MALAWI

Health Commodities Logistics Management System Procedures Manual

October 2003

Republic of Malawi
Ministry of Health and Population

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DELIVER

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Contents

Acronyms

AIDS	acquired immune deficiency syndrome
CBD	community-based distribution
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
DAC	District AIDS Coordinator
DHO	District Health Officer
EOP	emergency order point
FEFO	first-to-expire, first-out
FIFO	first-in, first-out
HTSS	Health Technical Services and Support
IUD	intrauterine device
LMIS	logistics management information system
MOHP	Ministry of Health and Population
NGO	nongovernmental organisation
OJT	on-the-job training
RMS	Regional Medical Stores
SC	stock card
SDP	service delivery point
SIGMED	CMS/RMS warehouse management software
SOP	standard operating procedures
STI	sexually transmitted infection

Introduction

Who Will Use This Manual?

All Ministry of Health and Population (MOHP) staff who manage drugs, contraceptives, and other medical supplies will use this manual. It is their job to order, issue, distribute, and store these products.

Why Was This Manual Written?

This manual provides standardised operating procedures (SOPs) and guidelines for the management of health commodities in the MOHP's integrated supply chain. Although a few products require special handling (for example, vaccines) and are managed separately, most health commodities should follow the SOPs outlined in this document. The manual will guide the MOHP staff as they perform some or all of the following activities:

- Determine supply needs.
- Order, receive, and store supplies properly.
- Distribute and maintain adequate supplies.
- Record and report accurate information about supplies and their use.
- Monitor logistics activities and supervise the staff who carry them out.

By using these procedures to manage their supplies, health staff can ensure quality products for clients throughout the country.

How Should You Use This Manual?

Review and become familiar with this entire manual. Refer to it frequently as you perform your job managing health commodities.

Each chapter of the manual describes a specific logistics management activity, including—

- purpose of the logistics management activity
- when the activity should be carried out
- instructions on how to complete the activity
- examples that illustrate the activity.

A list of acronyms follow the table of contents, and a glossary of logistics terms are at the end of the manual. Annexes include copies of all recording and reporting forms you need to carry out your logistics responsibilities.

The following summary explains the contents of each chapter:

1. *Overview of the Malawi Health Commodities Logistics Management System*
   Describes the purpose and structure of the drugs, contraceptives, and other medical supplies distribution and information system.

2. *Logistics Management Responsibilities*
   Describes and lists the job responsibilities for each designation of health and medical supply staff who manage drugs, contraceptives, and other medical supplies. Find your list of job responsibilities and refer to it regularly.

3. *Storing Drugs, Contraceptives, and Other Medical Supplies*
   Provides guidelines for receiving and storing drugs, contraceptives, and other medical supplies; and maintaining quality.

4. *Conducting a Physical Inventory*
   Describes how and when you should conduct physical inventories of your drugs, contraceptives, and other medical supply stocks.

5. *Recording and Reporting*
   Describes how to record and report logistics information using the standard LMIS forms.

6. *Reviewing Stock Status*
   Describes how to calculate how many months of stock you have in your facility. It helps you determine if your facility is overstocked, understocked, or properly stocked, and what actions to take, if necessary.

7. *Calculating How Much to Order or Issue*
   Describes how to calculate the quantity of drugs, contraceptives, and other medical supplies to order or issue.

8. *Logistics Monitoring and Supervision*
   Provides guidelines for logistics monitoring and supervision, and steps for conducting a logistics supervisory visit.

1. Overview of the Malawi Logistics Management System

What Is the Malawi Health Commodities Logistics Management System?

The Malawi Health Commodities Logistics Management System is the Ministry of Health and Population (MOHP) medical supply system of inventory management and recording and reporting for drugs, contraceptives, and other medical supplies. This system ensures that all Malawians are able to receive the products they need, and receive quality treatment when they visit a service delivery point (SDP) or are visited by a community-based distribution (CBD) agent. This system ensures that the logistics **six rights** are fulfilled.

THE SIX RIGHTS

Good Logistics Delivers—

the **RIGHT** Product

in the **RIGHT** Quantity

in the **RIGHT** Condition

to the **RIGHT** Place

at the **RIGHT** Time

for the **RIGHT** Cost.

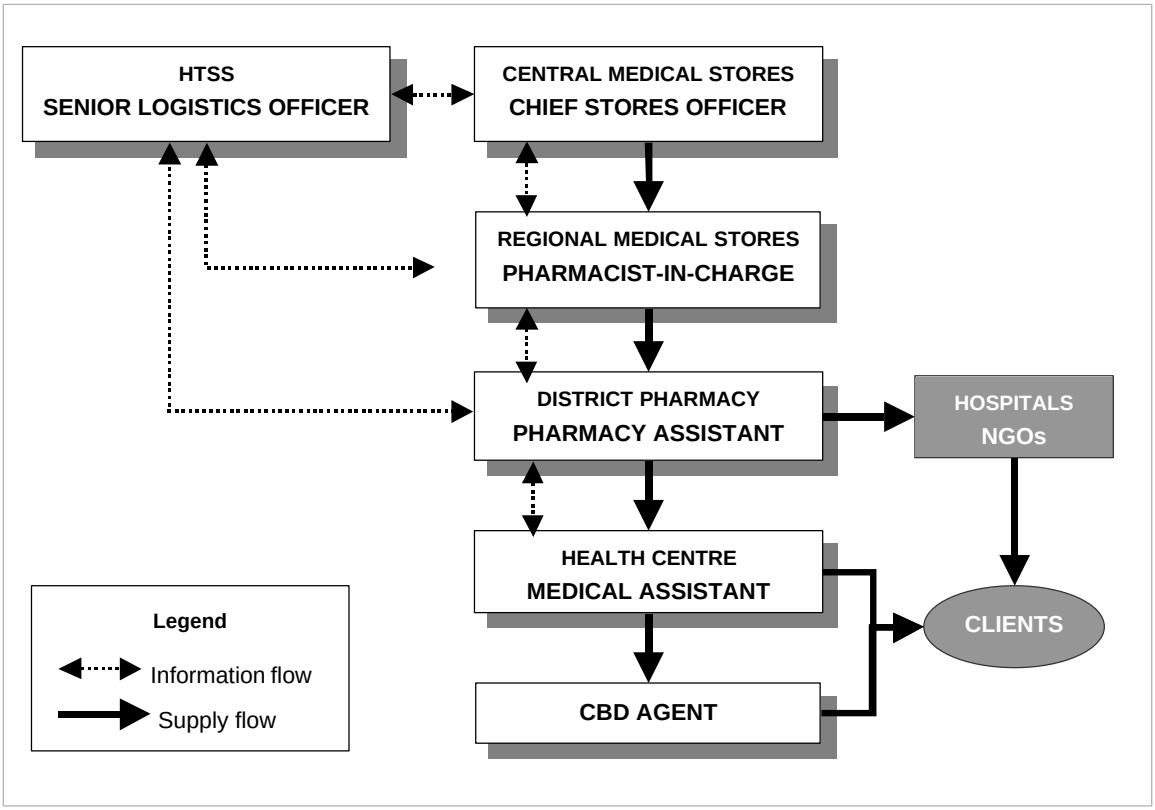
How Do Drugs, Contraceptives, and Other Medical Supplies Get to Clients?

Figure 1 illustrates the movement of health commodities from the Central Medical Stores (CMS) to intermediate facilities, SDPs, and clients, including the personnel who manage them. Health commodities are moved from the CMS to the Regional Medical Stores (RMS), where they are packed for each health centre, district hospital, or nongovernmental organisation (NGO) facility. They are then sent to district pharmacies for delivery to (or pick up by) the health centre or NGO. Contraceptives are also collected from the health centres by CBD supervisors and given to CBD agents during their monthly meetings or supervisory visits for distribution to clients. While the District AIDS Coordinators (DAC) do not obtain or hold commodities for AIDS control, they do coordinate with staff at various levels to ensure that sufficient commodities are available for AIDS control campaigns.

How Does Information Get to the Logistics Managers?

District pharmacists work with RMS and health centre staff to coordinate the management and distribution of health commodities. As products move through the medical supply system, information moves up the logistics management information system (LMIS) from health centres to districts and on to RMS and Health Technical Services and Support (HTSS). This information is used to make supply decisions to order and issue health commodities at the appropriate time and in adequate quantities.

Figure 1.
Movement of Health Commodities to Clients



What Happens in the MOHP Logistics Management System?

The following table outlines the personnel who manage the MOHP logistics management system, its activities, and when these activities should take place at each level of the logistics system.

Who	Actions	When
Medical Assistant	• Receives health commodities and dispenses to clients. Records information about transactions on the stock card (Form LMIS-SC) and in-patient registers.	During the month
	• Completes the Health Centre Monthly LMIS Report (Form LMIS-01A).	Monthly
District Pharmacy Technician/ Assistant	• Receives health commodities for the district hospital and dispenses to clients. Records district pharmacy transaction information on the stock card (Form LMIS-SC).	During the month
	• Receives prepacked health commodities from RMS and forwards them to health centres and NGO facilities. • Completes the District Hospital Monthly LMIS Report (Form LMIS-01B). • Calculates quantities required for health centres, district hospitals, and NGOs, and enters on Forms LMIS-01A and-01B. • Completes the District Monthly Order Worksheet (Form LMIS-02) and submits it to the DHO.	Monthly
Regional Pharmacist-In-Charge	• Manages movement of drugs, contraceptives, and other medical supplies, and records information about transactions on the stock card (Form LMIS-SC). • Manages RMS packing activities for issues to health centres, district hospitals, and NGO facilities. • Coordinates health commodity needs with districts and CMS.	During the month

2. Logistics Management Responsibilities

Who Plays a Key Role in the LMIS?

Many health staff play key roles in the operation of the Malawi LMIS:

Central level:

Senior Logistics Officer: HTSS

Chief Stores Officer: Central Medical Stores

Regional Medical Stores:

Pharmacist-In-Charge

District level:

District Pharmacy Technician

District Health Officer

Health centre:

Health service providers (includes Christian Health Association in Malawi [CHAM] hospitals and NGO service providers)

Clinical Officer / Medical Assistant

- If no one has this designation at your level or facility, *you must assign the responsibility to someone* to ensure that the logistics system operates and products are available to clients.

- If you manage health commodities, find the description of your responsibilities in the following boxes. The description should help you understand your job as it relates to managing the logistics system.

- If you supervise staff who manage the logistics system, the list should help you ensure that the responsible staff member knows and is performing his or her job.

What Are Your Logistics Management Responsibilities?

The logistics responsibilities for each of the MOHP staff are listed below. Refer to this list each month to ensure that you are fulfilling your logistics responsibilities.

Senior Logistics Officer

The Senior Logistics Officer is based at the HTSS offices in Lilongwe, and for drugs, contraceptives, and other medical supplies, will—

1. Compile consumption data, issues data, and stock data for health commodities.
2. Use logistics data from the LMIS to produce commodity forecasts.
3. Coordinate with CMS and donors on what commodities should be procured for the nation.
4. Coordinate with CMS to ensure that donated health commodities have been well received, tested, and distributed to all RMS for further distribution.
5. Monitor stock status of commodities throughout the country, and advise authorities when the situation requires immediate action.
6. Orient pharmacy personnel and clinicians on good storage practices for health commodities.
7. Give on-the-job and other training in logistics to MOHP personnel with logistics responsibilities.
8. Ensure availability of forms and reports to be used in the LMIS at all levels.
9. Coordinate with Pharmacists-in-Charge to ensure proper functioning of LMIS software.
10. Organise quarterly logistics committee meetings.

Chief Stores Officer—CMS

For drugs, contraceptives, and other medical supplies, the Chief Stores Officer will—

1. Report the National Stock Status to the Senior Logistics Officer for discussions, and take action, as needed.
2. Receive supplies from suppliers and process for quality control testing at the National Quality Control Laboratory and then, based on previous sales data, distribute to the three RMSs for storage.
3. Monitor stock movement from suppliers and within the system. If shipments are likely to be delayed and there are not enough stocks in the system, collaborate with the Senior Logistics Officer and request an emergency shipment to bridge the gap.
4. Work with the Senior Logistics Officer to ensure that storage guidelines for health commodities are being followed by the RMS.
5. Conduct supervisory visits to all three RMSs and provide feedback and on-the-job training, as necessary, every quarter.

Regional Pharmacist-In-Charge

For logistics management of drugs, contraceptives, and other medical supplies, the Pharmacist-In-Charge at the RMS will—

1. Ensure that health commodities in the RMS are stored in accordance with storage guidelines.
2. Ensure that all issues and receipts of health commodities are recorded on the stock card (Form LMIS-SC).
3. Ensure that a quarterly physical inventory of health commodities takes place.
4. Use reports from the district pharmacist to assess the stock status of commodities at the RMS monthly, and inform CMS and the Senior Logistics Officer of stock status.
5. Manage the receipt and processing of monthly orders from districts for health centres, district hospitals, and NGOs.
6. Ensure that health commodities are packed and issued to districts for health centres, district hospitals, and NGOs monthly per orders, according to *first-to-expire, first-out* (FEFO) distribution.
7. Ensure that health centre, district hospital, and NGO orders are shipped to district pharmacies monthly.
8. Supervise the operation of the SIGMED warehouse management software program.
9. Supervise district pharmacy technicians/assistants on logistics issues.

District Pharmacy Technician

For the logistics management of drugs, contraceptives, and other medical supplies, the District Pharmacy Technician will—

1. Store health commodities for the district hospital in the district pharmacy according to storage guidelines.
2. Record all issues and receipts of health commodities for the district pharmacy on the stock card (Form LMIS-SC).
3. Conduct a physical inventory of health commodities in the district pharmacy monthly.
4. Assess the stock status of health commodities in the health centres and district hospital monthly, and inform DHO and RMS of stock status.
5. Receive pre-packed health commodities for health centres, district hospitals, and NGOs from RMS monthly, and coordinate their timely delivery.
6. Order commodities for health centres, district hospitals, and NGOs monthly by completing and submitting Form LMIS-02 to the DHO, and Forms LMIS-01A, LMIS-01B, and MED. 194 to the RMS.
7. Coordinate with District Health Officer and RMS on issues related to health commodities management.
8. Supervise and monitor health centres on logistics issues.

Health Centre Clinical Officer/Medical Assistant

For the logistics management of drugs, contraceptives, and other medical supplies, the Clinical Officer/Medical Assistant will—

1. Store drugs, contraceptives, and other medical supplies in the health centre according to storage guidelines.
2. Record all issues and receipts of health commodities on the stock card (Form LMIS-SC).
3. Issue products to service providers according to FEFO distribution.
4. Conduct a physical inventory of commodities monthly, and update the stock card (Form LMIS-SC).
5. Complete the Health Centre Monthly LMIS Report (Form LMIS-01A) and send to district pharmacist.

3. Storing Drugs, Contraceptives, and Other Medical Supplies

What Is the Purpose of Storage?

Appropriate storage protects the quality of drugs, contraceptives, and other medical supplies, and preserves the integrity of their packaging while, at the same time, making them available for use. If a product is not stored properly, the shelf life may be shortened.

What Is Shelf Life?

> Shelf life is the length of time a product may be stored under ideal conditions without affecting its usability, safety, purity, or potency.

The manufacturer determines the shelf life for each product. When the product reaches the end of its shelf life, it has expired and should not be distributed.

Write the expiry date directly on the product carton. Always check for the expiry dates before dispensing, and do not dispense products that have already expired.

How Do You Determine the Expiry Date?

Task:	Determining expiry date
Completed by:	All staff handling drugs, contraceptives, and other medical supplies
Purpose:	To determine if a product has expired or not
When to perform:	Whenever products are received

Actions		Examples
If	**Then**	
Only the manufacturing date is printed on product or its packaging.	Add the number of years of the shelf life to the manufacturing date to get the expiry date.	If you receive condoms with a manufacturing date of 2/02, add the shelf life (4 years) to this date. The expiry date will be 2/06.
No manufacturing date is printed on the product or its packaging.	Find the printed expiry date on the carton, box, or unit.	If you receive Lo-Femenal, and there is no manufacturing date on the carton, but there is an expiry date.
No manufacturing **or** expiry date is printed on the product or its packaging.	Contact CMS with the batch number, obtain the expiry date, and write it on the carton.	

This task is complete when—

- The expiry date of the product has been determined and is printed or written on the carton.

Always keep your store neat and tidy.

What Are Proper Storage Guidelines?

AT MEDICAL STORES AND PHARMACIES	
Task:	Storing drugs, contraceptives, and other medical supplies
Completed by:	Pharmacist-In-Charge, Pharmacy Technician, Stores Clerk, etc.
Purpose:	To protect quality and package integrity while making products available for use
When to perform:	When health commodities are being stored

Storage Guidelines	Notes
1. Clean and disinfect storeroom regularly. Take precautions to prevent harmful insects and rodents from entering the storage area.	Rodents and some insects (for example, termites and roaches) like to eat certain health commodities, like oral contraceptives. They also eat shipping cartons and inner packaging. Pest-proof your store to stop the pests from getting in. If your store becomes infested with pests, use appropriate pesticides and use cats, which are effective against termites, rodents, roaches, etc. After you clear pests from the store, keep it clean. A clean store keeps pests away. Food and drinks in the warehouse increase the risk of pests. Eliminating some pests may be difficult and beyond the storekeeper's means.
2. Store health commodities in a dry, well lit, well-ventilated storeroom—out of direct sunlight.	A hot store may cause some of the commodity supplies to spoil, which will *decrease shelf life.* For example, the shelf life of oral contraceptives and condoms is generally 4 to 5 years. However, the shelf life, particularly condoms, will probably be much shorter if the temperature inside the warehouse rises above 40°C . Although air conditioning is ideal, it is expensive. Alternatives are ceiling fans and/or forced ventilation. Direct exposure to sunlight can also reduce the shelf life of commodities. Use roofing and windows that shade the interior of the store from sunlight. Store supplies in their shipping cartons.
3. Protect storeroom from water penetration.	Water can destroy commodity supplies or their packaging. If packaging is damaged, the product is unacceptable to the client even if the commodity is undamaged. Repair the warehouse so water cannot enter. Other measures include stacking commodity supplies off the floor on pallets (at least 10 cm off the floor and 30 cm away from walls), because moisture can seep through walls and floors and into the commodity supplies.
4. Keep fire safety equipment available, accessible, and functional. Train employees to use it.	Stopping a fire before it spreads can save thousands of kwachas in stored commodities and save the storage space. Keep fire extinguishers accessible and in working order. Keep one extinguisher near the door and others throughout the inside of larger warehouses. Ensure that the right equipment is available—water works on wood and paper fires but should not be used on an electrical or chemical fire.
5. Store latex products away from electric motors and fluorescent lights.	Latex products, including condoms, can be damaged if they are directly exposed to fluorescent lamps. The lamps and electric motors create a chemical called ozone, which can rapidly deteriorate condoms. Move condom boxes away from these sources. Leave condoms in paper boxes and cartons.

Storage Guidelines	Notes
6. Maintain cold storage, including a cold chain, as required.	Cold storage, including the cold chain, is essential for maintaining the shelf life of certain drugs. After these items are removed from cold storage, they become irrevocably damaged. If electricity is unreliable, it may be necessary to use bottled gas or kerosene-powered refrigeration. During immunisation campaigns, cold boxes or insulated coolers may be sufficient for rapid transport.
7. Limit storage area access to authorised personnel. Lock up controlled substances.	To ensure that all stock movement is authorised, lock the storeroom, limit access to persons other than the storekeeper and his/her assistants, and verify that both incoming and outgoing stock matches documentation. Periodically perform a systematic physical inventory to verify inventory records. More than one key to the storeroom should be available to ensure that the storeroom can always be accessed. However, the second key should not be available for everyone. Keep the key in a centrally located lock box, under the control of the storekeeper's supervisor.
8. Stack cartons at least 10 cm off the floor, 30 cm away from the walls and other stacks, and no more than 2.5m high. Note: This may not be possible in all health centres.	Use pallets to keep products off floors where they will be less susceptible to pest, water, and dirt damage. Stack pallets away from walls and far enough apart so an employee can walk completely around each pallet. This promotes air circulation and facilitates movement of stock, cleaning, and inspection. Using pallets is usually more efficient than using shelving, particularly for bulk items because they— • Reduce the amount of unpacking for storage and repacking for delivery. • Facilitate shipment in lot sizes. • Are cheaper to construct. • Hold more stock for the space they occupy. Health centres are more likely to have shelving than pallets. Correct stacking of supplies will *avoid crushing cartons* at the bottom of a stack. Stack cartons no more than 2.5 meters high. This will also reduce potential injury to warehouse personnel. Keep commodities *away from walls to promote air circulation* and prevent cartons from moisture damage, which may occur if water condenses or penetrates walls.
9. Arrange cartons with arrows pointing up (↑),with identification labels, expiry dates, and manufacturing dates clearly visible.	Arrows indicate that the commodity should be stored with the arrows pointing up. For example, if Depo-Provera® is stored on its side or upside down, caking will occur, making it difficult to mix for use. The identification labels make it easier to *follow FEFO*, and makes it easier to select the right product. If shipping cartons do not show either a date of manufacture or an expiration date, the date of receipt of supplies at the receiving warehouse should be clearly marked on the cartons and bin cards. Write large, easy-to-read numbers with a marking crayon. If the original markings are small or difficult to read, rewrite the manufacturing or expiration dates in large numbers.

Storage Guidelines	Notes
10. Store health commodities to facilitate FEFO procedures and stock management.	Ensure FEFO is followed. Recently received commodity supplies may sometimes be *older* than the store's existing stock.
11. Store health commodities away from insecticides, chemicals, flammable products, hazardous materials, old files, office supplies, and equipment; always take appropriate safety precautions.	Insecticides and other chemicals may affect the shelf life for many products. To make the health commodities easy to access, keep other supplies away from health commodities. Some health commodities have a relatively short shelf life overall, and they must move quickly to the end user. Storing old junk may slow down access to products. Some medical procedures require the use of flammable products. Bottled gas or kerosene is used to power refrigerators, alcohol is used in sterilisation, and mineral spirits is used to power Bunsen burners. These products should be stored away from other products, near a fire extinguisher.
12. Separate damaged and expired health commodities from usable commodities, remove them from inventory immediately, and dispose of them using established procedures.	By separating these products, FEFO is more easily implemented. By destroying damaged products immediately, more space will be available.
This task is complete after— • All health commodities are stored according to these guidelines.	

Never store drugs, contraceptives, and other medical supplies near insecticides or electric motors.

What Is FEFO and How Do You Follow It?

FEFO means first-to-expire, first-out. Always issue those products that will expire first. Do not follow first-in, first-out (FIFO).

Task:	Distributing drugs, contraceptives, and other medical supplies according to FEFO
Completed by:	Regional Pharmacist-In-Charge, Pharmacy Technicians, clinical officers/medical assistant
Purpose:	To ensure that products are distributed before they expire
When to perform:	Whenever health commodities are issued

Step	Action
1.	Mark expiry dates on outside of cartons or boxes.
2.	Place cartons or boxes so that stocks first to expire are stacked in front or on top of stocks that will expire later.
3.	Issue stocks from front to back or top to bottom so stocks that expire sooner will be issued first.

This task is complete when—

- All health commodities are issued according to FEFO.

What Do You Do With Damaged and Expired Stock?

Task:	Handling of damaged or expired drugs, contraceptives, and other medical supplies
Completed by:	Regional Pharmacist-In-Charge, District Pharmacy Technician, clinical officer/medical assistant
Purpose:	To remove unusable products from storage so they are not distributed to clients
When to perform:	Whenever damaged or expired health commodities are known or discovered

Step	Action	
1.	Stack damaged or expired product separately from usable stocks in an unused box or on an unused shelf.	
2.	Write *Damaged* or *Expired Stock* on the box or shelf.	
3.	Note the quantity of expired or damaged stock as a loss on the appropriate *stock card* (Form LMIS-SC*)* and subtract the quantity from the Quantity On Hand column.	
4.	**If you are**	**Then**
	At the health centre	Inform the district pharmacist of the quantity of expired or damaged stock and send the stock to the district pharmacy.
	At the district pharmacy	Inform the District Health Officer of the quantity of expired or damaged stock and await orders for disposal.
	At the Regional Medical Stores	Inform the CMS of the quantity of expired or damaged stock and await orders for disposal.

This task is complete when—

- Damaged or expired stock has been separated from usable stock.
- Stock card has been updated.
- Appropriate authorities have been notified.

Separate damaged or expired drugs, contraceptives, and other medical supplies.

What Do You Do When You Receive Drugs, Contraceptives, and Other Medical Supplies?

Task:	Receiving drugs, contraceptives, and other medical supplies
Completed by:	Regional Pharmacist-In-Charge, Pharmacy Technician, clinical officer/medical assistant
Purpose:	To ensure that only the right brand, dosage or preparation, quantity, and quality of products are received and recorded
When to Perform:	Each time health commodities are received

Step	Action	
1.	Ensure that there is sufficient storage space.	
2.	Prepare and clean space to receive and store the supplies.	
3.	Conduct a visual inspection to see if any products are damaged or expired and look for— • Package and product integrity: Check for damage to packaging (tears, perforations, water, or oil) and products (broken or crumbled pills or tablets, torn packets of condoms, or IUDs, etc.). • Manufacturing defects: Incomplete supply, and missing or illegible identification information). • Labeling: Make sure that products are labelled with date of manufacture or expiration, lot number, and manufacturer's name. • Oral contraceptives and spermicides: Look for any change in colour of pills and for crumbling under pressure of a finger; make sure that packets are complete. • Condoms: Check to see if lubricant has dried or changed colour and if the condom has lost its colour or is broken (the packaging or the condom itself).	
	If	**Then**
	Not damaged or expired	1. Count the number of cartons, boxes, or units received and compare with quantity on delivery document. 2. Enter the date and quantity (number of units) received on stock card (Form LMIS-SC). 3. Mark boxes with expiry dates. 4. Arrange product in storage area to facilitate FEFO distribution.
	Damaged or expired	1. Separate damaged or expired stock from usable stock. 2. If damage or expiry is discovered before the delivery truck leaves, refuse delivery and note problem on CMS requisition or transfer voucher book. 3. If damage or expiry is discovered after delivery truck has left, follow procedures for handling damaged or expired stock listed above.
Note:	If you are a district or other transit facility	1. Do not open sealed boxes received prepacked from RMS for health centres and NGOs. 2. Arrange for their delivery to (or pick up by) the health centre or NGO as soon as possible.

This task is complete when—

- Received stock has been given a visual inspection.
- Stock card has been updated.

4. Conducting a Physical Inventory

What Is a Physical Inventory?

Physical inventory is the process of counting *by hand* the total number of *each* contraceptive, drug, and other medical supply item in your store or health facility, at any given time.

When you count and record health commodities, always count and record them by individual units. Check the CMS catalogue for item codes.

How Do You Conduct a Physical Inventory?

Task:	Conducting a physical inventory
Completed by:	Regional Pharmacist-In-Charge, Pharmacy Technician, clinical officer/medical assistant
Purpose:	1. To verify the quantity of usable stock available for distribution. 2. To identify discrepancies between actual supplies and the stock balance on the stock card. 3. To detect damaged or expired items. 4. To provide opportunity for store reorganisation.
When to perform:	1. Quarterly at Regional Medical Stores 2. Monthly at the district pharmacy and health centres (on the last day of the month) 3. Any time you think there may be discrepancies in the amounts of usable stocks available

Step	Action	Notes
1.	Separate and count any expired or damaged drugs, contraceptives, and other medical supplies.	Record the amount of damaged or expired product in the Losses/Adjustments, column (F) of the stock card (Form LMIS-SC). In the Remarks, column (H), provide a brief explanation for the expiry or damage.
2.	Count *every* brand, preparation or dosage form of usable health commodity *by hand*.	Include stock held in storerooms, cabinets, or racks. Do not count stock already issued to clinics, CBD agents, etc. Always count the smallest countable unit of the commodity. Example: condoms=piece, orals=cycle, etc.
	Count unopened/complete cartons first. Multiply the number of cartons by the number of units in the carton. This will give you the total number of commodity units in the carton.	*Example*: You have 40 unopened cartons, each one containing 200 units. 40 x 200 = 8,000 total units in the unopened cartons.
	Count open cartons. If an open carton contains unopened boxes, count the boxes and multiply the number by the number of units in a box. This will give you the total number of the commodity units in unopened boxes. Count all the units that are in open boxes, shelves, drawers, etc., and add them together.	*Example*: You have 10 unopened boxes, each one containing 20 units. 10 x 20 = 200 total units in the unopened boxes. *Example*: You have counted 15 units in an open box on a shelf. You have counted 4 units in a drawer. 15 + 4 = 19 total units from an open box and a

		drawer. 8,000 units from unopened cartons 200 units from unopened boxes 19 units from open boxes, etc. 8,219 total units = quantity on hand
	Add the total units from unopened boxes, open boxes, shelves, drawers, etc. This will give you the total number of units of the commodity available in your store (quantity on hand).	
3.	On the stock card, record any losses or adjustments.	On a separate line, record any losses or adjustments in column F of the *stock card*.
4.	On the next line of the stock card, write the date of the physical inventory, the words *Physical Inventory*, and the quantities counted in red ink.	Record the quantity counted in the Quantity on Hand, column (G). In the Remarks, column (H), provide a brief explanation for the loss or adjustment. Always enter each transaction on a separate line. After recording a physical inventory on the stock card, skip a line on the stock card, leaving it blank, and begin recording the next month's transactions on the next line.
5.	Mark the expiry date clearly, with large, dark numbers, on each box or carton.	These steps may have been taken during routine receipt and management of drugs, contraceptives, and other medical supplies. However, if unmarked stocks are found during a physical inventory, proceed with these steps.
6.	Reorganise products according to expiry dates to comply with FEFO distribution.	

This task is complete when—

- The Quantity on Hand units of the commodity have been counted and recorded on the stock card.
- Losses and Adjustments have been calculated and recorded on the stock card.

How Do You Complete a Stock Card?

When conducting a physical inventory (and whenever issuing or receiving health commodities), the stock card (Form LMIS-SC) must be updated. Complete the instructions in the following box:

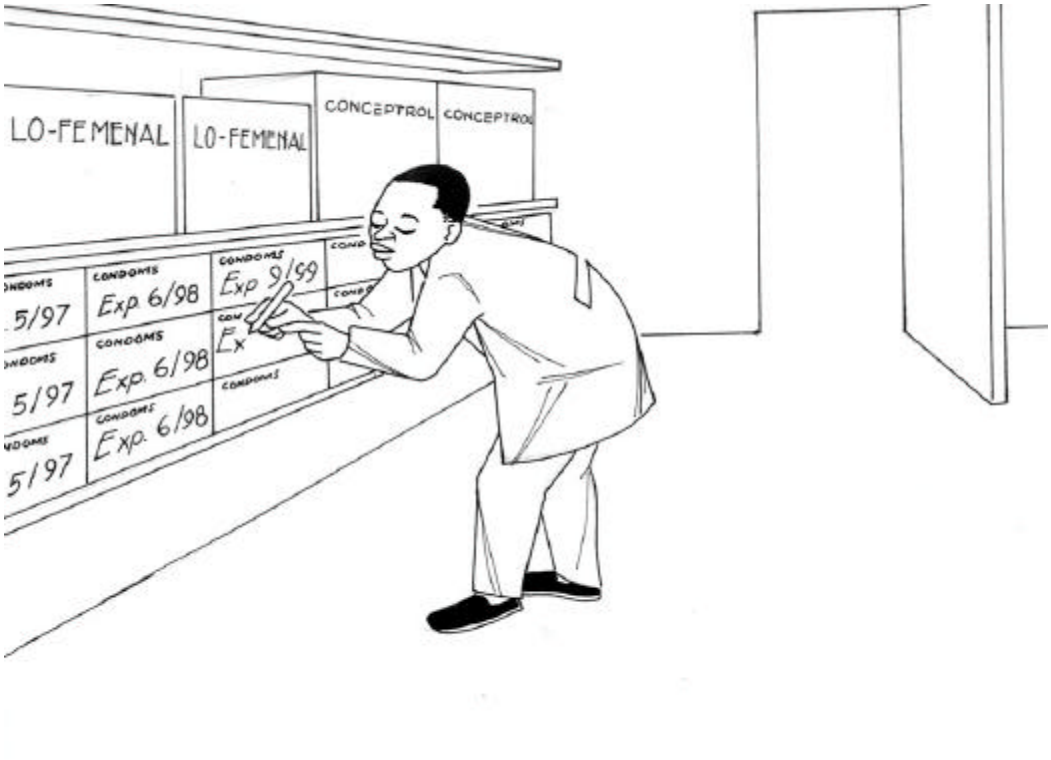
Task:	Filling in the stock card
Completed by:	Regional Pharmacist-In-Charge, Pharmacy Technician, clinical officer/medical assistant
Purpose:	1. To maintain a continuous record of all drugs, contraceptives, and other medical supplies transactions 2. To record results of a physical inventory
When to perform:	Each time you— 1. Receive or issue health commodities 2. Record a loss or adjustment 3. Conduct a physical inventory
Note:	Complete one stock card for each brand, preparation, or dosage form of a health commodity. Enter only one transaction on each line. After recording a physical inventory on the stock card, skip a line on the stock card, leaving it blank, and begin recording the next month's transactions on the next line. There should be one stock card for each brand, preparation, or dosage form of the health commodity you store. When you have completed both sides of a stock card for a product, attach a new stock card to the top of the old card and write the words *Balance Forward* or *B/F* on the first line. Write the quantity brought forward from the old card in the first Quantity on Hand space on the new card.

Step	Action	Notes	Example
1.	*Item Number* (Code): Enter the item number of the item as listed in the CMS catalogue.	Check the CMS catalogue for item codes.	CS0036
2.	*Product:* Enter the name of the health commodity.	Use one stock card for each health commodity.	Product: Condom
3.	*Date:* Enter the date of the transaction.		12/4/2003
4.	*Voucher To/From:* Enter the delivery note number of the item received or issued.	Get this from the Requisition for Medical Supplies or issue voucher that accompanies the item.	Voucher #: 0039
5.	*Quantity Received:* Enter the exact amount of the product received on this date in red ink.	Stock received at the health centres from the RMS and/or district pharmacy, and stock received at the district pharmacy from the RMS for the district hospital.	Condoms received: 50,000
6.	*Quantity Issued:* Enter the exact amount of the product issued on this date.	Stock that has physically left the storage area.	Condoms issued: 6,000

Step	Action	Notes	Example
7.	*Losses/Adjustments:* Enter the exact amount of losses or adjustments (additions) to inventory on this date.	Always use a (-) sign to indicate losses and a (+) sign to indicate adjustments (additions). Losses include theft, expiry, damage, or items used for either training or counselling. Adjustments include usable stock returned from lower level facilities or transferred from one facility to another, and condoms returned to the District Pharmacy by the DAC.	Condom losses/adjustments: (-) 2,000
8.	*Quantity on Hand:* Add any receipts or adjustments and subtract any issues or losses from the existing Quantity on Hand to determine the new Quantity on Hand. Write this figure in the Quantity on Hand column (F) for this date.	This column should always represent the amount of this item presently in your store. When conducting a physical inventory, always record the exact amount counted. If the physical count does not match the amount recorded in this column, review the issues and receipts against the delivery vouchers, check the math, note the adjustment in the *Losses/ Adjustment* column and update the figure in this column. Record losses or adjustments discovered during a physical inventory before and on a separate line from the physical inventory entry. Record the physical inventory on the stock card *in red ink*.	Condoms quantity on hand = 143,000 Physical Inventory = 143,000
9.	*Remarks:* 1. When an item is received, enter the origin. 2. When an item is issued, enter the destination. 3. When there is a loss or adjustment for an item, provide a brief explanation. 4. When conducting a physical inventory, sign your name.		1. Received (Origin): RMS 2. Issued (Destination): Namwera 3. Loss/Adjustment: Damaged by water Physical Inventory: John Makowa

This task is complete when—

- The Item Number, Product Name, Date, Voucher To/From, Batch Number, Quantity Received, Quantity Issued, Losses/Adjustments, Quantity on Hand, and Remarks columns are correctly completed.



Mark expiry dates on boxes and cartons and organise for FEFO distribution.

Form: LMIS-SC

REPUBLIC OF MALAWI
MINISTRY OF HEALTH AND POPULATION
Stock Card

Item Number: **CS0036** Product: **Condoms**

Date (A)	Voucher To/From (B)	Quantity Received (C)	Quantity Issued (D)	- Losses/ +Adjustments (E)	Quantity on Hand (F)	Remarks (G)
10/4/03	B/F				101,000	
12/4/03	0039	50,000			151,000	RMS
20/4/03	121		6,000		145,000	Namwera
30/4/03				(-) 2,000	143,000	Damaged by water
30/4/03	**Physical Inventory**				143,000	J. Makowa

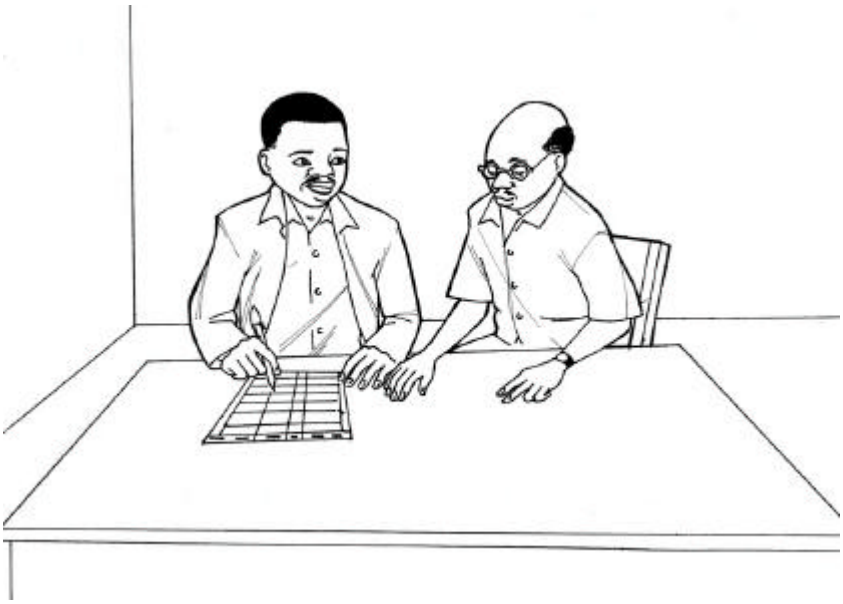
During a physical inventory, count every item by hand and record the quantities on the stock card.

5. Recording and Reporting

What Is the Malawi LMIS?

One component of the Malawi Health Commodities Logistics Management System is a LMIS of records and reports that are used to collect and transmit information about drugs, contraceptives, and other medical supplies dispensed to clients and in storage.

The following table lists all the records and reports that are part of the LMIS and the people who are responsible for completing them, by level. Depending on availability, some reports may be generated by computers.



Level	Designation	Records and Reports	Form No.
Health Centre	Medical Assistant	Stock Card	LMIS-SC
		Health Centre Monthly LMIS Report	LMIS-01A
District	District Pharmacy Technician/ Assistant	Stock Card	LMIS-SC
		Health Centre Monthly LMIS Report (Quantity Requested)	LMIS-01A
		District Hospital Monthly LMIS Report	LMIS-01B
		District Monthly Order Worksheet	LMIS-02
		Requisition for Medical Supplies	MED. 194
RMS	Regional Pharmacist-In-Charge	Stock Card	LMIS-SC
		District Monthly Financial Statement	SIGMED Report

How Do You Fill in the LMIS Forms?

In the next section, you will find detailed instructions for completing Forms LMIS-01A, LMIS-01B, LMIS-02 and MED. 194. Refer to these instructions when completing the forms at your level or when you provide supervision and on-the-job training.

A. LMIS-01A, Health Centre Monthly LMIS Report and LMIS-01B, District Hospital Monthly LMIS Report

How Do You Complete Forms LMIS-01A and-01B?

The following instructions are for completing Forms LMIS-01A, Health Centre Monthly LMIS Report and LMIS-01B, District Hospital Monthly LMIS Report. LMIS-01A is completed by the medical assistant, except for Quantity Required, which is completed by the District Pharmacy Technician. LMIS-01B is completed only by the District Pharmacy Technician.

Task:	Filling in Forms LMIS-01A, Health Centre Monthly LMIS Report and LMIS-01B, District Hospital Monthly LMIS Report
Completed by:	Medical Assistant (LMIS-01A) District Pharmacy Technician (LMIS-01B)
Purpose:	To report information on stock balances and quantities used by the health centre; also used by the District Pharmacy Technician to calculate the quantity of drugs, contraceptives, and other medical supplies required at the health centre.
When to perform:	No later than the fifth day of the month.
Materials needed:	To complete Form LMIS-01A, use the health centre stock cards. To complete Form LMIS-01B, use the district pharmacy stock cards.

Step	Action	Notes	Example
1.	*Facility:* Enter the name of your facility.	MOHP clinic, NGO clinic	Facility: Monkey Bay
2.	*District:* Enter the name of the district where your facility is located.		District: Mangochi
3.	*Month:* Enter the month for which data are being reported.		Month: February
4.	*Year:* Enter the year for which data are being reported.		Year: 2003
The item number, name, form, strength, and units of issue of each product appear in the first five columns. Complete columns A and B.			

Step	Action	Notes	Example
5.	*Balance (Stock on Hand):* In column A, enter the amount of usable product on hand at the health centre on the last day of the reporting month. Do not include damaged or expired items.	At the end of the month, before completing this column, conduct a physical inventory. Crosscheck the amount entered in column A with the amount entered on the stock card.	Benzathine Penicillin: 190
6.	*Quantity Used:* Enter the amount of each drug, contraceptive, or other medical supply item issued during the month.	Obtain these figures from the stock cards—add the daily issues for the reporting month. *Used* includes all stock issued to clinics, CBD agents, exam rooms, or dispensed directly to clients from the pharmacy.	Benzathine Penicillin: 125
7.	*Quantity Required:* Do not fill in this column. This column is not completed by health centre staff.	The quantity required is calculated by the District Pharmacy Technician.	
8.	*Remarks:* Complete as necessary.	Note anything unusual.	
9.	*Submitted by:* Enter your name, signature, and date.	Enter this information at the bottom of each page of the form.	Dinah Damaso 4 March 2003
10.	*Processed by:* Leave these spaces blank.	The District Pharmacy Technician will process and sign.	

This task is complete when—

- The balance for each product is written in column A.
- The quantity used for each product is written in column B.
- The form is signed by the facility in-charge.
- The District Pharmacy Technician receives the form.

Send the original of the form to the District Pharmacy Technician, and keep a copy in the health centre.

The District Pharmacy Technician reviews Form LMIS-01A carefully when it is received from the health centre, and completes column C, Quantity Requested, using the following formula:

Column (B) X 3 – Column (A) = Column (C)

Note: The instructions for completing Form LMIS-01B, District Hospital Monthly LMIS Report, are the same as for Form LMIS-01A, except the entire form is completed by the District Pharmacy Technician.

Attach the original of the form to MED. 194 (with the other LMIS-01A forms) and send to the RMS. A copy should remain in the district pharmacy.

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Antibiotics and Antimicrobials							
	Albendazole	tablet	200mg				
	Amoxycillin	capsule	250mg				
	Amoxycillin	elixir	125mg/5ml				
	Benzathine Penicillin	injection	2.4MU				
	Benzyl Penicillin	injection	1MU				
	Chloramphenicol	injection	1gram				
	Cotrimaxozole	tablet	480mg				
	Doxycycline	tablet	100mg				
	Erythromycin	suspension	125mg/5ml				
	Erythromycin	tablet	250mg				
	Gentamycin	injection	40mg/ml				
	Metronidazole	tablet	200mg				
	Nystatin	suspension	100,000iu/5ml				
	Nystatin	pessary	100,000iu				
	Praziquantel	tablet	600mg				
	Pyrazinamide	tablet	400mg				
	Quinine Dihydrochloride	injection	300mg/ml				
	Sulfadoxine + Pyrimethamine	tablet	500mg + 25mg				
Contraceptives							
	Oral contraceptive, combined low-estrogen	tablet	calendar pack				
	Medroxyprogestogen acetate	injection aq	150mg/ml				
	Progestogen	tablet	calendar pack				
	Condoms	each					
Cholera Epidemic Preparedness							
	Cholera bed	each					
	Water dispenser with tap	large					
	Gum boots	pair					
	Hoes	meter					
	Hurricane lamp	each					
	Paraffin	each					

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Antibiotics and Antimicrobials							
	Albendazole	tablet	200mg				
	Amoxycillin	capsule	250mg				
	Amoxycillin	elixir	125mg/5ml				
	Ampicillin	injection	500mg/vial				
	Benzathine penicillin	injection	2.4MU				
	Benzyl penicillin	injection	1MU				
	Benzyl penicillin	injection	5MU				
	Cephalexin	capsule	250mg				
	Cetriaxone	capsule	250mg				
	Chloramphenicol	capsule	250mg				
	Chloramphenicol	injection	1gram				
	Chloramphenicol	suspension	125mg/5ml				
	Chloramphenicol	tablet	250mg				
	Cefotaxime	injection	1gram				
	Cotrimaxozole	tablet	480mg				
	Cyprofloxacin	tablet	250mg				
	Doxycycline	tablet	100mg				
	Erythromycin	suspension	125mg/5ml				
	Erythromycin	tablet	250mg				
	Ethambutol	tablet	400mg				
	Flucloxacillin	elixir	125mg/5ml				
	Flucloxacillin	capsule	250mg				
	Fluconazole	capsule	250mg				
	Fluconazole	injection	2mg/ml				
	Gentamycin	injection	10mg/ml				
	Gentamycin	injection	40mg/ml				
	Griseofulvin	tablet	250mg				
	Isoniazid	tablet	100mg				
	Isoniazid + ethambutol	tablet	150mg + 40mg				
	Ivermectum	tablet	6mg				
	Ketokomazole	tablet	200mg				
	Ketokomazole	suspension	100mg/5ml				

Remarks:

Initials:_____

B. LMIS-02, District Monthly Order Worksheet

How Do You Complete Form LMIS-02?

Task:	Filling in Form LMIS-02, District Monthly Order Worksheet
Completed by:	District Pharmacy Technician
Purpose:	To consolidate health centre, district hospital, and NGO order quantities for completing form MED194 and submitting an order to RMS.
When to perform:	No later than the tenth day of the month.
Materials needed:	To complete Form LMIS-02, you will need completed Forms LMIS-01A and LMIS-01B for the reporting month.
Note:	If you have not received all forms LMIS-01A by the time you complete Form LMIS-02, do not submit an order for the health centres that have not submitted a form LMIS-01A, but follow up with those health centres whose reports were missing. If there appear to be errors (incomplete, unusual quantity reported, etc.) on Form LMIS-01A, you should also follow up with the health centre.

Step	Action	Notes	Example
1.	*District:* Enter the name of your district.		District: Mangochi
2.	*Month:* Enter the month.		Month: February
3.	*Year:* Enter the year.		Year: 2003
4.	*Page ____ of ____:* Enter the current page number and total number of pages		
5.	*Column A - Catalogue Item Number:* Enter the item code number for each product.	Obtain the item code number from the CMS catalogue.	
6.	*Column B - Item Name, Form & Strength:* Enter the product name, form and strength.		
7.	*Columns C-L – Facility Name:* Write the name of the facility at the top of the column, then enter the figure from column (C) of each facility's LMIS-01A or LMIS-01B for each item.	The quantity ordered may be adjusted by the DHO, depending on availability of funds.	
8.	*Column M - Sub Totals This Page:* Add the quantity ordered for each facility and enter the total for each product.	This is the total quantity being ordered for each item, for those facilities listed on the page.	

This task is complete when—

- The quantity ordered for each product is written in for each facility.
- The Sub Totals on this page are written in.
- The form is received by the District Health Officer.

The District Pharmacy Technician should complete this form to calculate an order for the amount of drugs, contraceptives, and other medical supplies required. An official Government of Malawi Requisition for Medical Supplies (MED. 194) must also be completed and attached (see instructions below).

District Monthly Order Worksheet

District_____ Month_____ Year_____ Page_____ of _____

(A) Catalog Item Number	**(B) Item Name,** Form & Strength	**(C) Facility** Name	**(D) Facility** Name	**(E) Facility** Name	**(F) Facility** Name	**(G) Facility** Name	**(H) Facility** Name	**(I) Facility** Name	**(J) Facility Name**	**(K) Facility** Name	**(L) Facility** Name	(M) Sub Totals This Page	
													1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12
													13
													14
													15

C. MED194, Requisition for Medical Supplies

How Do You Complete Form MED. 194?

Task:	Filling in Form MED. 194, Requisition for Medical Supplies
Completed by:	District Pharmacy Technician
Purpose:	To order drugs, contraceptives, and other medical supplies from RMS
When to perform:	No later than the tenth day of the month
Materials needed:	To complete Form MED, 194, you will need completed Forms LMIS-01A, LMIS-01B and LMIS-02 for the reporting month.
Note:	If you have not received all forms LMIS-01A by the time you complete Form LMIS-02, do not submit an order for the health centres that have not submitted a form LMIS-01A, but follow up with those health centres whose reports were missing. If there appear to be errors (incomplete, unusual quantity reported, etc.) on Form LMIS-01A, you should also follow up with the health centre.

Step	Action	Notes	Example
1.	*Consign to/Postal Address:* Enter the name and the address of the district.		
2.	*Date:* Enter the date.		
3.	*Item (By Catalogue Description):* Enter the name of the product from the CMS catalogue	Include form and strength of the product.	
4.	*Number of Units Required:* Enter the total of amount of each product you are ordering.	Add the *Sub Totals This Page (Column M)* from each page of LMIS-02 for each item and enter the result. The quantity ordered may be adjusted by the DHO, depending on the availability of funds.	
5.	*Code Number:* Enter the item code number from the CMS catalogue.		
6.	*Requisitionist's Signature:* Sign your name.		
7.	*Office Held:* Enter your position (District Pharmacist, DHO, etc.).		
	Leave the rest of the form blank—RMS will enter the remaining information.		

This task is complete when—

- The quantity ordered for each product is written in.
- The form is signed by the DHO.
- The form is received by RMS.

REQUISTION FOR MEDICAL SUPPLIES

MED. 194

To: Chief Pharmacist Central Medical Stores Private Bag 55 Lilongwe	M.S. Issue Voucher No.

Consign to: .....

Postal Address: .....

.....

.....

Date: ..... 20.....

Nº 0040096 A

Despatch Details:
ROAD MOTOR SERVICE/RAIL/STEAMER/
OWN TRANSPORT/STORES TRANSPORT/POST
(Delete Inapplicable)
TERMINUS REFERENCE
OR COLLECT .....

To be charged to: Department Vote Item Sub-head

CLASS

FOR MEDICAL STORES ENTRY ONLY

Item (By Cataloque Description)	Number of Units Required	Code Number	Amended Code Number	Unit	Number of Units Supplied	Unit Price	Value Debit	Value Credit	Extn. Checked by
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
12									
14									
15									
						TOTAL K			

APPROVED BY:

Requisitionist's Signature *Office Held*

Medical Officer

CERTIFIED GOODS AS DETAILED RECEIVED IN GOOD ORDER AND CONDITION

Receiving Officer's Signature *Office Held*

Officer-in-Charge
Central Medical Stores

CERTIFY BLUE COPY AND RETURN WITHOUT DELAY

DATE RECEIVED AT CENTRAL MEDICAL STORES

Assembled by: .....

Checked by: .....

Date Assembled: .....

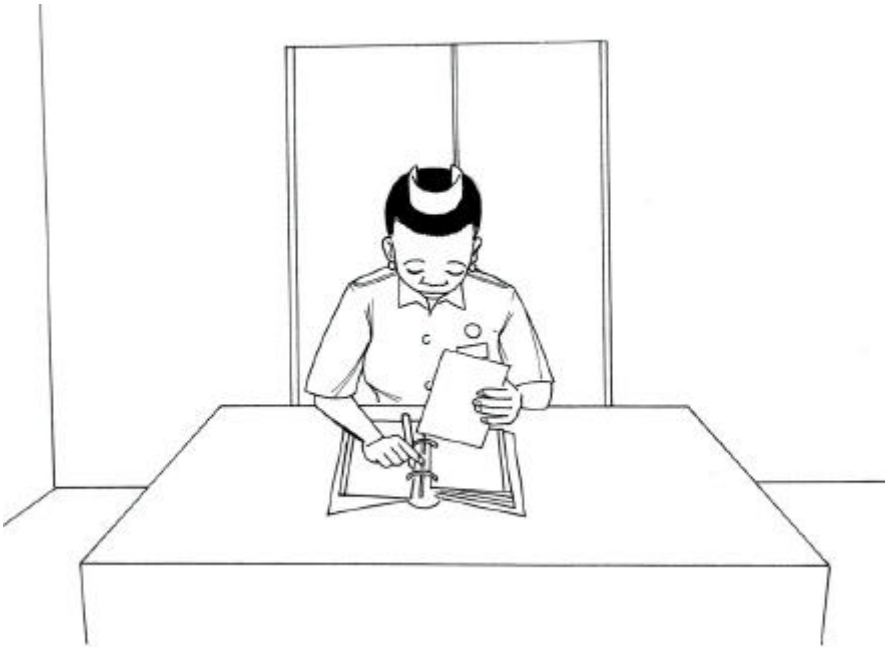
Bincards Posted by: .....

Ledger Posted by: .....

What Action Is Required after Each LMIS Form Is Completed?

The following table will tell you what action is required after completing each of the forms in the LMIS.

Form	When to Submit	Where to Submit
LMIS-01A and LMIS-01B	By the fifth day of the month.	1. Send original to District Pharmacy Technician. 2. Keep a copy.
LMIS-02	By the tenth day of the month.	1. Submit to DHO.
MED. 194	Whenever an order is sent from the district to RMS.	1. Send original to RMS. 2. Keep copy at district.
District Monthly Financial Statement	Report generated monthly by SIGMED at RMS.	Sent by RMS to districts.
LMIS-SC (Stock Card)	This form stays at the facility with the drugs, contraceptives, and other medical supplies stocks.	Do not send this form anywhere.



6. Reviewing Stock Status

What Is Your Stock Status?

When you review your stock status you are determining how much of each drug, contraceptive, and other medical supply item you have available at your facility. You can review your stock status by simply counting the stock available, such as during a physical inventory. (See chapter 4 for procedures for conducting a physical inventory.) This gives you an absolute quantity of stock available. But, when managing health commodities, it is much more useful to know *how long the stocks will last* and if you have enough stock available until you receive your next order. We usually refer to this as *months of stock*. This chapter covers procedures you can use to determine how much of each product you have in relation to the rate at which these commodities are issued from health centres, district hospitals, and NGO facilities.

What Is Months of Stock?

Months of stock is the number of months a drug, contraceptive, or other medical supply item will last based on the present consumption rate. When you review your stock status, you need to determine how many months of stock you have in your facility. Three months of stock means that your stock will last three months, as long as consumption remains at the current rate.

By reviewing your stock status you will be able to determine if your facility is understocked, overstocked, or adequately stocked. If you are understocked, you may need to place an emergency order. (See chapter 7 for placing an emergency order.) If you are overstocked, it may be necessary to redistribute the stock.

To assist you in maintaining adequate stocks, a *maximum months of stock* and an *emergency order point* have been established. The maximum months of stock is the greatest amount of each drug, contraceptive, or other medical supply item a facility should hold at any time. If a facility has more than the maximum, it is overstocked and risks having stocks expire before they are used. The emergency order point is the level at which the risk of stocking out is very great and an emergency order should be placed immediately.

The maximum months of stock and emergency order points for the different levels of the Malawi logistics management system are—

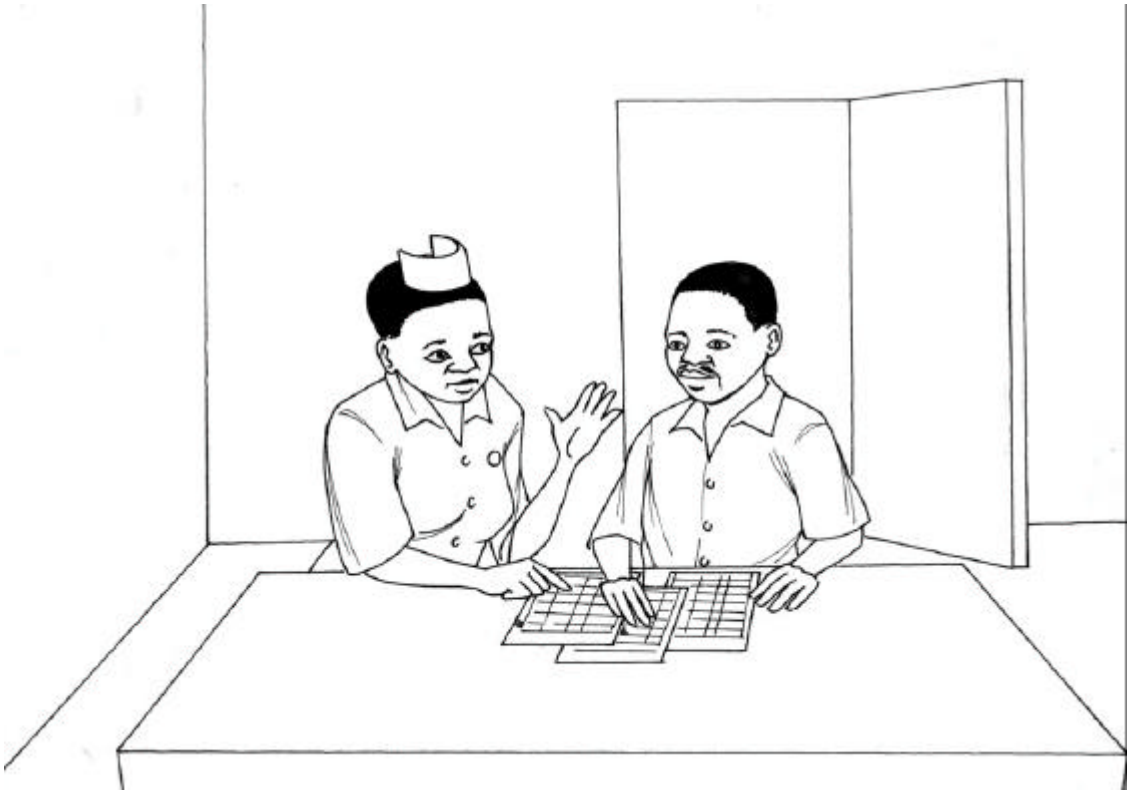
Level	Maximum Months of Stock	Emergency Order Point
Regional Medical Stores	12 months	6 months
District	Does not store commodities for Health Centres	
Health Centres, District Hospitals, NGO facilities	3 months	1 month

How Do You Determine Months of Stock?

To determine how many months each product will last, compare the amount of the product that you have in storage (stock on hand) with how much you dispensed the previous month (previous month's consumption). The following formula illustrates how to determine how many months the current quantity available for each product will last.

$$\frac{\text{Stock on Hand}}{\text{Previous Months' Consumption}} = \text{Months of Stock}$$

One rule to use when determining months of stock is to always use only one number after the decimal point—all numbers after one decimal point should be dropped.



Because you issue monthly,
you should check your stock status monthly.

How Do You Review Stock Status at the Regional Medical Stores?

Every quarter when you conduct a physical inventory, you aggregate the latest three months' usage of a particular product, divide by three, then divide the stock on hand in the Regional Medical Store by the result. The usage for each item should be the total quantity used in all the health centres, district hospitals, and NGOs in your region for the last three months. This figure can be calculated by adding the totals for each product and each facility from Forms LMIS-01A and -01B for the latest three months.

Note: Because this information is entered into the SIGMED program monthly, SIGMED will calculate this average—the results can be obtained from the corresponding SIGMED report.

How Do You Determine What Actions to Take after Stock Status Has Been Determined at the Regional Medical Stores

Task:	Determining what actions to take after stock status has been determined for each drug, contraceptive, and other medical supply item at the RMS
Completed by:	RMS Pharmacists-in-Charge
Purpose:	To correct any overstocking or understocking discovered after determining stock status
When to perform:	Each time you do a physical inventory (quarterly)

Situation	Interpretation	Decisions
Months of stock is 12 and 6 months.	Stock status is adequate.	No action required.
Months of stock is greater than 12 months.	The RMS are overstocked with that commodity.	1. Contact the CMS and them tell that your region is overstocked. The CMSs may want to transfer stock from your region to another region that may be understocked. 2. Contact the Senior Logistics Officer and inform him or her of the situation.
Months of stock is at or less than 6 months.	The RMSs are understocked with that item. The stock level is at or below the emergency order point of 6 months.	1. Contact the CMS for an emergency order. 2 Contact the Senior Logistics Officer and inform him or her of the situation.

How Does the District Review the Stock Status of the Health Centres and District Hospital?

Each month when you receive Form LMIS-01A, Health Centre Monthly LMIS Report, you should review the stock status of the health centre reporting. This is an important monitoring activity to ensure that there are always adequate stocks available in all the health centres in your district. To review the stock status of a health centre using information on Form LMIS-01A, follow the procedures outlined below. These same procedures should also be followed for reviewing the stock status at the District Hospital (your pharmacy) after completing Form LMIS-01B, District Hospital Monthly LMIS Report.

Task:	Determining the number of months of stock on hand for each drug, contraceptive, or other medical supply item at each health centre, district hospital, or NGO
Completed by:	District Pharmacy Technician
Purpose:	To determine if the health centres, district hospital, and NGOs are maintaining adequate stocks
When to perform:	Each time a LMIS-01A, Health Centre Monthly LMIS Report is received, and each time a LMIS-01B, District Hospital Monthly LMIS Report is completed

Step	Action	Notes	Example
1.	Divide the facility's Balance (stock on hand) by the Quantity Used for each product for the current month.	Determine the Balance from column (A) on Forms LMIS - 01A and -01B. Determine the Quantity Used from column (B) on the same form.	Balance in March for Monkey Bay is 5,432 pieces. Quantity used is 2,967 pieces. 5,432 / 2,967 = 1.8 months of stock
2.	Enter the number of months of stock next to the name of the product on Forms LMIS-01A and -01B.	Write this in the margin to the right of the Quantity Required column on Forms LMIS-01A and -01B.	

This task is complete when—

- The months of stock on hand for each product is entered for each facility.

How Do You Determine What Actions to Take after Stock Status Has Been Determined in the Health Centres?

Task:	Decide what actions to take once stock status has been determined for each drug, contraceptive, and other medical supply item in the health centre
Completed by:	District Pharmacy Technician
Purpose:	To monitor the stock status at the health centres, and to correct any overstocking or understocking discovered after determining stock status
When to perform:	Each time a LMIS-01A, Health Centre Monthly LMIS Report is received, and each time a LMIS-01B, District Hospital Monthly LMIS Report is completed

Situation	Interpretation	Decisions
Months of stock is between 3 months and 1 month.	Stock status is adequate.	No action required.
Months of stock is greater than 3 months.	The health centre is overstocked with this product.	Contact the health centre and discuss the stock status of the product. If some or all of the stock will expire in the next few months, you may want to transfer some stock to another health centre that may be able to distribute it more quickly.
The number of months is less than 1 month.	The health centre is understocked with this product. The stock level is below the emergency order point of 1 month.	Contact the health centre and discuss the stock status of the product. *An emergency order may be needed*.

7. Calculating How Much to Order or Issue

Who Orders and Issues in the Logistics Management System?

In the Malawi logistics management system, drugs, contraceptives, and other medical supplies move down the system from the CMS to the RMS, where they are packed for each health centre, district hospital, and NGO. They are then sent to the district pharmacies, and from the district pharmacies to the health centres and NGOs. These facilities provide health commodities directly to clients. Determining how much of each product to order and issue is a critical element in the management of these supplies.

In Malawi—

- The CMS determines how much of each health commodity to give to each RMS. Procedures for this are *not* included in this manual.

- At the beginning of each month, the District Pharmacy Technician determines how much of each health commodity to order for each health centre, NGO facility, and district hospital, and places an order with the RMS.

The ordering and issuing of products in the logistics management system is directly linked to the reporting system. If the District Pharmacy Technician does not receive a Form LMIS-01A, Health Centre Monthly LMIS Report from a health centre, he or she cannot determine how much of each product the health centre needs. It is very important that reports be submitted on time to ensure a consistent supply of products. If you are at the district level and do not receive the reports you need from a health centre, do not submit an order for that health centre. Follow up with that health centre and make every effort to get the report.

In addition, when ordering and issuing health commodities, be sure to order and issue the supplies needed to administer them. These may include the appropriate syringes, sterile water, and gloves. For example, each vial of benzathine penicillin requires one vial of sterile water to reconstitute the powder into injectable form.

How Does the District Determine What to Order for the Health Centres, District Hospital, and NGOs?

Task:	Calculating the quantities for each drug, contraceptive, and other medical supply item to order for the health centres, district hospital, and NGOs
Completed by:	District Pharmacy Technician
Purpose:	To determine the quantity of each product to order for each health centre, district hospital, or NGO facility
When to perform:	Every month, after receiving Form LMIS-01A, and after completing Form LMIS-01B
Note:	Calculating the quantity required is the last activity in completing Forms LMIS-01A and LMIS-01B, which are submitted by each health centre or NGO (LMIS-01A) or completed by the District Pharmacy Technician (LMIS-01B). These steps should be taken for each product reported.

Step	Action	Notes	Example
1.	Multiply the Quantity Used for the month by 3.	This information can be found in column (B) on the most recent Form LMIS-01A or -01B.	The total used for condoms in April was 4,200. 4,200 x 3 = 12,600
2.	Subtract the Balance (stock on hand) from the result of step 1. The result of this computation is the Quantity Required.	The Balance (stock on hand) figure can be found in column (A) on the most recent Form LMIS-01A or -01B.	Stock on hand is 2,975. 12,600 - 2,975 = 9,625 condoms required.
3.	Enter this amount under Quantity Required, column (C) on Forms LMIS-01A and -01B.	If the result is a negative number, enter 0.	

How Does the Health Centre/District Hospital Place an Emergency Order?

Medical assistants at the health centres should be instructed on how to place an emergency order. When the stock status at the health centre is below the emergency order point, the medical assistant should place an emergency order using the following procedures.

Task:	Placing an emergency order
Completed by:	Medical assistants (health centres) District Pharmacy Technician (district hospitals)
Purpose:	To order supplies when stock levels are at or below the emergency order point
When to perform:	Anytime the stock levels of drugs, contraceptives, or other medical supplies is below the emergency order point

Step	Action
1.	Complete Form LMIS-01A or -01B.
2.	Write the words EMERGENCY ORDER in red ink at the top of the form.
3.	Complete the Requisition for Medical Supplies (MED194) and write the words EMERGENCY ORDER in red ink at the top.
4.	Take the completed LMIS-01A to the District Pharmacy Technician for forwarding to RMS. If you are the District Pharmacy Technician receiving an emergency order from a Health Centre or preparing an emergency order for the District Hospital, forward the completed LMIS-01A or -01B directly to RMS (with the Requisition for Medical Supplies attached).

8. Logistics Monitoring and Supervision

Introduction

Two of the most important responsibilities logistics personnel have are monitoring and supervision. They are the backbone of an effective logistics system. Without continuous monitoring of logistics activities and supervision of the personnel who carry out these responsibilities, overall quality of the logistics system may weaken, which, in turn, may jeopardise the quality of service provided to clients.

What Is Monitoring?

> **Monitoring** is checking on a regular basis to ensure that assigned activities are being carried out.

Why Monitor Logistics Activities?

Several reasons why logistics activities should be monitored on a regular basis are to—

- Ensure that clients are getting the products they want when they need them.
- Ensure that planned logistics activities are being carried out according to schedule.
- Ensure that all records are correctly maintained and reports are submitted on time.
- Determine the quantity of supplies to issue to CBDs.
- Resupply.

What Is Supervision?

> **Supervision** is the process of ensuring that personnel have the knowledge and skills required to carry out their responsibilities effectively, and to provide immediate on-the-job training, as needed.

Why Supervise Logistics Personnel?

There are several reasons why logistics personnel should be supervised:

- To ensure they have the knowledge and skills they need to effectively manage the logistics system.
- To identify performance weaknesses and to improve performance by providing immediate on-the-job training, as needed.
- To ensure that established logistics guidelines and procedures are being followed.

Most supervisors agree that if they are to be truly effective supervisors, they must have the same knowledge and skills as the people they supervise. In the logistics system, this means that supervisors must be able to effectively carry out all of the responsibilities of the personnel at the level below them. See chapter 2 for a detailed list of the responsibilities of the personnel you supervise.

Is There a Difference Between Monitoring and Supervision?

Yes, there is a difference. An easy way to think about the difference between monitoring and supervision is—

Monitor logistics activities.
Supervise the people who carry out these activities.

In general, it is safe to say that most logistics activities can be monitored by reviewing records and reports, which you can frequently do from your office. For example, by checking reports you can determine if a facility is maintaining adequate stock balances or if there are unusual quantities of commodities expiring or being lost. Effective supervision, on the other hand, can only take place in the presence of logistics personnel. You should plan to spend time supervising and providing on-the-job training each time you visit the personnel you supervise, whether they are in the same office or at a district or SDP facility.

What Is On-the-Job Training?

On-the-job training is helping someone improve his or her performance by demonstrating the correct way to do a task. It is training that takes place on the job, working closely with the worker. Effective on-the-job training should take place as soon as a performance problem is identified.

What Are the Guidelines for Logistics Monitoring and Supervision?

The following guidelines should help you monitor logistics activities and provide the necessary supervision.

#	Action	Yes/No
1.	**Prepare for the visit**	
	Liase with DHO for transport and allowances at least 1 week prior to visit.	
	Notify health centre of your visit after you have confirmed transport.	
	Review the report from your previous visit and the recommendations you made.	
	Review the previous LMIS-01A reports for the health centres to be visited.	
	Develop an objective for your visit.	
	Collect your tools for supervision: stationary, procedures manual, and calculator.	
	Review this checklist.	
2.	**Establish rapport**	
	Meet with the health centre person in-charge, make introductions, explain your objectives for the visit, and ask for permission to visit with the service providers and medical assistant.	
	Assemble the team (service providers and medical assistant) when business permits.	
	Make any necessary introductions.	
	Explain the objectives of your visit.	
	Ask, "How are the STI and family planning programmes going?"	
	Ask, "Do you believe you are able to serve the clients using the guidelines?"	
	Ask, "Do you have any problems related to your work?"	
3.	**Check the storage facility**	
	Verify that all drugs, contraceptives, other medical supplies are stored in the same place.	
	Verify that health commodities are kept according to the storage guidelines in chapter 3 of the manual.	
	Verify that commodities are kept according to FEFO. See chapter 3 of the manual.	
	Verify that commodities are held securely but accessible, when needed.	
	Conduct a physical inventory. See chapter 4 of the manual.	
	Compare the results of the physical inventory with the *LMIS-SC*.	
	Write the physical inventory results on the stock card; make any necessary adjustments.	
4.	**Review the stock cards**	
	Are stock cards available with the commodities?	
	Verify that stock cards are correctly/completely filled out (in units, dates, and batch #).	
	Verify that physical inventories were recorded monthly.	
	Check the math.	
	Check to see if there are any stockouts reported on the stock card.	
	Compare the receipt date of commodities with the dates you thought supplies were shipped.	
	Check to see if issues match the delivery notes.	
	Ask the medical assistant, "Do you have any difficulty completing the stock card?"	
5.	**Review record keeping**	
	Verify that all records are filed and organised. Are they accessible?	
	Does the provider have the job aids available to assist in filling out forms?	
LMIS-01A, Health Centre Monthly LMIS Report		
	Is the form filled out correctly?	

#	Action	Yes/No
	Is the stock on hand at the clinic correctly reported from the *LMIS-SC*?	
	Do the number of months of stock suggest an understock or overstock?	
	Does the provider know the day the report is due? (Does the date the form was completed suggest that it was completed on time? Did you receive it on time?)	
	If there are losses/adjustments, and are these explained?	
	Who is the provider completing the form?	
	Ask the provider, "Do you have any difficulty in completing the form?"	
6. Actions during the visit		
	Offer a few words of encouragement, pointing out a few tasks that the person has been doing well.	
	Use the procedures manual to provide OJT for any areas that need improvement.	
	Make an agreement with staff on future performance.	
	Ask both the providers and medical assistant, "Do you have any additional comments or questions about LMIS?"	
	Give the providers and medical assistant any materials they need to do their jobs.	
	Sign the visitors book.	
	Discuss the results of your visit with the health centre person in-charge.	
7. Actions after the visit		
	Did you document any problems, actions to be taken, and plans for follow up?	
	Did you send the report to the providers, medical assistant, and DHO?	
	Keep a copy of the report for follow up during the next visit.	
	Address any concerns you found during the visit.	

Additional comments: _____

Annexes

Annex A-1 Health Centre Monthly LMIS Report, LMIS-01A

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Antibiotics and Antimicrobials							
	Albendazole	tablet	200mg				
	Amoxycillin	capsule	250mg				
	Amoxycillin	elixir	125mg/5ml				
	Benzathine Penicillin	injection	2.4MU				
	Benzyl Penicillin	injection	1MU				
	Chloramphenicol	injection	1gram				
	Cotrimaxozole	tablet	480mg				
	Doxycycline	tablet	100mg				
	Erythromycin	suspension	125mg/5ml				
	Erythromycin	tablet	250mg				
	Gentamycin	injection	40mg/ml				
	Metronidazole	tablet	200mg				
	Nystatin	suspension	100,000 iu/5ml				
	Nystatin	pessary	100,000 iu				
	Praziquantel	tablet	600mg				
	Pyrazinamide	tablet	400mg				
	Quinine Dihydrochloride	injection	300mg/ml				
	Sulfadoxine + Pyrimethamine	tablet	500mg + 25mg				
Contraceptives							
	Oral contraceptive, combined low-estrogen	tablet	calendar pack				
	Medroxyprogestogen acetate	injection aq	150mg/ml				
	Progestogen	tablet	calendar pack				
	Condoms	each					
Cholera Epidemic Preparedness							
	Cholera bed	each					
	Water dispenser with tap	large					
	Gum boots	pair					
	Hoes	meter					
	Hurricane lamp	each					
	Paraffin	each					

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Cholera Epidemic Preparedness (continued)							
	Plastic apron	each					
	Plastic bucket	each					
	Plastic cup	each					
	Spoon, tea	each					
	Spoon, table	each					
	Tents	each					
	Torch	each					
	Battery	each					
	Heavy duty gloves	pair					
	HTH						
	Black disinfectant						
	Black plastic sheets						
Home Based Care							
	Carrier bag	each					
	Plastic sheets	each					
Malaria Control							
	Insecticide, pyrethroid	tablet					
Nutritional Rehabilitation							
	Cooking oil						
	Likuni phala						
	Milk powder						
	Salt						
	Sugar						
Ophthalmological Preparations							
	Silver nitrate	eyedrops					
	Tetracycline HCL	eye ointmnt	1%, 3.5g				
Medicines Used in Labour (obstetrics)							
	Ergometrine maleate + oxytocin (syntometrine)	injection	500 µg/ml				

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Medicines Used in Anaesthesia							
	Lignocaine HCL	injection	1%, 25ml vial				
	Lignocaine HCL + glucose (heavy spinal)	injection	5%+7.5%				
Analgesics, Antipyretics and Narcotics							
	Aspirin	tablet	300mg				
	Paracetamol	tablet	500mg				
	Paracetamol	suspension	120mg/5ml				
Medicines Affecting the Blood							
	Ferrous sulphate + folic acid	tablet	200mg+0.5mg				
	Ferrous sulphate, pediatric	elixir	60mg/5ml				
Medicines Acting on Central Nervous System							
	Diazepam	injection	5mg/ml, 2ml				
	Paraldehyde	injection	10ml				
	Phenobarbitone sodium	tablet	30mg				
Medicines used as Antidotes, Antiallergics and in Anaphylaxis							
	Adrenaline	injection	1 000, iml amp				
	Activated charcoal, powder						
	Atropine sulphate	injection	600 µg/ml, 1ml				
	Chlorpheniramine maleate	tablet	4mg				
	Chlorpheniramine maleate	suspension	2mg/5ml				
	Promethazine	tablet					
	Promethazine	injection					
	Promethazine	suspension					

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Dermatological preparations							
	Benzyl benzoate paint						
	Calamine lotion, aqueous	lotion					
	Calamine lotion +sulphur 2%	lotion					
	Gentian violet	aqueous	1% paint				
	Silver sulfadiazine topical						
	Whitfield ointment						
Vaccines and Sera							
	BCG vaccine	injection	20 dose vial				
	Measles vaccine, live.	injection	10 dose (5ml)				
	Pentavalent, DPT –HB-Hem	injection					
	Poliomyelitis vaccine, live	oral susp.	20 dose				
	Tetanus vaccine (adsorbed)	injection	10ml vial				
Antihypertensive and Antihypotensive Medicines							
	Frusemide	tablet	40mg				
	Hydrochlorthiazide	tablet	25mg				
Replacement fluids							
	Oral rehydration salts (ORS), powder	sachet	for 1000ml				
	Glucose (dextrose)	injection	50%,20ml amp				
	Glucose (dextrose)	infusion	5%, 1000ml				
	Ringer's lactate plus set	infusion	1000ml				
	Sodium lactate comp [Ringer's lactate]	infusion	1000ml				
	Water for injection		10ml				

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Vitamins							
	Vitamin A	Capsule	200,000 IU				
	Vitamin A	Capsule	100,000 IU				
	Vitamin, multiple	Syrup					
	Vitamin, multiple	Tablet					
Disinfectants, Antiseptics and Cleaning Agents							
	Black disinfectant (Lysol)		5L				
	Chlorhexidine 4%		5L				
	Sodium hypochloride		3.5% or 5%, 5L				
	Alcohol solution		60-90%				
	Iodophors (povidone iodine)						
Supplies: General Surgical							
	Bandage, WOW	each	5.0cm x 4m				
	Bandage, WOW	each	7.5cm x 4m				
	Bandage, WOW	each	10cm x 4m				
	Bottle for ORS	each	1000 ml				
	Cannula, disposable	Each	24G				
	Cannula, disposable	Each	22G				
	Cannula, disposable	each	20G				
	Cannula, disposable	each	18G				
	Cannula, disposable	each	16G				
	Catheter, Foley's + urine bag (2000 ml)	each	16G				
	Cotton wool	each	500g				
	Gauze, vaseline						
	Gauze, pad, sterile	each	12 ply 76x76.				
	Gloves, surgical	Pair	6.5				
	Gloves, surgical	Pair	7.0				
	Gloves, surgical	Pair	7.5				

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgical (continued)							
	Gloves, examination	Pair	medium				
	Gloves, examination	Pair	large				
	Gloves, heavy duty	Pair	medium				
	Gloves, heavy duty	Pair	large				
	Gloves, gynaecological elbow length	Pair	medium				
	Infusion set	Each	adult				
	Infusion set	Each	pediatric				
	Chlorine powder						
	Methylated spirit		5L				
	Foot suction (mannual)						
	Nasal gastric tube	Each	8ch				
	Nasal gastric tube	Each	16ch				
	Scalp vein set	Each	21G				
	Scalp vein set	Each	23G				
	Scalp vein set	Each	25G				
	Scissors, bandage	Pair					
	Scissors, Mayo's curved	Pair					
	Scissors, Mcindoe's	Pair					
	Scissors, Metzenbaum's	Pair					
	Plaster, zinc oxide	Each	7.5cm				
	Catgut, chromic 0		150cm				
	Catgut, chromic 2 on needle	12					
	Catgut, chromic 2/0 on needle	12					
	Silk braided 2/0 on needle	12					
	Suture, nylon (polyamide) 1 on needle	12					
	Suture, nylon (polyamide) 2/0 on needle	12					
	Syringes, 2ml with needle, disposable	100					

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgical (continued)							
	Syringes, 5ml with needle, disposable	100					
	Syringes, 10ml with needle, disposable	100					
	Autodisable syringes and needles	100					
	cup, medicine	each					
	Umbilical tape	each	500cm				
	Umbilical clips	each					
	Weighing bag	each					
	Weighing scale, infant	each					
	Weighing scale, adult (bathroom scale)	each					
	Needlestick disposable cont.	each					
	Plastic aprons	each					
	Face masks	each					
	Goggles	each					
	Ambubag & mask, adult	each					
	Ambubag & mask, pediatric	each					
	Thermometer	each					
	Thermometer, digital	each					
	Scalpel handle size 3	each					
	Scalpel handle size 4	each					
	Scalpel blade size 11	each					
	Scalpel blade size 15	each					
	Scalpel blade size 21	each					
	Scalpel blade size 23	each					
	Stethoscope	each					
	Forceps, Bonney's	each					
	Tongue depressors, wooden	each					

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgical (continued)							
	Spacer	each					
	Dispensing bags						
	Diagnostic set	each					
	Suture set	each					
	Delivery set	each					
	Tablet counter	each					
	Sphygmomanometer, aneroid (BP machine)	each					
Laboratory Stains, Reagents and Antisera							
	HIV test kit:Determine HIV ½						
	HIV test kits: Trinity Biotech UNIGOLDTM HIV1/2						
	Syfacard-R VDRL kit (Abbott-Murex #8E58-01)	100 tests					
	VDRL positive control serum (Abbott-Murex #9340-01)	1 ml					
	Sodium chloride powder						
	Field's stain A powder.						
	Field's stain B powder.						
	Basic fuchsin powder						
	Phenol crystals (detached)						
	Methylene blue powder						
	Xylene						
	Iodine crystals.						
	Potassium iodide						

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Stains, Reagents and Antisera (continued)							
	Black disinfectant						
	Calcium hypochlorite granules.						
	Oil immersion (cedarwood)						
	Concentrated hydrochloric acid						
	Haemastrip (for blood in urine)						
	Blood glucose test strips (for glucometer)						
	Urine ketones strip.						
	Pregnancy test, latex slide test kit						
	Cary-Blair transport medium (collect cholera specimens)						
Laboratory Consumables							
	Blood specimen tubes, plain/labelled	10 ml					
	Glass slides						
	Pasteur pipettes, short, glass (washable)						
	Rubber teats to fit Pasteur pipettes						
	Cover slips	22x22mm					
	Urine/Stool specimen containers, disposable with screw cap						
	Capillary tubes – plain						
	Capillary tubes – heparinised						
	Syringe, hypodermic (with disposable needle)	2 ml-23G					

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Consumables (continued)							
	Sputum collection containers						
	Disposable paper masks						
	Syringe, hypodermic (with disposable needle)	10 ml-21G					
	Syringe, hypodermic (with disposable needle)	5 ml-21G					
	Applicator sticks						
	Filter paper, Whatman #1	24 cm diam					
	Lens cleaning tissues						
	Cotton wool						
	Nichrome wire inoculating loops						
	Water proof magic markers						
	Laboratory TB register						
	Blood lancets, disposable						
	Sharps disposal box						
	Disposable latex gloves						
	Swabs for collection of cholera specimens						
Laboratory Glassware, Minor Equipment and Spare Parts							
	Pipettes, glass, graduated	1 ml					
	Pipettes, glass, graduated	5 ml					
	Pipettes, glass, graduated	10ml					
	Glass funnel	150mm diameter					

Remarks:

Initials:_____

LMIS-01A

Health Centre Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Glassware, Minor Equipment and Spare Parts (continued)							
	Conical centrifuge tubes (glass)						
	Tourniquet (for venous blood collection)						
	Diamond slide marker						
	Inoculating loop handle						
	Slide holding forceps						
	Microscope bulbs						
	Microscope fuses						
	Measuring cylinder, graduated, with stopper	1 litre					
	Rubber bulb pipette filler, 3-valve, hand-operated	10ml					
	Test tube rack for 14mm test tubes						
	Test tube rack for 10ml blood collection bottles						
	Glass staining troughs w/lids	250ml					
	Rack for staining troughs						
	Spirit lamp						
	Tally counter						
Laboratory Protective Clothing and Safety Items							
	Handwashing soap						
	Hand towels						
	White laboratory coats	Howie					
	Eye shield goggles						
Other							

Submitted by: Name_____ Signature_____ Date_____

Processed by: Name_____ Signature_____ Date_____

Remarks:

Annex A-2 District Hospital Monthly LMIS Report, LMIS-01B

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Antibiotics and Antimicrobials							
	Albendazole	tablet	200mg				
	Amoxycillin	capsule	250mg				
	Amoxycillin	elixir	125mg/5ml				
	Ampicillin	injection	500mg/vial				
	Benzathine penicillin	injection	2.4MU				
	Benzyl penicillin	injection	1MU				
	Benzyl penicillin	injection	5MU				
	Cephalexin	capsule	250mg				
	Cetriaxone	capsule	250mg				
	Chloramphenicol	capsule	250mg				
	Chloramphenicol	injection	1gram				
	Chloramphenicol	suspension	125mg/5ml				
	Chloramphenicol	tablet	250mg				
	Cefotaxime	injection	1gram				
	Cotrimaxozole	tablet	480mg				
	Cyprofloxacin	tablet	250mg				
	Doxycycline	tablet	100mg				
	Erythromycin	suspension	125mg/5ml				
	Erythromycin	tablet	250mg				
	Ethambutol	tablet	400mg				
	Flucloxacillin	elixir	125mg/5ml				
	Flucloxacillin	capsule	250mg				
	Fluconazole	capsule	250mg				
	Fluconazole	injection	2mg/ml				
	Gentamycin	injection	10mg/ml				
	Gentamycin	injection	40mg/ml				
	Griseofulvin	tablet	250mg				
	Isoniazid	tablet	100mg				
	Isoniazid + ethambutol	tablet	150mg + 40mg				
	Ivermectum	tablet	6mg				
	Ketokomazole	tablet	200mg				
	Ketokomazole	suspension	100mg/5ml				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Antibiotics and Antimicrobials (continued)							
	Metronidazole	injection	500mg/100ml				
	Metronidazole	tablet	200mg				
	Nalidixic acid	tablet	500mg				
	Nystatin	suspension	100,000 iu/5ml				
	Nystatin	pessary	100,000 iu				
	Praziquantel	tablet	600mg				
	Proquanil HCl	tablet	100mg				
	Pyrazinamide	tablet	400mg				
	Quinine dihydrochloride	injection	300mg/ml				
	Quinine sulphate	tablets	300mg				
	Rifampicin + isoniazid	tablet	100mg + 50mg				
	Streptomycin sulphate	injection	5gram				
	Sulfadoxine +pyrimethamine	tablet	500mg + 25mg				
Antiretrovirals							
	Lamivudine (3TC)	tablet	150mg				
	Lamivudine (3TC)	suspension	5mg/ml				
	Nevirapine (NVP)	tablet	200mg				
	Nevirapine (NVP)	suspension	50mg/ml, 240ml				
	Saquinavir (SQV)	capsule	200mg				
	Stavudine (d4t)	capsule	30mg				
	Stavudine (d4t)	suspension	1mg/ml				
	Zidvudine (ZDV) also known as azidothymidine (AZT)	capsule	100mg				
	Zidvudine (ZDV) also known as azidothymidine (AZT)	tablet	300mg				
	Zidvudine (ZDV) also known as azidothymidine (AZT)	suspension	10mg/ml				
	Nelfinavir (NFV) as mesilate	tablet	250mg				
	Efavirenz (EFV)	tablet	200mg				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Contraceptives							
	Oral contraceptive, combined low-estrogen	tablet	calendar pack				
	Medroxyprogestogen acetate	injection aq	150mg/ml				
	Progestogen	tablet	calendar pack				
	Norplant						
	Norethisterone	tablet	5mg				
	Intauterine contraceptive device						
	Condoms	each					
Cholera Epidemic Preparedness							
	Cholera bed	each					
	Water dispenser with tap	large					
	Gum boots	pair					
	Hoes	meter					
	Hurricane lamp	each					
	Paraffin	each					
	Plastic apron	each					
	Plastic bucket	each					
	Plastic cup	each					
	Spoon, tea	each					
	Spoon, table	each					
	Tents	each					
	Torch	each					
	Battery	each					
	Heavy duty gloves	pair					
	HTH						
	Black disinfectant						
	Black plastic sheets						
Home Based Care							
	Carrier bag	each					
	Plastic sheets	each					

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Malaria Control							
	Insecticide, pyrethroid	tablet					
Nutritional Rehabilitation							
	F75 (nutrition formulation)						
	F100						
	Cooking oil						
	Likuni phala						
	Milk powder						
	Salt						
	Sugar						
Ophthalmological Preparations							
	Atropine sulphate	eye ointmnt	1%, 3.4g				
	Chloramphenicol	eye ointmnt	1%, 3.5g				
	Gentamycin	eye drops					
	Silver nitrate	eye drops					
	Tetracycline HCL	eye ointmnt	1%, 3.5g				
Medicines Used in Labour (obstetrics)							
	Ergometrine maleate + oxytocin (syntometrine)	injection	500 µg/ml				
	Hydralazine HCL	injection	20mg/2ml				
	Magnesium sulphate	injection	500mg/ml				
	Oxytocin	injection	10IU/ml, 1ml				
Medicines Used in Anaesthesia							
	Halothane	inhalation	500ml				
	Ketamine HCL	injection	50mg/ml, 10ml				
	Suxamethonium chloride	injection	50mg/ml, 2ml				
	Thiopentone sodium	injection	0.5gm vial				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Medicines Used in Anaesthesia (continued)							
	Ether,anaesthetic, inhalation						
	Nitrous oxide, medical gas.						
	Lignocaine HCL	injection	1%, 25ml vial				
	Lignocaine HCL + glucose (heavy spinal)	injection	5%+7.5%				
Analgesics, Antipyretics and Narcotics							
	Aspirin	tablet	300mg				
	Ibuprofen	tablet	200mg				
	Indomethacin	tablet	25mg				
	Morphine sulfate, slow-release	tablet	10mg				
	Morphine sulfate	suspension	10mg/5ml				
	Paracetamol	tablet	500mg				
	Paracetamol	suspension	120mg/5ml				
	Pethidine HCL	injection	50mg/ml, 2ml				
Medicines Affecting the Blood							
	Ferrous sulphate + folic acid	tablet	200mg+0.5mg				
	Ferrous sulphate, pediatric	elixir	60mg/5ml				
	Folic acid	tablet	5mg				
	Vitamin K [phytomenadione]	injection	1mg/0.5ml				
Medicines Acting on Central Nervous System							
	Carbamazepine	Tablet	200mg				
	Diazepam	Injection	5mg/ml, 2ml				
	Diazepam	Tablet	5mg				
	Paraldehyde	Injection	10ml				
	Phenobarbitone sodium	Tablet	30mg				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Medicines Acting on Central Nervous System (continued)							
	Phenobarbitone sodium	Injection	200mg/ml				
	Phenytoin sodium	Tablet	100mg				
	Chlorpromazine	Tablet	25mg				
	Chlorpromazine	Injection	25mg/ml				
Medicines used as Antidotes, Antiallergics and in Anaphylaxis							
	Adrenaline	injection	1 000, iml amp				
	Activated charcoal, powder						
	Atropine sulphate	injection	600 µg/ml, 1ml				
	Chlorpheniramine maleate	tablet	4mg				
	Chlorpheniramine maleate	suspension	2mg/5ml				
	Promethazine	tablet					
	Promethazine	injection					
	Promethazine	suspension					
Dermatological Preparations							
	Benzyl benzoate paint						
	Calamine lotion, aqueous	lotion					
	Calamine lotion + sulphur 2%	lotion					
	Gentian violet	aqueous	1% paint				
	Podophyllin paint compound, benzoin tincture	10%	20ml				
	Silver nitrate, ointment, 15%, 500g						
	Silver sulfadiazine topical						
	Whitfield ointment						
	Povidone Iodine	solution	10%				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Hormones and Endocrine Medicines							
	Hydrocortisone	injection	50 mg/ml, 2ml				
	Dexamethasone	injection	5 mg/ml, 5 ml.				
	Prednisolone	tablet	5 mg				
Vaccines and Sera							
	BCG vaccine	injection	20 dose vial				
	Measles vaccine, live	injection	10 dose (5ml)				
	Pentavalent, DPT –HB-Hem	injection					
	Poliomyelitis vaccine, live	oral susp.	20 dose				
Vaccines and Sera (continued)							
	Tetanus vaccine (adsorbed)	injection	10ml vial				
	Rabies vaccine	injection	1 dose vial				
	Antitetanus serum	injection					
Antihypertensive and Antihypotensive Medicines							
	Frusemide	injection	10mg/ml, 2ml				
	Frusemide	tablet	40mg				
	Methyldopa	tablet	250mg				
	Propranolol	tablet	40mg				
	Hydrochlorthiazide	tablet	25mg				
	Nifedipine	capsule	10mg				
	Hydralazine HCL	tablet	25mg				
	Hydralazine HCL	injection	20mg				
	Adrenaline	injection	1mg/ml				
Diabetes Control							
	Glibenclamide	tablet	5mg				
	Insulin soluble	injection	100 units/ml				
	Insulin zinc suspension	injection	100 units/ml				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Replacement Fluids							
	Oral rehydration salts (ORS), powder	sachet	for 1000ml				
	Glucose (dextrose)	injection	50%, 20ml amp				
	Glucose (dextrose)	infusion	5%, 1000ml				
	Plasma expander in standard only	infusion	500ml				
	Ringer's lactate plus set	infusion	1000ml				
	Sodium lactate comp (Ringer's lactate)	infusion	1000ml				
	Sodium chloride	infusion	0.9%, 1000ml				
	Sodium lactate+glucose (paed)	infusion	200ml				
	Water for injection		10ml				
Vitamins							
	Vitamin A	capsule	200,000 IU				
	Vitamin A	capsule	100,000 IU				
	Vitamin B complex, strong	tablet					
	Pyridoxine (vitamin B6)	tablet	20mg				
	Vitamin, multiple	syrup					
	Vitamin, multiple	tablet					
Disinfectants, Antiseptics and cleaning agents							
	Black disinfectant (Lysol)		5L				
	Chlorhexidine 4%		5L				
	Sodium hypochloride		3.5 or 5%, 5L				
	Alcohol solution		60-90%				
	Glycerine						
	Iodophors (povidone iodine)						
Supplies: General Surgicals							
	Bandage, WOW	each	5.0cm x 4m				
	Bandage, WOW	each	7.5cm x 4m				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgicals (continued)							
	Bandage, WOW	each	10cm x 4m				
	Bottle for ORS	each	1000ml				
	Cannula, disposable	each	24G				
	Cannula, disposable	each	22G				
	Cannula, disposable	each	20G				
	Cannula, disposable	each	18G				
	Cannula, disposable	each	16G				
	Catheter, Foley's + urine bag (2000 ml)	each	10G				
	Catheter, Foley's + urine bag (2000 ml)	each	14G				
	Catheter, Foley's + urine bag (2000 ml)	each	16G				
	Catheter, Foley's + urine bag (2000 ml)	each	18G				
	Cotton wool	each	500g				
	Bandage, crepe	each	7.5cm				
	Gauze, absorbant	each	40m				
	Gauze, vaseline						
	Gauze, pad, sterile	each	12 ply 76 x 76				
	Gloves, surgical	pair	6.5				
	Gloves, surgical	pair	7.0				
	Gloves, surgical	pair	7.5				
	Gloves, examination	Pair	medium				
	Gloves, examination	Pair	large				
	Gloves, heavy duty	Pair	medium				
	Gloves, heavy duty	Pair	large				
	Gloves, gynaecological elbow length	Pair	medium				
	Infusion set	each	adult				
	Infusion set	each	pediatric				
	Infusion set	each	pediatric w/t burette				
	Chlorine powder						
	Methylated spirit		5L				

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgicals (continued)							
	Foot suction (manual)						
	Nasal gastric tube	each	8ch				
	Nasal gastric tube	each	16ch				
	Oxygen		100L				
	Oxygen valve		4-6L/min				
	Plaster of Paris (POP)		7.5cm				
	Scalp vein set	each	21G				
	Scalp vein set	each	23G				
	Scalp vein set	each	25G				
	Scissors, bandage	pair					
	Scissors, Mayo's curved	pair					
	Scissors, Mcindoe's	pair					
	Scissors, Metzenbaum's	pair					
	Needle, spinal, disposable Luer		22G x 10cm				
	Plaster, zinc oxide	each	7.5cm				
	Catgut, chromic 0		150cm				
	Catgut, chromic 2 on needle	12					
	Catgut, chromic 1 on needle	12					
	Catgut, chromic 2/0 on needle	12					
	Catgut, rb, sterile with needle	12					
	Silk braided 2/0 on needle	12					
	Suture, nylon (polyamide) 1 on needle	12					

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgicals (continued)							
	Suture, nylon (polyamide) 2/0 on needle	12					
	Syringes, 2ml with needle, disposable	100					
	Syringes, 5ml with needle, disposable	100					
	Syringes, 10ml with needle, disposable	100					
	Autodisable syringes and needles	100					
	Cup, medicine	each					
	Umbilical tape	each	500cm				
	Umbilical clips	each					
	Vasectomy kits	each					
	Weighing bag	each					
	Weighing scale, infant	each					
	Weighing scale, adult (bathroom scale)	each					
	Needlestick disposable container	each					
	Plastic aprons	each					
	Face masks	each					
	Goggles	each					
	Manual vacuum aspirator (MVA Kit)	each					
	Vacuum extractor	each					
	Ambubag and mask, adult	each					
	Ambubag and mask, peadiatric	each					
	Ventilation mask	each					
	Laryngoscope	each					

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: General Surgicals (continued)							
	Thermometer	each					
	Thermometer, digital	each					
	Tube, endotracheal size 6	each					
	Tube, endotracheal size 7	each					
	Tube, endotracheal size 8	each					
	Introducer	each					
	Nebulizer	each					
	Scalpel handle size 3	each					
	Scalpel handle size 4	each					
	Scalpel blade size 11	each					
	Scalpel blade size 15	each					
	Scalpel blade size 21	each					
	Scalpel blade size 23	each					
	Oxygen nasal prongs	each					
	Stethoscope	each					
	Forceps, Bonney's	each					
	Forceps, long fine dissecting	each					
	Forceps, Lane's	each					
	Forceps, large dissecting	each					
	Tongue depressors, wooden	each					
	Spacer	each					
	Dispensing bags						
	Diagnostic set	each					
	Suture set	each					
	Delivery set	each					
	Tablet counter	each					
	Sphygmomanometer, aneroid (BP machine)	each					

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Supplies: X-ray Items							
	Film screen, type, 18cm x 24cm	100					
	Film screen, type, 18cm x 43cm	100					
	Film screen, type, 35cm x 35cm	100					
	Film screen, type, 35cm x 43cm	100					
	Developer for automatic process (makes 20 litres)	each					
	Fixer for automatic process (makes 20 litres)	each					
	Lead rubber aprons						
	Lead rubber gloves						
	Lead rubber sheeting						
Laboratory Stains, Reagents and Antisera							
	Drabkins solution (from Sigma reagents)						
	Commercial haemiglobincyanide standards (from BDH)						
	Benzyl penicillin 3g, 5mu, PFR						
	Gentamycin 40 mg/ml						
	Methylated spirits (drum 200l)						
	HIV test kits: Determine HIV ½						
	HIV test kits: Trinity Biotech UNIGOLDTM HIV1/2						
	Syfacard-R VDRL kit (Abbott-Murex. #8E58-01)	100 tests					

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Stains, Reagents and Antisera (continued)							
	VDRL positive control serum, (Abbott-Murex #9340-01)	1ml					
	Hepatitis B test kit: Determine HBV						
	Sodium chloride powder						
	Anti-A grouping serum						
	Anti-B grouping serum						
	Anti-AB grouping serum						
	Anti-D [for slide/rapid tube test]						
	Anti-Human globulin [Coomb's reagent]						
	Field's stain A powder						
	Field's stain B powder.						
	Basic fuchsin powder						
	Phenol crystals (detached)						
	Methylene blue powder						
	Xylene						
	Absolute methanol						
	Gram A stain (crystal violet solution)						
	Gram's Iodine fluid						
	Acetone						
	Indian ink						
	Protein standard						
	Glacial acetic acid						
	Glucose oxidase test kit						
	Glucose control serum						
	Total protein kit (Biuret method)						

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Stains, Reagents and Antisera (continued)							
	Albustix [protein in urine]						
	Clinistix [glucose in urine]						
	Iodine crystals						
	Potassium iodide						
	Calcium hypochlorite granules						
	Oil immersion (cedarwood)						
	Concentrated hydrochloric acid						
	Trichloroacetic acid						
	Black disinfectant						
	Haemastrip (for blood in urine)						
	Blood glucose test strips (for glucometer)						
	Urine ketones strip						
	Pregnancy test, latex slide test kit						
	Cary-Blair transport medium for collection of cholera specimens						
	Microbiology culture media and reagents (list of requirements to be advised)						
Laboratory Consumables							
	Hemocue Hb 201+ cuvettes (from Hemocue AB, Sweden)						
	EDTA blood specimen tubes						

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Consumables (continued)							
	Yellow pipette tips – (for Eppendorf pipette)	dispense volume up to 0.2 ml					
	Blood specimen tubes, plain/labelled	10ml					
	Pipette tips (blue) - (for Eppendorf pipette)	dispense volume up to 1ml					
	Glass slides						
	Pasteur pipettes, short, glass (washable)						
	Rubber teats to fit Pasteur pipettes.						
	Cover slips	22 x 50 mm					
	Cover slips	22 x 22 mm					
	Potassium fluoride blood collection tubes						
	Urine/stool specimen containers, disposable with screw cap						
	Capillary tubes - plain						
	Capillary tubes - heparinised						
	Syringes, hypodermic (with disposable needle)	2ml-23G					
	Syringes, hypodermic (with disposable needle)	5ml-21G					
	Syringes, hypodermic (with disposable needle)	10ml-21G					
	Disposable plastic cuvettes for spectrophotometer						
	Disposable blood collection packs, single with needle and ACD						

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Consumables (continued)							
	Disposable blood collection packs, double with needle and ACD						
	Anticoagulant	450/500ml capacity					
	Microtitre plates "Ü" well	8 x 12 well					
	Applicator sticks						
	Blood administration sets						
	Sputum collection containers						
	Nichrome wire inoculating loops						
	Autoclave tape	1cm x 12m					
	Disposable paper masks						
	Blood pack labels						
	Graph paper sheets, A4						
	Filter paper, Whatman # 1	24cm diam					
	Lens cleaning tissues						
	Gauze swabs						
	Cotton wool						
	Plaster adhesive	2.5cm					
	Water proof magic markers						
	Laboratory TB register						
	Blood lancets, disposable						
	Sharps disposal box						
	Disposable latex gloves						
	Special coverslips for counting chambers						

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Consumables (continued)							
	Temperature monitoring charts for blood bank						
	Swabs for collection of cholera specimens						
Laboratory Glassware, Minor Equipment and Spare Parts							
	Funnel, glass	250mm					
	Funnel, glass	150mm					
	Pipettes, glass, graduated	10ml					
	Pipettes, glass, graduated	5ml					
	Pipettes, glass, graduated	1ml					
	Glass test-tubes	150 x14mm					
	Test tubes (Khan)	75 x 12mm					
	Plastic wash bottles	500ml					
	Bijou bottles, stainless steel screw cap, washable & autoclavable						
	Conical centrifuge tubes (glass)						
	Tourniquet (for venous blood collection)						
	Maximum-minimum refrigerator thermometer						
	Waterbath thermometer (10 - 100°C)						
	Universal glass bottles with screw caps and rubber liners (washable and autoclavable)						
	Diamond slide marker						

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Glassware, Minor Equipment and Spare Parts (continued)							
	Inoculating loop handle						
	Slide holding forceps						
	Counting chamber (Improved Neubaeur)						
	Counting chamber (Fuchs Rosenthal)						
	Microscope bulbs						
	Microscope fuses						
	Spectrophotometer bulbs						
	Spectrophotometer fuses						
	Measuring cylinder, graduated, with stopper	1 litre					
	Test tube rack for 14mm test tubes						
	Rubber bulb pipette filler, 3-valve, hand-operated to 10ml						
	Test tube rack for Khan tubes						
	Test tube rack for 10ml blood collection bottles						
	Spring balance, range up to 1kg, readability 10g						
	Forceps, haemostatic, straight, Kelly	140mm SS					
	Scissors, surgical straight						
	Sphygmomanometer (for collection of blood donations)						
	Patient weighing scale (for blood donors)						
	Gallipots, plastic						

Remarks:

Initials:_____

LMIS-01B

District Hospital Monthly LMIS Report

Facility_____ District_____ Month_____ Year_____

Item No.	Item	Form	Strength	Unit of Issue	(A) Balance (Stock on Hand)	(B) Quantity Used	(C) Quantity Required
Laboratory Glassware, Minor Equipment and Spare Parts (continued)							
	Glass staining troughs with lids	250ml					
	Rack for staining troughs						
	Spirit lamp						
	Tally counter						
	Sterilising drum						
Laboratory Protective Clothing and Safety Items							
	Handwashing soap						
	Hand towels						
	White laboratory coats (Howie style)						
	Laboratory eye shield goggles						
Other							

Submitted by: Name_____ Signature_____ Date_____

Processed by: Name_____ Signature_____ Date_____

Remarks:

Annex A-3 District Monthly Order Worksheet, LMIS-02 Form

LMIS-02

District Monthly Order Worksheet

District_____ Month_____ Year_____ Page_____ of _____

(A) Catalog Item Number	**(B) Item Name** Form and Strength	**(C) Facility** Name	**(D) Facility** Name	**(E) Facility** Name	**(F) Facility** Name	**(G) Facility** Name	**(H) Facility** Name	**(I) Facility** Name	**(J) Facility Name**	**(K) Facility** Name	**(L) Facility** Name	(M) Sub Totals This Page	
													1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12
													13
													14
													15

Annex A-4 Form MED. 194

REQUISTION FOR MEDICAL SUPPLIES

MED. 194

To: Chief Pharmacist Central Medical Stores Private Bag 55 Lilongwe	M.S. Issue Voucher No.

Consign to: .....

Postal Address: .....

.....

.....

Date: ..... 20.....

Nº 0040096 A

Despatch Details:
ROAD MOTOR SERVICE/RAIL/STEAMER/
OWN TRANSPORT/STORES TRANSPORT/POST
(Delete Inapplicable)
TERMINUS REFERENCE
OR COLLECT .....

To be charged to: Department Vote Item Sub-head

CLASS

FOR MEDICAL STORES ENTRY ONLY

Item (By Cataloque Description)	Number of Units Required	Code Number	Amended Code Number	Unit	Number of Units Supplied	Unit Price	Value Debit	Value Credit	Extn. Checked by
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
12									
14									
15									
						TOTAL K			

....
Requisitionist's Signature *Office Held*

CERTIFIED GOODS AS DETAILED RECEIVED IN GOOD ORDER AND CONDITION

....
Receiving Officer's Signature *Office Held*

CERTIFY BLUE COPY AND RETURN WITHOUT DELAY

APPROVED BY:

Medical Officer

Officer-in-Charge
Central Medical Stores

DATE RECEIVED AT CENTRAL MEDICAL STORES

Assembled by: .....

Checked by: .....

Date Assembled: .....

Bincards Posted by: .....

Ledger Posted by: .....

Annex A-5 Stock Card Form

REPUBLIC OF MALAWI LMIS-SC

MINISTRY OF HEALTH AND POPULATION

Stock Card

Code:		Product:				
Date (A)	**Voucher To/From (B)**	**Quantity Received (D)**	**Quantity Issued (E)**	**–Losses/ + Adjustments (F)**	**Quantity on Hand (G)**	**Remarks (H)**

Annex A-6

Visual Indicators of Contraceptive Quality Problems

Oral Contraceptives

Do not use the pills in a packet if—

- A pill crumbles when it is pushed through the aluminium backing.
- The aluminium packaging for any of the pills is broken.
- The packet is missing pills.
- Some pills are not the correct colour.

Condoms

Do not use condoms if—

- The condom packets are sticky or brittle.
- Condoms or their lubricant are discoloured.

Condoms can be damaged by prolonged exposure to sunlight, temperatures over 40°C, humidity, ozone (produced by smog, electric motors, and fluorescent lights), or contact with any oil (e.g., mineral or vegetable oils). Do not store chemical products in the same warehouse with condoms as petroleum vapours and various types of liquid solvents may damage the condoms.

IUDs

Do not use if—

- Sterile packaging has been broken or perforated.
- Parts are missing.

Because IUDs are made of plastic, they should be protected from heat or direct sunlight. All product contents should remain in the sterile wrapper, and the insert information must be legible. It is acceptable for the copper or copper-bearing IUDs to darken. (Note: Shelf life is different from use life; many IUDs are now effective for up to eight years after insertion even if the shelf life was near expiry.)

Injectables

Do not use if—

- Vials are cracked or broken.
- Contents do not return to suspension after shaking.

Vials will remain potent and stable up to the expiry date if stored at room temperature (15–30°C). If contents separate, shake to restore suspension.

Implants

Do not use if—

- Sterile packaging is broken.
- Some of the capsules are missing.

The implants must be protected from excessive heat and direct sunlight, and must be stored in a dry place.

Foaming Tablets

Do not use if the—

- Package is broken or tablets are missing.
- Package is puffy (this indicates a moisture leak).
- Foil laminate has cracks.
- Tablets vary in colour.
- Tablets are soft, crumbly, wet, or damp.

Diaphragms

Do not use if the—

- Diaphragm looks dirty.
- Diaphragm shows holes or cracks when held up to a light.

Because diaphragms are made of latex, they should be stored in the same storage conditions as condoms.

Spermicidal Jelly

Do not use if the—

- Jelly tube is wrinkled or leaking.
- Applicator cannot be screwed easily onto the top of the tube.

Spermicidal Foam

Do not use if—

- The tip is clogged so that foam cannot be released.
- There is little or no pressure in the can.
- Foam is of uneven consistency or has separated.

The can of foam should not be exposed to intense heat or extreme fluctuations in temperature or humidity. It should be stored upright.

Glossary

average monthly consumption rate. The average amount of a drug, contraceptive, or other medical supply item that is dispensed to clients each month.

brand. A specific product identified by a distinctive name and packaging given to it by the manufacturer. For example, Lo-Femenal and Ovrette are brands of oral contraceptives.

coordination. The process of working together on specific activities to achieve a common goal.

dispensed to user. The provision of an item of supply to its ultimate user by a provider. The same as *dispensed to client*.

emergency order. Non-routine order that is placed when stock levels fall below the emergency order point before the routine order period (see chapter 7).

first-to-expire, first-out (FEFO). A method of managing drugs, contraceptives, and other medical supplies in a storage facility to ensure that the oldest stock is issued before newer stock (see chapter 3).

issue. The provision of an item of supply from one storage facility to another.

level. The specific location in the health system hierarchy, central, region, district, or service delivery point level (see chapter 1).

logistics. The science of procuring, maintaining, and transporting supplies.

logistics system. The structure through which a quantity of supplies is moved to different levels according to a schedule. Information about the quantities issued or dispensed to clients at each level is gathered to determine the quantity and schedule of future deliveries.

maximum months of stock. The number of months of stock above which stock levels should not rise in a given facility (see chapters 6).

method. A contraceptive (method), such as oral contraceptives, condoms, or injectables.

monitoring. Checking on a regular basis to ensure that assigned logistics activities are carried out (see chapter 9).

months of stock. A measurement of stock quantity that indicates the number of months a drug, contraceptive, or other medical supply item will be available based on the present consumption rate.

overstock. A situation in which a storage facility has more stock than is recommended.

physical inventory. The process of counting by hand the total number of each brand, preparation, or dosage form of contraceptive in your store or health facility at any given time (see chapter 4).

recording. The process of entering information or data on a form or record (see chapter 5).

reporting. The process of transmitting information, usually by submitting a document, form, or report on regular basis—monthly, quarterly, or annual (see chapter 5).

service delivery point. Any facility in the logistics system that provides services directly to clients.

shelf life. The length of time a product may be stored under ideal conditions without affecting the usability, safety, purity, or potency of the item (see chapter 3).

stock on hand. Stored quantities of usable stock.

stockout. Refers to a situation in which a storage facility has no stock on hand.

stock status. The number of months of stock available for distribution at a facility at a given time (see chapter 6).

supervision. The process of ensuring that logistics personnel have the knowledge and skills required to carry out their responsibilities effectively, and to provide immediate on-the-job training, as needed.