



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

STANDARD OPERATING PROCEDURES MANUAL (SOP)

FOR

COMMUNITY HEALTH WORKERS' LOGISTICS SYSTEM

**December
Second Edition**

Financing Alliance
for Health



FOREWORD



The Ministry of Health (MOH) developed the Community Based Volunteers Logistics System (CBV LS) standard operating procedures manual which provides a step-by-step guidance for the management of commodities at community level. This is in line with the vision of MOH attainment of Universal Health Coverage through efficient and effective management of our supply chain culminating into better availability of quality, efficacious and safe medicines, vaccines and other medical products across the continuum of care covering promotive, preventive, curative, rehabilitative and palliative health care services.

The Ministry and its cooperating partners embarked on this effort to strengthen the supply chain for commodities needed by CBVs. A workshop was held to develop and standardize Logistics Management Information System tools to improve access to commodities by CBVs.

This manual is a result of the participatory process which included representatives from the Ministry of Health, USAID GHSC-PSM, ZAMMSA, JSI- SAFE, MACEPA and CHAZ. Implementation of this manual will ensure that medicines and medical supplies are always available to people in the communities that they serve. This manual should be used when dealing with matters regarding the storage, reporting, and ordering of medicines and medical supplies designated for use at community level.

The Ministry of Health would like to thank all stakeholders for supporting this endeavor.

Dr. Kennedy Lishimpi
Permanent Secretary-Technical Services
MINISTRY OF HEALTH

ACKNOWLEDGEMENT:



The Government of the Republic of Zambia through the Ministry of Health has endeavored to ensure the availability and accessibility of Medicines and Medical Supplies at the Service Delivery Points (SDP). In the quest to promote Universal Health Coverage through Primary Health Care Approach, the MoH has designed the Community Based Volunteers Logistics System which links the lowest level of care with the community and has also developed the Standard Operating Procedure (SOP) manual to guide the processes of reporting, ordering, storage and accountability of health commodities by the CBVs in their communities.

This SOP manual is as a result of consented efforts by the Ministry of Health with support from stakeholders to strengthen the supply chain system for health commodities managed by the CBVs in the community.

The following were the key stakeholders who shared their valuable experience and contributions to the development of this manual:

- CHAZ
- USAID GHSC-PSM
- ZAMRA
- ZAMMSA
- MTaPs
- UNICEF
- USAID
- GLOBAL FUND
- FAH
- FHN
- MCGL

The development of the CBV LS (SOP) manual would not have been possible without the support of the Ministry of Health, specifically, Permanent Secretary.

Dr. Bushimbwa Tambatamba
Director Public Health and Research
MINISTRY OF HEALTH

ACRONYMS

CHAZ	Churches Health Association of Zambia
CBVs	Community Based Volunteers
CBVs LS	Community Based Volunteers Logistics System
CSC	Commodity Security Centre
cLMIS	Community Logistic Management Information System
DHO	District Health Office
FAH	Financing Alliance for Health
FEFO	First-expiry First-out
FHN	Family Health and Nutrition
GHSC-PSM	Global Health Supply Chain-Procurement and Supply Management
GRZ	Government of the Republic of Zambia
HF	Health Facility
LMIS	Logistics Management Information System
MACEPA	Malaria Control and Elimination Partnership in Africa
MCGL	Momentum Country and Global Leadership
MTaPs	Medicines, Technologies and Pharmaceutical Services
MOH	Ministry of Health
NGO	Non-governmental organization
PAMO PLUS	Program for the Advancement of Malaria Outcomes
PHO	Provincial Health Office
SDP	Service Delivery Point
SOP	Standard Operating Procedure
UNICEF	United Nations International Children Emergency Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
ZAMMSA	Zambia Medicines and Medical Supplies Agency
ZAMRA	Zambia Medicines Regulatory Authority

Contents

ACKNOWLEDGEMENTS:	2
ACRONYMS	3
I. INTRODUCTION	5
A. Purpose of the Manual.....	5
B. ROLES AND RESPONSIBILITIES.....	5
C. Logistics Systems Pipeline for the flow of Commodities and Information.....	6
II. INTRODUCTION TO LOGISTICS MANAGEMENT INFORMATION SYSTEM FOR COMMUNITY BASED VOLUNTEERS	7
A. Logistics Management Information System.....	7
B. Commodity Ordering and Tracking Tool for CBVs.	8
JOB AID 1: This job aid provides guidance for completing the Commodity Ordering and Tracking Tool (COTT) by the CBVs.....	9
C. Storage of Medicines at Home by CBVs.....	12
1) Objective:	12
2) Responsibility	12
3) Resources:	12
4) Procedures:	12
D. Conducting a Physical Count.....	12
E. Visual Inspection	13
F. Product Quality Problems and Recalled Medical Products	13
G. Handling Damaged or Expired Stocks	13
ANNEX:	14
A. The Commodity Ordering and Tracking Tool	14

1. INTRODUCTION

A. Purpose of the Manual

This SOP manual is intended to simplify and standardize the management of medicines and medical supplies at community level. This is aimed at providing guidance to ensure uninterrupted availability of medicines and medical supplies. The target audience are CBVs and health facility staff in public health facilities. The following aspects of commodity management will be addressed:

- Maintaining adequate quantities of medicines and medical supplies.
- Ordering medicines and medical supplies from reporting facility.
- Receiving and storing medicines and medical supplies.
- Recording receipts, issues, and consumption data; and
- Monitoring logistics activities throughout the system.

Effective implementation of this SOP will improve the CBV logistics system in meeting the Six Rights of supply chain management as shown below:

- Right Products.
- Right Quantity.
- Right Quality.
- Right Place.
- Right Time; and
- Right Cost.

B. Roles and Responsibilities

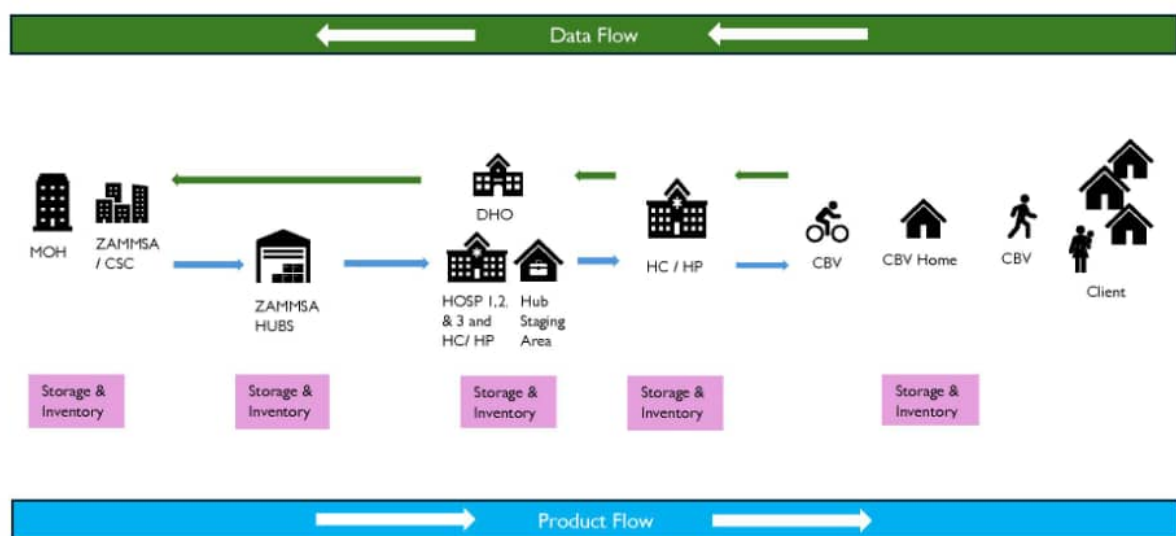
- Collect medicines and medical supplies from the health facility.
- Dispense medicines and medical supplies to patients/clients in the community.
- Store medicines and medical supplies according to the guidelines.
- Keep accurate records of medicines and medical supplies.
- Maintain and submit the Commodity Reporting and Tracking Tool (CRTT) monthly.
- Report information relating to quality of medicines and medical supplies to the health facility.
- Return of unusable medicines and medical supplies, and medical wastes to the facility for disposal.



C. Logistics Systems Pipeline for the flow of Commodities and Information

Commodities flow from the central warehouse to service delivery points through a well-designed logistics system. This system utilises both paper and electronic-based records operating on the principle of report and requisition. The diagram below summarizes this flow.

National Pipeline for Health Commodities



2. INTRODUCTION TO LOGISTICS MANAGEMENT INFORMATION SYSTEM FOR COMMUNITY BASED VOLUNTEERS.

A. Community Logistics Management Information System

Community Logistics management information system (cLMIS) is designed to collect, organize, and report data gathered from various community service providers to guide decision making.

The three (3) essential data items are required to run a logistics system and, therefore, must be captured by the cLMIS. These three essential data items are:

- 1) **Stock on Hand:** Quantities of usable stock (medicines and medical supplies) available at a particular point in time.
- 2) **Consumption Data:** The quantity of medicines and medical supplies dispensed to users during the reporting period.
- 3) **Losses/Adjustments:** Losses are the quantities of products that are removed from your stock because of expiry, loss, theft, or damage and are recorded as negative (-) numbers. Adjustments are quantities of a product received from any source other than the health facility or issued to another CBV or Health facility. An adjustment may also be a correction due to an error in mathematics. An adjustment may be a negative (-) or positive (+) number. A positive adjustment is when medicines and medical supplies have been received and a negative adjustment is when medicines and medical supplies have been issued.

A well-designed logistics management information system will include records and forms that are used to collect and report the three essential data items mentioned above.

Forms have been designed for the cLMIS and are included in this SOP along with step-by-step instructions on how to fill them out.



B. Commodity Reporting and Tracking Tool (CRTT).

The purpose and related activities of the commodity reporting and tracking tool are listed in the table below.

Table 1

Form Name	Purpose	Activity	Responsible person
Commodity Reporting and Tracking Tool	<ul style="list-style-type: none">● To account for the quantity of medicines and medical supplies received and dispensed	<ul style="list-style-type: none">● Receiving● Dispensing● Reporting	<ul style="list-style-type: none">● CBV

On a monthly basis the CBV will complete the Commodity Reporting and Tracking Tool (CRTT) with the following essential data: Beginning balance, total quantity received, total quantity dispensed, losses and adjustments and closing balance for the previous month for each commodity.



JOB AID: This job aid provides guidance for completing the Commodity Reporting and Tracking Tool (CRTT).

Table 2

Task:	Completing the <i>CRTT</i>
Completed by:	Community Based Volunteer
Purpose:	To report the beginning balance, total quantity received, total quantity dispensed, losses and adjustments and closing balance of medicines and medical supplies.
When to perform:	Monthly (By 5 th day of the following month)
Materials needed:	Pen and calculator

1.	Name of NHC Zone:	Write the name of the NHC Zone
2.	Name of Facility, District and Province:	Indicate the name of the facility, district, and province.
3.	Date: Date of report completion	This should be the date when the report is being completed. Example: 1 st April 2023
4.	Reporting Period	This is a full month, and this report should be completed at the end of every month. Example: 1 st to 30 th April 2023
5.	Product Name (Column A):	Product names are pre- printed.
6.	Units (Column B): Pre-printed:	unit of measure of the commodities are pre-printed.



7.	Beginning Balance (Column C):	Indicate the total balance of usable medicines and medical supplies on the starting date of the reporting period for each product. This number should match the Physical Count at the end of the previous month.
8.	Quantity Received from Facility (Column D):	Indicate the date and quantity received from the facility. For example: 6 th
9.	Total Quantity (C+D) (Column E):	Add up the beginning balance and total quantity received for each product during the reporting period. Example: If the beginning balance in column C, is 3, and the quantity received of Artemether/Lumefantrine 120/20mg (12s) from the health facility in column D, is 5. Total Quantity (E)= 3+5=8
10.	Products Dispensed during the reporting period:	For each commodity dispensed daily during the month, indicate the total number of units in the corresponding column. E.g., If 10 tablets of paracetamol 500 mg were dispensed on day 7, indicate 10 tablets as dispensed on day 7. Similarly, if 3 cycles of Ethynylestradiol/Levonorgestrel tabs were dispensed on day 15, indicate 3 cycles as dispensed on day 15.
11.	Total dispensed (Column F):	Add and write in the total quantity of each product that was dispensed during the reporting period. This information comes from the “Product Dispensed during the reporting period under column E” of the CRTT.
12.	Losses/Adjustments (Column G):	Indicate the sum of all losses/adjustments. Add for a positive and subtract for a negative sum.



13.	Physical Count (Column H):	Conduct physical count of each product at the end of the month and indicate the quantities.
14.	Remarks (Column I):	Give comments for any loss and adjustment.
15.	Completed by:	The CBV will fill in the name, designation, signature, and date
16.	Verified by:	The Facility In-charge will fill in the name, designation, signature, and date

Completion checklist

The task is completed when:
<ul style="list-style-type: none"> <input type="checkbox"/> The dates for the reporting period are filled in. <input type="checkbox"/> The name of facility, district and province are filled in. <input type="checkbox"/> The quantity of the beginning balance, received from the facility, dispensed during the month, losses, and adjustments, and closing balance are filled in. <input type="checkbox"/> Losses and adjustments are accounted for through comments. <input type="checkbox"/> Report completed by name, designation, signature, and date are filled in. <input type="checkbox"/> Report received by name, designation, signature, and date are filled in.



C. Storage of Medicines and Medical Supplies by CBVs

3. OBJECTIVE:

To ensure that the quality and security of medicines and medical supplies is maintained.

4. RESPONSIBILITY

The community-based volunteer.

5. RESOURCES:

- a) A standardized Lockable medicine box
- b) Designated waste bag (Biohazard bag)

6. PROCEDURES:

- a) Keep the medicine box raised off the floor.
- b) Keep all medicines and medical supplies inside the box.
- c) Keep the medicine box in a cool dry place away from direct sunlight and wet or leaking areas.
- d) Lock the medicine box and keep it away from children and visitors.
- e) Arrange the medicines and medical supplies in compartments inside the medicine box.
- f) Conduct a physical count every month and update the COTT for any expired, obsolete, or damaged products.
- g) Remove the damaged, obsolete, or expired items and keep safely out of reach of children and visitors. Place these items in a designated waste bag and deliver to the health facility.
- h) Keep the medicine box clean, free from pests, food, and dust.
- i) The CBV shall follow “First Expire, First Out” practice during routine dispensation.
- j) If any commodities are at risk of expiry, the CBV shall give those products back to the health facility.

D. Conducting a Physical Count

A physical count is an actual count of usable medicines and medical supplies at any given time.

A physical count of the commodities is done to verify that the stock balance found on the *CRTT at the end of the month* shows the correct number of usable medicines and medical supplies that are available. If the quantity for a commodity does not match the quantity in the box, the *CRTT is adjusted accordingly*. This should be done monthly.



Physical count information comes from the quantities of the commodities in the storage box.

Open bottles or packages whose seal is broken should be included in a physical count.

E. Visual Inspection

Visual inspection is the process of examining products and their packaging by eye to look for problems in product quality.

It is important to conduct visual inspections of the products in order to assure product quality. A visual inspection should be completed each time products are handled: when receiving, issuing, or dispensing medicines and medical supplies, or when conducting a physical count.

When conducting a visual inspection, be sure to check the following:

- 1) Package and product integrity:** check for damage to the packaging and products (e.g tears, perforations, water, oil, broken or crumbled tablets, broken bottles etc).
- 2) Labelling:** Make sure that products are labelled with the date of manufacture, expiration, lot/batch number, and manufacturer's name etc.
- 3) For tablets and capsules, be sure that:**
 - a) Tablets/capsules are identical in size, shape, and colour.
 - b) Tablets/capsules markings are identical (scoring, lettering, numbering)
 - c) There are no defects such as spots, cracks, stickiness, etc.
 - d) There is no unexpected odour when the bottle is opened.
 - e) There are no broken tablets, empty or open capsules.

F. Product Quality Problems and Recalled Medical Products

Defective medicines and medical supplies should be reported by the CBV to the health facility. The health facility shall in turn report to the National Pharmacovigilance Centre. Upon notification of a product recall, the health facility shall notify the CBV and replace the product with the unaffected one.

G. Handling Damaged, Obsolete or Expired Stocks

Logistics systems try to minimize the amount of damaged, obsolete or expired stocks. However, if these products are found at any time during a visual inspection or physical count (or upon receipt of a consignment), these stocks should be removed from the inventory. These stocks should be moved to a separate place so that they cannot be issued or used.



