A large, light blue graphic of a stylized human figure is positioned on the left side of the page. The figure is composed of a solid circle for the head, a thick curved line for the torso, and a large, open loop for the legs. The figure appears to be in a dynamic, forward-leaning pose.

Training on Treatment Registers and Paper-based LMIS Tools for Sierra Leone Health Personnel

December 2017



USAID
FROM THE AMERICAN PEOPLE

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Key Words

Treatment register; daily dispensing register; report, request, and issue voucher (RR&IV); inventory control card; training of trainers (ToT); Directorate of Drugs and Medical Supplies (DDMS); Directorate of Policy, Planning, and Information (DPPI); district health management team (DHMT); peripheral health unit (PHU); Ministry of Health and Sanitation (MOHS)

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ACRONYMS

DDMS	Directorate for Drugs and Medical Supplies
DHMT	district health management team
DPPI	Directorate of Planning, Policy, and Information
LMIS	logistics management information system
M&E	monitoring and evaluation
MOHS	Ministry of Health and Sanitation
NAS	National HIV/AIDS Secretariat
PHU	peripheral health unit
PMIS	pharmaceutical management information system
RR&IV	report, request, and issue voucher
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
ToT	training of trainers
USAID	US Aid for International Development

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The lead facilitators—Marie Kolipha-Kamara and Amara Sesay from the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Project in Sierra Leone, Muhammed Mansaray from the Directorate of Drugs and Medical Supplies (DDMS), and Lamin Kamara from the Directorate of Planning, Policy, and Information (DPPI)—acknowledge the following individuals and groups who played a vital role in the development of the tools and guides and in making the training a success.

Gabriel Daniel, Management Sciences for Health Principal Technical Advisor and Sierra Leone team lead, initiated the revision and development process.

Murtada Sesay, the SIAPS Sierra Leone Country Project Director, provided leadership and technical support throughout the process of revision, printing, and training.

We also acknowledge the technical teams of the Ministry of Health and Sanitation (MOHS), including the DDMS, DPPI, and nutrition and other programs, for their contributions to the revision and trainings nationwide.

We recognize the leadership of National HIV/AIDS Secretariat (NAS) Dr. Momodu Sesay and antiretroviral pharmacist Veronica Deen who, with support from the Global Fund, completed the cascade trainings in six districts.

Andualem Oumer, SIAPS Senior Technical Advisor, was tireless in his contributions in the revision of the tools and the development of the user guides. He also dedicated considerable time to supervising the printing of the tools.

Finally, we thank the country operations management unit team of SIAPS Sierra Leone for its support throughout the process.

BACKGROUND

The pharmaceutical sector in Sierra Leone faces several challenges. The MOHS, in collaboration with partners, is in the process of strengthening the capacity of district and peripheral health facilities (hospitals and peripheral health units (PHUs)) to ensure an uninterrupted supply of essential medicines, manage supply chain activities through an improved nationwide pharmaceutical management information system, and promote rational medicine use for better health outcomes.

The two-year US Agency for International Development (USAID)-funded SIAPS program in Sierra Leone works to strengthen pharmaceutical systems in the overall context of the Government of Sierra Leone's post-Ebola recovery program. The project was to end in October 2017, but a no-cost extension was granted through February 2018. USAID support to the MOHS through SIAPS focuses on pharmaceutical management systems strengthening and supply chain management through capacity building and technical assistance to improve governance, management and leadership, selection and quantification, pharmaceutical management information systems, rational use, and continuous performance monitoring and supervision.

Quality information for decision-making serves as the backbone of any institution, and the health care system needs a robust information system to achieve desired health outcomes. The poor design of primary data collection tools (treatment registers) at health facilities resulted in erroneous and poor quality health data. This led to poor planning, stock-outs and overstocking of medicines and medical supplies, and poor health outcomes.

SIAPS provided technical assistance in the revision of the treatment registers and report, request, and issue vouchers (RR&IVs) and in the development of the treatment register summaries and user guides for both under five and five and above. SIAPS also provided technical assistance in the training of trainers (ToT) and cascade trainings countrywide and financial support for part of the ToT and cascade trainings for seven districts. Through its strong collaboration with partners, SIAPS engaged the Global Fund through the NAS to provide financial support for the cascade training in the remaining six districts.

The proposed individual dispensing register is not new to Sierra Leone. It was one of the information tools developed and used in the mid-1980s when the drug revolving fund/cost recovery system was introduced, before the Bamako Initiative began.

The lack of supply chain information made it difficult to quantify volumes for procurement decisions and determine the quantities to be distributed. Without reliable and timely consumption data, it is not possible to implement a demand-driven supply chain ("Pull" system). A "Push" system brings the risk of stock-outs, obsolete inventory, and excess of low demand products, which has been the experience in Sierra Leone.

The current paper-based logistics management information system (LMIS) system that feeds into Channel has approximately 70% conformance to procedure. The manual completion of the paper forms is cumbersome for the in-charges at PHUs and contributes to compliance and data

collection issues. At the district level, all submitted paper forms must be manually entered into Channel and emailed, if and when there is an internet connection, in Excel to the head office for further compilation.

The focus is on addressing the identified gaps in documenting and reporting on consumption and treatment uptake. This is intended to complement and provide reliable and actual consumption and patient-focused data from the health facilities to enhance the functionality of RRI&V and daily dispensing register transaction forms used at health facilities and other levels of the health care system.

PURPOSE OF THE TRAINING

The purpose of revising the treatment registers and conducting ToT and cascade trainings was to improve the quality of the primary data collected at the health facility level; increase the user-friendliness of the registers; and build the capacity of the DDMS, DPPI, programs, district health management teams (DHMTs), and hospital and PHU staff on the effective use of the registers.

The SIAPS, DDMS, and DPPI facilitators' role was to train facilitators at the district and hospital levels, who could then cascade the program to other DHMT, hospital, and PHU staff in their districts.

SCOPE OF WORK

The SIAPS Sierra Leone technical team worked closely with staff from the SIAPS headquarters technical team (Gabriel Daniel and Anduaem Oumer), the DDMS and DPPI, and nutrition and other programs and partners to:

- Revise the under-five and five-and-above (general) clinic registers as treatment registers
 - Draft and develop the treatment register summaries and user guides for both registers and summaries
 - Revise the RR&IV
 - Develop assumptions and budgets for printing the registers and summaries, ToT and cascade training, and distribution
 - Work with project staff to conduct the ToT and cascade trainings
- Facilitate collaboration and communication between the DDMS and NAS to support the cascade training in six districts
- Provide technical assistance in both the ToT and cascade trainings
- Write and submit the training report

Activities

Pre-training

- Gabriel Daniel and Marie Kolipha-Kamara visited facilities to review data source documents.
- Photos of completed registers were taken.
- A desk review of the most common diseases treated at the facility level was conducted.
- The first cycle of the continuous results monitoring system helped to assess challenges with the registers and confirm the common diseases that are treated.
- The registers were revised based on the indicators found in the old versions.
- The summaries, which mainly capture PMIS indicators, were developed along with a guide for using both registers and summaries.
- The documents were shared with the DDMS, DPPI, and programs for input.
- The documents were printed and distributed to 10 facilities as a pilot.
- Comments, questions, and recommendations were received from facility staff; Global Health Ebola Team (GHET); DHMTs; central-level directorates, including the DPPI, DDMS, and nutrition; and other SIAPS staff to improve the registers
- Meetings were held with the DDMS, DPPI, and programs to finalize the documents.
- The tools were printed and distributed to facilities.
- Discussions were held with the DDMS on an integrated training with other LMIS tools.
- Training materials, such as slides, exercises, handouts, and job aids, were prepared.

Trainings

The training was done in two parts: the ToT and the cascade training. The ToT was jointly supported by the Global Fund and SIAPS. SIAPS provided technical support for both the ToT and cascade trainings nationwide and give financial support for the cascade trainings in seven districts (Bo, Bombali, Kambia, Kenema, Kono, Moyamba, and Port Loko). Through a strong collaboration with the NAS, SIAPS give technical support to the DDMS and engaged the Global Fund to provide financial support to the remaining six districts (Bonthe, Kailahun, Koinadugu, Pujehun, Tonkolili, and Western Area).

ToT

The ToT was conducted in three regions of the country and brought together district and hospital pharmacists, district logistics and information officers, district and hospital monitoring and evaluation (M&E) officers, hospital matrons, program pharmacists, other DDMS pharmacists, and DPPI M&E officers (table 1).

Table 1. ToT Distribution

Region (training site)	Districts	Training dates	Number of registered participants	Actual number trained	Coverage rate (%)
Southern (Bo)	Bo, Bonthe, Moyamba, Pujehun, Kenema, and Kailahun	May 1–4, 2017	45	45	100.0%
Northern (Bombali)	Bombali, Tonkolili, Port Loko, Kambia, Koinadugu, and Kono	May 5–8, 2017	45	44	97.8%
Western Area (Freetown)	All nine public hospitals and Western Area DHMTs; malaria, TB, HIV, EPI, reproductive health, and NTD programs; DDMS; and DPPI	May 9–12, 2017	42	33	78.6%
TOTAL			132	122	92.1%

Cascade Training

The cascade training was a district-specific training conducted in all 13 districts. It brought together one facility in-charge from each community health post and maternal and child health post and one facility in-charge and one additional staff person from each community health center. Other participants included programs focal persons within the DHMT, storekeepers, and nurses from the hospitals. Due to the number of participants per district, two training sessions were conducted in each district, and trainings were conducted in two districts simultaneously (table 2).

Table 2. Cascade Training Distribution

District	2017 training dates	Number of registered participants	Actual number trained	Coverage rate (%)
Kambia	June 19–20 and June 21–22		88	100%
Kono	June 19–20 and June 21–22		116	93%
Kenema	June 23–24 and June 29–30		163	100%
Port Loko	June 23–24 and June 29–30		134	101%
Bo	July 7–8 and July 10–11		170	101%
Bombali	July 7–8 and July 10–11		135	104%
Moyamba	July 12–13 and July 14–15		130	102%
Tonkolili	September 8–9 and September 11–12		129	103%
Pujehun	September 8–9 and September 11–12		102	100%
Bonthe	September 14–15 and September 16–17		85	100%
Kailahun	September 21–22 and September 23–24		107	100%
Koinadugu	September 22–23 and September 24–25		97	100%
Western Area	September 22–23 and September 27–28		157	108%
TOTAL			1,613	101%

Methodology

Two SIAPS senior technical advisors, three DDMS senior pharmacists, and two DPPI M&E officers facilitated the ToT, and five DHMT staff, with support from the central level, facilitated the cascade trainings. SIAPS provided both technical and coordination support throughout the process. The training involved adult learning styles, and the sessions were interactive and drew on real-time experiences.

Power point presentations, white boards, and flip charts were used to convey information to participants. Following practical demonstrations, participants practiced completing the forms. General questions on supply chain, PMIS, the treatment registers, and the other LMIS tools were asked before and after the training to evaluate knowledge acquisition. Each ToT participant was given copies of the presentations and exercises to help them prepare for the cascade trainings.

Teams of six to eight participants plus a team lead participated in exercises on proper recording of data using the treatment registers, summaries, and other LMIS tools. After each exercise, the team leads presented the scenarios and contributions for their team. An inventory control card was shown, and participants added transactions and discussed their choices. An incentive-base model was used in which prices were tagged to a question (e.g., calculating monthly consumption based on days out of stock within the month), and participants facilitated the discussion.

Brainstorming on the differences between the old and new registers and how the new registers will help improve data quality was a focus of the discussions. Recommendations were made on how to capture some indicators, which helped to update the user guide prior to the next printing.

Principal Findings and Outcomes

- Most of the health personnel had limited knowledge of supply chains, LMIS, and rational medicine use.
- Multiple reporting tools at the facility level account for some of the challenges regarding the quality of data coming from facilities to the district.
- Trainees learned the importance of linking patient and product information for effective systems strengthening to improve health outcomes.
- Trainees learned about PMIS tools and were able to correctly use the tools and use collected data to complete daily, weekly, and monthly reporting forms.
- The days of stock-out indicator was appreciated by participant as it will enable them to minimize stock-outs.
- The cascade trainees were in a better position to train other staff within their facilities, and they requested sample treatment registers to take back with them to guide their training.

- Trainees requested copies of the revised tools to start using them to reduce their work load, encourage rational medicine use, improve on stock status and inventory control systems, enhance accountability, connect patient and product information, and improve the quality of the data they send to the district and central levels.

CHALLENGES

- During the trainings, there were lengthy discussions regarding the challenges participants face regarding data collection, availability, and quality. These are largely a result of multiple reporting tools at the health facility level and poor communication between the central and district levels.
- Inconsistencies among policy documents, training, and supervision by partners, programs, and directorates often result in confusion.
- The lack of a cost-recovery system increased the burden on the Free Health Care Initiative and contributed to stock-outs.
- The lack of private pharmaceutical outlets, especially in villages, and frequent stock-outs can result in irrational prescribing as patients come to the facilities expecting to get their medicine; without it they may not return.

LESSONS LEARNED

There is a need for a consultation and strong collaboration with all stakeholders, especially the primary user, in the development or revision of these tools.

RECOMMENDATIONS

- Harmonize reporting tools, increase mentoring, and provide refresher trainings during in-charge meetings
- Trainings on rational medicine use should be organized to address concerns about resistance and the practice of polypharmacy
- Policy documents and treatment guidelines should be regularly updated through a collaborative process
- More data entry clerks are needed to enable health personnel to concentrate on their clinical work
- Program needs and the distribution of health commodities should be integrated
- Move from a push to a pull system

ANNEX 1. TOT AND CASCADE TRAINING AGENDA

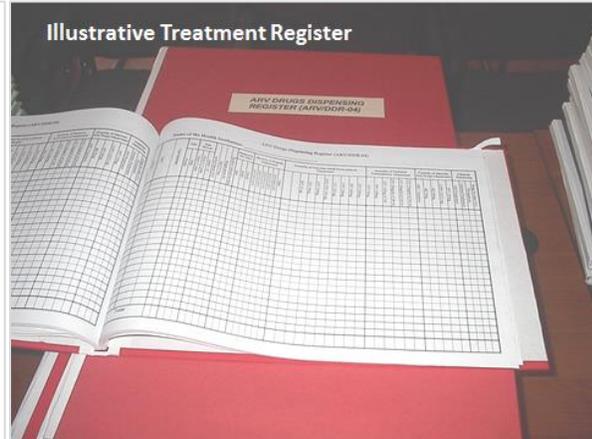
DAY 1		
Time	Session	Facilitator
Official Opening of Workshop – Opening Courtesies		
8:30–9:30 am	Registration of Participants	All
	Opening Prayers	All
	Statements and Official Opening of Workshop	DMO (coordinator)
9:30–10:00 am	Participants Self-introduction, Expectations, Workshop Norms	All
	Goal and Objectives	ToT facilitator/district cascade trainers
	Brain Teasers (General Questioning)	ToT facilitator/district cascade trainers
10:00–10:30 am	Overview of the Logistics System and LMIS	ToT facilitator/district cascade trainers
	Purpose of the Logistics; The Six Rights of Logistics	ToT facilitator/district cascade trainers
	The Logistics Cycle; Key Terms in Logistics	ToT facilitator/district cascade trainers
	Essential Logistics Data	ToT facilitator/district cascade trainers
11:00–11:30 am	Determining the Key Essential Logistics Data 1	ToT facilitator/district cascade trainers
	Calculating Average Monthly Consumption	ToT facilitator/district cascade trainers
11:30 am–12:00 pm	Introduction to SIAPS	ToT facilitator/district cascade trainers
	Introduction to PMIS	ToT facilitator/district cascade trainers
12:00–1:00 pm	Improved Treatment Register for Pharmaceutical Management in Sierra Leone	ToT facilitator/district cascade trainers
	Group Work 4: Old vs. New Register	ToT facilitator/district cascade trainers
1:00–1:30 pm	Updating/Filling in Treatment Registers	All
	Examples and Exercises	All
2:30–4:00 pm	Updating/Filling in Treatment Registers	All
	Group Exercises	All
4:00–5:00 pm	Updating/Filling in Treatment Register Summaries	All
	Group Presentation and Discussions	All
Day 2		
8:30–9:00 am	Registration of Participants	All
	Opening Prayers	All participants
	Recap of Day 1	All participants
9:00–9:30 am	Dispensing Health Commodities	ToT facilitator/district cascade trainers
9:30–10:30 am	Updating/Filling in Daily Dispensing Register	All
	Examples and Exercises	All
	Group Work	All
11:00–11:30 am	Stocktaking and Actions to Take Afterward	ToT facilitator/district cascade trainers
	Months of Stock on Hand and Stock Status Assessment	ToT facilitator/district cascade trainers
11:30 am–12:00 pm	Determining the Key Essential Logistics Data 2	ToT facilitator/district cascade trainers
	Calculation of Months of Stock on Hand/Interpretation of Results	ToT facilitator/district cascade trainers
12:00–1:00 pm	Updating/Filling in Inventory Control Card/Stock Card	All
	Examples and Exercises	All
	Participant Facilitation and General Brainstorming	All
1:00–1:30 pm	Determining the Key Essential Logistics Data 3	ToT facilitator/district cascade trainers
	Calculation of Medicines Quantity to Order	ToT facilitator/district cascade trainers
2:30–3:30 pm	Treatment Register Summaries	ToT facilitator/district cascade trainers
	Design and Contents	ToT facilitator/district cascade trainers
	Group Exercise	All
3:30–4:00 pm	RR&IV	ToT facilitator/district cascade trainers
	RR&IV Design and Contents	ToT facilitator/district cascade trainers
4:00–4:45 pm	Updating/Filling in Reporting Form for Returns or Claims	All
	Group Work and Exercises	All
4:45–5:00 pm	Brain Teasers (General Questioning)	All
5:00 pm	Administrative Arrangement	All

Note: The ToT was for four days on the same agenda but with numerous group work and brainstorming sessions

ANNEX 2. LIST OF FACILITATORS

Name	Title	Institution
Marie Kolipha-Kamara	Senior Technical Advisor	SIAPS/SL
Amara Bangali Sesay	Senior Technical Advisor	SIAPS/SL
Muhammed Mansaray	Senior Pharmacist	DDMS
Jannet Buck	Pharmacist	DDMS
Otis Williams	Pharmacist	DDMS
Wogba Kamara	M&E Specialist	DPPI
Lamin Kamara	M&E officer	DPPI

ANNEX 3. PRINCIPLES OF THE REGISTER HIGHLIGHTED



Background

- The lack of supply chain information has made it hard to quantify the volumes for procurement decisions, and to determine the quantities to be distributed. Without reliable and timely consumption data, it is not possible to implement a demand-driven supply chain ("Pull" system). It is inherent in a "Push" system that there are stock outs, obsolete inventory and excess of low demand products—and that has also been the experience in Sierra Leone.
- The current paper-based LMIS system that feeds into CHANNEL has about a 70% conformance to procedure. The manual completion of the paper forms is exceedingly cumbersome for the in-charges at the PHUs and partly explains the compliance and data collection issues. At the District, all the submitted paper forms must be manually entered into Channel—and then emailed, if and when there is connection, in excel format to head office for further compilation.

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Why A Treatment Register

The individual patient treatment and dispensing register is key source data for consumption and rational use

Actual consumption data is key for accurate forecasting/quantification

The current practice at HFs is inconsistent and not user-friendly

This tool doesn't require a lot of writing as it is based on putting tick marks and writing dispensed quantities for each product

It is easy to calculate/add daily, weekly, monthly data, thereby contributing to statistical data reporting by HFs

It eases the burden on health workers and minimizes error

Pre-test/demonstration to health facilities during the TA indicate that this form is very easy to complete, helpful and adaptable with ease

Although current prescription papers don't include diagnosis, this can be resolved by ensuring diagnosis on prescription papers as the pharmacist has to have access to such information to make professional judgement in case of disease-drug incompatibilities, providing appropriate counseling to a patient etc. Alternatively, since patients bring the patient card to the pharmacy, the dispenser can copy the diagnosis into the register. At PHU level this is not an issue as the same person is the prescriber and dispenser.

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Background to the Origins of the Treatment Register

- The proposed individual dispensing register is not new to Sierra Leone.

It was one of the information tools that was developed and used in the mid-1980s at the time of the introduction of the drug revolving fund/cost recovery system, before the Bamako Initiative was started.

In a sense it is bringing it back or revisiting it.

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Treatment Register Used in the 1980s and 90s in Sierra Leone

GENERAL CLINIC REGISTER

FORM - 1A

GC 01

The focus is on addressing the gap identified mainly on documenting and reporting on consumption and treatment uptake. This is intended to complement and provide reliable and actual consumption and patient-focused data from the health facilities to enhance the functionality of RRI&V and DDR transaction forms used at health facility and other upper levels.



Objectives of Treatment Register

- The treatment or medication or dispensing register is a register with columns and rows used to write the details of the patient, the diagnosis and the drugs given.
- Vital information to record include: patient names, illnesses being treated, medicines dispensed, and quantity dispensed. Information from the Dispensing Register is vital for accurate calculation of monthly consumption of each product in the pharmacy or drug store. The register is filled every time a patient is served. The register can be totaled at the end of the day. The monthly summary can be obtained by totaling the daily totals. The register is user-friendly form that does not involve a lot of writing. Most of the spaces are filled by either ticking or writing quantities.
- The advantage of this form is to get a statistical total of persons treated broken down by age and sex, by diseases and also gives totals of drugs. Therefore it becomes an important tool for getting information to complete monthly reports. It also serves as handy tool for supervisors to check the accuracy and progress in activities related to treatment and supplies.



Objectives of Treatment Register

- To record individual patient diagnosis and drug consumption and use information
- To be used as a combined inventory control, rational use, and reporting tool
- To enhance the work of supportive supervision by availing an easy format to identify errors in treatment and dispensing and take real-time corrective action.
- To ensure reliable consumption data at any reference time
- To ease review of drug use and correlation of diagnosis and treatment
- To enhance reporting on number of patients served broken down by age and sex; by diagnosis, by drugs dispensed (if drugs are provided for free or amount of money paid by each patient in the case of cost recovery drugs).
- To address the challenge of the high number of diagnosis and drugs that demands bulky registers (if not using an automated system) by selecting the top ten or so diagnosis commonly encountered and the top twenty or so drugs commonly prescribed/dispensed.
- Selecting drugs for including in the register can also be done by limiting products to vital and tracer drugs using VEN/ABC analysis or based on HF experience and standard treatment guidelines.
- If there are diagnosis/drugs outside the selected variables, these can be entered in the column designated as "Other".



Components of the Treatment Register

The "new" proposed tool is a medication or treatment or dispensing register with accompanying monthly summary report, quarterly reporting as well as HF/district/region/national summaries. This tool addresses a gap of a critical source data on individual patient uptake, and drug consumption at health facility level to feed into the DDR. Although there are tools that somehow capture such treatment data at health facilities, in most instances they:

- are not available in all facilities,
- are not consistent,
- are not user friendly,
- involve a lot of writing,
- are time consuming, confusing, and error prone for aggregation of data for reporting.



Monthly Summary

The monthly summary is a one-pager form that is sent by fax, mail, e-mail etc. by the HF to the district or other levels as appropriate.

The district can aggregate and come up with district totals for the indicators to be sent to central levels

Central level can aggregate the district totals by quarter/annually as well as by district, region and nationally

These can be presented in various graphic ways including in dashboards.

To summarize the daily entries/summaries into monthly totals

To report on a monthly basis on LMIS data and indicators such as:

- quantity received
- quantity issued/consumed
- quantity transferred
- quantity expired/to expire in six months
- number of patients served broken down by age and sex



Benefits of a Treatment Register

- To summarize the daily entries/summaries into monthly totals
- To report on a monthly basis on LMIS data and indicators such as:
 - quantity received
 - quantity issued/consumed
 - quantity transferred
 - quantity expired/to expire in six months
 - number of patients served broken down by age and sex
 - etc.
- The monthly summary is a one-pager form that is sent by fax, mail, e-mail etc. by the HF to the district or other levels as appropriate.
- The district can aggregate and come up with district totals for the indicators to be sent to central levels
- Central level can aggregate the district totals by quarter/annually as well as by district, region and nationally
- These can be presented in various graphic ways including in dashboards.



<p>Benefits of a Treatment Register</p>	<ul style="list-style-type: none"> To summarize the daily entries/summaries into monthly totals To report on a monthly basis on LMIS data and indicators such as: <ul style="list-style-type: none"> quantity received quantity issued/consumed quantity transferred quantity expired/to expire in six months number of patients served broken down by age and sex etc. The monthly summary is a one-pager form that is sent by fax, mail, e-mail etc. by the HF to the district or other levels as appropriate. The district can aggregate and come up with district totals for the indicators to be sent to central levels Central level can aggregate the district totals by quarter/annually as well as by district, region and nationally These can be presented in various graphic ways including in dashboards. 	<p>Conditions Included on a Treatment Register</p>	<ol style="list-style-type: none"> Anemia Diarrhea Eye Infection Hypertension Indigestion Malaria Malnutrition Pneumonia/ARI Reproductive Health Post-Partum Haemorrhage Worms (Intestinal) Others
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<p>Tracer Products Included on a Treatment Register & RR&IV</p>		<p>Tracer Products Included on a Treatment Register & RR&IV</p>	
<p>RH/FP/13-Life Saving</p>	<ol style="list-style-type: none"> Contraceptive Pill Implant (e.g. Jadelle, Norplant, Implanon) Mag. Sulfate 20% 10ml Inj Medroxyprogesterone Inj (Depo-provera) Oxytocin 5IU Inj Misoprostol 200mcg Tab IUD Female Condom Folic Acid 5mg Tab Iron-folic Tab Zinc Sulfate 20mg Tab ORS sachet Chlorhexidine Gel 	<p>Antibiotics</p>	<ol style="list-style-type: none"> Amoxicillin 250mg dispersible tabs Ampicillin 500mg pdr inj Cotrimoxazole 480 mg tab Cotrimoxazole 240 mg/5ml Susp Gentamycin 0.5% eye drops Gentamycin 40mg/ml Inj 2 ml Amp
		<p>Antimalarials</p>	<ol style="list-style-type: none"> ASAQ '3 tab (2-11 mos) or AL-6 ASAQ '3 tab (1-5 yrs) or AL-12 ASAQ '3 tab (adolescent) or AL-18 ASAQ '6 tab (Adult) or AL-24 Artesunate 60mg Inj Quinine Sulphate 300mg tab Sulfadoxine/Pyrimethamine 500/25mg (SP)






<p>Tracer Products Included on a Treatment Register and RR&IV</p>		<p>Tracer Products Included on a Treatment Register & RR&IV</p>	
<p>Other Essential Medicines</p>	<ol style="list-style-type: none"> Albendazole 400mg tab Aluminium Hydroxide 500mg tab Metronidazole 125mg/5ml 100ml Metronidazole 200mg Tab Dextrose 5% 500ml Normal Saline 0.9% 500 ml Sodium Chloride (NS) 0.9% IV Inj 500 ml Bag Ringer Lact. 500ml Dexamethazone 4mg/ml Inj Diazepam 5mg/ml, Inj 2 ml Amp Methyldopa 250mg Tab Hydralazine 20mg/ml pdr for inj ampoule Lidocaine HCl 2% 50ml vial Paracetamol 125mg/5ml Sp Paracetamol 500mg Tab RUTF 	<p>Supplies</p>	<ol style="list-style-type: none"> Chlorhexedine Gluconate 5% Sol. 1000 ml Cotton Wool 500gm Roll Gauze Pad 10x10 100sheet Glove, Exam, Disp, Medium Mask, Face Needle, Disp 21G Povidone Iodine 20% 100ml Spirit, Surgical 98% Syringe, Disposable 5ml Tape, Adhesive 5cmx 5m Tape, Umbilical






ARVs Included in RR&IV

Category	Products
NNRTIs	Efavirenz 200 mg EFV
	Efavirenz 600 mg
	Nevirapine 200 mg NVP Nevirapine oral suspension 10 mg/ml
First Line FDCs	2 NRTIs
	Zidovudine/Lamivudine 300/150mg ZDV/3TC
	Stavudine/Lamivudine/Nevirapine 30/150/200 mg
	Stavudine/Lamivudine/Nevirapine 40/150/200 mg
	Stavudine/Lamivudine/Nevirapine 12mg/60mg/100mg
PIs	2NRTIs+1NNRTI
	Stavudine/Lamivudine/Nevirapine 6mg/30mg/50mg
	Zidovudine/Lamivudine/Nevirapine 300/150/200mg
PIs	Indinavir 400mg IDV
	Ritonavir 100mg RTV
	Lopinavir/Ritonavir 133.3mg/33.3mg LPV/r

TB Drugs Included in RR&IV

Category	Products
Single Drugs	Isoniazid 300mg
	Ethambutol 100mg
	Ethambutol 400mg
	Pyrazinamide 400mg
	Refampicin 150mg
Combination Medicines (MDT)	Rifampicin + Isoniazid (R150+H75)
	Rifampicin + Isoniazid (R150+H75)
	Rifampicin + Isoniazid + Ethambutol (RHE)
	(R150+H75+E275) Rifampicin + Isoniazid + Pyrazinamide (R60+H30+Z150)
	Rifampicin + Isoniazid + Pyrazinamide + Ethambutol (R150+H75+Z400+E275)
	Refampicin 150mg + Clofazimine 50mg + Dapsone 50mg (MDT-MB (Child))
	Refampicin 150mg + Dapsone 50mg (MDT-PB (Child))
	Refampicin 300mg + Dapsone 100mg (MDT-PB (Adult))
	Refampicin 300mg + Clofazimine 100mg + Dapsone 100mg (MDT-MB (Adult))

Sample

HEALTH FACILITY DAILY PHARMACY REGISTER

Name of the Health Facility: _____
 District: _____ Clinic: _____ Rights: _____
 Name of Health Worker: _____

GENERAL INFORMATION		Diagnosis/Treatment Conditions														
No.	Date	Name	Sex	Age	Address	Tuberculosis	Diabetes	Hypertension	Stroke	Chronic Kidney Disease	Other	Other	Other	Other	Other	Other

Sample

No.	Date	Name	Age	Sex	Diagnosis/Treatment Conditions

Health Facility Monthly Pharmacy Report

Stock Status Monthly Report	Quantity Received Last Month			
	Stock on Hand at time of visit/report			
	Quantity on Order			
	Quantity Consumed			
	Quantity Issued (e.g. to CHWs)			
	Quantity Expired/Unusable			
Drugs Issued for:	Quantity Short Dated (<6 months)			
	No. of Days Out of Stock Last Month			
	Emergency			
Return To Supplier	Return To Supplier			
	Transfer to Other Facilities			
	Received from Other Facilities/Sources			
Total number of Patients Served during the month:				
Report prepared by:	Name	Signature	Date	Copies sent to:
Report checked by:				<input type="checkbox"/> DM/ODHBT
Report distributed by:				<input type="checkbox"/> NPPU/IDM #
				<input type="checkbox"/> Other

- ### How to fill the Treatment Register
- The medication register is kept at the HF and is completed by the in-charge/pharmacist every time a patient consultation is provided.
 - At the top write the name of the health facility.
 - As each patient is treated, first register the serial/card number.
 - In the next column fill the date the patient was given treatment.
 - Next write the full name of the patient.
 - Under the column for sex, mark the gender with a tick () or (X)
 - Under the column for age, either tick () or (X) under the respective age category or right the actual age

How to fill the Treatment Register

- The general column labeled "disease condition" represents the approved disease types to be treated by a HEW and are pre-filled in each column.
- Under each column indicate the type of diagnosis or disease condition managed by marking with () or (X). If the managed condition is not in the list under columns use the column marked "other".
- The general column labeled "Treatment" represents the approved drugs to treat the diagnosed disease conditions by a HEW and are pre-filled with the name of the drug in each detail column.
- Under each Treatment column indicate the number of tablets or doses. In the case of ACTs enter the number of doses (and not number of tablets). If the name of the drug is not in the list under columns use the column marked "other".
- At the end of the page enter the totals as soon all the rows are complete.
- The "Count" total is the sum of male, female, the number of the different age groups, and the totals of each disease condition.
- The "Sum" total is the total of the quantities of drugs given to patients from the page.
- Depending on the reporting schedule, make a weekly, two-week or monthly total.



Roll Out of Treatment Register

Review and finalize as part of the PMIS/LMIS improvement/optimization process
Print registers by level (eg: PHUs, Hospital...)
Conduct one day TOT for district pharmacists, information and logistics officers
Cascade orientation to health facilities
Distribute registers immediately after the orientation for HFs to carry back the registers
In the long term the use of DDR may be irrelevant as the daily, weekly or monthly totals can be obtained from this individual register.
Further TA can be availed if/when requested



ANNEX 4. REVIEW OF RR&IV

MINISTRY OF HEALTH AND SANITATION															
Report, Request and Issue Voucher (RR&IV) for Health Commodities - FHC															
DMS & HOSPITALS															
Reporting Period: From.....To.....		Facility:			District:			Maximum Stock Level: * Months			Minimum Stock Level: Months			<input type="checkbox"/> Emergency Order	
Requisition by:		Approved by: Dir.Drugs & Med.Supplies			Date:20.....			Voucher No:			<div style="border: 1px solid black; padding: 2px;"> Gashaw Shiferaw: Need to have separate LMIS for DMS and Hospitals. I would also suggest to have DMS </div>				
<div style="border: 1px solid black; padding: 2px;"> Gashaw Shiferaw: I still am hesitant to use tabs, capsules, etc as basic unit. We need to use pack sizes as basic </div>															
No.	PRODUCT	Basic Unit	Reporting Section					Requisition Section							
			Opening Balance	Quantity Received	Losses/ Adjustments	Quantity Dispensed	Closing Balance	Days Out of Stock	Estimated Consumption	Maximum Stock Quantity	Quantity Needed	Quantity Approved	Quantity Issued	Quantity Received	
			$E = [(A + B) / C] - D$					$H = G \times 15$ $H = G \times 6$ $I = H - E$							
ESSENTIAL MEDICINES															
1	5-Fluorouacil 5%, 100ml	Bottle													
2	Acetylsalicylic Acid (Aspirin) 300mg	Tabs													
3	Acetylsalicylic Acid (Aspirin) 75mg	Tabs													
4	Acyclovir 200mg	Tabs													
5	Adrenaline/Epinephrine 1mg/ml	Amp													
6	Albendazole 200mg	Tabs													
7	Albendazole 400mg	Tabs													
8	Aluminium Hydroxide 500mg	Tabs													
9	320mg/5ml	Bottle													
10	Aminophylline 100mg	Tabs													
11	Aminophylline 25mg/ml	Amp													
12	Amoxicillin 125mg/5ml (100ml)	Bottle													
13	Amoxicillin 250mg	Caps													
14	Amoxicillin 500mg	Caps													
15	125/31mg	Tabs													
16	Amoxicillin/Clavulanic acid 625mg	Tabs													
17	Ampicillin 1g, im/iv, powder for inj.	Vial													
18	Ampiclox 500mg	Caps													
19	Amytriptiline 25mg	Tabs													
20	Anti-Haemorrhoidal Ointment 30g	Tube													