

A Technical Discussion: A Review of Good Warehousing Practices in Emergency Settings

6/1/2023

#	Question	Answer
1	Does consumption monitoring include reconciliation between what HFs are diagnosing and using pharmaceutical products for with inventory use? If so who is doing? And Frequency?	Currently we are monitoring consumption of medicines through new monitoring system with HIS team , which will allow us to compare the consumed medicines with diagnosis , on monthly basis , Pharma team and HIS Team.
2	Are the warehouses using electronic inventory management, to have real-time capability?	Sure we have pharma inventory tool (PIT) with regular update (after releasing process , receiving) or any movement regarding to the health commodities.
3	How do you estimate your bin location re-order level?	We have monthly consumption and PIT register it is good forecasting method , in addition we have coordination with health staff , and monitoring system during project period.
4	How do you manage electricity shortage, fuel shortage, or security situations	Regarding security, the Derek Warehouse has a transit area for a temporary storage area, at nighttime, for security reasons. Also one of the solutions to security includes: Distribute medicines across three warehouses in two governorates to ensure access from any of these sites if needed. Access to any of the warehouses. For camps and health centers with unstable security like Alhol Camp: Distribute medicines on a weekly basis to avoid losses and ensure availability.
5	If fuel shortage happens, what will be next action?	Usually we have reserve fuel. However during any shortage, the action will depend on type of health facility: 1- for health centers (clinics): we have cold chain truck, so all sensitive medicines will move to the nearest pharma warehouse , 2- for Pharma warehouses, if we face shortage of fuel, we can transfer fuel from office , health centers to the pharma warehouse.
6	Cold storages require more energy and fuel consumption ... is there any other backup plan	Yes , we have battery energy system, and generator back up, I know battery system not able to cover the needs, but this is in case of emergency for a few hours , till the problem is solved.
7	How much drug expiry in terms of USD does IRC Syria face quarterly, and what practices has Syria adopted to Mitigate situation if any?	Very limited cost, working through committee is very important, when we have new order, we prepare this order in coordination with all health team in order to divide the responsibilities. In addition to that we are in coordination with other NGOs and local health Authorities (partners) so if we have overstock, we are going to prepare the list of overstock medicines and share with partners and NGOs , in order to donate it.
8	Keen to know how was the warehouse before IRC intervention?	Thanks for your question : actually IRC started work In NES in 2014, before Syrian crisis : we had also warehouses and transportation procedures, however it is not like IRC standards. But when Syrian crisis started this was a big challenge , to work with very limited resources , and provide health services, we are grateful to IRC for the great job in NES
9	How to make stable the Insulin for digging a hole? clarify please	When we don't have more choices, we are going to find any alternative to help people, they have just tents, nothing else. It is very important to keep medicines like insulin away from sunlight and high temperature, this method was used before by grandparents to keep foods. This is not ideal, however to keep medicines with minimum standards is better than nothing.
10	How do you manage a cold chain breach? And how do you ensure that cold chain drugs reaches the service delivery point at the appropriate temperature?	For any cold chain emergency cases we have clear SOP and written plan shared with all HFs, What about transportation: we have all needs for that like (vaccine carrier, Ice bag, thermometer) and trained staff. First we are going to put Ice bag in the box with thermometer (vaccine carrier) and waiting when the temperature reaches to the required level, we start putting this medicines in the box) we also monitor cold chain truck through Log-Tag , and finally we are waiting report from receiver.
11	How does IRC deal with the volatile security situation in the distribution of medical supplies to the end users?	One of the solutions to security includes: Distribute medicines across three warehouses in two governorates to ensure access from any of these sites if needed. Access to any of the warehouses. For camps and health centers with unstable security like Alhol Camp: Distribute medicines on a weekly basis to avoid losses and ensure availability.

12	How do you treat In kind donations especially the drugs and their reconciliation?	First we ask for: 1-storage conditions for the last three months, 2- manufacturers certificate , 3- share with QA team for approve , 4- after getting all approvals we receive it in the pharma warehouse and record on the PIT.
13	How is Syria Managing Cold chain in other department other than EPI e.g. Maternity oxytocin and Laboratory Reagents in the Laboratory. in the absence of fridges	Managing through mobile unit box, with the needed conditions (ice bag , thermometer)
14	It will be good to benchmark your system against any other system in the country. Are there systems that leverage on your good warehouse practices to strengthen their own storage systems?	Actually yes , and this was clear during our supervision visit to the health partner centers.
15	Omar, Do you collaborate with other organizations to optimize logistics, or pool distribution to ease the fleet management? You mentioned limited storage space, do you collaborate with other organizations in warehousing	No: for storage health commodities is just IRC responsibility, because we have our specific standards and procedures, in addition we have enough storage capacity, except one pharma warehouse and this is due to the security situation.
16	CAPA stands for what?	CAPA: Corrective and Preventive Actions. CAPA, which stands for corrective and preventive action, is an organizational improvement system designed to prevent internal and external errors. CAPA is a concept found within many ISO business standards, as well as good manufacturing practices. CAPA is a plan to resolve deviations and prevent them as well. CAPAs are written when there is a corrective action. For example, when there's power failure in the cold chain, the root cause of that needs to be identified. And to do so, you'll need to write a CAPA.
17	Nyamosi, How long will a typical assessment take: preparation, team formation, training, actual assessment, grading is the assessment automated or manual?	The pharmacists leads the process. The preparation, questionnaires, conducting the self-assessment takes approximately 4 weeks, starting with agreeing on the depth of the assessment, Kenya program schedules this exercise in August of every year, after a month, I prepare the report and submit it to the QA manager of IRC
18	From Kenya. Isaiah, how have you managed to control rodents in the Field / health facility Mini warehouses for Malnutrition management supplies.	Apart from maintaining cleanliness both inside and outside the warehouse , we use Rat baits to kill the ones that might gain entry into the warehouse. However the location of the warehouse also play a role on controlling the rodents.
19	Isaiah, we would appreciate if you could share with us the warehouse self-assessment tool.	IRC will consult with management if the checklist can be shared. You may also check the CAPA tool available publicly here: https://www.gmpsop.com/six-step-procedure-for-corrective-and-preventive-action/ . In the USAID DELIVER Warehousing guidelines in this link, Appendix I page 47 there is a self assessment warehouse checklist. https://www.ghsupplychain.org/guidelines-warehousing-health-commodities
20	Who are involved in the spot checks?	The pharmacy manager, warehouse manager and warehouse assistants, after the spot checks, the CAPA report is prepared and sent to the QA manager. The report includes the findings, the gaps, the people and the resources needed to resolve deviations.
21	What do you do when the stock of warehouse facilities in disaster areas are not up to good standard?	Our 3 warehouses are located in strategic locations precisely to manage pharmaceuticals in the middle of challenging security situations, if roads are blocked for example, we manage to send health supplies from other warehouse
22	Which departments involve in spot check ? finance and program ? is it regular or randomly ? how does it differ from stock tacking	Health and Nutrition programs and Operations (supply chain and finance), conducted randomly within each month by different Managers. We do physical counts once annually and cycle counts are done in every 3 months.
23	From MTaPS-Nepal. We are currently working on Good Storage and Distribution Practices guidelines for Nepal which is based on the WHO-GSDP guidelines! I have a few questions: 1. Do you have such a national guideline in place? 2. Are these self-assessments and good practices implemented in private-sector wholesalers in Syria and Kenya? 3. is there a logistics management information system in place?	Q1. There are two guides here: USAID DELIVER PROJECT, and WHO GSP. You may use the 2019 GSP WHO guidelines found in our Humanitarian Community of Practice Library https://community.iaphl.org/iaphl/hcl/library Yes, the warehouse self assessment checks on an organization's compliance with WHO recommended best Good Storage ad Distribution Practices and the few Private pharmaceutical companies I have conducted Prequalification in Kenya actually have this practice with them.

		Yes, in IRC Kenya we are using EMR system and Integra ; EMR is used at health facility level while Integra is an operations information management system that enables Program supply planning , item forecasting, procurement , warehousing and Finance.
24	How do you handle supplies movement in a situation where there are conflicts with the vicinity of the warehouse?	We have backup stocks for essential medicines (to cover the basic needs during any unexpected emergencies cases for one month), And we have three pharma warehouses distributed to cover all HF's from different ways,
25	Were you having expiries? What was the rate of expiries? Do you have a threshold for expiries? (What percentage was it and what were the mitigation actions)	Currently we do not have expiries, our quantification and forecasting aims at trimester ordering and our minimum acceptable shelve life is 12 months in IRC Kenya program with monthly monitoring of inventory and rotation of slow moving drugs to either camp where demand is high has enabled us to maintain quality inventory within our programs. Expiry alerts is set at 6 months. Our vendors supply drugs with up to 2 years shelve life.
26	In my previous experience as an M&E specialist, I often see medicines/medical products in storage with less than 4 months before expiry towards that the closing of field offices. How do you manage these situations?	Thanks for your question: IRC pharma and health team are working together to avoid any expiring date of medicines, First during ordering process, we focus to have medicines with long expiration date as possible, especially with medicines with low consumption, 2-request the quantity according to the real consumption or forecasting, 3-Share the list of requested medicines with health staff (doctors, nurse, midwives) and supply chain team before raising PR, to have clear feedback, 4- Focus on the essential medicines, 5-Compare between the last project and the current one, to avoid
		In IRC Kenya program we control the minimum shelve that we can accept for both donations in Kind as well as internally procured supplies. Our minimum shelve life is 12 months. Expiry monitoring is on a monthly basis , slow moving supplies are internally rotated to other field sides for consumption at 6 months. our forecasting is in trimester and thus our procurement follows our donor cycles minimizing over stocking.
27	How can designers and builders better assist organizations operating warehouses? What are the common errors made or design flaws observed in existing warehouses?	In the presentation (last slide) there is a resource, a warehousing guide that has a chapter on designing warehouse space. Here is the link https://www.ghsupplychain.org/guidelines-warehousing-health-commodities (See Sections A and B)
28	The Quality Assessment, is 1yr adequate?, and how often do you follow up the action plan for the identified gaps from the quality assessment.	Yes, self warehouse assessment is once a year. Follow up on CAPA implementation is a continuous process with uncompleted improvement gaps rolled to the following year for completion, management is involved on the process for more support.
29	Please Isaiah, I may want to know if 20% inventory cycle count is applicable for pharmaceutical warehousing?	Yes, during cycle counts, this is done, based on the Pareto principal, 20% of products that have 80% of the Most expensive and attractive and highly consumed inventory feature in the cycle count.