Ministry of Health, Republic of Liberia National Community Health Supply Chain Standard Operating Procedures (SOP)

Acknowledgements

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We wish to express our gratitude to the programs of the Ministry of Health, The National Drug Service and the Supply Chain Management Unit.

The success of any health supply chain system depends on the adequate training and dedication of those working at the supply chain delivery points. This guide has been prepared to help you better serve the people of Liberia and ensure that they can rely on a consistent supply of drugs and medical supplies.

Sincerely,

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Deputy Minister/Chief Medical Officer, RL

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Abbreviations

ACT – Artesunate Combined Therapy
CBIS – Community-Based Information System
CHA – Community Health Assistant
CHDD – Community Health Department Director
CHFP – Community Health Focal Person
CHO – County Health Officer
CHS – Community Health Services
CHSA – County Health Services Administrator
CHSS – Community Health Services Supervisor
DHO – District Health Officer
iCCM – Integrated Community Case Management
LMIS – Logistics Management Information System
MOH – Ministry of Health
MUAC – Mid-Upper Arm Circumference
NDS – National Drug Service
OIC – Officer in Charge
ORS – Oral Rehydration Salts
RDT – Rapid Diagnostic Test
SCMU – Supply Chain Management Unit
SOP-- Standard Operating Procedures
SSRR – Stock Status Report and Requisition

CHA Commodity Listing: Drugs & Medical Supplies

Supporting Medical Supplies
- Disposable gloves
- Dispensing envelopes
- Safety boxes

Family Planning
- Microlut
- Microgynon
- Male Condoms
- Female Condoms

Integrated Community Case Management (iCCM)
- Artesunate 100 mg Suppository
- ACT 25/67.5mg tablet
- ACT 50/135mg tablet
- Amoxicillin 250mg dispersible tablet
- ORS 20.5g/1L sachet
- Zinc Sulfate 20mg scored tablet
- Paracetamol 100mg dispersible tablet
- RDT
- MUAC strip

General Support Items
- Soap
- Backpack
- Storage box & lock
- Bowl
- Jerry Can
- Cup
- Calculator
- Pencil, pen, eraser
- Pencil sharpener
- Spoon
- Rain coat
- Rain Boots
- Timer

Background

A key element of the revised National Community Health Services (CHS) Policy for the period of 2016-2021 is the institution of a new cadre in Liberia's health system – Community Health Assistants (CHAs). These CHAs, selected by their respective communities and provided with appropriate training, will be supervised to deliver an integrated and standardized service delivery package to households located more than a one-hour walk (more than 5km) from the nearest health facility.

In support of the CHA Program, the National Drug Service (NDS) and the Supply Chain Management Unit (SCMU), with technical input from implementing partners, have designed a community supply chain system to ensure the consistent supply of drugs and medical supplies to the communities serviced. The key elements of the supply system are adequate supplies of community health commodities, minimal administrative burden on CHAs, alignment to the Supply Chain Master Plan and Logistics Management Information Systems (LMIS).[1]
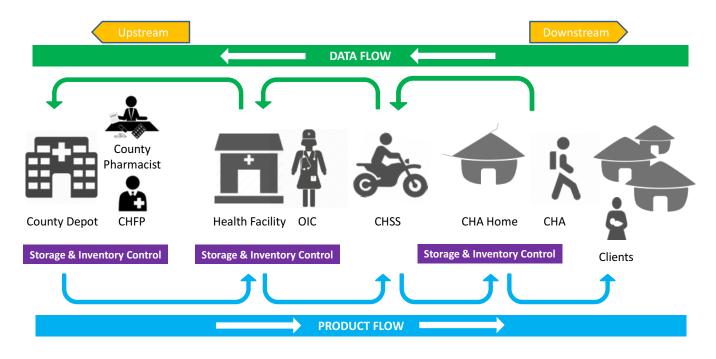
Purpose

The purpose of this document is to outline the standard operating procedures (SOPs) for the National Community Health Supply Chain. This document shall be used for the following:

1. Inform relevant parties of Supply Chain procedures at the county, health facility and community level
2. Guide the development of training materials at all levels
3. Ensure compliance of actors to standardized data collection, reporting, management, and quality assurance mechanisms.

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[1] While this document focuses primarily on supply chain support for the CHA cadre, the same system can and should be utilized for meeting supply needs for recognized Community Health Volunteers (CHVs) that are providing services such as Integrated Community Case Management for childhood illness or Family Planning in their communities, even if they are not trained to provide the full CHA package. As outlined in the Community Health Services Policy and Strategic Plan, it is the responsibility of Officers in Charge of health facilities to coordinate all community health activities in their catchment areas, including integration of supply needs for various cadres.

System Overview

The diagram below includes key levels and actors in the supply chain system and outlines storage and inventory management, data flow, and product flow in the system. The general roles and responsibilities of each actor, as well as more detailed SOPs targeting the processes at each point contact are described in the sections that follow.

Roles

Community Health Assistant (CHA)

The CHAs are a professionalized cadre of community members that are trained to act as the first point of care for patients and clients in the community. These individuals also act as the first point of data collection, management, reporting, and supply chain with community members. All CHAs are equipped with a set of standard of commodities that are used within the Community Health Program. On a daily basis, CHAs will deliver essential services and medical commodities to patients.

Community Health Services Supervisor (CHSS)

The CHSS is the supervisor of the CHA and will be responsible for collecting and reporting information on a monthly basis from CHA service reports. CHSSs are based at the health facility and work closely with the OIC and health facility staff to manage referrals, data reporting, and organization and monitoring of the supply chain for CHA commodities. Twice a month, the CHSS is expected to deliver commodities to each CHA during routine supervision.

Officer in Charge (OIC)

The Officer-in-Charge (OIC) supervises all health facility activities and staff, including the CHSS. The OIC shall conduct facility-based supervision in order to ensure that CHSSs schedule and conduct supervision visits for CHAs and that CHA programs and activities are successfully implemented.

The OIC's supervision shall also involve oversight of the health facility stock and the Community Health Program commodities. S/he will work closely with the CHSS to ensure that drugs are delivered on time to CHAs during routine supervision by the CHSS. S/he is also responsible for ensuring that all stock requests and reports are submitted to the DHO and/or the county on a quarterly basis to inform forecasting and requisition.

County Pharmacist

County Pharmacists have the overall responsibility for the distribution, security, and safe keeping of all drugs and medical supplies within his or her county. They are also responsible for accurate and timely documentation and submission of stock replenishment orders through LMIS. This includes drugs received from NDS and destined for Health Facilities for use by Community Health Assistants.

County Pharmacists, in collaboration with NDS and the SCMU, should work closely with and request support from implementing partners as necessary to ensure a consistent supply of drugs to all CHAs.

Community Health Focal Person (CHFP)

The Community Health Focal Person (CHFP) has overall oversight for the CHA Program in their county, under the direction of the Community Health Department Director (CHDD). With regard to supply chain, this includes working closely with the County Pharmacist to ensure that Community Health program commodities are accounted for and stored appropriately at the county depot and that Community Health program commodities are included in overall county requisitions to central.

The CHFP should also conduct routine quality assurance and liaise closely with the County Pharmacist, District Health Officers and Officer in Charge (OIC) to ensure Community Health program commodities are being managed correctly at the health facility level.

Storage and Inventory Control

At the CHA Home

- The CHA keeps commodities and supplies in a locked wooden box big enough to allow the CHA to effectively store a minimum of one month of stock.
- The CHA keeps the box in a dry, secure place that is off the floor and away from any fuels.
- When the CHA is going house to house, the CHA keeps commodities in his/her backpack.
- When the CHA returns home, s/he returns any unused items to the storage box.
- The CHA follows "first expire, first out" practice.
- If any commodities are at risk of expiring, the CHA gives those products back to the CHSS during supervision for immediate use by other CHAs or proper disposal at the health facility.
- During supervision the CHSS should review the number of patients/clients receiving each type of service or treatment from the CBIS Data Collection Forms and do a rough check against the physical count in the wooden box. While an exact comparison of quantities distributed is not available on the CBIS forms, the CHSS should be able to have a general sense of whether the reduction in physical stock held in the

wooden box seems justifiable given the services or treatments provided by the CHA. For example, if five sachets of ORS appear to have been used based on physical count but no children have been recorded as having received diarrhea treatment, then this would be a red flag for the CHSS.

- Any discrepancies should be investigated and a note to explain the discrepancy should be made on the *CHSS Monthly Restock Form* in the comments section.
- A record of any damaged stock should be made on the *CHSS Monthly Restock Form* in the comments section and the damaged stock returned by the CHSS to the Health Facility.
- A record should be made on the *CHSS Monthly Restock Form* in the comments section of any expired stock and the expired stock returned by the CHSS to the Health Facility
- Major discrepancies that cannot be adequately explained MUST BE recorded on the *CHSS Field Supervision Report* and reported to the OIC during regular OIC/CHSS check-ins.
- The CHSS and OIC should work together to determine appropriate action, whether that be disciplinary or if further investigation or information gathering is needed

At the Health Facility

- When commodities and supplies are received from County Health Depot, the OIC is notified.
- The OIC signs for products received from county depot, including those for Community Health program, and the OIC and CHSS do physical count to assess if amount received = amount ordered.
- Community Health products are to be stored by the OIC and CHSS in a separate locked area or cupboard/cage within the health facility with separate stock cards labeled "Community Health Program".
- There should be two different locks with two different keys, with one key kept by the OIC and the other by the CHSS. If the OIC will not be present at the health facility, s/he should deputize via written documentation who is responsible for stock management in his/her place and leave the key with that person.
- If the OIC needs to borrow products from the Community Program or if the CHSS needs to borrow products from the Health Facility, they should do so based on DISCUSSION and AGREEMENT and reflect this on both the Health Facility and Community Health Program stock cards. This should only occur when there is a stock out or emergency.
- The OIC and CHSS are jointly responsible for physical management of Community Health products and should conduct monthly physical inventories together, noting amount of stock on hand and explaining any discrepancies on stock card.
- Major discrepancies that cannot be adequately explained MUST BE reported to the DHO, the County Pharmacist, and the CHFP in writing.
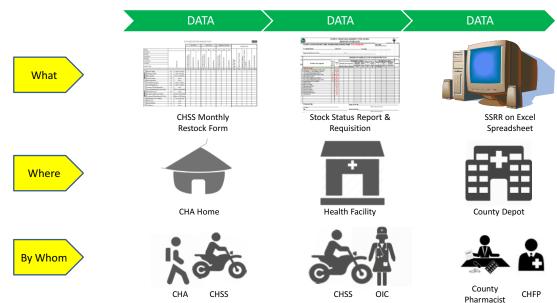
At the County Depot

- When commodities are received from NDS, the county pharmacist and CHFP should be notified.
- County pharmacist and CHFP will sign off on delivery and carry out a physical count of products for Community Health program to assess if amount received = amount ordered.
- Community Health program products are stored by county pharmacist in a secure and locked area or cupboard(s) within the county depot with separate stock cards labeled "Community Health Program".
- There should be two different locks with two different keys, one held by the County Pharmacist and the other by the CHFP. If the County Pharmacist is not present, s/he should deputize via written documentation and leave the key with that person.
- The County Pharmacist is primarily responsible for physical management of Community Health products but should coordinate closely with the CHFP.

- The County Pharmacist and CHFP are to jointly conduct monthly physical inventories, noting amount of stock on hand and explaining any discrepancies on stock card.
- Major discrepancies that cannot be adequately explained MUST BE reported to the County Health Officer (CHO), County Health Services Administrator (CHSA), and SCMU in writing.

Data Flow

The diagram below summarizes key levels and actors in the supply chain data system. The forms and SOPs to be used to capture and transmit data from one level/actor to another are described in the sections that follow. Additional guidance on how to fill out each of the forms is included in the CHA and CHSS curriculum packages and should be used as a point of reference.

NATIONAL CHA PROGRAM SUPPLY CHAIN AND LMIS FORMS

	DATA	DATA	DATA
What	CHSS Monthly Restock Form	Stock Status Report & Requisition	SSRR on Excel Spreadsheet
Where	CHA Home	Health Facility	County Depot
By Whom	CHA CHSS	CHSS OIC	County Pharmacist CHFP

At the Health Facility

- Guidelines for the level of the CHA are outlined in the following section on Product Flow, as recording and requisitioning will happen at the time of restock by CHSSs.
- Community Health commodities are to be *recorded and tracked separately* from the health facility commodities; however, the requisitions are *submitted alongside* the other programs/commodities for the health facility each quarter through LMIS.
- On a monthly basis, the OIC will collaborate with the CHSS to enter the monthly consumption of each commodity from the *CHSS Monthly Restock Form* onto the LMIS *Stock Status Report & Requisition* (*SSRR)* form.
- On a quarterly basis, the OIC will collaborate with the CHSS to complete the LMIS *SSRR* form by calculating the average monthly consumption, loss/adjustments (damaged/expired stock), closing balance of the commodities at the health facility, and the days out of stock at the health facility.
- The replenishment quantity for Community Health commodities will be determined using the following LMIS calculation: five times the average monthly consumption and then subtracting the closing balance. This calculation can be found on the LMIS *SSRR* form.

- The LMIS *SSRR* form is then sent to the County Pharmacist at the County Depot.

At the County Depot

- On a quarterly basis, the County Health Team should request to NDS/SCMU for Community Health Program commodities. This request will be compiled by the County Pharmacist, who will collaborate with the CHFP on requisition of Community Health commodities.
- The CHFP must work with the CHDD to ensure that each health facility in their county has submitted a quarterly stock requisition using the LMIS *SSRR* form by the 5th of the following month, and that the aggregate amount ordered by the County for community health commodities takes into account the requirements of all health facilities.
- Reporting data and stock requisition for the entire county will be submitted using the *SSRR* form.
- Requisitioned quantities take into account consumption, damaged products, closing stock balances, stock-outs, and buffer stock.

Product Flow

From the CHA to the Patient/Client

- CHAs will provide services in their communities through monthly routine visits and whenever patients/clients seek them out in the community or at their homes
- CHAs will record services delivered on the appropriate Community-Based Information System (CBIS) data collection forms:
  - *Family Planning Tracker*
  - *Sick Child Management Form*
- No additional recording or reporting burden will be placed on the CHA.

From Health Facility (CHSS) to CHA

- CHSSs are responsible for DELIVERING products to all of their CHAs twice a month during routine supervision.
- When the CHSS meets the CHA, they will use the *CHSS Monthly Restock Form*, which utilizes a Top-Up System to replenish up to pre-determined levels.
- Top-Up levels are pre-determined, using average monthly consumption figures and an allowance for buffer stock.
- The CHSS will need to pre-plan the quantities of CHA commodities to take during Routine Supervision.
- As a guideline for how much the CHSS should be forecasting to take with them during each supervision visit: 50% of the Top-Up level for each commodity if the CHA is receiving a routine, twice-monthly restock, and 100% of the Top-Up Level for each commodity if the CHA has not been restocked for three weeks or more.
- After totaling the amount needed per CHA, the CHSS will take the necessary commodities from the CHA storage area at the health facility and record quantities taken out on the stock cards.
- CHSSs will also conduct emergency distribution as needed to avoid stock-out of commodities.
- CHSSs will carry supplies on their motorbikes and in their backpacks.
- The quantity restocked is determined by doing a physical count of each commodity in the CHA box, checking for expiration dates or damaged products, and then topping up the CHA to the appropriate Top-Up level (indicated for each commodity on the *CHSS Monthly Restock Form*).

- When commodities are replenished, the CHSS will record the quantity provided on the *CHSS Monthly Restock Form.*
- At the end of the day, any excess stock should be returned by the CHSS to the health facility (and in the identified area where community health products are stored), with ending quantities recorded on the stock cards.

From the County Depot to Health Facility

- Every quarter, the County Depot will send each Health Facility the quantity of Community Health program commodities that the County Pharmacist had previously requisitioned on the SSRR form and which was approved by SCMU.
- These commodities will be released from the CHA secure storage area of the County Depot by the County Pharmacist and CHFP and loaded into vehicles for distribution to health facilities.
- The Community Health program commodities will be transported to the health facilities as part of the same vehicle load as health facility commodities but handled separately
- The County Pharmacist and CHFP will update Community Health program stock cards with the quantity released and the remaining balance.
- The CHFP will ensure that community health products are dispatched to all health facilities in their county each quarter. If a health facility is at risk of running out of stock of any community health commodity, the CHFP should liaise with the County Pharmacist to provide additional supplies with quantities based on consumption data.
- Responsible funding or implementing partners, identified in mapping of distribution from County to Health Facility level by NDS/SCMU, are responsible for transporting all health commodities, including those for the CHA program until such a time as the MOH has sufficient resources allocated for this purpose.

Response to Stock Outs

- If stock is about to be exhausted in a community and a CHA is at risk of stock out, then the CHSS should arrange to make an emergency delivery and determine the root cause of the stock out.
- If stock is running low and reaching a pre-determined minimal level as defined by SCMU and the health facility is at risk of stocking out, then the OIC and CHSS should contact the CHFP. The CHFP, in conjunction with the County Pharmacist, should arrange to make an emergency delivery and determine the root cause of the stock out.
- If stock is running low and reaching a pre-determined minimal level as defined by SCMU and the county depot is at risk of stocking out, the CHFP, in conjunction with the County Pharmacist, should contact the SCMU and request an emergency delivery or collection from NDS.

Appendix I:

Community Health Assistant Program Supply Chain Forms

5.4 CHSS Monthly Restock Form

				Visit 1 Date:			Visit 2 Date:			Additional Visit Date:			Monthly Totals				
				1A	1B	1C	2A	2B	2C	3A	3B	3C					
Month:				Useable Stock on Hand (no damaged and expired)	Quantity Restocked	Ending Balance	Useable Stock on Hand (no damaged and expired)	Quantity Restocked	Ending Balance	Useable Stock on Hand (no damaged and expired)	Quantity Restocked	Ending Balance	Total Restocked [1B + 2B + 3B]	Number Damaged or Expired	Monthly Consumption [total restocked - number damaged or expired]	Ending Balance	Stocked Out this Month
CHA Name:																	
CHA ID:																	
CHSS Name:																	
CHSS ID:																	
Comm Name:																	
Comm ID:																	
Health Facility:			Top Up Level														
				#	#	#	#	#	#	#	#	#	#	#	#	#	Y/N
Module 2	Microlut (OCP)	10	packs of 3 strips														
	Microgynon (OCP)	10	packs of 3 strips														
	Male Condoms	15	boxes of 100 units														
	Female Condoms	100	pieces														
	Disposable Gloves	2	boxes														
Module 3	ACT 25/67.5 mg Tablet	20	strips of 3 tablets														
	ACT 50/135mg Tablet	60	strips of 3 tablets														
	Artesunate 100 mg Suppository	4	units														
	Amoxicillin 250mg Dispersable Tablet	1	bottle of 1,000 tablets														
	ORS 20.6/1L Sachet	90	sachets														
	Zinc Sulfate 20mg Scored Tablet	3	bottles of 100 tablets														
	Paracetemol 100mg Dispersible Tablet	2	bottles of 1,000 tablets														
	Rapid Diagnostic Test (RDT)	4	boxes of 25 units														
	MUAC Strap	1	strap														
	Dispensing Bags	2	boxes														
	Safety Boxes	2	boxes														

CHSS Signature :

CHA Signature :

Additional Comments

SUPPLY CHAIN MANAGEMENT UNIT (SCMU)
MINISTRY OF HEALTH

STOCK STATUS REPORT AND REQUISITION (SSRR) FORM: CHA PROGRAM

Ref. No. _____

Facility Name: _____ **District:** _____ **County:** _____

Reporting Period: From_____**to**_____

Submitted in triplicate to the County Health Team

No.	Product Description	Pack Size	Units	Reporting section			Average Monthly Consumption	Loss/ Adjustment (+/-)	Closing Balance	Days Out of Stock	Requisition section			Comment
				Monthly Consumption							Quantity requested	Quantity approved (Packs)	Quantity Issued (Packs)	
				Month 1	Month 2	Month 3	A	B	C	D	E = 5 x A-C			
	CHA Program													
1	AS (25mg) + AQ (67.5mg) (2-11months)	1	Strips											
2	AS (50mg) + AQ (135mg) (1-5years)	1	Strips											
3	Artesunate 100 mg Suppository	10	Pk											
4	Amoxicillin 250mg Dispersable Tablet	1000	Bottle											
5	ORS 20.6/1L Sachet	100	Box											
6	Zinc Sulfate 20mg Scored Tablet	100	Box											
7	Paracetemol 100mg Dispersible Tablet	1000	Bottle											
8	Rapid Diagnostic Test (RDT)	100	Box											
9	MUAC Strap	1	Tube											
10	Microlut (OCP)	1	Cycle											
11	Microgynon (OCP)	1	Cycle											
12	Male Condoms	1	Pcs											
13	Female Condoms	1	Pcs											
14	Disposable Gloves	1	Pairs											
15	Dispensing Envelopes	1	Pcs											
16	Safety Boxes	1	Box											

Prepared by: _____
(Name, Signature, Date)

Approved by: _____
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Issued by:_____
(Name, Signature, Date)

Received by:_____
(Name, Signature, Date)