



Ministry of Health
Guidelines for Redistribution of Excess and Near-Expiry Essential Medicines between
Public Health Facilities in South Sudan



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FOREWORD

In South Sudan, the kit system of medicine distribution has resulted in excess stocks and shortages in some health facilities. Excess stock also creates a shortage of storage space and increases the risk of drug expiry before consumption. Some health facilities are practicing stock exchange and transfer to overcome the issue of overstocking and shortages of medicines. However, this practice often creates discrepancies in reporting due to lack of appropriate documentation and possible misappropriation of medicines.

This guideline has been developed to provide a harmonized framework for redistribution of excess and near-expiry essential medicines and prevent wastage. This document is intended as a guide for all health workers, stakeholders and partners, and Government ministries and agencies in planning, resource mobilization, and implementation of redistribution and expiry of medicines control. This document is expected to contribute to rational use of medicines by reducing waste and shortages in the country. It is hoped that this guideline will assist all health institutions and health workers involved in essential medicines management at all levels of care and will be referred to at all times to minimize wastage of resources.

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ACRONYMS AND ABBREVIATIONS

CHD	County Health Department
CMO	county medical officer
DPMS	Directorate of Pharmaceuticals and Medical Supplies
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMOH	State Ministry of Health
SOP	standard operating procedure
USAID	United States Agency for International Development

SECTION 1: BACKGROUND

Although South Sudan gained independence on July 9, 2011, the country's health system and infrastructure has not yet recovered from the devastation caused by war. The Directorate of Pharmaceuticals and Medical Supplies (DPMS) is one of the 9 directorates of the Ministry of Health (MOH) mandated to ensure accessibility, availability, safety, efficiency, effectiveness, and affordability of medicines and pharmaceuticals in both the public and private sectors.

South Sudan is currently using both push (kit) and pull (order) systems to supply essential medicines to health facilities. High-level health facilities (hospitals and primary health care centers) level are partially using the pull system by making their requests to the County Health Department's (CHD) Central Medical Stores based on their consumption levels. The push system is widely used for drug distribution to all lower-level health facilities and medical stores. The kit system inevitably results in over-and understocking to varying degrees in different health facilities due to patient load, human resource capacity, and disease patterns. As a result, two outcomes have emerged in the medicines supply and management system in the country:

- Shortages of essential medicines and health supplies remain rampant
- Paradoxically, medicine expiries are occurring more regularly

The impact of essential medicine shortages and expired medicines is clear—patients are directly affected. Expired medicines have a high likelihood of being recirculated into the market. Expired products are not only ineffective but can result in the emergence of resistance to antimicrobial agents and toxicity in humans and other animals. Expired medicines pose risks to food chains and water sources if not properly disposed of. In addition, expired medicines constrain storage capacity at the health facilities.

The increased shortages and stock-out of essential medicines have raised the need to understand the causes of medicine expiries and subsequently develop strategies for their prevention and management. On many occasions, health workers have been reluctant to move overstocked and near-expiry essential medicines between health facilities and districts. One step taken to avoid this is to redistribute excess and/or near-expiring drugs between facilities and as well as improve availability or reduce shortages in others where there are inadequate stocks of the same medicine.

The MOH has developed this document to empower health workers at all levels to redistribute medicines and supplies that are not needed or are about to expire. Therefore, the procedures presented in this document should be used as a guideline to manage and execute the redistribution of essential medicines by technical staff and health managers at health facilities and program levels.

SECTION 2: STANDARD PROCEDURE FOR EXCESS STOCK EXCHANGE AND REDISTRIBUTION

2.1. Justification for Excess Stock and Near-Expiring Drug Exchange and Redistribution

In principle, drugs should not expire in any health facility when there are stock-outs of the same drugs in other health facilities. Stock exchange and redistribution should be an essential part of the medicine supply management system to reduce risk of expiry at health facilities with excess or unused stocks. This practice also improves the availability of drugs at other health facilities where there are known shortages or stock-outs.

2.2. Stock Status Assessment

Assessing medicine stock status at health facilities, county medical stores, and central/state warehouses is an essential part of drug supply management system. It is a mechanism used to identify the level of stocks (overstocks, understocks, and optimum stocks) and provide information for decision making for medicine exchange and redistribution between facilities.

The trigger for stock transfer or redistribution is obtained after assessing the stock status from the stock management cards. This entails that health facilities regularly update their stock management cards to effectively implement and manage the stock transfer and redistribution process.

Stock exchange and redistribution should occur under three scenarios:

- When there is an excess quantity of the target medicine in one facility and a deficit in another (where excess is defined as having more than four months of stock).
- When the target medicine will expire before use (short shelf life) in one facility.
- When stock has been distributed or supplied to facilities where it is not supposed to be used or is not recommended for use at that level of the health service.

2.3. Initiation of Stock Redistribution

The health facility with excess or near-expiring stock will be responsible for initiation of transfer and redistribution. This facility should communicate information about the stocks to be redistributed to the county medical officer (CMO). The county or state health office should in turn identify, analyse, and provide this information to the health facility experiencing the shortage or stock-out of the target medicine and expedite the stock transfer or redistribution between the two facilities.

SECTION 3: STEPS IN REDISTRIBUTION AND THE ROLE OF INSTITUTIONS

The following steps should be followed and adhered to as the standard operating procedure (SOP) for transfer of excess stock or near-expiry essential medicines between public health facilities.

Step I: Detection and Reporting of Stock for Redistribution

- The storekeeper/supervisor should complete monthly physical inventory checks and alert the health facility in-charge of items that need to be redistributed.
- Using a redistribution form, the health facility's in-charge should then communicate the need to the supervisor, who should in turn report to the CMO.

Step II: Identification of Recipient Health Facility by the State/ CMOs

- The CMO should first consult other health facilities (hospitals, health centres) in its catchment area about the existing stock. If any facility in the county is in need of the supplies, priority should be given to them.
- If none of the facilities within the county need the supplies, the CMO communicates this in writing to the State Directorate of Pharmaceuticals and Medical Supplies.
- The State DPMS should inform others within the state and expedite redistribution of the medicine to other health facilities in their counties.
- Any health facility with shortages or stock-outs of essential medicines should immediately communicate the situation to the next county facility supervisor for possible arrangement of transfer of excess or near-expiry stocks from other health facilities.
- If no county health office is in need of the stocks, the State DPMS should inform the Central Medical Store for other possible actions.

Step III: Authorization of Transfer, Issuing, Receiving, and Stock Adjustments

Once a recipient facility is identified, the transfer/issuing process should be authorized by the head of the unit that has the excess stock and all transactions should be authorized by using the appropriate requisition and issue vouchers.

- The state/county department initiates this process as appropriate. The report and requisition form (Annex C) is filled and sent to the transferring facility by the State DPMS/CHD on behalf of the recipient health facility. The State DPMS/CHD sends an authorization issue voucher to the health facility with excess stock with a carbon copy to the recipient health facility.
- After receiving the acquisition voucher with a cover letter from the CHD, the health facility with excess stock issues the items requested by completing the issuing voucher, and then adjusts the stock status on the stock card accordingly.

- The recipient facility should complete the receiving voucher and adjust the bin card and stock card for the received stock.
- The recipient facility must send a copy of the receiving voucher to both the transferring health facility and the CHD as a proof of the transfer.

3.1 Recording and Reporting of the Transfer Transactions

All transfer transactions that involve issuing and receiving essential medicines should be recorded with all the necessary details about the products and dates; this paperwork should be signed and archived. In addition, all transactions carried out at each health facility must be reported to the CHD on a monthly basis.

3.2 Required Pharmaceutical Management Information System Forms for Redistribution of Essential Medicines

The following standard forms should be used in redistribution activities:

Redistribution Notification Form (Annex A)

The health facility in-charge will notify the CMO in-charge about the overstocked items by using a redistribution notification form. The redistribution notification form is first completed by the storekeeper and then signed by the health facility in-charge, who sends it for a signature and authorization by the facility supervisor who, in turn, forwards it to the CMO. The form is in triplicate, and copies with all signatures should be kept at the health facility.

Stock Card (Annex B)

Both the issuing and receiving health facilities must record the item and quantity issued and received, respectively, on the stock cards at the facilities.

Report and Requisition Voucher (Annex C)

The request form is filled and sent to the transferring facility by the DPMS/CHD on behalf of the recipient health facility; an authorization issue voucher is sent to the health facility with the excess stock with a carbon copy to the recipient health facility.

Issue and Receipt Voucher-(Annex D)

The issuer health facility completes the issue and voucher, and issues the items requested. The recipient facility uses this same issue and receipt voucher to enter the item and quantity of received stock based on the copy of the issue and receipt voucher and physical quantity of the received items.

Way Bill (Annex E)

The health facilities will use the way bill for transferring products from one facility to another and this document summarizes the products in a consignment.

ANNEX A. REDISTRIBUTION NOTIFICATION FORM



REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH
RE-DISTRIBUTION NOTIFICATION FORM

No. _____ Date: _____

Facility Name _____ State: _____ County: _____ Payam: _____

Item Batch NO.	Overstocked items	Expiry date	Pack size	Number of packs to be redistributed	Reason for Overstock
Report & Order Prepared by (Name/Signature/Date):				Report & Order Approved by (Name/Signature/Date):	
This is to notify the County Medical Officer that the following items are in excess of stocks that can be used in the facility/Store before it expires.					

ANNEX B. STOCK CARDS



REPUBLIC OF SOUTH SUDAN MINISTRY OF HEALTH STOCK CARD No. _____

NAME/LEVEL OF FACILITY: _____ **STATE:** _____
COUNTY: _____

ITEM DESCRIPTION (*Name, Strength, Form*): _____ **Unit of Issue:** _____

Maximum Stock: _____ **Minimum Stock:** _____ **Reorder Level:** _____

Average Monthly Consumption: _____ **Storage Conditions:** _____

Date	Received From/ Issued To	Voucher No.	Received (IN)	Issued (OUT)	Losses/ Adjust ments	Balanc e	Expiry Date	Lot/Ba tch No.	Remarks	Sign
	<i>B/F from Card No:</i>									

ANNEX C. REPORT AND REQUISITION VOUCHER

REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH
REPORT & REQUISITION VOUCHER



No. _____

Name of Facility: _____ State: _____ County: _____ Payam: _____

REPORTING PERIOD (Dates) From: ___/___/___ To: ___/___/___

S/No.	Description of Items	Unit	Opening Stock A	Quantity Received B	Quantity Issued C	Losses/Adjustments -/+D	Current Stock E = A + B - C -/+D	Ave Monthly Consumption (AMC)*	Maximum Stock F = 7 x AMC	Quantity Ordered G = F - E
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
Comments (on stock outs, losses/adjustments, obsolete products, etc):							Preferred delivery means/route:			
Report & Order Prepared by (Name/Signature/Date):					Report & Order Approved by (Name/Signature/Date):					

** Where AMC has not been determined, average quantity issued in a month over reporting period may be used to estimate AMC*

ANNEX D. ISSUE AND RECEIPT VOUCHER



REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH
ISSUE AND RECEIPT VOUCHER

No. _____

Issued to (Name of Facility): _____ State: _____ County: _____ Payam: _____

ITEMS ORDERED/REQUESTED <i>(To be Copied from Report/Requisition Voucher)</i>					ITEMS SUPPLIED <i>(To be Filled by Supplier)</i>			ITEMS RECEIVED <i>(To be Filled by Receiver)</i>	
S/No.	Description of Items	Unit	Stock on Hand	Quantity Ordered	Quantity Supplied	Batch/ Lot No.	Expiry Date	Quantity Received	Discrepancy/ Remarks
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Preferred delivery means/route:					Supplied by (Name/Sign/Date):			Received and Inspected by (Name/Sign/Date):	
Report/Requisition Voucher No.: _____					(Affix Official Stamp of Issuing Facility)			(Affix Official Stamp of Receiving Facility)	

MOH/PHARM_Form 02

ANNEX E. WAY BILL VOUCHER



REPUBLIC OF SOUTH SUDAN MINISTRY OF HEALTH MEDICAL STORE

Issuing Medical Store: _____ State: _____

WAYBILL						Waybill No.:	
Destination (Consignee):					Date prepared:		
State:			County:		Contact Person:		
S/No.	Description of Items	Unit Pack	Quantity Issued	Weight (Kg)	Volume (m ³)	Quantity Received	Discrepancy/Remarks
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
DISPATCH							
Medical Store Control				Transporter			
Issuing Officer: _____				Company/Agency: _____			
Dispatch Date: _____				Contact Person: _____ Tel: _____			
Declaration: <i>I declare that this Waybill shows the actual quantity and numbers of the packages described above.</i>				Email: _____			
Signatures/Date: _____ <i>(Affix Official Stamp)</i>				Vehicle/Aircraft No.: _____			
				Driver/Pilot's Name: _____			
				Signatures/Date: _____			
RECEIPT BY CONSIGNEE							
Received by: _____				Title: _____			
Tel: _____				Email: _____			
Comments: _____							
Signature: _____ Date: _____ <i>(Affix Official Stamp)</i>							

MOH/PHARM_Form 03