAT I	Fixed-dose combination kits
2	Adult patient kits CAT II	Fixed-dose combination kits
3	TB drugs for children kit I	Oral suspension
4	TB drugs for children IPT kit	Oral suspension
5	Isoniazid 300 mg	Tablet
6	Rifampicin 300 mg	Tablet
7	Pyrazinamide 500 mg	Tablet
8	Ethambutol 400 mg	Tablet
9	Streptomycin 1 g	Vial

No.	SECOND-LINE DRUGS	DOSAGE FORM
1	Capreomycin 1 g	Vial
2	Clofazimine 100 mg	Capsule
3	Clarithromycin 500 mg	Tablet
4	Co-Amoxiclav 1 g	Tablet
5	Cycloserine 250 mg	Capsule
6	Kanamycin 1 g	Vial
7	Levofloxacin 250 mg and 500 mg	Tablet
8	Moxifloxacin 400 mg	Tablet
9	Para-Amino Salicylic acid 4 g	Granule sachet
10	Para-Aminosalicylate Sodium 4 g	Powder sachet
11	Prothionamide 250 mg	Tablet

B. LABORATORY SUPPLIES

No.	NAME OF ITEM
1	HIV testing kit
2	Reagent for automate growth detection
3	Potassium dihydrogen orthophosphate 500 g
4	Magnesium citrate dibasic
5	Sodium glutamate 500 g
6	Glycerol 2.5 ml
7	Malachite green 100 g
8	Sodium hydroxide pellets 500 g
9	LJ base medium
10	Kanamycin 5 g for DST
11	Ofloxacin 5 g for DST
12	Levofloxacin 5 g for DST
13	Isoniazid 5 g for DST
14	Rifampicin 1 g for DST
15	Streptomycin 5 g for DST
16	Ethambutol 5 g for DST
17	Reagent refill for qualitative fit test kit

C. OTHER

a. Ancillary medicines
b. Medical equipment
c. Medical supplies
d. Forms

ANNEX 2: DISTRIBUTION (FORMS, RECORDS, AND REPORTS)

A1. INDICATORS OF POOR QUALITY OR DAMAGED SUPPLIES

Objective: Serve as a guide for the assessment of the quality of commodities.
Time/Frequency: Every shipment arrival
Responsibility: Warehouse personnel/RHU nurse/point person

INDICATORS OF POOR QUALITY OR DAMAGED SUPPLIES

PACKAGING, LOOK FOR: • Broken or ripped packaging (vials, bottles, boxes, etc.)
LABELS, LOOK FOR: • Missing, incomplete, or unreadable labels
IF LIQUIDS, LOOK FOR: • Discoloration • Cloudiness • Sediment • Broken seal on bottle • Cracks in ampoule, bottle, or vial • Dampness or moisture in packaging • Torn or ripped packaging
IF LATEX PRODUCTS, LOOK FOR: • Dryness • Brittleness • Cracks
IF LUBRICATED LATEX PRODUCTS, LOOK FOR: • Sticky packaging • Discolored product or lubricant • Stained packaging • Leakage of the lubricant (moist or damp packaging)
IF FOIL, LOOK FOR: • Perforations in the packaging
IF CHEMICAL REAGENTS, LOOK FOR: • Discoloration
IF TABLETS, LOOK FOR: • Discoloration • Crumbled pills • Missing pills (from blister pack) • Stickiness (especially coated tablets) • Unusual smell
IF CAPSULES, LOOK FOR: • Discoloration • Stickiness • Crushed capsules
IF INJECTABLES, LOOK FOR: ▪ Liquid not returning to suspension after shaking
IF STERILE PRODUCTS (including intrauterine devices), LOOK FOR: • Torn or ripped packaging • Missing parts • Broken or bent parts

• Moisture inside the packaging • Stained packaging
IF TUBES, LOOK FOR: • Stickiness • Leaking contents • Perforations or holes in the tube
Adapted from John Snow, Inc./DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicine and Other Health Commodities.* Arlington, VA.: John Snow, Inc./DELIVER, for the U.S. Agency for International Development; 2003.

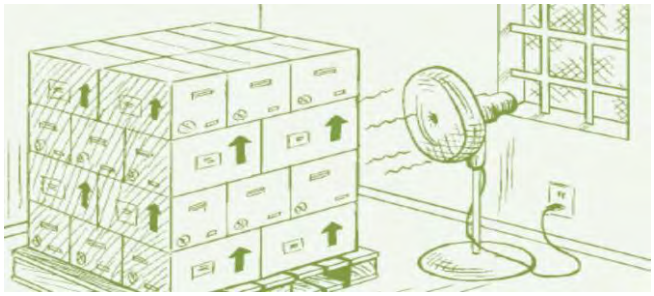
If the commodities received are of poor quality or damaged, follow the procedure for disposal of expired or damaged commodities.

A2. GUIDE FOR PROPER STORAGE PRACTICES

Objective: To guide the proper storage practices in facilities.
Time/Frequency: Every shipment arrival
Responsibility: Warehouse personnel/RHU nurse/point person

A. PREPARATION OF STORAGE AREA

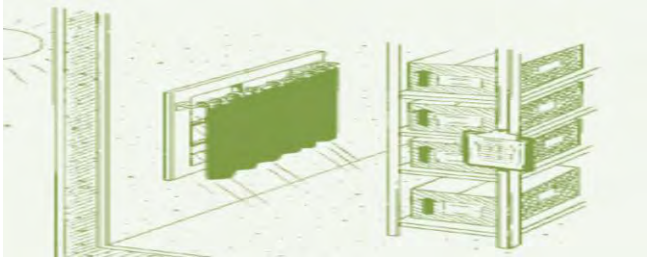
a. Ensure that there is enough space to store commodities.
   - Report to provincial/ city coordinators if there is insufficient storage space and propose the expansion of the storage area.
b. Ensure that there is sufficient space in the aisles for passage.
c. Ensure that the storage room is a secured area.
d. Ensure that the temperature and humidity of the storage room is controlled and monitored using the temperature and humidity monitoring form (see Annex 3A).
e. There should be good ventilation (open windows for air circulation).



Electric fans can be used to facilitate air circulation.

Source: John Snow, Inc./DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. Arlington, VA.: John Snow, Inc../DELIVER, for the U.S. Agency for International Development; 2003.

f. Ensure that the physical structure of the storage room is well maintained.
g. Ensure that there are no leaks. The roof should have gutters.
h. Storage equipment should be available (racks, shelves, pallets, etc.).
i. Ensure that lighting is controlled. (Avoid direct sunlight.)



Curtains or blinds can be used to protect medicines and commodities from sunlight.

Source: John Snow, Inc./DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. Arlington, VA.: John Snow, Inc../DELIVER, for the U.S. Agency for International Development; 2003.

j. Ensure that the storage area is pest free. (Use screens to keep insects out.)
k. Ensure that the storage area is clean.
   - Free of dust
   - Floors are clean and mopped
   - Walls are clean
   - Stocks are properly stacked and stored on shelves or racks
   - Fire extinguishers should be available and functioning

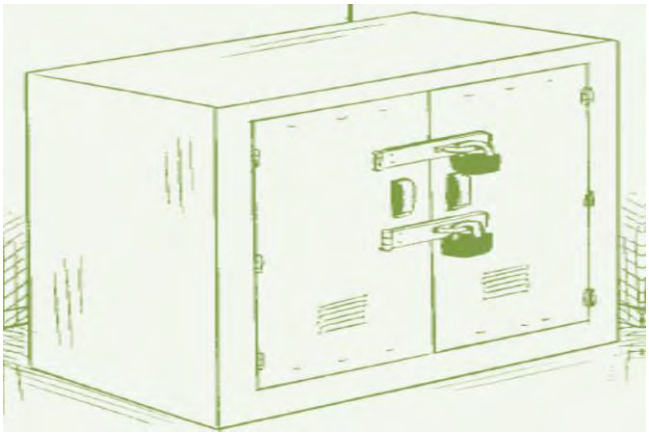
Maintaining a clean storage area prevents pests.

Source: John Snow, Inc./DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. Arlington, VA.: John Snow, Inc./DELIVER, for the U.S. Agency for International Development; 2003.

B. ORGANIZATION OF STOCKS IN STORAGE

a. Arrange similar items together.
   - Separate medicines from other supplies or chemicals.

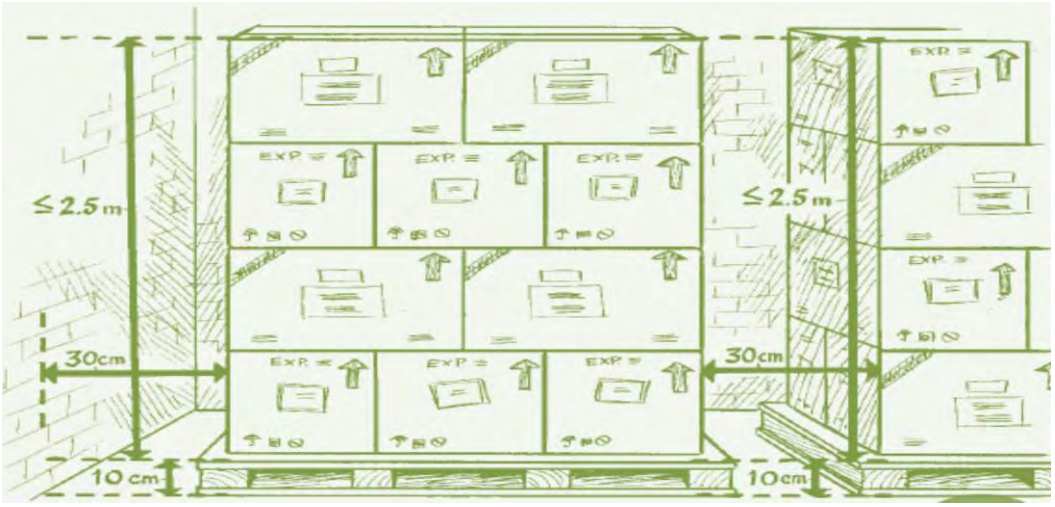
b. Arrange items according to classification (TB, malaria, etc.).
c. Put label in front of every item on the shelves.
d. Store controlled substances in a separate and secured area.



Access to the storage of controlled substances should be limited.

Source: John Snow, Inc./DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. Arlington, VA.: John Snow, Inc./DELIVER, for the U.S. Agency for International Development; 2003.

e. Store dry medicines on shelves on top of liquids.
f. Prioritize items that are not heat sensitive or not used regularly on the top shelves, if shelves are near the ceiling.
g. Do not store items directly on the floor; use pallets to avoid water to perforate the boxes in case of flood or spillage. When stacking boxes using pallets:
   - Should be at least 10 cm (4 inches) off the floor
   - Should be at least 30 cm (1 foot) away from the walls and other boxes
   - Should be no more than 2.5 m (8 feet) high



Source: John Snow, Inc./DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. Arlington, VA.: John Snow, Inc./DELIVER, for the U.S. Agency for International Development; 2003.

h. Do not store items directly against walls to avoid water leaks or excessive heat that may generate from the walls.
i. Store all medicines according to first expiry, first out (FEFO).
j. Store all medical supplies and other commodities without expiry dates according to first in, first out (FIFO).
k. Separate storage of expired and damaged items.

C. TIPS FOR MANAGING STOCKS IN THE STOREROOM

Security

Secure the storeroom
- double doors/double locks on entrance
- burglar bars on windows

Use extra precaution for "attractive items"

No lockable cupboards?
Then improvise: secure using wire mesh, latch, and padlock

Bulk Storage

Store bulk off the floor

Allow air circulation

Limit the height of stacks to prevent crushing

No pallets?
Then improvise: construct a wood frame

Orderly Arrangement

Provide sufficient shelving

Use a system for arrangement: by order code/ drug category or alphabetic by generic name

Guard against spoilage: lightweight items higher up; heavy fluids, fragile items lower

Arrange neatly and label shelf for each item

No shelves?
Then improvise: support planks with bricks or crates; use strong cartons and other empty containers

Accountability

Restrict access and check stock frequently

Maintain a stock card for each item if possible
- keep stock card next to item
- fasten stock card to shelf

No stock cards?
Then improvise: make your own or use a book

Stock Rotation

When receiving, place containers according to expiry date
- later expiry at back
- earlier expiry at front

When issuing
- take the container with the earliest expiry date

What about items without expiry date?
Use FIFO

Source: Management Sciences for Health. *MDS-3: Managing Access to Medicines and Health Technologies*. Arlington, VA: Management Sciences for Health; 2012.

A3. GUIDE FOR DISPOSAL OF PHARMACEUTICALS

Objective: Guide the proper disposal of pharmaceuticals.
Time/Frequency: Every time there are damaged/expired pharmaceuticals for disposal.
Responsibility: Warehouse personnel/RHU nurse/point person

Disposal methods	Types of pharmaceuticals	Comments
Return to donor or manufacturer, international transfer for disposal.	All bulk waste pharmaceuticals, particularly antineoplastics.	Usually not practical – international procedures may be time consuming.
High temperature incineration with temperatures greatly in excess of 1200°C.	Solids, semisolids, powders, antineoplastics, controlled substances.	Expensive, particularly for purpose-built incinerators. Use of existing industrial plants may be more practical.
Medium temperature incineration with two–chamber incinerator with minimum temperature of 850°C. Cement kiln incineration.	In the absence of high temperature incinerators, solids, semi-solids, powders. Controlled substances.	Antineoplastics are best incinerated at high temperature.
Immobilization, waste encapsulation	Solids, semi-solids, powders, liquids, antineoplastics, controlled substances.	
Inertization	Solids, semi-solids, powders, antineoplastics, controlled substances.	
Landfill, highly engineered sanitary landfill	Limited quantities of untreated solids, semi-solids and powders. Disposal of waste pharmaceuticals after immobilization preferable. PVC plastics.	
Engineered landfill	Waste solids, semi-solids and powders, preferably after immobilization. PVC plastics.	
Open uncontrolled non-engineered, dump	As a last resort. Untreated solids, semisolids, powders – **must** be covered immediately with municipal waste. **Immobilization** of solids, semi-solids, and powders **is preferable**.	Not for untreated controlled substances.
Sewer	Diluted liquids, syrups, intravenous fluids, small quantities of diluted disinfectants (supervised).	Antineoplastics, and undiluted disinfectants and antiseptics are not recommended.
Fast–flowing watercourse	Diluted liquids, syrups, intravenous fluids; small quantities of diluted disinfectants (supervised).	Antineoplastics, and undiluted disinfectants and antiseptics are not recommended.
Burning in open containers	As a last resort; packaging, paper, cardboard.	Not acceptable for PVC plastics or pharmaceuticals.
Chemical decomposit	Not recommended unless special chemical expertise and materials are available.	Not practical for quantities over 50 kg.

Source: WHO. *Guidelines for Safe Disposal of Unwanted Pharmaceuticals In and After Emergencies*. Geneva: World Health Organization; 1999.
Available at: http://apps.who.int/medicinedocs/en/d/Jwhozip51e/.

B. BILL OF LADING

Objective: Serves as proof of shipment for customs purposes.
Time/Frequency: Every shipment arrival
Responsibility: Transport courier

Address of originating warehouse

Shipping date

Name of freight forwarder

Name of receiving facility

REPUBLIC OF THE PHILIPPINES
REPUBLICA DE FILIPINAS

BILL OF LADING

MANILA , February 7, 2014

MNG Forwarders
(Carrier)

YOU ARE HREBY AUTHORIZED *to receive, carry and deliver the following described merchandise to* CENTER FOR HEALTH DEVELOPMENT *at* METRO MANILA *in accordance with the authorized and prescribed rates and classifications, and according to the law of common carriers in force of the date hereof. Settlement and payment of charges to be made by* DOH -DPCB .FREIGHT CHARGE TO IDO-NTP.

Name of shipper

DAVID P. MASIADO JR, ME, MM
Officer-in-Charge-LMD
(Shipper)

RECEIVED *the following-described merchandise in apparent good order and condition, save s noted (contents and condition of contents of sealed packages unknown) for transportation and delivery in accordance with*
*Date at*_____, *Philippines,* _____, *2013*

Number of packages

Distinguishing marks on the packages

(Agent for carrier)

Number of packages	Marks	CONTENTS (should be listed in detail)	VALUE	WEIGHT	MEASUREMENT
166	Ctns	STOP TB KITS Categories 1 & 3 (12 kits/ctn)	Php2,186,200.00	kgs.	11.62 cu.m
1	Loose #1	Containing : 8 Kits TB Kits Cat 1 & 3			
167	ctns				
		FOR THE USE OF CHD FOR	Lot #	Exp.Date	Quantity
		METRO MANILA	WF22H8B	7-2010	2,000 kits
		(R-NCR)	WR97H8B		
		Address:			
		Caruncho Comp. Pasig City Hall			
		Pasig City			

RECEIVED *the above-described merchandise apparently in same condition when shipped, save as noted below*

Discrepancies noted in the shipment

Mr.Juan DelaCruz
(Consignee-Consignatario)

Supply Officer
(Designation-Designacion)

Signature and printed name of recipient's representative

C. INVOICE RECEIPT FOR PROPERTY

Objective: Serves as proof of purchase and delivery of goods.
Time/Frequency: Every shipment
Responsibility: Supply officer or representative

GENERAL FORM No. 30 (A)
Revised March, 1936)

Name of originating warehouse

Name of receiving facility

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
INVOICE RECEIPT FOR PROPERTY

TRANSFER *of property from* __LMD__ *to* __CHD METRO MANILA (R-NCR)__
*authorized by*_____

Quantity	Unit	NAME AND DESCRIPTION	Date of purchase	LOT No.	Expiry date	Unit Value	Total Value
2,000	kis	STOP TB KITS Categories 1 & 3		WF2100	Jul-11	Php1.00	Php2,000.00
x-x-x		(12kits/ctn)					x-x-x
		Address:					
		Carunchocomp.,Pasig City Hall					
		Pasig City					

Total value of received good (quantity x unit value)

Date of issuance

Date of receipt of stocks

INVOICE

I CERTIFY *that I have this* __7th__ *day of* __July 2013__, *invoiced to* __CHD METRO MANILA (R-NCR)__, __Mr. Robert Joven__ (Name), __Supply Officer__ (Designation) *the above listed property of* __DOH-DPCB (IDO-NTP)__

(Name of bureau or office)

(Signature of invoicing/Accountable Officer)

DAVID P. MASIADO, JR, ME, MM
OIC, LMD

(Title)

RECEIPT

CERTIFY *that I have this* __10th__ *day of* __July 2013__, *received from* __Mr. David Masiado__ (Name), __OIC LMD__ (Designation) *the above listed articles, property of* __DOH-DPCB (IDO-NTP)__

(Name of bureau or office)

(Signature of invoicing/Accountable Officer)

MR. JUAN DELA CRUZ
SUPPLY OFFICER

(Title)

Name and designation of recipient's represen-tative

Name and designation of issuing warehouse officer

Name of bureau or office that owns the stocks

Name of bureau or office that owns the stocks

Signature of invoicing accountable officer

Signature of receiving facility's representative

D. NOTICE OF DELIVERY

Objective: Serves as a formal document to notify the resident DOH auditor of a specific delivery or shipment.
Time/Frequency: Every shipment
Responsibility: Supply officer or representative

PROCUREMENT AND LOGISTICS SERVICE
MATERIAL AND MANAGEMENT DIVISION
POP II WAREHOUSE

Date form was completed

August 31, 2013
Date

Notice of delivery number

NOTICE OF DELIVERY
No. 00212121

THE RESIDENT AUDITOR
DEPARTMENT OF HEALTH
SAN LAZARO COMPOUND
MANILA

Freight forwarder

Purchase order (PO) number

Date of PO

SIR / MADAM:

This is to inform your office of the delivery at **CHD Metro Manila (R-NCR)** Warehouse made by **MNG Forwarders** Under **P.O No./Contract/APR No. 212121** dated **August 10, 2013** under Invoice / D.R. No. **55341** dated **August 21, 2013** in the amount of **21,934.00**

Invoice number

Date of Invoice

Amount of invoice number

In compliance to Sec 465 (C) of GAAM Vol. 1, "All items inspected shall invariably be accepted first by the requisitioning of property officer" and COA Circular No. 95-006 Sec. 6.06 dated May 18, 1995, "Officials responsible for……..accepting deliveries, within twenty four hours from such acceptance, shall notify the Auditor".

Very truly yours

JUAN DELA CRUZ
Supply Officer

Signature of authorized personnel

E. PURCHASE ORDER

Objective: Serves as a document to prove the purchase of goods from a specific supplier.
Time/Frequency: Every purchase and delivery
Responsibility: Supplier

Note: This form arrives at the warehouse already filled in. The following merely describes the information that goes into each data field.

Name of receiving warehouse

Number of days wherein the delivery of items should be made

Number of days wherein the payment to the supplier should be made

PURCHASE ORDER

_____
(Agency)

Supplier: _VMA Laboratories_____
Address: _Mandaluyong City_____
TIN: ___243-003-000_____

P.O No.:_212121_____
Date: _August 21, 2013_____
Mode of Procurement: __CB___

Gentlemen:

Please furnish this office the following articles subject to the terms and condition contained herein:

Place of delivery: _LMD warehouse_____
Date of delivery: __August 31 , 2013_____

Delivery term: ___10 days_____
Payment term: ___10 days_____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
0213	pc	200	Isoniazid 300mg tab	200.00	40,000.00
(Total Amount In Words)			Forty thousand Pesos		40,000.00

In case of failure to make full delivery within the time specified above, a penalty of one tenth (1/10) of one percent of everyday of delay shall be imposed.

Signature and printed name of supplier or representative

Signature of Bids and Awards Committee representative

Very truly yours,

Conforme:

Juan Dela Cruz
(Signature over printed name)

Pedro De Guzman
(Authorized Official)

August 25, 2013
Date

Signature of Chief

Allocation of budget number

Amount allocated

Funds available:

Maria Mendoza
(Chief Accountant)

ALOBS No.:_1234_____
Amount:_40,000.00_____

F. REQUEST FOR INSPECTION AND ACCEPTANCE

Objective: Serves as a document for inspection to ensure that all goods are authorized to be accepted.
Time/Frequency: Every delivery
Responsibility: Supply officer

Date of request

DEPARTMENT OF HEALTH

March 2, 2014
Date

REQUEST FOR INSPECTION AND ACCEPTANCE

No. 9002

Sir/Madam:

Pursuant to the provision of Administrative Order No. 14-B s, 1997 dated August 1, 1997, particularly II. 11, III.1.16 and III.4.12, we hereby request for a duly authorized representative from your office to inspect the goods reflected under the following attached proofs of delivery:

D.R. No	55341	dated	2/31/2014
Invoice	63412	dated	2/21/2014
P.O. No	212121	dated	2/10/2014

Further, attached are copies of acceptance report to COA which are due for submission to the same through this office within three (3) working days from the receipt of this notice, should treceipt of this notice, should tyour office. In case the items may not be acceptable to your office, please notify us within forty eight (48) hours.

The inspection date is scheduled on March 14, 2014

Date of inspection

Thank you.

Very truly yours,

Signature of requesting officer

VIRGILIO D. OLEDAN JR.
Supply Officer II

Noted by:

DAVID P. MASIADO JR., ME, MM
OIC, Material Management Division

G. INSPECTION AND ACCEPTANCE REPORT

Objective: Serves as a document stating the findings of the inspection and the report, if goods are accepted or rejected.
Time/Frequency: Every delivery
Responsibility: Inspection and Acceptance Committee

Republic of the Philippines
DEPARTMENT OF HEALTH
MATERIAL MANAGEMENT DIVISION

San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila 1003
Trunk Line: 743-8301; Direct Line 711-9502 to 03; Fax 743-1829
e-mail: osec@doh.gov.ph Website: www.doh.gov.ph

Office requesting inspection

INSPECTION AND ACCEPTANCE REPORT

Control No.

Inspection and Acceptance report number

Supplier: **VMA Laboratories** IAR No.**1234**
P.O No. **212121** Date: **8/10/2013** INV. No.**63412** Date:**8/21/2013**
Requisition Office: **DOH-LMD** D.R No. **55341** Date:**8/31/2013**

Stock No.	Unit	Description	Quantity
0213	pc	Isoniazid 300mg tab	200

Invoice number

Delivery receipt number

Findings:

No findings

Inspection results

INSPECTION	ACCEPTANCE
Date Inspected: **September 1, 2013**	Date Received: **September 14, 2013**
Acceptable: Rejected:	Complete:
For Specialized testing by:	Partial:
Signature of end user representative End-User Representative Inspection & Acceptance	_____ _____ _____ _____
Signature of inspection and acceptance member Member, Inspection & Acceptance	DATE ACCEPTED: **September 14, 2013**
Signature of Vice Chairman of inspection & acceptance committee Vice Chairman, Inspection & Acceptance Committee	Signature of warehouse supply officer PIC, Material Management Division Property Office (OIC, MMD)

H. LOCATOR CARD

Objective: To aid warehouse personnel in locating specific goods inside the warehouse.
Time/Frequency: Every delivery and maintained during the period of storage
Responsibility: Warehouse personnel

MATERIAL MANAGEMENT DIVISION
DOH WAREHOUSE
SAN LAZARO COMPOUND, RIZAL AVENUE
STA. CRUZ, MANILA, PHILIPPINES
TEL NO. 711-68-31

LOCATOR CARD

RACK A

Designated rack or area of storage of items

Locator code	Description/Items As of September 1, 2013	Quantity	Unit
123	Isoniazid 300 mg tab	200	Tablets

Locator code of item

Description of item

Quantity of item

Unit of counting of item

I. REQUISITION AND ISSUE SLIP (RIS)

Objective: Serves to document the requisition and issuance of goods being given to divisions and offices.
Time/Frequency: Every delivery
Responsibility: Warehouse personnel

REQUISITION AND ISSUE SLIP

DEPARTMENT OF HEALTH
(Agency)

DOH division issuing the stocks

Code for the issuance of stocks

Office responsible for the issuance

Office of the DOH division issuing the stocks

Division: P.L.S **Office:** L.M.D.	**Responsibility Center** L.M.D. **Code** 123	**RIS No.** 456 **SAI No.** 789	**Date** 8/1/2013 **Date** 8/2/2013

Requisition				Issuance	
Stock No.	**Unit**	**Description**	**Quantity**	**Quantity**	**Remarks**
0213	tablet	Isoniazid 300mg tablet	100	100	

Quantity requested

Quantity issued

SOURCE:
P.O No. 212121 **dated** 8/10/2013
INV. No. 63412 **dated** 8/21/2013
D.R. No. 55341 **dated** 8/31/2013

Purpose:

FOR THE USE OF CHD MM

	Requested by:	Approved by:		Received by:
Signature				
Printed name	Juan Dela Cruz	DAVID P. MASIADO, JR, ME, MM		Juan Dela Cruz
Designation	Supply Officer	OIC, Logistics Management Division		Warehouseman

Representative of requesting office

Representative of warehouse supply officer issuing the item

Person who received the items issued

ANNEX 3: RATIONAL USE (FORMS, RECORDS, AND REPORTS)

A. TEMPERATURE MONITORING LOG

Objective: Serves to monitor temperature and humidity condition in the commodity storage area.
Time/Frequency: Every day
Responsibility: Point person

TEMPERATURE MONITORING LOG

Name of facility: **Maharlika DOTS Center**
Person responsible: **Za Munez**
For the month of: **September 2013**

The designated point person to monitor the storage room temperature

Day	AM		NN		PM	
	Temp	Signature	Temp	Signature	Temp	Signature
1	24°C	ZAM	25°C	ZAM	23°C	ZAM
2	24°C	ZAM	25°C	ZAM	23°C	ZAM
3	24°C	ZAM	25°C	ZAM	24°C	ZAM
4	24°C	ZAM	25°C	ZAM	24°C	ZAM
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
29						
30						
31						

The temperature in Celsius upon opening of the treatment facility

The initial of the designated point person who logged the temperature

The temperature in Celsius at noontime

The temperature in Celsius upon closing of the treatment facility

B. FDA ADR FORM

Objective: To monitor and document ADRs of medicines being utilized in the country.
Time/Frequency: All the time
Responsibility: Point person/physician

SUSPECTED ADVERSE REACTIONS FORM v 5 (4/2012)
"Saving Lives Through Vigilant Reporting"
FIELDS MUST BE COMPLETED.

For FDA use only
AER No. 2012-0001
Date received: _____

All reports are confidential.

PATIENT'S PARTICULARS

*Patient's Name or Initials_____ *Sex: ☐ Male ☐ Female Weight _____Kg Height (cm) _____
Address or Contact Number: _____ *Age_____ Date of Birth (mm/dd/yr)_____
Medical History/Admitting Diagnosis: _____ Ethnic group: ☐ Filipino ☐ Chinese ☐ Caucasian
Any Known Allergy: ☐ No ☐ Yes, Specify:_____ Pregnancy Status: ___ No
Hospital/facility , if admitted:_____ ___ Yes (1st, 2nd, 3rd trimester)

DETAILS OF THE ADVERSE REACTION

Date of onset:_____; ____am, ____pm

Do you consider the reaction to be serious? ☐ Yes, if yes indicate why: ☐ No

Describe the reaction, including pertinent laboratory data:

☐ Patient died due to reaction
☐ Involved or prolonged in-patient hospitalization
☐ Life threatening
☐ Involved persistent or significant disability
☐ Congenital anomaly in the newborn
☐ Other outcome, please give details:

Can this be due to Medication Error? ☐ No
☐ Yes, if yes, which type:
___Prescribing
___Transcription
___Dispensing
___Administration

Can the adverse reaction be due to :

1. Product quality defect ___No ___Yes, Specify, encircle: color change ; caking; powdering ; counterfeit; odor change; defective container; contaminants; separation of components; undissolved suspension/powder
2. Therapeutic failure: ___No ___Yes, Specify, encircle: antimicrobial resistance, drug interaction, poor compliance, counterfeit, expired; improper storage; under-dosing, inappropriate medication; inappropriate route of administration; excipients/preservatives

*Suspected drug product(s) Indicate brand name	Daily Dose	Route	Date started	Date stopped	Reason (s) for using the product (Indication)	Manufacturer and Batch/Lot #

List all other drug/s taken at the same time and/ or 3 months before. If none, check box. ☐ *No Other drug/s taken*

Brand name of the drug	Daily Dose	Route	Date started	Date stopped	Reason/s for using the drug	Manufacturer and Batch & Lot No.

MANAGEMENT OF ADVERSEREACTION

Was treatment given? ☐ No ☐ Yes (if yes, please specify): _____
Outcome:
☐ Recovered (Date of recovery):_____ ☐ Unrecovered Other diseases: _____liver _____renal _____HPN
☐ Fatal (Date of death):_____ ☐ Unknown _____Diabetes _____CVS ____Endocrine ____Cancer
Sequela/e: (any permanent complications or injuries as a result of the ADR) Re-challenge? ☐ Yes Result_____
☐ Yes (Please specify)_____ ☐ No ☐ Unknown ☐ No

REPORTER'S PARTICULARS

*Printed Name of Reporter: _____
Signature of reporter: _____
Date reported (mm/dd/yr): _____

*Contact no:_____
Email address: _____
*Profession: __MD ___ RPh ___RN___Patient ___Dentist ___other
*Facility: ___Clinic ____Trial site _____Other

FDA Philippines — Food and Drug Administration

National Pharmacovigilance Center
"Saving Lives Through Vigilant Reporting"
Send completed form to: ADR Unit, FDA, Civic Drive, Filinvest Estate, Alabang, Muntinlupa ,1781.
Or fax to: (02) 807-85-11, c/o The ADR Unit. **Send sample, if any, of suspect drug for analysis.**
Website: www.fda.gov.ph

ANNEX 4: MANAGEMENT SUPPORT (FORMS, RECORDS, AND REPORTS)

A. DRUGS AND SUPPLIES MANAGEMENT MONITORING FORM

Objective: Serves as a sample tool for monitoring.
Time/Frequency: Every monitoring scheduled
Responsibility: Coordinator/point person

DRUGS AND SUPPLIES MANAGEMENT MONITORING FORM

Visit Date	
FACILITY NAME:	
Supply Officer/ Person-in-charge	
Other staff in the Facility	
Conducted by	

Tick "yes" or "no" according to results of interview or observation or desk review.

I. INVENTORY	YES	NO	REMARKS
a. Was there any accountability/stock card available?			
b. Was drug inventory documentation complete and updated?			
c. Does the stock card correspond to actual count of drugs? (do actual inventory count)			
d. Is there an electronic system for drug management?			
e. Were drug management documentations filed? • Receipt invoice			
• Stock cards			
• Utilization or delivery records			
• Quarterly drug requisition forms			

Indicate notes on findings and other remarks

II. EXPIRATION	YES	NO	
a. Was FEFO followed?			
b. Is there a system for monitoring expiration?			
c. Are there expired medicines?			Drug / Exp date / Qty
d. Are there medicines/supplies expiring in the next 6 months?			Drug / Exp date / Qty

Indicate expired medicines

Indicate near expiry medicines

III. STORAGE AREA	YES	NO	
a. Was the storage area in good condition? • Exposure to direct sunlight • Leaking roof or flooding • Unsecure location (no locks, multiple unguarded entry, broken windows or doors) • Pests noted (rats, mice, cockroaches) •			Describe storage room
b. Is there adequate storage space to accommodate full stock level?			Based on number of cases in past quarter, is the space adequate for 1 quarter's supply and 1 quarter buffer?
c. Was there sufficient storage equipment/ fixtures available? • Pallets or shelves • Room thermometer			
d. Is temperature monitoring being done and updated? • Room temp during visit: _____			
e. Was the temperature of the storage area acceptable? Room temperature:15˚C-25˚C Keep refrigerated: 2˚C-8˚C			
f. Was the security/fire alarm system available and functioning?			Physically check available stocks for damage. (Ask if damaged before or after delivery).
IV. STOCK MANAGEMENT	YES	NO	
a. Were stocks checked properly upon receipt? • Check the receipt invoice			
b. Are stocks checked properly before delivery/use? • Check for delivery or utilization records			Check for a written policy/documentation.
c. Is there a system of drug and supplies disposal?			
V. REQUISITION	YES	NO	
a. Does the staff know how to compute for drug requests based on previous consumption and current stocks?			Ask them to demonstrate if they say YES. If NO, ask how they compute for medicine requests.
b. Does the facility request for medicines on a regular basis?			How often do they request? as needed? Any reason why?
c. Were drug management reports submitted on time? (i.e., quarterly report on drug inventory and request)			If not being submitted, why?
d. Are drugs regularly delivered by the next higher level (e.g., PHO) to the facility?			If not, explain current practice of medicine distribution from PHO to RHU.

e. Is the quantity of drugs received the same as what was requested?			
f. Is there a system of monitoring to track requests and deliveries?			
VI. USE	YES	NO	
a. Is the entire kit (Cat 1 or 2) allocated to only 1 patient?			
b. Are the NTP treatment cards/ID cards updated in terms of daily intake?			
c. Are the allocated kits stored in a secure and safe location?			
d. Is there a record of occurrence of adverse drug reactions?			
e. Are adverse drug reactions reported to higher levels?			

Check for a written policy/ documentation.

Are kits broken?

Check NTP cards if updated record of intake.

Check reports on ADR, if present

GENERAL COMMENTS AND RECOMMENDATIONS:

Indicate general comments and possible steps for improvement