Medicine and Medical Supplies Management Standard Operation Procedures
For UNHCR Uganda Health Programme
August 2015
1. MEDICINE SELECTION

The CHOICE of medicines selected by UNHCR Uganda are based on:

1. The **UNHCR Uganda Essential Medicines List (EML)** is based on the global UNHCR Essential Medicine and Supplies List (EML), in line with the Essential Medicines and Health Supplies List for Uganda (EMHSLU) and the Uganda Clinical Guidelines from 2012.
   i. The UNHCR Uganda Essential Medicines and Supplies list will be reviewed by a national Therapeutic Drug Committee every 2 years. The Therapeutic Drug Committee includes UNHCR’s senior public health staff and pharmacist, health coordinators from implementing partners and Uganda MOH staff where appropriate.
   ii. All partners should have at least 1 hard copy per health facility of aforementioned essential medicine lists and standard treatment guidelines. These documents should be accessible to all prescribing staff at all times.
   iii. Medicines not included in UNHCR’s Global EML (yet on UNHCR Uganda EML) can be requested from RSH before ordering.
   iv. The purpose of the UNHCR Uganda EML is not to restrict therapeutic options of prescribers. The idea is that a more limited and focused EML will increase access to essential medicines for the majority of the population rather than having a longer EML that cannot be sustained by procurement and budget constraints.


3. During outbreaks or in the early phase in **emergencies** (first 2-3 months), the Inter-agency Emergency Health Kit (IEHK) and RH kits will be ordered from UNHCR H/Q to supplement the medicines stocks.

4. Potential epidemic preparedness **stock piles** and dynamics of new arrivals.

5. Demonstrated **safety and efficacy**.

6. **Cost-effectiveness** and available budget.

7. Local **drug sensitivity** of micro-organisms (for anti-infective medicines). These data can be obtained from literature review in PubMed and by contacting infectious disease experts in Uganda.

8. Anticipated local storage conditions (stability of medicines in tropical conditions).
   Choosing the **most stable dosage form** is part of the overall medicine quality assurance system;
   - tablets rather than capsules,
   - ointments rather than creams,
   - powder for reconstitution rather than injectable solutions,
   - avoiding syrups

9. **Suitability** for the level of care, type of health facility and staff experience.

The **QUANTITY** of selected medicines to order will be discussed under **Quantification** (Procurement).
2. PROCUREMENT PROCESS

Procurement policy

- It is UNHCR’s policy to bid and purchase medical products through international suppliers. Their expertise provides the best possible guarantee of ensured quality of medicines distributed by UNHCR and partners. With the increasing global prevalence of counterfeit and substandard medicines, sourcing medicines from reliable suppliers is a high impact intervention to obtain good quality medicines.

- **Local/regional procurement** is to be only exceptionally used with required authorization and should be limited to a bare maximum of 5% for the entire medicine procurement in the operation. Both require special authorization from UNHCR PMCS Budapest and UNHCR Public Health Section. Authorization is given if specific criteria are met with regard to licensing, documentation and pre-qualification (see UNHCR EMMS Policy 2013). Authorization only pertains to a specific list of pharmaceuticals from a specific manufacturer in a specific country for a specific period of time. All local procurement of medical items by health IPs shall be from Joint Medical Stores (JMS) and other items that are not in stock at JMS shall be procured from other sources that have been approved Ministry of Health and UNHCR.

- Procurement is limited to medicines and medical supplies that are listed on the UNHCR Uganda EML.

- UNHCR seeks to procure medicines against the **lowest possible ‘best-quality cost’** rather than adhering to the lowest bidder principle. This means that supplier performance (stock availability, delivery-time, documentation), quality and shelf-life of medicines (at least 75% of remaining shelf-life upon delivery) are also important considerations.

- Special medicines and supplies/ emergency medicines will be procured by the IP from their Special medicines budget.

Procurement model

Until 2015, UNHCR Uganda used a drug procurement and distribution system based on centralized quantification (based on morbidity and consumption data from the partners), an annual reorder model with purchasing predominantly from international suppliers and a quarterly distribution system to partners by the UNHCR/AIRD central pharmacy in Kampala. As such, an annual order was stored at AIRD/UNHCR in Kampala.

Starting in 2016, UNHCR Uganda will continue to place orders at international suppliers on an annual basis (except for short-shelf life medicines and supplies), based on centralized quantification by UNHCR Public Health Staff and Pharmacist, however it will be pre-packed per partner per location by the international supplier, followed by NDA clearing by WHO and direct dispatching to the new regional medical stores (Nakivale, Kyaka, Kyangwali, Kyriandongo, Adjumani). As a result, AIRD/UNHCR will no longer redistribute medicines to the field sites and all field sites are expected to manage their annual supply of medicines according to this UNHCR Uganda Drug Management SOP.

Procurement cycle and responsibilities (see picture)

Drug procurement is a complex and time-consuming activity that involves strong collaboration and communication between UNHCR, partners and suppliers. Each should be aware of his responsibilities to sustain the procurement cycle. One of the most critical aspects to ensure an uninterrupted drug supply is the process of quantification or the estimation of drug quantities to procure. See UNHCR Drug Management Policy and Guidelines 2006, Annex 4 Standard Operating Procedures. SOP P3 ‘Ordering Procedures for International Procurement’).
Quantification

- The two main methods for drug quantification are 1. Consumption-based Quantification and 2. Morbidity-based Quantification. The choice of which method to use depends on the type of data that is available although it is useful to apply both methods and compare respective quantities obtained with each method. For a detailed description of both quantification methods, see UNHCR Drug Management Policy and Guidelines 2006, Annex 4 Standard Operating Procedures. SOP P1 and P2)

- Population dynamics (new arrivals, repatriation, spontaneous returns) should also be considered.

- Drug quantification is conducted by UNHCR Public Health Staff and Pharmacist in Kampala with input from all partners. Once a year and at least 9 months before the end of the previous procurement period (if the previous procurement period was between January and December this means by 1 April), all partners should send their annual order to Kampala and ensure that all monthly stock reports from the regional medical stores, monthly consumption reports from the health facilities and available drug budgets are up to date and available in electronic format. UNHCR Public Health Staff and Pharmacist will review the drug orders, ensure that appropriate re-order formulas that include safety stock, lead-time stock, remaining drug balances and minimum/maximum stock levels are applied and will reconcile the requested drug orders with the available budget. QUANTIFICATION TAKES TIME SO IT IS VITAL THAT EVERY PARTNER PROVIDES TIMELY DATA!

- If consumption-based quantification is chosen, future needs can be estimated based on the average monthly supply of medicines issued (adjusted for stock-outs) by the regional medical store to all health facilities (as in monthly stock report) or, more accurately, based on the average monthly consumption (adjusted for stock-outs) reported by all health facilities (from monthly consumption reports). It is essential that all storekeepers and health coordinators know how to calculate average monthly consumption adjusted for stock-outs.

- The re-order formula for consumption-based quantification is as follows:

\[
Q_o = C_A \times (LT + PP) + SS - (S_i + S_o)
\]

- \(C_A\) = average monthly consumption (units/month)- adjusted for stock-outs (!)
- \(LT\) = Average Lead-Time or time between placing order and receiving supplies (months)
- \(PP\) = Procurement coverage (months)
- \(SS\) = Quantity needed for safety stock (units). Note that \(SS=LT/2\) (or higher if necessary)
- \(S_i\) = Stock now in inventory (units)
- \(S_o\) = Stock now on order (units)

Order review and clearance

UNHCR RSH and HQ will review and clear the drug order before UNHCR SMS submits the order to the supplier.

Monitoring and communication of order status

It is important that the UNHCR Public Health Staff, Pharmacist and Supply Officer actively monitor order status and track and document all internal and external delays that may occur during the procurement process. Any delays and estimated arrival date of the shipment should be promptly communicated to all IPs.
Receiving and inspection of drug shipment by regional medical stores

- Upon arrival of the drug shipment at the regional medical store, the shipment should be received by the Pharmacy Assistant and his team and immediately inspected for 1. Adherence to contract specifications, 2. Documentation (quality certificates), 3. Completeness of the order as per packing-list, 4. Damage, 5. Quality. (See UNHCR Drug Management Policy and Guidelines 2006, Annex 4 Standard Operating Procedures. SOP Q2: ‘Verifying the quality of shipped drugs.’) Medicines and medical supplies from international suppliers arrive in sealed and numbered boxes.

- Delivery of medicines and medical supplies will be accompanied by the delivery notes/packing list and invoices reflecting the cost of the medicines/medical supplies.

- The Pharmacy-Assistant in charge of the regional medical store will sign the delivery note after conforming that the items supplied meet the specifications in the packing list. In case the specifications differ or the order is incomplete, this is recorded on the delivery note which is sent to UNHCR Supply for action by the international supplier.

- After receipt and verification, all medicines are stored at the warehouse. Ideally, stocks are not divided over different store locations, except for bulky items (IV fluids, dressings,) or items purchased in large quantities.

- All entries are recorded on the stock cards: the quantity of medicines received under IN with the name of the supplier under Origin, and the number of the waybill/PR under Reference. Similarly, all entries are entered in the electronic Monthly Stock Report.

- In case UNHCR receives medicine donations, health coordinators of the respective IPs should immediately be provided with the list of donated items with expiry dates and other specifications.

Procurement calendar

In order to guarantee an uninterrupted supply of medicines, it is critical that the procurement calendar is strictly followed. Drug procurement is complex however by breaking down the various tasks into subtasks with their respective timelines (e.g. Gantt-sheet) and careful planning and execution, most problems can be avoided. International annual orders of medicines and medical supplies means that in order to prevent stock-outs, the planning process should start at least 7-8 months prior to the desired arrival date (assuming that no other major delays occur).

Example of Gantt-chart (to be adjusted for local and current situation)
UNHCR UGANDA
DRUG PROCUREMENT
CYCLE

CONSUMPTION
INFORMATION AND
STOCK REPORTING
Health Center Storekeeper>
Pharmacy Assistants>Health
Coordinator> UNHCR Public
Health Staff and Pharmacist

DISTRIBUTION
Pharmacy Assistants,
Health Center
Storekeepers supported by
UNHCR Pharmacist

RECEPTION +
INSPECTION
Pharmacy Assistants and
IP Health Coordinators

CUSTOMS
/NDACLEARING
UNHCR Uganda Supply
officer/WHO

REVIEW DRUG
SELECTION
UNHCR Public Health staff
& pharmacist, IPs Health
Coordinators

QUANTIFICATION
UNHCR Public Health staff
& pharmacist, IPs Health
Coordinators

NEEDS ↔ FUNDS
UNHCR Public Health staff &
pharmacist, UNHCR
Finance/Program

ORDER REVIEW &
CLEARANCE
UNHCR Uganda Public Health staff
& pharmacist, Program, RSH/HQ,
UNHCR SMS Budapest

LOCATE + SELECT
SUPPLIERS
UNHCR Public Health staff &
pharmacist, UNHCR SMS
Budapest

MONITOR ORDER
STATUS
Supplier > UNHCR SMS
Budapest > Supply + UNHCR
Public Health staff &
pharmacist > IP

FIX CONTRACT TERMS
UNHCR Public Health staff &
pharmacist, UNHCR SMS
Budapest
3. DISTRIBUTION

**Medicine and medical supplies requisition to regional medical stores by the health facilities:**
- Requisitions from respective health facilities will be generated and forwarded to the regional medical store using standard requisition forms (see annex 2). These forms should be based on the most recent UNHCR Uganda EML.
- Requisitions will be submitted in accordance with a local requisition and distribution schedule, set by the Pharmacy Assistant. Considering the limited storage space of most health facility pharmacies and the relative proximity of the future medical stores, a monthly requisition is appropriate.
- All monthly requisitions should be authorized for release by the IP Health Coordinator. The Pharmacy Assistant and Health Coordinator will try to ensure that the quantities of medicines and medical supplies are distributed evenly over the health facilities and the procurement period, keeping in mind average monthly consumption, remaining balances at the health facility and morbidity.
- The medicine monthly order shall be made during the last week of the month.
- Where there are delays by the health facilities in submission of a requisition, or consumption report, then the Pharmacy Assistant in consultation with the IP Health Coordinator will make a decision to supply medicines based on the current number of POCs served by the IP (PUSH system).

**Medicine and medical supplies delivery to the health facilities by the regional medical stores:**
- The regional medical stores (Nakivale, Kyaka, Kyangwali, Kyriandongo, Adjumani) will supply medicines to the IP managed health facilities at their location.
- Delivery of medicines and medical supplies to the health facilities will be accompanied by the delivery notes/packing list and invoices reflecting the cost of the medicines/medical supplies.
- The officer in charge of the health facility, will then sign the delivery note after conforming that the items supplied meet the specifications in the packing list. In case the specifications differ, the receiving officer will make a comment on the delivery note for action by regional medical store.
- In case of deficiencies, the affected items will be noted, acknowledged by the delivering staff of the regional medical store and returned to the regional medical store for replacement.
- Medicines should be supplied during week days and in working hours to enable responsible officers participate in receiving medicines/medical supplies. Any deliveries during the weekend and after working hours will not be accepted except with prior communication and during emergencies.
- In case of medicine donations, health coordinators of the respective IPS should immediately be provided with the list of donated items with expiry dates and other specifications.

**Distribution of health facility pharmacy to the wards:**
- At the health facility, only the health facility pharmacy should maintain stock cards, while the other wards should record what is used or dispensed in the prescription and dispensing log.
- All issues from the health facility pharmacy should be based on a requisition and issue book from the wards using an agreed-on schedule (once or twice weekly). All requisitions should be approved by the ward in-charge. For ease of distribution, only full containers should be given to the wards.
4. MEDICINE STORE MANAGEMENT

Protection against environment

- Adequate storage of medicines and medical supplies means protecting them against heat (e.g. insulin, oxytocin inj., chloramphenicol eye drops), humidity, light (especially adrenaline, vit.K inj., chloramphenicol eye drops, condoms), pests, theft, fire, dust and water.
- Temperature recommendations by the manufacturer should be followed as mentioned on the label. If no specific storage instructions are given from the manufacturer, “normal storage conditions” apply. Normal storage conditions for drugs have been defined as “storage in dry, well ventilated premises at temperatures of +15 °C, to +25 °C, or depending upon climatic conditions, up to +30 °C” (WHO 1990). Thermometers should be placed in the hottest place of every storage area and temperature should be checked at the hottest time of the day. Cool items such as insulin, oxytocin injections and most vaccines and sera require storage between 2-8 °C and hence require storage in a cool box or refrigerator of which the temperature is monitored and recorded twice daily.

Store organization

- Arrange in the pharmacy for at least the following areas: receiving/issuing area (near access doors), desk (near a light source), storage area, cold chain area.
- Stock is arranged according to the following classification:
  - oral drugs
  - injectable drugs
  - infusions
  - drugs for external use and disinfectants
  - reagents and laboratory material
  - small consumable materials classified in subcategories:
    * dressings
    * injection materials
    * sutures
- Within each category, products (oral, injectable, external use) are classified alphabetically. Each product should have a designated place, well identified by a fixed label, indicating the INN (generic name), form and dosage. E.g. AMOXICILLIN 250 MG TABLET. An empty space behind a label means a stock rupture.
- Controlled items (ketamine, tramadol, pethidine, phenobarbital, diazepam, etc) should be kept in a lockable cupboard and monitored in a special register.
- Provide sufficient space between and for each drug. A proper arrangement should allow fast inspection and physical inventory.
- Avoiding clutter is of key importance to keep oversight of the medical store. This means ensuring that strictly no non-medical items are stored in the medical store.

Shelf-life management/Expiry date monitoring

- Arrange stock according to FEFO (First Expiry First out) to allow stock rotation, so place drugs with the earliest expiry date in front/on top and drugs with the latest expiration date in the back/below.
- Regularly remove all expired items from the store and check for near-to-expiry drugs that cannot be used completely before their expiry date. Prepare a list of medicines and medical supplies (at least once quarterly) that will expire within the following 6 months (very easy to do with Autofilter function in Microsoft Excel after each physical inventory: Data ➔ Filter ➔ Autofilter), compare with average monthly
consumption rate and obtain donor approval to donate excess drugs at least 3 months before expiry date. Expired drugs will need to be destroyed or sent to the District Medical Office for disposal.

- Mark all containers and boxes with the expiration date of the drug.
- Enter drugs with new expiry dates into the inventory list upon arrival.
- Ensure that stock is not separated. If storage space allows, bulk stock should be kept near working stock.

Disposal of expired medicines
- In case of expired medicines, generate a list and separate them from the non-expired medicines.
- Weigh and pack the expired medicines.
- In case of expired medicines, programme managers will liaise with the District National Drug Authority Inspector/ District Health Officer to process the destruction of medicines and will contact the NMS in case of government supplies.

Record-keeping
- Both health facility pharmacies and the regional medical stores will use stock cards to record origin and destination, all entries and exits, batch numbers, and balances. It is crucial that stock cards are IMMEDIATELY updated at every entry or exit in order to avoid discrepancies. Every medicine has a separate stock card for every dosage form, strength and pack size.
- A physical inventory of all the items in stores shall be done at the end of every month to verify discrepancies between reported and counted quantities and expiry dates at the health facility pharmacies and on a quarterly basis at the regional medical stores. The inventory is carried out by the pharmacy staff and their supervisor. All discrepancies should be accounted for and followed up by management.

For a complete overview of all forms, records and reports required by health facilities and regional medical stores, see Annex.

Stock-level management

- Both health facility pharmacies and the regional medical stores will report on their stock level on a monthly basis. This will be used by health coordinators as an early warning for under- or oversupply.
- Express stock levels in months left to cover, based on recent Average Monthly Consumption and set Minimum (to avoid stock-out) and Maximum stock levels (to avoid overstocking). This can be easily done in an Excel spreadsheet, given that timely and accurate consumption data are available.

Performance monitoring and supervision

The performance of the health facility pharmacies and regional medical stores should be monitored by the health coordinators by regularly measuring stock availability, stock-out duration, number of expired medicines and discrepancies between physical and theoretical counts. This should be done by 1. Physical inventory and 2. Inventory Management Assessment Tool (IMAT). Storage conditions and store organization should also be checked during these supervisory visits.
5. RATIONAL USE OF MEDICINES

- Each health facility shall have a medicine management committee (see annex 4 for composition and TOR) that monitors the availability and rational use of medicines at the facility level.
- Medicines shall be dispensed to patients strictly on presentation of a prescription showing name of the patient, date, diagnosis and treatment.
- Dispensed medicines at all wards shall be recorded in the Prescription and Dispensing log on a daily basis. At the end of the week, every ward tallies all medicines that have been dispensed that week and at the end of the month, every ward tallies all medicines that have been dispensed during the month and submits this information to the health facility pharmacy staff. This will allow the health facility pharmacy staff to tally the total quantity of medicines and supplies consumed of the health facility that month and record it in the Monthly Health Facility Report, of which a hard-copy shall be sent to Regional Medical Store. This will allow the Regional Medical Store to calculate total monthly consumption data for all health facilities that they are serving.
- Dispensing of medicines should be done by qualified personnel at a level of enrolled nurse.
- Clinicians and dispensers shall provide the following information to patient in relation to the prescribed medicines and assess understanding by the patient:
  - Diagnosis
  - Medicines prescribed and their indication
  - Dosage schedule
  - Routes of administration
  - Possible side effects and what to do
  - Possible drug interactions
  - Medicine adherence issues
- Each clinician and dispenser will have access to a hard copy of:
  1. Uganda clinical guidelines (UCG)
  2. Uganda Essential Medicines and Medical Supplies List 2012,
  3. British National Formulary (BNF),
  4. UNHCR Uganda Essential Medicines and Supplies list,
  5. UNHCR Global Essential Medicines and Supplies Policy 2014,
  6. UNHCR Global Essential Medicines and Supplies Policy Annexes (SOPs)
  7. UNHCR Uganda Drug Management SOP
  8. Treatment algorithms of top-5 morbidities (displayed as posters in consultation room)
- Every health facility will at least once quarterly include a session on drug management in their continuing medical education.
- Each health facility will review the following indicators below on a quarterly basis:
  - Rational prescribing indicators (based on samples of 100 prescriptions)
    1. Average number of medicine per encounter (<1.6)
    2. Percentage of medicine prescribed by generic name (>90%)
    3. Percentage of encounters with an antibiotic prescribed (<15%)
    4. Percentage of encounters with an injection prescribed (<15%)
    5. Percentage of medicine prescribed from essential medicine list or formulary (100%)
    6. Percentage of prescribers that have access to a hard copy of Ugandan Clinical Guidelines (100%)
  - Stock Management indicators for 25 vital and essential medicines (see IMAT)
    7. Percentage of stock records that is accurate (>90%)
    8. Ratio of inventory variation to total stock (<3%)
    9. Percentage of medicines available (100%)
    10. Average percentage of time that products are out of stock (<5%)
6. ANNEXES:

Annex I  Composition of the Drug and Therapeutic Committee and TOR

- Public health officer, UNHCR, Kampala
- Pharmacist AIRD
- Program manager, MTI
- Project coordinator, AHA
- Medical coordinator, AAHi
- Medical coordinator, RMF
- Medical officer, Inter Aid
- Health and nutrition coordinator, UNHCR Mbarara
- District Health Officer, Adjumani

**Terms of Reference**
- Review the SOP on the Medicine and Medical Supplies
- Review training needs in relation to Medicine and Medical Supplies
- Review the procurement process and establish whether there are issues which need to be addressed.
- Review the UNHCR Uganda Essential Medicine and Supplies list

Annex IV  Composition of health facility medicine management committee

- Medical Officer
- Pharmacy technician
- Clinical officer
- Head nurse
- Laboratory technician

Annex V  **UNHCR Medical Supply and Equipment List**

Annex : Forms and records

**Drug management forms and records kept by the health facility wards**

<table>
<thead>
<tr>
<th>Type of information</th>
<th>Staff</th>
<th>Method</th>
<th>Frequency</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stock balance</strong></td>
<td>Ward in-charges (IPD, OPD)</td>
<td>Record stock in/out and calculating balance.</td>
<td>Weekly</td>
<td>Stock book</td>
</tr>
<tr>
<td><strong>Requisition from the wards to</strong></td>
<td>Ward in-charges (IPD, OPD, Maternity,</td>
<td>Order approved by in-charge from each department to the clinic pharmacy. Should include: Item description, Balance,</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>health center pharmacy</strong></td>
<td>etc.)</td>
<td><strong>Quantity Used,</strong> <strong>Quantity Requested,</strong> <strong>(Quantity Used)</strong></td>
<td><strong>Weekly</strong></td>
<td><strong>Drug Issuing Form</strong></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------</td>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td>Health facility pharmacy staff.</td>
<td><strong>Quantity Issued.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Daily consumption</strong></td>
<td>Ward in-charges (IPD, OPD, maternity, )</td>
<td><strong>Tally total amount of units for every drug per day</strong></td>
<td><strong>Daily</strong></td>
<td><strong>Prescription and Dispensing Log</strong></td>
</tr>
</tbody>
</table>

### Health facility pharmacy records and reports

<table>
<thead>
<tr>
<th><strong>Type of information</strong></th>
<th><strong>Staff</strong></th>
<th><strong>Method</strong></th>
<th><strong>Frequency</strong></th>
<th><strong>Form</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stock balance</strong></td>
<td>Health Facility Pharmacy staff</td>
<td>Record stock in/out and calculating balance.</td>
<td>Every time an item is received or issued.</td>
<td>Stock card</td>
</tr>
<tr>
<td><strong>Stock discrepancies</strong></td>
<td>Health Facility Pharmacy staff</td>
<td>Compare physical stock (as counted) and record quantity as written on stock card as well as expiry date.</td>
<td>Monthly</td>
<td>Inventory form</td>
</tr>
<tr>
<td><strong>Monthly requisition of medicines and medical supplies from health facility to regional medical store.</strong></td>
<td>Health Facility Pharmacy staff</td>
<td></td>
<td>Monthly</td>
<td>Drug &amp; Medical Supplies Requisition form</td>
</tr>
<tr>
<td><strong>Stock balance and issue data of health facility pharmacy to wards.</strong></td>
<td>Health Facility Pharmacy staff</td>
<td>Record amount of stock received from regional medical store, stock issued (to every ward), opening and closing balance, and number of days out of stock (from stock-cards).</td>
<td>Monthly</td>
<td>Monthly Health Center Pharmacy Report* (to be sent to regional medical store)</td>
</tr>
<tr>
<td><strong>Monthly consumption of wards</strong></td>
<td></td>
<td>Monthly consumption of all wards (from Prescription &amp; Dispensing Log or Weekly Consumption Form*)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Regional pharmacy records and reporting

<table>
<thead>
<tr>
<th>Type of information</th>
<th>Staff</th>
<th>Method</th>
<th>Frequency</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stock balance</strong></td>
<td>Pharmacy Assistant</td>
<td>Record stock in/out and calculating balance.</td>
<td>Every time drugs are received or given out.</td>
<td>Stock card</td>
</tr>
<tr>
<td><strong>Stock discrepancies</strong></td>
<td>Pharmacy Assistant with supervisor.</td>
<td>Compare physical stock (as counted) and record quantity as written on stock card, record expiry dates.</td>
<td>Quarterly</td>
<td>Physical inventory</td>
</tr>
<tr>
<td><strong>Stock levels and distribution data of regional pharmacy.</strong></td>
<td>Pharmacy Assistant</td>
<td>Record amount of stock in, stock out (for every HC), opening and closing balance, stock level (in number of months), and number of days out of stock (from stock-cards).</td>
<td>Monthly</td>
<td>Monthly Regional Medical Stock Report* (Microsoft Excel file to be uploaded to cloud)</td>
</tr>
</tbody>
</table>

*Forms that need to be designed.

### UNHCR Monthly Stock Report (Health facility pharmacies)

**Health Facility:**

<table>
<thead>
<tr>
<th>Item number</th>
<th>Item</th>
<th>Strength</th>
<th>Unit</th>
<th>Opening balance on dd/mm/yy</th>
<th>Quantity Consumed by all wards</th>
<th>Quantity issued to all wards</th>
<th>Number of days out of stock in HC pharmacy</th>
<th>Closing Balance on dd/mm/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acetylsalicylic acid (ASA)=Aspirin</td>
<td>100mg</td>
<td>tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acetylsalicylic acid (ASA)=Aspirin</td>
<td>500mg</td>
<td>tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Acetylsalicylic acid (ASA)=Aspirin</td>
<td>300mg</td>
<td>tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aciclovir</td>
<td>200mg</td>
<td>tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Albendazole</td>
<td>400mg</td>
<td>tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Allopurinol</td>
<td>100mg</td>
<td>tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Aluminium Hydroxide/Magnesium Hydroxide</td>
<td>400mg</td>
<td>tab</td>
<td></td>
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### UNHCR Monthly Stock Report (Regional Central Pharmacies)

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<th>Dosage Form</th>
<th>Packing Unit</th>
<th>Minimum Stock (LT+SS)</th>
<th>Maximum Stock (LT+SS+PP-S)</th>
<th>AMC</th>
<th>Opening Balance</th>
<th>Quantity Received</th>
<th>Quantity Issued</th>
<th>Number of days out of stock</th>
<th>Closing Balance Month 1=Opening balance Month 2 (units)</th>
<th>Stock Level after Month 1 (months)</th>
<th>Quantity Received</th>
<th>Quantity Issued</th>
<th>Number of days out of stock</th>
<th>Closing Balance Month 2=Opening balance Month 3 (units)</th>
<th>Stock Level after Month 2 (months)</th>
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The first task is to verify that all boxes (as specified by their box number on the packing list) are received and that all damaged boxes or those with damaged seals, are recorded and set aside for immediate verification. Any discrepancy in contents between packing list and what is counted should be immediately recorded on the delivery note. Ideally, also the undamaged boxes are immediately verified and reported on the delivery note, although this can take multiple days for large orders, in other words, this cannot be done while the delivery staff is waiting. A completed delivery note is a prerequisite for processing payment however, perhaps it is possible to agree with the supplier that if verification of contents sealed/undamaged boxes (the majority) is done later (which should be stated on delivery note), discrepancies can still be claimed if the supplier is paid earlier.