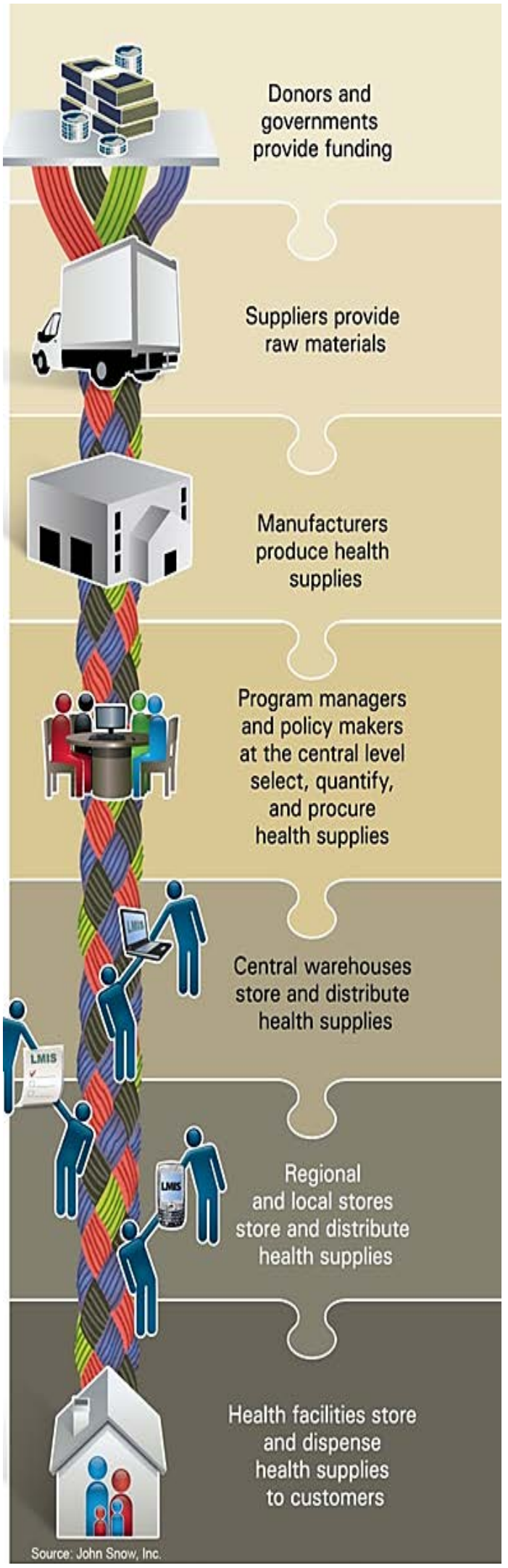

NTD Supply Chain Assessment Tool

Central Level

BILL & MELINDA GATES foundation

JSI Health Logistics

NTDs Supply Chain Assessment Tool (NTD-SCA Tool)

Central Level

Interview & Data Collection Guide

COUNTRY:	CENTRAL LEVEL
INTERVIEWER/S:	DATE:

Persons Interviewed:

Name of contact	Title	Mobile Number

Introduction:
Introduce the team, the purpose, structure, and timing of the assessment.
Thank the interviewees and ask if they have any questions before we start.

Section I - NTD Overview

Ask the following questions of central level key informants (i.e. NTDCP Program Manager, and NTD Focal Person)

1.1 Is there a national NTD Policy, Strategy, and/or Plan? If yes, does it include drug supply management?
If so, please describe and obtain copies □ YES □ NO

1.2 **Country Profile**

1. Total population: _____ 2. Number of Regions/States/Provinces: _____

3. Number of Zones: _____ 4. Number of Districts: _____

5. Number of Health Facilities: _____ 6. Number of HFs with MDA: _____

7. Number of CDDs: _____ 8. Number of Schools with MDA: _____

1.3

MDAs*	Diseases Targeted	Drugs Distributed	Last/Next Date of MDA	Number of Districts included in MDAs	Total number of endemic districts
SAC					
Community-based					
Trachoma					

*Add additional MDAs as needed in the open rows below

1.4 Please describe any plans/schedules for expanding NTD MDA.

1.5 What is the number of treatments provided and coverage for each disease?

Disease	Number of Treatments Provided	Coverage
Lymphatic Filariasis		
Onchocerciasis		
Schistosomiasis		
STH		
Trachoma		

1.6 Which of the following locations are used for mass treatment?

Disease	Schools	Health Centers	Community	Door-to-Door	Other
Lymphatic Filariasis					
Onchocerciasis					
Schistosomiasis					
STH					
Trachoma					

1.7 Outline the supply chain for each MDA, including transport and storage links by level in the system. Include staff responsible for MDA at each level, and the records and reports used.

1.8 Describe the support from implementing partners, including their disease areas of interest, which MDAs they support, what they support in general, and what, if any, supply chain functions they support and how. If possible, include the annual budgets with as much of a breakdown as is shared by the program.

Implementing Partner	Disease Areas of Interest	MDAs Supported	Areas of Support (ex: types of general support, supply chain support, annual budget and breakdown)

1.9 Are there issues or concerns with NTD drug supply chain funding at the program, CMS, or district budget level?
Please Describe:

1.10 What costs for NTD drug distribution (e.g., customs clearance, storage, transport, DSAs, etc.) are born by the MOH? Which elements are supported by the NTDCP and Implementing Partners? What is the total NTDCP budget for storing and distributing NTD drugs and supplies (i.e. register books)?

Please Describe:

Section II - Staffing & Organizational Support

2.1 Describe the number and type of NTDCP managers dedicated to the program, as well as the number and type working part time for the program. Who leads on NTD drug supply chain and what training is included for supply chain management?

2.2 Who is responsible for the following NTDD supply chain functions?

Tasks	Responsible Staff by title and organization
Customs clearance?	
Supervising implementation of the MDAs?	
Quantifying NTD drug needs?	
Receiving / collecting NTD drugs?	
Storing and distributing NTD drugs?	

2.3	Please describe any problems or issues with any of these functions that impact drug supply for the MDAs?
2.4	Please describe the training for the staff at the central level. Who conducts the training, how long is it, and when and where does the training take place? Does the training include supply management?
2.5	Are there written guidelines or SOPs for managing the receipt and distribution of the NTD drugs? ***If yes, ask for copy to photograph or take a hard copy***
2.6	Have any NTDCP or CMS staff been trained specifically in how to manage the NTD drugs? **Please Describe:**
2.7	What supervisory visits do staff receive at each level before, during, and after the MDAs? Does the supervision include drug supply management? **Please Describe:**

2.8	What is the NTDCP policy regarding stipends/payments for volunteers (CDDs)? What do they receive, when do they receive it (i.e. at the training, after the end of MDA, after returning their registers/reports, some other time)? How long has that level of stipend been in practice? What is its current dollar value? Are there issues with CDD attrition related to the stipend?

Section III - Data Recording and Reporting

3.1	Outline the flow of logistics data from the CDDs up to the central level. Please describe the tools (i.e. Tally sheets, Registers, etc.) used to collect the data and the report form used to send the information to each subsequent level. At which points are these paper forms, and at which point are they sent electronically? ***Please ask for copies or take photographs***
3.2	How complete and timely are the reports? Do you have copies of the reports from previous MDAs? Is the drug logistics information (received, used, balance) included in the reports? Are there issues with this data? ***Please review the reports for completeness and, if possible, accuracy.***
3.3	How (for what purpose) is the drug supply data used? **Please Describe:**

3.4 How do you use the data for reporting/requesting drugs? How many different reports/requests do you make to donors?

Please Describe:

3.5 Do staff record and report ADRs/SAEs? Where is the data collected and how is it reported?

If yes, ask for copies

Please describe the reporting system, the volume of ADRs/SAEs reported, and how that information is used:

Section IV - Quantification / Ordering

4.1 Quantities received and unit cost at the national level?

Year: 2013		
NTD Drug	Total Quantities Received	Unit Cost
Albendazole		
Azithromycin		
DEC		
Ivermectin		
Mebendazole		
Praziquantel		

Please Describe:

4.2 What data and formula do you use for calculating NTD drug needs?

Please Describe:

4.3	Was the quantity received enough? Was it too much? Did facilities, disctricts, etc., return unused drugs following the last MDA? How easy or difficult is it to know how many unused drugs remain in balance throughout the country? **Please Describe:**
4.4	How would you learn if you run out of NTD drugs before the end of an MDA campaign? Have you ever received or placed an emergency order and what happened when you placed that order? What was the cause of the supply shortage?
4.5	How do you determine the quantity of each NTD drug to ship to the next lower level? Do they quantify their need to you? ***Please request a copy or photograph*** **Please Describe:**

Section V - Distribution / Transport

5.1	How are NTD drugs transported from the central level to the lower levels? Does the central level deliver or does the lower level collect the drugs? What vehicles are used and who owns them? Are the drugs delivered separately for each MDA? ***Please describe and photograph the distirbution vehicles if possible.***

5.2 Does the program rely on district transport to deliver the NTD drugs to the Health Facilities? Who funds the fuel and per diem expenses for the delivery of NTD drugs? Are there any concerns with this arrangement?
Please Describe:

5.3 What are the program's biggest concerns or difficulties in ensuring transport for NTD drugs from the central level down to the lowest levels?

Note: Please ask to visit the storage facility

Section VI - Inventory Management

6.1

MDA NTD Drug	*Use of Stock Card Y/N*	*Current Balance on Stock Card*	*Physical Balance*	*Expired Quantities*
Albendazole				
Azithromycin				
DEC				
Ivermectin				
Mebendazole				
Praziquantel				

6.2 Were stock levels sufficient (no stockouts) for the MDAs? □ *YES* □ *NO*

6.3 Are inventory records (e.g., stock cards) being used for the NTD drugs at this level? If yes, by whom, and how is this information used?
Please Describe:

6.4	Is there a system, plan, or guidelines for managing NTD drugs that remain in balance after the MDA? How do you learn of "leftover" drugs after the MDAs and how are those drugs collected and used?
6.5	Do you have an open vial policy for NTD drugs? Please describe what it is and whether it is part of the NTD training and how well it is working.

Section VII - Receiving / Storing

7.1	Please describe/outline where the different NTD drugs are stored at this level and who is responsible for the drugs. Are the drugs held in stock all year or only preceding the MDA? **Please describe and photograph**
7.2	Are the NTD MDA drugs stored and managed separately from supplies of the same drugs intended for other purposes?

Note: Please complete the Storage Conditions checklist in Annex A for the MTA NTD drugs stored at this level

Section VIII - Summary Analysis

8.1 Below, please list what works well, what does not work well, and why? What are the biggest risks to ensuring NTD drug supply for the next MDAs?

Please Describe:

8.2 Question to the NTDCP team: If you were the Minister of Health, what would you do to improve the availability of NTD drugs?

Please Describe:

Annex A - MDA NTD Drugs - Storage Conditions

Items 1–12 should be assessed for all facilities for products that are ready to be issued or distributed to clients. Place a check mark in the appropriate column based on visual inspection of the storage facility; note any relevant observations in the comments column. To qualify as "yes," all products and cartons must meet the criteria for each item.

#	Description	No	Yes	Comments
1	Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible.			
2	Products are stored and organized in a manner accessible for first-to-expire, first-out (FEFO) counting and general management.			
3	Cartons and products are in good condition, not crushed due to mishandling. If cartons are open, determine if products are wet or cracked due to heat/radiation (e.g., fluorescent lights, cartons right-side up).			
4	The facility makes it a practice to separate damaged and/or expired products from usable products and removes them from inventory.			
5	Products are protected from direct sunlight at all times of the day and during all seasons.			
6	Cartons and products are protected from water and humidity during all seasons.			
7	Storage area is secured with a lock and key, but is accessible during normal working hours; access is limited to authorized personnel.			
8	Products are stored at the appropriate temperature during all seasons according to product temperature specifications (i.e., <30ºC).			
9	Storeroom is maintained in good condition (clean, all trash removed, sturdy shelves, organized boxes).			
10	The current space and organization is sufficient for existing products and reasonable expansion (i.e., receipt of expected product deliveries for foreseeable future).			

The additional standards below can be applied to any facility large enough to require stacking of multiple boxes.

#	Description	No	Yes	Comments
11	Products are stacked at least 10 cm off the floor.			
12	Products are stacked at least 30 cm away from the walls and other stacks.			
13	Products are stacked no more than 2.5 meters high.			
14	Fire safety equipment is available and accessible (any item identified as being used to promote fire safety should be considered).			

Additional guidelines for specific questions:

Item 2: In noting proper product arrangement, consider the shelf life of the different products.

Item 3: Check cartons to determine if they are smashed due to mishandling. Also, examine the conditions of the products inside opened or damaged cartons to see if they are wet, cracked open due to heat/radiation (e.g., for condoms, because of fluorescent lights), or crushed.

Item 4: Conduct the discarding of damaged or expired products according to the facility's procedures (this may differ from one facility to another). Specify if procedures exist and note what they are.

Item 7: This refers to either a warehouse secured with a lock or to a cabinet in a clinic with a key.

Item 14: Fire safety equipment does not have to meet international standards. Consider any item identified as being used to promote fire safety (e.g., water bucket, sand). Do not consider empty and/or expired fire extinguishers as valid fire safety equipment.