Drug Supply Management

The ACT PRIME Study
Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.
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Trainer Brief – HCM 02

From October 2009 until February 2010, the Uganda Malaria Surveillance Project / Infectious Disease Research Collaboration conducted research activities in Tororo District. We surveyed households, health workers and community medicine distributors, and talked to groups of community members and health workers to learn more about how health care is provided to sick children in this area, especially at health centres.

We found that when children are sick, caregivers usually seek treatment from the health centre, but they also use community medicine distributors, private clinics, drug shops, traditional herbalists, or churches. Different factors influence where people seek care including time, cost, availability of drugs, and what treatment has worked well in the past. We found that caregivers are not always satisfied with the treatment at the health centre when they have to pay or when drugs are not available. Receiving a diagnosis but not receiving proper treatment was viewed as incomplete and poor quality care by community members.

We also found that the situation at health centres needs to be improved. Almost all health centres usually have stock-outs of key medicines to treat malaria and other illnesses. Health workers reported that they are frustrated with the lack of drugs and equipment and believe that patients are dissatisfied with their care when they leave the health facility without drugs. Health workers also reported that they lack knowledge about the drug delivery system and are confused about the roles and responsibilities of staff involved in drug procurement.

The key learning outcomes for HCM 02 are as follows:

<table>
<thead>
<tr>
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<tr>
<td>Principles of the drug distribution system</td>
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</tr>
<tr>
<td></td>
<td>- Order Form (Form 085)</td>
</tr>
<tr>
<td></td>
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<td>Be motivated to keep track of health centre level activities in the drug distribution system.</td>
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</table>
Self-observation Activities

INTRODUCTION TO THE MODULE

Total Time: 15 minutes

Purpose:
To welcome and orient the participants to the training and help them to understand what they can expect of the training and what will be expected of them as participants.

Learning Outcomes:
By the end of this session participants will:

1) Know the names of co-participants.
2) Know the name of the training leader.
3) Review a set of ground rules for the training.
4) Review the previous module’s key learning points.
5) Know the learning outcomes and purpose of the module.

Training methods used:

- Ground rules pre-prepared flip chart
- Tape
- Markers
- Flip chart

Materials required:

- Flip chart
- Markers
- Tape
- Ground rules pre-prepared flip chart

Additional Notes
Introduction to the Module

Preparation

To be completed before participants arrive:

1) Hang up a flip chart and arrange your manual and supplies.
2) Write on the flip chart: the name of the module, your name & the organisation you work with.
3) Ensure the room is swept & clean.
4) Ensure all the chairs are in a friendly well spaced and there are enough chairs for all the participants you are expecting.
5) Set the time you will start the training and complete the ‘start’ and ‘end’ times on the Training Agenda for each training section. Write the start and end times on the flip chart.
6) Hang up the ‘Ground Rules’ flip chart from PCS 00. If you do not have the flip chart or the ground rules, you may ask one of the participants to help you create the flip chart when he/she arrives – the participants should have the rules written in their Learner Manual.

Room Set up

Introduction to the Module

1. Greetings & Review

5 minutes

Training Steps

Step 1: GREET:

With a friendly smile, welcome all participants as they arrive. Give each person a name tag, learner manual and any supplies and ask them to take a seat anywhere they like.

Note to Trainer:

Once all of the participants have arrived, or it is the scheduled time to start the training, begin with introductions as described below.

Step 2: EXPLAIN:

My name is __________________ and I work with the Uganda Malaria Surveillance Project/Infectious Diseases Research Collaboration (IDRC).

I am going to be leading you today.

Step 3: ASK:

You will remember the ground rules we agreed upon last time – these are noted on the flip chart as a reminder.

Be on time
Turn off your mobile phones
Use constructive feedback
We are going to start with an activity to recall what we covered together in the previous training. Please turn to page 8 of your manuals where there are review circles.

We will move around the circle. Starting with the first circle, each person will read out one of the statements inside the review circles. You can choose any kind of voice – a deep voice, a singing voice – just be sure that you speak clearly so all can hear you! Please start by greeting the person beside you and saying their name of the person beside you, before reading the statement – this will remind us of each others’ names.

Note to Trainer:
• Start the process by turning to the person beside you and saying her name.
• The process continues until all the review circles have been read.

Accountability means acting with responsibility and transparency in everything we do, including what we say and how we complete our daily tasks.

The PHC Fund can be used for: outreach, payment of support staff, maintenance of facility, purchase of sundries, infection prevention materials, and volunteers.

More documentation of how the PHC Fund is budgeted and accounted for at the health centre is required to show accountability.

Budgeting includes Planning, Prioritisation and Development.

Accounting allows one to see if one is meeting the plans made in the budget. It includes: Implementation, Monitoring and Communication.

Accounting is a way to keep track of what you are spending and to adjust your spending for future months.

In-charges must budget in order to commit themselves to managing the money instead of letting the money manage them.

More documentation of how the PHC Fund is budgeted and accounted for at the health centre is required to show accountability.

The PHC Fund is a manageable amount of money that is used every day at our health centres, so it is important that we manage it well.

A good place to write the names of participants or questions that arise:
Introduction to the Module

3. Training rationale and learning outcomes

10 minutes

Training Steps

Step 1: INTRODUCE THE MODULE:

Note to Trainer:
- Use points from the Trainer Brief on page 2 to introduce the module and explain the rationale and purpose of this module. Similar information from the Trainer Brief is also included in the Learner Manual on page 4 for participants to review.

Step 2: EXPLAIN:

The learning outcomes for the module can be found in your Learner Manuals on page 9 and are as follows:

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Step 3: ASK:

Does anyone have any questions?

Note to Trainer:
- Receive responses.
1. Introduction to the topic

5 minutes

Training Steps

Step 1:

**ACTIVITY A – Train song**

**Activity Steps**

**DIVIDE participants** into four groups and allocate each group to a chorus from the train song, or any other song you know that is sung in rounds. Refer them to page 11.

- Start with Group 1, then add in other Groups in a round. Parts for each group are:
  - Group 1 starts with: to-to-to-to...
  - Group 2 joins in with: to whom to, to whom to...
  - Group 3 joins in with: to whom does it belong...
  - Group 4 joins in with: to you! to you!

**SING** the Train Song chorus several times and encourage participants to dance along.

Step 2: EXPLAIN:

Getting drugs to your health centre is like moving a train along a track. There are different parts that have to work together to keep the train – the drugs – on track and moving to your health centre. Each person and each level of the health system has a role and responsibility to ensure all steps of the drug distribution system are completed as planned.

Today we are going to focus on your role in the drug distribution system and what you can do to help get drugs to your health centre.

2. Thinking about the topic

10 minutes

Training Steps

Step 1: EXPLAIN:

Let’s think about the drug distribution system in Uganda. I am going to hand out pieces of paper with different steps of the drug distribution system and we will work as a group to put the steps in order.

**Note to Trainer:**

- Label the flip chart.
- Use the pre-prepared ‘drug distribution system steps’ at the back of this manual on page 47, Annex A.
- Hand out each step to a different participant.
- Ask the participants to read out their step to the group. Refer them to page 12.

**Drug Distribution System Steps**

Step 2: ASK:

Who thinks they have the first step in the system?

**Note to Trainer:**

- Ask this first participant to come and put their step on the flip chart at the front of the room.
- Proceed to put up all steps in the system by asking participants to decide the correct order and then place their steps on the flip chart.
- You may need to encourage/guide participants to the correct order.
- Once finished, you should have the steps placed as below.
- Draw arrows between each step to show the flow of the system.
Step 3: EXPLAIN:

The drug distribution system may have slightly different steps in your Health Sub-District, or in different parts in Uganda. This is okay. The purpose of this exercise is to highlight that drug distribution follows a flow of activities and that there are many different people and organizations involved. If we are able to think of the whole drug distribution system, we are better able to understand the importance of our role in keeping the system on track.

Step 4: ASK:

Think about your role as an in-charge. What steps on page 12 in the drug distribution system are you involved with?

Note to Trainer:
- Participants should pick out the Steps 4 - 7.
- These are steps that happen at the health centre.
- Guide participants to selecting these steps by explaining that they are involved with the steps that happen at their health centre.

Step 5: EXPLAIN:

- We know that there are many issues that can prevent drugs from getting to your health centre.
- These are issues such as national or District level stock-out of drugs, too little funding from the government to buy drugs, and perhaps even drugs ‘walking away’ at different points in the drug distribution system.
- And we know that there is often little you can do about these issues.
- But what we have heard from the Ministry of Health, NMS, and the District is that more information and timely information is needed from health centres to understand better how drugs are used, especially in health centre II and IIIs.
- So, you play an important role in providing accurate information and timely updates to help the drug distribution system work well at your health centre.
- If you keep your part of the ‘train’ on track, it will help the whole system.

Note to Trainer:
- Participants may describe slightly different versions of the drug distribution system depending on how drugs are delivered in their District or Health Sub-District. This is okay.
- If there is disagreement or discussion about the steps, you may want to explain as below.
3. Principles – The drug distribution system

15 minutes

Training Steps

Step 1: EXPLAIN:

Let's think about these steps that you are involved with.

Note to Trainer:
- Point to the steps in grey/pink previewed on page 14 from the diagram on the wall/flip chart.

Step 2:

ACTIVITY B – Personal experiences with drug distribution

Activity Steps

1) DIVIDE participants into four groups. Refer them to page 13 in their manual.
2) ASSIGN steps 4, 5, 6, 7 of the drug distribution cycle to each group.
3) ASK each group to think about their own experiences with this step.
4) EXPLAIN - Draw on your own experiences as you discuss together with colleagues in your group about how you can do the step well and the positive outcomes of doing the step well.
5) GIVE each group 4 minutes to discuss.
6) FACILITATE feedback to the group.
7) RECORD responses to each step on the pre-prepared flip chart using columns as below.
8) LIMIT feedback for each step to 2 minutes only.

How to do it well | Positive outcomes
--- | ---
| | |
| | |
| | |
| | |
| | |

4. Principles – The OPD Register

5 minutes

Training Steps

Step 1: EXPLAIN:

Now let's look at these steps and the required forms in detail including the Out Patient Department (OPD) Register and the Stock Card Order Form.

Step 3: EXPLAIN:

- The OPD register is an important form that should be completed for all patients that visit the health centre.
- As part of our research study, you will receive a new version on the OPD register that helps you keep track of the number of fevers and the results of RDT.
- This will help you keep track of the number of patients with malaria attending your health centre. You will be taught how to use this register.
- You will also learn more about the OPD register in the HCM 03: Information Management module. For today's activities, there are sample OPD registers included in your manual to help us with completing the Stock Card.
- These registers are in your Learner Manual on pages 43 - 45.
- Throughout today's training we will be talking about the supply management of drugs for malaria, specific artemether lumefantrine, AL – the first line treatment for uncomplicated malaria in Uganda. You may know this drug as Coartem or Lumartem.
- In this training, we use the name Coartem.

5. Principles – The Stock Card

5 minutes

Training Steps

Step 1: ASK:

Who can tell me what the Stock Card is and what it's used for?

Note to Trainer:
- Ask for an answer from participants. Refer them to page 14.
- You can write key words for responses on the flip chart.
Step 2: EXPLAIN:
- The Stock Card is a form used to keep track of the drug and supplies that are received and used at the health centre.
- The Stock Card helps us to calculate the Average Monthly Consumption, Minimum Stock Level and Maximum Stock Level for each drug or supply.
- One Stock Card is filled out for each drug or supply.

Step 3: ASK:
How often is the Stock Card completed?

Note to Trainer:
- Ask for an answer from participants.
- You can write key words from responses on the flip chart. Refer participants to page 14.

• The Stock Card should be completed everyday or at least every week.

6. Practice – The Stock Card

30 minutes

Training Steps

Note to Trainer:
- For the following activity, divide participants into two groups.
- You and your co-trainer will each lead a group through the activity. Refer participants to page 15.

ACTIVITY C – Filling out a Stock Card

Activity Steps

1) REFER participants to the sample stock card in their manuals – page 41.
2) EXPLAIN - Let’s practice filling out the Stock Card. There is a sample Stock Card in your Learner Manual on page 41. You’ll see that some of the sections at the top are completed (see Trainer Annex C).
3) REVIEW (quickly) the completed sections, but spend no more than one minute.
4) EXPLAIN - I will read out some actions and we will also take some information from our sample OPD registers (see Trainer Annex D).

For the first action: On February 1st, 2010, you receive 300 doses of Coartem 12 tab packages from the NMS bi-monthly distribution to health centres. The voucher number is 0039.

5) ASK participants how this should be recorded on the Stock Card. When there is consensus on the correct way to record, ask participants to record it on their Stock Card.

For the next action: We need to know which drugs and how much of each drug were distributed to patients. We can find this information in the OPD register. (See Trainer Annex D).

6) ASK participants to turn to the sample OPD registers on page 43 of their manuals and count how many Coartem 12 tab packages were issued for the week of 1 February to 7 February.

7) When there is consensus on the total Coartem 12 tab packages issued, ask participants how to record this on their Stock Card.

8) When there is consensus on the correct way to record, ask participants to record it on their Stock Card, including calculating the ‘balance on hand’.

9) EXPLAIN - The ‘balance on hand’ is the total amount of the drug left in stock after the drug has been issued to patients.

For the next action: How many Coartem 12 tab packages were issued for the week of 8 February to 14 February? (See Trainer Annex E – Completed Stock Card for 12 tab)

10) ASK participants how to record this and when there is consensus, ask participants to record it on their Stock Card.
For the next action: On 18 February, you decided to take a physical count of all the Coartem 12 tab packages left in your store. You count and see that there are 230 doses left.

11) **ASK** participants how to record this and when there is consensus, ask participants to record it on their Stock Card.
12) **CHECK** if all participants have completed their Stock Card correctly. Ask participants to help the person next to them if needed.

**Step 2: EXPLAIN:**

- We can use this to determine how many drugs we are using in a month at the health centre. We call this the Average Monthly Consumption. The average monthly consumption also helps us to determine how many drugs we should keep in stock. The average monthly consumption is the average consumption of a drug over a three month period.
- The Minimum Stock Level is the lowest amount of each drug that should be in stock at the health centre. Keeping a minimum stock level helps to prevent stock-outs. The Ministry of Health recommends a minimum stock level of two-times the average monthly consumption.
- The Maximum Stock Level is the highest amount of each drug that should be in stock at the health centre. Keeping a maximum stock level helps to prevent an accumulation of drugs that might spoil or expire before they can be used. The Ministry of Health recommends a maximum stock level of five-times the average monthly consumption.
- We understand that it is difficult to calculate the minimum stock level and the maximum stock levels of drugs at your health centres because you have not been receiving drugs regularly. However, as you begin to receive drugs more regularly over the coming months, you’ll be able to calculate your average monthly consumption, minimum stock level, and maximum stock level. It is important to keep track of this information in order to inform the District of the requirements at your health centre.
- For our activities today, we have a sample Stock Card that has been completed for a three month period. Let’s use this to determine the average monthly consumption, minimum stock level, and maximum stock level. This sample Stock Card is on page 47 of your Learner Manual.

**Step 3: EXPLAIN:**

- To calculate the average monthly consumption, we add up the total drugs issued to patients from the ‘Quantity Out’ column for a period of three months and divide this total by three.

**Step 4: ASK:**

What is the total of Coartem 12 tab packs issued for the months of February, March and April 2011?

**Note to Trainer:**
- Receive responses from the group.
- If participants are struggling with the calculations, explain and show them how to use the calculator function on their mobile.
- When there is agreement on the right answer, record it on the flip chart. Ask participants to record this answer on their sample Stock Card on page 47

**Step 5: ASK:**

What is this total divided by 3?

**Note to Trainer:**
- When there is agreement on the right answer, record it on the flip chart.

**Step 6: EXPLAIN:**

This is the average monthly consumption. Have you written this in your manuals?
Step 7: EXPLAIN:
To calculate the minimum stock level, we multiply the average monthly consumption by 2. What is the minimum stock level for Coartem 12 tab pack?

Note to Trainer:
- When there is agreement on the right answer, record it on the flip chart. Ask participants to record this answer on their sample Stock Card.

Step 8: EXPLAIN:
To calculate the maximum stock level, we multiply the average monthly consumption by 5. What is the minimum stock level for Coartem 12 tab pack?

Note to Trainer:
- When there is agreement on the right answer, record it on the flip chart. Ask participants to record this answer on their sample Stock Card.

Step 9: ASK:
Why is it important to calculate the minimum and maximum stock levels?

Note to Trainer:
- Ask for responses from the participants. Explain the following if the answer is not provided.

Step 10: EXPLAIN:
The minimum and maximum stock levels help us to determine how much of each drug to order. When the stock has reached the minimum stock level, we should place an order for more drugs. The order placed should not exceed the maximum stock level.

Step 1: EXPLAIN:
Now it’s time to look at the Order Form. This is a new form from the Ministry of Health. It is used to request supplies from the National Medical Stores.

- In the new ‘push system’ of drug distribution, you have not been ordering for supplies — you have been receiving pre-determined supply deliveries from the National Medical Stores every two months. As part of this ACT PRIME research study, we would like you to start using the Order Form to order for Coartem and RDTs.

- As part of our research study, we are supporting the Health Sub-District and the District to ensure that the orders that you place for Coartem and RDTs are filled for the ten health centres enrolled in our study.

- However, orders cannot be filled if the Health Sub-District and the District are not aware of the Coartem and RDTs needed at your health centre. This is why you play a very important role in keeping the drug distribution system on track by completing the OPD Register, Stock Card and Order Form accurately and on time.

Step 2: EXPLAIN:
When you find that your drug supply is getting low and there are not enough drugs to last until the next scheduled NMS bi-monthly distribution, you should request for additional drugs from the Health Sub-District. To place this order, you need to fill out four copies of the Order Form. This next activity is an opportunity to practice filling out the Order Form on page 57 and 59.

There are four completed sample Stock Cards in your Learner Manual on pages 49 to 55 for each of the four weight-based doses of Coartem. There is also a sample Order Form that has been partially completed. We’ll use these for the following activity.

(Trainer Annex F1 - F4).
Step 3: EXPLAIN:

- The Stock Card for yellow Coartem (6 tab dose) on page 49, shows the stock is above the maximum stock level. (Trainer Annex F 1)
- The Stock Card for blue Coartem (12 tab dose) on page 51, shows the stock is below the minimum stock level. (Trainer Annex F 2)
- The Stock Card for green Coartem (18 tab dose) on page 53, shows the stock is equal to the minimum stock level. (Trainer Annex F 3)
- The Stock Card for brown Coartem (24 tab dose) on page 55, shows the stock is almost at the minimum stock level. (Trainer Annex F 4)

Step 4: EXPLAIN:

Which of these dosages of Coartem will you place an order for?

Note to Trainer:
- Gather multiple responses from participants, then explain the following.

Step 5: EXPLAIN:

We should place an order for blue, green, and brown Coartem. We should not place an order for yellow Coartem at this point because we do not want to exceed the maximum stock level.

Step 6: EXPLAIN:

How do we calculate how much of each Coartem dose should we order?

Note to Trainer:
- Gather multiple responses from participants, then explain the following.

Step 7: EXPLAIN:

We should order the maximum stock level minus the amount of the drug we have in store.

Step 8:

Note to Trainer:
- For the following activity, divide participants into two groups.
- You and your co-trainer will each lead a group through the activity. Refer them to page 21.

ACTIVITY D – Completing the order form for 12 (Blue) Coartem

Activity Steps

1) EXPLAIN: Let’s try completing the Order Form on page 57 (Trainer Annex H) for the 12-tab (blue) Coartem dose.
2) EXPLAIN: If we have 55 doses in stock and our maximum stock level is 245, how much should we order?
3) SHOW the calculation on the flip chart and instruct participants to complete the calculation in the space provided on the sample Order Form on page 57. (Trainer Annex H)
   \[ = 245 - 55 \]
   \[ = 190 \text{ doses or packs} \]
4) EXPLAIN: Coartem comes in boxes of 30 packs and each pack has 12 tabs of Coartem. This is the ‘pack unit’ indicated on the Order Form.
5) EXPLAIN: Take the amount you need, 190 doses and divide it by 30
   \[ 190 \text{ doses} / 30 \text{ boxes} \]
   \[ = 6.33 \]
6) EXPLAIN: Always round the number up so that you receive another full box of 30 to meet your requirements.

Step 9: EXPLAIN:

We record “7” on the Order Form under ‘Quantity Ordered’

Step 10: ASK:

Please complete the sample order form, on page 59 of your manuals.

Step 11: EXPLAIN:

We will not be completing the ‘pack unit price’ and ‘total cost’ sections on the Order Form for this activity. Also, for now, you do not need to complete these when you are placing your order with the Health Sub District. However, in the future you may be asked to complete these sections by the Ministry of Health. You will be informed when you need to start completing these sections.
Step 12:

**ACTIVITY E – Completing the order form for brown (18) and green (24) Coartem**

**Activity Steps**
1) **DIVIDE**: The group in pairs
2) **Complete the order from for the 18 tab (brown) and 24 tab (green doses) of Coartem.**

**Note to Trainer:**
- Give participants 5-7 minutes to complete the Order Form. Once complete, ask participants to share how they completed the form. See if there is consensus amongst participants and clarify any differences.

**9. Discussion**

10 minutes

**Training Steps**

**Step 1: ASK:**

*Does anyone want to share their reactions to filling in the forms?*

**Note to Trainer:**
- Ask participants to share their thoughts and experiences with the group.
- Participants may feel relieved that they now know how to complete these forms.
- Or participants may feel overwhelmed with all of the new information.
- Both of these reactions are okay.

**Step 2: EXPLAIN:**

*You should always try to complete these forms to the best of your ability. As we have learned today, you play an important role in the drug distribution system. Completing these forms and communicating the information with the Health Sub-District and District is an important first step in keeping the drug distribution system on track.*

**10. Planning**

10 minutes

**Training Steps**

**Step 1: ASK:**

*Let us develop a checklist to help remember how to complete the Stock Card and the Order Form. What are some of the things we need to remember when completing these forms?*

**Note to Trainer:**
- Ask participants for responses. Once you have collected a few responses, direct participants to the ‘Checklist’ in their Learner Manual on page 23.
- Explain to participants that there is a duplicate copy of this checklist in Annex 10 on page 65 of their manuals so that they can pin up one copy at their health centre to help them each time they are completing the forms.

**Stock Card Checklist**

- There is a Stock Card for each drug at the health centre
- Be sure to complete a Stock Card for Coartem and RDTs
- Complete the Stock Card each time drugs are received at the health centre
- Complete the Stock Card at least weekly to determine how many drugs you have left in stock
- Always remember to complete the ‘Balance on hand’
- Complete a physical count of the drugs left in stock every month

**Average Monthly Consumption**

= From the OPD register, count the total drugs issued over a three month period and divide by three

**Minimum stock level**

= Average monthly consumption X 2

**Maximum stock level**

= Average monthly consumption X 5
Order Form Checklist

- Complete the Order Form when you have reached the minimum monthly consumption of Coartem or RDTs and you need to place an order for more.
- Avoid ordering more than your maximum stock level.
- Always complete and sign the ‘Receipt date’ when you receive the order at your health centre.
- Complete four copies of the Order Form.
- 1 copy stays at the health centre.
- 3 copies go to the Health Sub-District.

Quantity required

= Maximum stock level – balance on hand shown on the Stock Card.

---

Getting drugs to your health centre is like moving a train along a track. There are different parts that have to work together to keep the train – the drugs – on track and moving to your health centre.

Drug distribution follows a flow of activities with many different people and organizations involved. Thinking of the whole drug distribution system helps to keep it on track.

In-charges play an important role in providing accurate information and timely updates to help the drug distribution system work well at your health centre.

In-charges are involved in:
- Receiving drugs
- Entering on the stock card
- Prescribing and giving to patients, and recorded on the out-patient department register
- Notifying the HSD/health centre IC when there are stock outs

The OPD register is an important form that should be completed for all patients that visit the health centre.

The Stock Card is a form used to keep track of the drug and supplies that are received and used at the health centre.

The Stock Card helps to calculate the average monthly consumption, minimum stock level and maximum stock level for each drug or supply.

The minimum and maximum stock levels help to determine how much of each drug to order. When the stock has reached the minimum stock level, an order for more drugs should be placed. The order placed should not exceed the maximum stock level.

Completing these forms and communicating the information with the Health Sub-District and District is an important first step in keeping the drug distribution system on track.
TOPIC 2: KEEPING TRACK OF DRUG DISTRIBUTION ACTIVITIES

Total Time: 75 minutes

Purpose: To introduce participants to the ADDAT and how it can be used to track issues in the drug distribution system.

Learning Outcomes: By the end of this session participants will:
1) Identify the activities required to get drugs from the District or Health Sub-District to the health centre
2) Identify challenges and solutions to completing drug distribution system activities
3) Be motivated to keep track of health centre level activities in the drug distribution system

Materials required:
- Flip chart
- Markers
- Tape
- Annex I, J, K

Training methods used:
- Group Discussion
- Practice
- Lecture

Page 25
Topic 2: Keeping track of drug distribution activities

1. Introduction to the topic

15 minutes

Training Steps

Step 1:

ACTIVITY F – Red Light, Green Light Game

Activity Steps

1) Group remains at their tables.
2) When the trainer says ‘red light’, the participants sit down.
3) When the trainer says ‘green light’, participants stand up.
4) If participants sit down when they should be standing, or stand when they should be sitting, they are out of the game.

Step 2: ASK:

We are going to continue talking about ‘red lights’ and ‘green lights’ for the rest of the module. We are referring to the red and green lights on traffic lights!

Note to Trainer:

- As a participant describes the colour of the traffic lights, write them on a flipchart as follows:
  - Red light = stop, do not move
  - Green light = go, move
  - Yellow light = go slowly, move slowly

Step 3: EXPLAIN:

- Drug distribution is just like this game – when things are working (green light), the system at your health centre moves forward and patients receive the right treatment.
- But when you experience a block in the system (red light), everything at your health centre stops and drugs are not available to care for your patients.
- Let’s think about the activities you do to get drugs from the District or Health Sub-District to your health centre.

Step 4: ASK:

What are some of the problems or challenges you face?

Note to Trainer:

- Write responses on a flip chart. Refer participants to follow along on page 26.

Step 5: ASK:

Is there anything you do at your health centre to keep track of these problems or challenges?

Note to Trainer:

- Write responses on a flip chart.

2. Thinking about the topic

15 minutes

Training Steps

Step 1: EXPLAIN:

There is a case study in your Learner Manual on page 26 that describes a situation of drug distribution in a health centre. First, I want to know if this situation is familiar to you – how it compares with your experience. Then, we will read the case study together and highlight all of the activities completed to get drugs to the health centre.
Step 2:

**ACTIVITY G – Drug Distribution System Case Study**

**Activity Steps**

1) Ask for a participant to read the case study on page 26 out loud.

**CASE STUDY:** Joseph is an in-charge of a health centre II. The bi-monthly distribution of drugs from NMS to the District occurred last Friday, but Joseph has not heard from the Health Sub-District about when to pick up drugs for his health centre. He also realized that he has no means to go and pick up the drugs. Finally, the drugs were brought to the health centre, but when they arrived, Joseph saw that the lock on the storage cupboard was broken so there was no secure place to store the drugs. Joseph entered the drugs he received on the Stock Card. One month later, Joseph reviewed his Stock Cards and realized that he was nearing the minimum monthly consumption for Coartem. Joseph decided to submit a request for re-supply, but saw that he did not have a copy of the ‘Order Form’. Also, none of the other health centre staff are aware of the current amount of Coartem available at the health centre.

Step 3: **ASK:**

How does this case study compare with your own experiences? Have you had experiences like this before?

*Note to Trainer:* Receive responses and try and link back to the problems/challenges identified earlier. Refer participants to page 27.

Step 4: **EXPLAIN:**

Sometimes we have several problems that prevent us from having drugs available. If we can identify these, we can see which ones we may do something about. We are calling these problems ‘red light’ issues. When there are no problems, we say everything is on track, or ‘green light’.

Step 5: **ASK:**

Can someone tell me what Joseph did well, what was a ‘green light’?

*Note to Trainer:* As participants provide the ‘green light’ items, place the corresponding ‘Drug Supply activity’ card next to the step in the drug distribution system diagram from the beginning of the module (see below). The issue and corresponding Drug Supply activity are as follows.
Step 6: EXPLAIN:

Now, at your tables, I’d like you to go back through the case study and underline what you consider to be ‘red light’ issues. Then I’d like you to decide what type of activity in the drug distribution system the ‘red light’ issue is.

Note to Trainer:
- Provide one set of the ‘Drug Supply Activity Cards’ (Annex II) to each table.
- Allow 5 minutes.
- Then ask the groups to feedback their answers including:
  - 1) the ‘red light’ issues they underlined, and
  - 2) the corresponding Drug Supply activity card.

Joseph’s ‘red light’ issues in the case study
- has not heard from the District or Health Sub-District about when to pick up drugs
- no means to go and pick up the drugs
- secure place to store the drugs
- did not have a copy of the ‘Order Form’
- none of the health centre staff are aware of the current amount of Coartem

Drug Supply activity card
- Drug Date of drug pick-up from the HSD or HC IV/III
- Transportation for drugs
- Storage of drugs at the health centre
- Order for re-supply of AL (Coartem)
- Communication with staff regarding AL/drug stocks

Note to Trainer:
- When all of the Drug Supply Activity Cards are placed, the drug distribution diagram should look like this below:

District Health Office (DHO) receives drugs from the National Medical Stores (NMS)

Health Sub-District (HSD) receives drugs from the DHO

Health Centre IV receive drugs from the HSD

Health centre II/IIIs receive drugs from health centre IVs

Drugs are received at the health centre and entered on a Stock Card

Drugs are prescribed, given to patients, and recorded on the out-patient department register and the Stock Card

The HSD / health center IV is notified when there are stock-outs

Date of drug pick-up from the HSD or HC IV/III

Transportation of drugs to health centre

Storage at health centre

Drug Stock Card status

Monitor Stock levels for AL / RDTs

NMS Supply or Order for re-supply of AL/RDTs, if required

Communication with staff regarding AL/RDT stocks

Other activities this period
3. Principles

10 minutes

Training Steps

Step 1: EXPLAIN:

- In our case study, there were eight activities required to get drugs to the health centre.
- One way to think about all of these activities is to create a checklist. A checklist helps us to keep track of all the work we have done, or need to do, to complete a task.

Step 2: ASK:

- How do you feel about using a checklist to keep track of the activities you complete to keep the drug distribution system working?

Note to Trainer:
- Receive responses from participants. Refer participants to page 29.

Step 3: EXPLAIN:

- For Joseph’s case study, we have created one type of checklist. It lists all of the activities we identified in the case study. It uses a ‘green’, ‘yellow’, ‘red’ system to help us understand if the activity is:
  - Green = on track
  - Yellow = moving slowly, some work is required to get the activity on track
  - Red = not on track, much work is required to get the activity on track
- We are calling this checklist the ACT Drug Distribution Assessment Tool (ADDAT)

Note to Trainer:
- Go to the ADDAT (Trainer Annex J) and refer participants to page 61 in the Learner Manual and give participants 1-2 minutes to read it over. Remember, the ADDAT is a new tool, so the participants will need some time to get familiar with it.

4. Practice

15 minutes

Training Steps

Step 1: EXPLAIN:

- Let’s see how we could use this checklist, the ADDAT, to help Joseph keep track of his activities.

Note to Trainer:
- For the next activities, divide the group into two and use your co-trainer to lead each half of the group through the activity.
- Ask participants to turn to their ADDAT in the Learner Manual, page 61 and complete the ADDAT together with you as you all work through the activity.
- For each activity on the ADDAT work through the following steps. Make sure that everyone in the group has understood. There might be some confusion, so go slow and be sure everyone has an opportunity to ask any questions. Refer to the sample ADDAT Trainer Annex J.

Step 2:

ACTIVITY H – Drug Distribution System Case Study

Activity Steps

1) ASK for a participant to identify the issue from the case study.
2) Then describe how you would record it on the ADDAT by writing the description on the flip chart. Ask participants to do the same on their ADDAT.
3) ASK participants how they would resolve the issue.
4) There may be several different ways to resolve the issue.
5) PICK one of the answers and describe how you would record it on the ADDAT by writing the description on the flip chart.
6) ASK participants to do the same on their ADDAT.
<table>
<thead>
<tr>
<th>Drug Supply Activity</th>
<th>Status &amp; Description</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>The date of drug pick-up from the HSD</td>
<td>Yellow: know drugs have arrived, but haven’t been told to pick them up</td>
<td>Call the Health Sub-District to arrange a date to pick up the drugs</td>
</tr>
<tr>
<td>Transportation for drugs from HSD to health centre</td>
<td>Red: there is no way to pick up the drugs</td>
<td>Use money from the PHC fund to send a boda to pick the drugs</td>
</tr>
<tr>
<td>Storage of drugs at the health centre?</td>
<td>Yellow: there is no lock for the storage cupboard</td>
<td>Use money from the PHC fund to buy a lock</td>
</tr>
<tr>
<td>The Stock Card</td>
<td>Green: the drug stock-card has been complete for all doses of Coartem</td>
<td>No need for action. Continue to use and monitor the drug Stock Card</td>
</tr>
<tr>
<td>Stocks for AL / RDTs</td>
<td>Yellow: stocks are nearing the minimum consumption and an order is required</td>
<td>Determine the amount to be ordered based on the Stock Card</td>
</tr>
<tr>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
<td>Red: no order form available to order from the District</td>
<td>Ask for a copy of the Order Form from the HSD</td>
</tr>
<tr>
<td>Communication with staff regarding AL/RDT stocks</td>
<td>Red: the staff do not know how much Coartem is left</td>
<td>Have a 10 minute meeting with health workers to review the amount of Coartem available and when the next stock is expected</td>
</tr>
</tbody>
</table>

7) **ASK** the participants to remain in their two groups.

**Step 3: EXPLAIN:**

Joseph’s case study was a good example to get us thinking about the ‘red’, ‘green’ and ‘yellow’ issues. There are many more. We have created a chart of some other examples, this in on page 63 of your Learner Manual (Trainer Annex K). Remember, the ADDAT is just one type of checklist. You may find another format or list that works better for you at your health centre.

**Home activity**

On page 30 you will find an activity to do at home. We encourage you to look at this chart after the training to see if it compares to your experiences at your health centre.

- Do you face these same issues at your health centre?
- Do you agree with the resolution listed?
- What would you do differently?
- What other activities would you like to keep track of?

**5. Discussion**

**10 minutes**

**Training Steps**

**Step 1: ASK:**

What can you see might be the benefits to you as in-charge if you are able to keep track of activities you do at your health centres?

**Note to Trainer:**

- Encourage participants to provide as many answers as possible. Probe general responses (for example if participants say, ‘it is good’) to ask how it might change what they currently do and experience.

**Step 2: EXPLAIN:**

- Identifying and keeping track of the issues is a very important first step in improving the drug distribution system.
- It may also be possible to find more permanent solutions to problems that occur frequently. It may even be possible to use your tracking reports to demonstrate your challenges to the Health Sub-District or District, which can help them to know the best ways to help you.

**6. Planning**

**10 minutes**

**Training Steps**

**Step 1: ASK:**

- How could you keep track of the drug distribution system activities at your health centre?
- Please work with others at your table using the Activity Sheet on page 31 and 32 in your Learner Manual to develop your own drug distribution system checklist for your health centre. You could use the checklist from today’s activities or you could change it to better suit your needs and experiences.
  - What drug distribution activities would you like to keep track of?
  - When would you use your checklist?
  - How could you use this checklist to make improvements to the way you identify and resolve issues?
  - What would you like your checklist to look like?
**Topic 2: Keeping track of drug distribution activities**

**Note to Trainer:**

- Give participants 10 minutes to work with others at their table to complete the Activity Sheet.
- Move between groups and offer suggestions if practical. For example:
  - When would you use your checklist?
  - Keep completed checklists in a folder or box file for easy access each month.
  - Always review last month's checklist when completing the current checklist.
  - Keep track of the issues and see if the same issues keep occurring.
  - Make a list of the most common activities that cause problems and discuss with other in-charges or representatives from the Health Sub-District.

**Conclusion**

Drug distribution is just like this game – when things are working (green light), the system at your health centre moves forward and patients receive the right treatment. When you experience a block in the system (red light), everything at your health centre stops and drugs are not available to care for your patients.

A checklist helps us to keep track of all the work we have done, or need to do, to complete a task. A checklist helps us to keep track of all the work we have done, or need to do, to complete a task. A checklist helps us to keep track of all the work we have done, or need to do, to complete a task.

The ACT Drug Distribution Assessment Tool (ADDAT) checklist is one kind of checklist. In-charges can develop new checklists as needed to meet specific health centre needs.

**Summary Box – Drug Distribution System & Forms**

- Drug distribution is just like this game – when things are working (green light), the system at your health centre moves forward and patients receive the right treatment.
- When you experience a block in the system (red light), everything at your health centre stops and drugs are not available to care for your patients.
- A checklist helps us to keep track of all the work we have done, or need to do, to complete a task.
- The ACT Drug Distribution Assessment Tool (ADDAT) checklist is one kind of checklist. In-charges can develop new checklists as needed to meet specific health centre needs.

**Total Time: 5 minutes**

**Purpose:** Close the HCM 02 training and receive any questions or address any questions in the parking lot.

**Materials required:**
- Flip chart
- Markers
- Tape
- Trainer explanation

**Training methods used:**
- Trainer explanation

**Conclusion**

- When we finish this session, we will go to the parking lot and answer any questions you may have.
- We will also use the remaining time to answer any questions you may still have.

**Note to Trainer:**

- Make a note of any suggestions or questions and answer any questions that may still be unclear.

**Conclusion**

- When we finish this session, we will go to the parking lot and answer any questions you may have.
- We will also use the remaining time to answer any questions you may still have.
Conclusion

Step 3: EXPLAIN

- Thank you for participating today!
- Sharing your experience and insight has been very helpful and informative.
- Please use the Learner’s Manual regularly to review what you have learned.
- Discuss any challenges with your colleagues; they will be most helpful for finding solutions to problems and challenges at your health centre.

Goodbye.

Your Notes

A good place to write the names of participants or questions that arise.
<table>
<thead>
<tr>
<th>Step</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Sub-District (HSD) receives drugs from the DHO</strong></td>
</tr>
<tr>
<td><strong>District Health Office (DHO) receives drugs from the National Medical Stores (NMS)</strong></td>
</tr>
<tr>
<td><strong>Health centre II/IIIs receive drugs from health centre IVs</strong></td>
</tr>
<tr>
<td><strong>Drugs are received at the health centre and entered on a Stock Card</strong></td>
</tr>
<tr>
<td><strong>Drugs are prescribed, given to patients, and recorded on the out-patient department register</strong></td>
</tr>
<tr>
<td><strong>Health Centre IVs receive drugs from the HSD</strong></td>
</tr>
<tr>
<td><strong>Health Centre IVs receive drugs from the HSD</strong></td>
</tr>
</tbody>
</table>
### STOCK CARD

**Health Unit Name:** ___________________________  **Health Unit Code:** ____________

**Item Description (Name, formulation, strength):**

**Pack Size:**

**Item Code No:**

**Special storage conditions:**

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<th>Unit of Issue</th>
<th>AMC</th>
<th>Maximum Stock Level</th>
<th>Minimum Stock Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>To or From</td>
<td>Voucher number</td>
<td>Quantity in</td>
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<tr>
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</tr>
</tbody>
</table>
# Annex C - Completed Stock Card

## STOCK CARD

**Health Unit Name:** ________________________________  
**Health Unit Code:** ________________

**Item Description (Name, formulation, strength):**

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**Special storage conditions:**

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<th>Description</th>
<th>Unit of Issue</th>
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</thead>
<tbody>
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</table>

<table>
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<th>Pack Size</th>
<th>Item Code No.</th>
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### AMC:

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<th>Date</th>
<th>To or From</th>
<th>Voucher number</th>
<th>Quantity in</th>
<th>Quantity out</th>
<th>Losses/Adjustments</th>
<th>Balance on Hand</th>
<th>Expiry date</th>
<th>Batch No.</th>
<th>Remarks</th>
<th>Initials</th>
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<td>AGE</td>
<td>SEX</td>
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<td>CLASSIFICATION NEW CASE</td>
<td>RE-ATTD</td>
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<td>Kisia</td>
<td>Sere</td>
<td>Otieno Peter</td>
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<td>M</td>
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<tr>
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<td>Nawire</td>
<td>Aga Fedesa</td>
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<td>F</td>
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<td>Abdi Juyoce</td>
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<td>Abdi Juyoce</td>
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<tr>
<td>13</td>
<td>Anya Reh</td>
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<td>Nabo North</td>
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<td>14</td>
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<tr>
<td>15</td>
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Annex E - Completed stock card for 12 tab

**STOCK CARD**

Health Unit Name: ____________________________ Health Unit Code: ____________

Item Description (Name, formulation, strength): __________________________________________

Pack Size: 12 tab pack

Special storage conditions:

Store at room temperature:

Unit of Issue: 12 tabs / (1 pack)

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Annex F-1 - Completed stock card for 6 tab

STOCK CARD

Health Unit Name: ________________________________ Health Unit Code: ________________

Item Description (Name, formulation, strength):

Pack Size:

Item Code No:

Special storage conditions:

Unit of Issue:

AMC:

Maximum Stock Level:

Minimum Stock Level:

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Annex F-2 - Completed stock card for 12 tab

STOCK CARD

Health Unit Name: ________________________________  Health Unit Code: ____________

Item Description (Name, formulation, strength):  

Pack Size:  

Item Code No:  

Special storage conditions:  

Unit of Issue:  

AMC:  

Maximum Stock Level:  

Minimum Stock Level:  

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Annex F-3 - Completed stock card for 18 tab

**STOCK CARD**

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**Item Description (Name, formulation, strength):**

**Pack Size:**

**Item Code No:**

**Special storage conditions:**

**Unit of Issue:**

**AMC:**

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<tr>
<td>11/04/11</td>
<td>OPO</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>18/04/11</td>
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</tr>
</tbody>
</table>
Annex F-4 - Completed stock card for 24 tab

STOCK CARD

Health Unit Name: ___________________________ Health Unit Code: ____________

Item Description (Name, formulation, strength):

Pack Size:

Item Code No:

Special storage conditions:

Unit of Issue:

AMC:

Maximum Stock Level:

Minimum Stock Level:

<table>
<thead>
<tr>
<th>Date</th>
<th>To or From</th>
<th>Voucher number</th>
<th>Quantity in</th>
<th>Quantity out</th>
<th>Losses/Adjustments</th>
<th>Balance on Hand</th>
<th>Expiry date</th>
<th>Batch No</th>
<th>Remarks</th>
<th>Initials</th>
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<tbody>
<tr>
<td>1/02/11</td>
<td>HMS</td>
<td>0019</td>
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<td>0.00</td>
<td>1/02/11</td>
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<tr>
<td>7/02/11</td>
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<td>7/02/11</td>
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<td>14/02/11</td>
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<tr>
<td>21/02/11</td>
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<td></td>
<td>35</td>
<td></td>
<td></td>
<td>320</td>
<td>21/02/11</td>
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<td></td>
</tr>
<tr>
<td>28/02/11</td>
<td>OPO</td>
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<tr>
<td>21/03/11</td>
<td>OPO</td>
<td></td>
<td>25</td>
<td></td>
<td></td>
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<td>21/03/11</td>
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<tr>
<td>28/03/11</td>
<td>OPO</td>
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<td>28/03/11</td>
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<td>04/04/11</td>
<td>OPO</td>
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<tr>
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<tr>
<td>18/04/11</td>
<td>OPO</td>
<td></td>
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<td>500</td>
<td>18/04/11</td>
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<td>25/04/11</td>
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<td></td>
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<td></td>
<td>80</td>
<td>25/04/11</td>
<td></td>
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</tbody>
</table>
ORDER FORM FOR EMHS

Order to (NMS, JMS, Other): JMS
Facility Name: Gwaragwara HC
District: Toro
Level: II
HSD: WBN - Kisoko

Date: 25 / 04 / 11

Order details:
Facility Code: __________ Year: __________ Month: ________ Order no: ________

<table>
<thead>
<tr>
<th>Item Code</th>
<th>Item Description</th>
<th>Pack Unit</th>
<th>Pack Unit Price</th>
<th>Quantity Ordered</th>
<th>Total Cost (UGX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coartem 12-tab pack</td>
<td></td>
<td>190</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coartem 18-tab pack</td>
<td></td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coartem 24-tab pack</td>
<td></td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ordered by: Kizito Kenneth (In-charge, Gwaragwara HC II)
Signature & date: Kizito K. 25/04/11

Approved by:
Signature & date:

Confirmed by:
Signature & date:
Annex H - Blank Order Form

ORDER FORM FOR EMHS

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order to (NMS, JMS, Other):</td>
<td>Order to (NMS, JMS, Other):</td>
</tr>
<tr>
<td>District</td>
<td>District</td>
</tr>
<tr>
<td>Level: II</td>
<td>Level: II</td>
</tr>
<tr>
<td>Level: III</td>
<td>Level: III</td>
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<tr>
<td>Level: IV</td>
<td>Level: IV</td>
</tr>
<tr>
<td>General Hospital</td>
<td>General Hospital</td>
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<tr>
<td>Referral Hospital</td>
<td>Referral Hospital</td>
</tr>
<tr>
<td>HSD:</td>
<td>HSD:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
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</table>

**Order details:**

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<tr>
<th>Facility Code</th>
<th>Year:</th>
<th>Month:</th>
<th>Order no:</th>
</tr>
</thead>
</table>

<table>
<thead>
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<th>Item Code</th>
<th>Item Description</th>
<th>Pack Unit</th>
<th>Pack Unit Price</th>
<th>Quantity Ordered</th>
<th>Total Cost (UGX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ordered by:**

- Signature & date:

**Approved by:**

- Signature & date:

**Confirmed by:**

- Signature & date:
Annex I - Drug Supply Activity Cards

Have these cut and ready in advance. Keep each step tied up with a rubber band once cut, to avoid confusion.

<table>
<thead>
<tr>
<th>Date of drug pick-up from the HSD or HC IV/III</th>
<th>Date of drug pick-up from the HSD or HC IV/III</th>
<th>Date of drug pick-up from the HSD or HC IV/III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sub-District (HSD) receives drugs from the DHO</td>
<td>Health Sub-District (HSD) receives drugs from the DHO</td>
<td>Health Sub-District (HSD) receives drugs from the DHO</td>
</tr>
<tr>
<td>Transportation of drugs to health centre</td>
<td>Transportation of drugs to health centre</td>
<td>Transportation of drugs to health centre</td>
</tr>
<tr>
<td>Transportation of drugs to health centre</td>
<td>Transportation of drugs to health centre</td>
<td>Transportation of drugs to health centre</td>
</tr>
<tr>
<td>Storage at health centre</td>
<td>Storage at health centre</td>
<td>Storage at health centre</td>
</tr>
<tr>
<td>Storage at health centre</td>
<td>Storage at health centre</td>
<td>Storage at health centre</td>
</tr>
<tr>
<td>Drug Stock Card status</td>
<td>Drug Stock Card status</td>
<td>Drug Stock Card status</td>
</tr>
<tr>
<td>Drug Stock Card status</td>
<td>Drug Stock Card status</td>
<td>Drug Stock Card status</td>
</tr>
</tbody>
</table>
### Annex I - Drug Supply Activity Cards

<table>
<thead>
<tr>
<th>Monitor Stock levels for AL/RDTs</th>
<th>Monitor Stock levels for AL/RDTs</th>
<th>Monitor Stock levels for AL/RDTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Stock levels for AL/RDTs</td>
<td>Monitor Stock levels for AL/RDTs</td>
<td>Monitor Stock levels for AL/RDTs</td>
</tr>
<tr>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
</tr>
<tr>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
<td>NMS Supply or Order for re-supply of AL/RDTs, if required</td>
</tr>
<tr>
<td>Communication with staff regarding AL/RDT stocks</td>
<td>Communication with staff regarding AL/RDT stocks</td>
<td>Communication with staff regarding AL/RDT stocks</td>
</tr>
<tr>
<td>Communication with staff regarding AL/RDT stocks</td>
<td>Communication with staff regarding AL/RDT stocks</td>
<td>Communication with staff regarding AL/RDT stocks</td>
</tr>
<tr>
<td>Other activities this period</td>
<td>Other activities this period</td>
<td>Other activities this period</td>
</tr>
<tr>
<td>Other activities this period</td>
<td>Other activities this period</td>
<td>Other activities this period</td>
</tr>
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</table>
### ACT PRIME Study

#### ACT Drug Distribution Assessment Tool (ADDAT)

<table>
<thead>
<tr>
<th>Date</th>
<th>Stock Card</th>
<th>Stock for All Staff</th>
<th>Activity</th>
<th>Is the Activity Green?</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08/08</td>
<td>Green</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Red</td>
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</tr>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/08/08</td>
<td>Red</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description**

- The stock card is counter for the door of the cupboard.
- The cupboard has a lock.
- The drugs cannot be taken from the cupboard.
- The drugs have arrived, but I haven't been told when to pick them.
- There is no transport to go and pick the drugs.
- Used money from the PHC Fund to use a boda to pick the drugs.
- Stocks of Coartem are nearing the minimum monthly stock.
- I do not have an Order Form.
- Asked for a copy of the Order Form from the Health Centre.
- The staff do not know how much Coartem is in stock.
- Planning a 10 minute meeting to update staff.

**Notes**

- The order for ACT was received on 06/03/11.
- The drugs were in the cupboard on 05/03/11.
- Will continue using the Stock Card.
- Used the Stock Card to determine how much Coartem to order on 28/03/11.
### Annex K - ADDAT Chart

<table>
<thead>
<tr>
<th>Activity</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to resolve</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How to resolve the drug pick-up:**

- **No one is available to tell me when to pick drugs:**
  - Call/visit the HCIV to find someone to speak with, or leave a message
  - Follow-up regularly and document your attempts to make contact

- **The road is washed-out and there is no transportation to/from HCIV:**
  - Use the ‘contingency’ from your PHC Fund budget to pay for the boda, get a receipt
  - Explain the situation to the HCIV to see if they can help by sending the drugs in a truck

- **The storage space is full:**
  - Use the PHC Fund to purchase a lock box or small cupboard for storage
  - See if there are steps you can take to make the health centre more safe. Ask a staff member to witness you transporting the drugs.
  - Make a report to the HCIV about the burglary. See how you can prevent the burglary in the future

- **There is no secure storage place at the health centre:**
  - Use the PHC Fund to purchase a lock box or small cupboard for storage
  - Use the PHC Fund to get shelves made for the storage space to keep the drugs off the ground (or use benches, crates, etc)
  - Clean the storage cupboard to remove expired drugs and drug/supplies that are never used

- **The storage cupboard is not lockable:**
  - Use the PHC Fund to purchase a lock
  - Use the PHC Fund to get shelves made for the storage space to keep the drugs off the ground
  - Clean the storage cupboard to remove expired drugs and drug/supplies that are never used

- **The storage cupboard is clean and secure:**
  - No action required

**Transportation for drugs from HSD to health centre:**

- **The HCIV is delivering the drugs:**
  - No action required

- **I am using PHC Fund to take a boda to pick drugs:**
  - Use the ‘contingency’ from your PHC Fund budget to pay for the boda, get a receipt
  - Explain the situation to the HCIV to see if they can help by sending the drugs in a truck

- **I have not budgeted the PHC Fund to pick the drugs:**
  - Use the ‘contingency’ from your PHC Fund budget to pay for the boda, get a receipt
  - Explain the situation to the HCIV to see if they can help by sending the drugs in a truck

- **I have a boda but no fuel to pick the drugs:**
  - Use the ‘contingency’ from your PHC Fund budget to pay for the boda, get a receipt
  - Explain the situation to the HCIV to see if they can help by sending the drugs in a truck

- **The rains are too much and I can’t pick the drugs using a boda like I usually do:**
  - Use the ‘contingency’ from your PHC Fund budget to pay for the boda, get a receipt
  - Explain the situation to the HCIV to see if they can help by sending the drugs in a truck

- **I can’t pick the drugs:**
  - Use the ‘contingency’ from your PHC Fund budget to pay for the boda, get a receipt
  - Explain the situation to the HCIV to see if they can help by sending the drugs in a truck

**Storage of drugs at the health centre:**

- **The storage cupboard is clean and secure:**
  - No action required

- **The storage cupboard has no lock:**
  - Use the PHC Fund to purchase a lock
  - Use the PHC Fund to get shelves made for the storage space to keep the drugs off the ground
  - Clean the storage cupboard to remove expired drugs and drug/supplies that are never used

- **The storage space is always flooded so drugs spoil:**
  - Use the PHC Fund to purchase a lock
  - Use the PHC Fund to get shelves made for the storage space to keep the drugs off the ground
  - Clean the storage cupboard to remove expired drugs and drug/supplies that are never used

- **The storage cupboard is empty:**
  - Use the PHC Fund to purchase a lock
  - Use the PHC Fund to get shelves made for the storage space to keep the drugs off the ground
  - Clean the storage cupboard to remove expired drugs and drug/supplies that are never used
<table>
<thead>
<tr>
<th>Activity</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annex K - ADDAT Chart</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stocks for AL/RDT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The Stock Card
  - The Stock Card is complete for all doses of Coartem and all RDTs
  - The Stock Card is up to date as of this week
  - Only some of the Stock Cards are complete
  - The Stock Card(s) has not been updated
  - I lost my phone so I can't do the Stock Card calculations
  - Plan for a day in the week to complete/update the Stock Cards
  - Ask to borrow a phone, purchase a calculator for the health centre with the PHC Fund

- **Coartem/RDT**
  - All Coartem is in stock
  - There is enough Coartem/RDT to last until the next NMS distribution
  - Coartem/RDTs are nearing/ have reached the minimum monthly consumption
  - I do not know how many drugs are in stock, but I think there will be a stock-out soon
  - Use Stock Card to determine how much Coartem/RDT to order
  - Use your last Order Form to estimate how many drugs you will need for this order

- **Fire**: The Stock Card
  - The Stock Card(s) is lost/missing
  - I do not have copies of the Stock Card
  - Start a new Stock Card using the OPD or a previous Stock Card to calculate the AMC, min/max stock levels.
  - Use the PHC Fund to make copies, or draw a version of the Stock Card in a notebook

- **Fire**: The Stock Card
  - The Stock Card(s) is lost/missing
  - I do not have copies of the Stock Card
  - Start a new Stock Card using the OPD or a previous Stock Card to calculate the AMC, min/max stock levels.
  - Use the PHC Fund to make copies, or draw a version of the Stock Card in a notebook
<table>
<thead>
<tr>
<th>Activity</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
<th>How to resolve</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMS Supply or Order</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Order for re-supply of AL/RDTs received this month</td>
<td>-</td>
<td></td>
<td></td>
<td>- Ask the HCIV when the NMS supply is expected. Determine if you have enough Coartem/RDTs to last, and place an order if required</td>
</tr>
<tr>
<td>- Place an order for re-supply of Coartem late and there may be a stock-out</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>- I placed my order for re-supply of Coartem late and there may be a stock-out</td>
<td>-</td>
<td></td>
<td>-</td>
<td>- Confirm with the HCIV that the Order Form was not received, then make a new copy of the Order Form from your files and send</td>
</tr>
<tr>
<td>- NMS supply did not arrive</td>
<td>-</td>
<td></td>
<td>-</td>
<td>- Ask the HCIV if the NMS supply is expected soon. Determine if you have enough Coartem/RDTs to last, and place an order if required</td>
</tr>
<tr>
<td>- I have not ordered for re-supply of Coartem/RDTs</td>
<td>-</td>
<td></td>
<td>-</td>
<td>- Determine why you did not place the order (no Stock Card, no Order Form, I was away) to ensure you prevent this next time. Place an order for re-supply of Coartem/RDTs</td>
</tr>
<tr>
<td>Communication with staff regarding drug/AL/RDTs stocks</td>
<td>-</td>
<td></td>
<td>-</td>
<td>- There is regular communication between staff about stocks</td>
</tr>
<tr>
<td>- There is regular communication between staff about stocks</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- I am the only staff</td>
<td>-</td>
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<td>-</td>
<td>- Ask the HCIV if the NMS supply is expected soon. Determine if you have enough Coartem/RDTs to last, and place an order if required</td>
</tr>
<tr>
<td>- I am not here when other staff are so I cannot communicate with them</td>
<td>-</td>
<td></td>
<td>-</td>
<td>- Ask staff why they were not able to attend, plan together for another meeting</td>
</tr>
<tr>
<td>- I planned a meeting, but staff did not attend</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- NMS supply is delayed</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Activity</td>
<td>Green</td>
<td>Yellow</td>
<td>Red</td>
<td>How to resolve</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>------</td>
<td>----------------</td>
</tr>
<tr>
<td>− I met with the HCV about the drug supply with the ADDAT</td>
<td></td>
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<tr>
<td>− I attended training on supply management</td>
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<tr>
<td>− The volunteer cleaned the storage cupboard</td>
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<tr>
<td>− A politician came to visit. I showed him our stocks and Stock Cards.</td>
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<tr>
<td>− We removed expired medications and moved soon-to-expire medications to the front of the shelves.</td>
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</tbody>
</table>
The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.