

Staff Member(s):**Joshila Lal**

*Deputy HOD, Health
Sciences, CMNHS, Fiji
National University
(FNU)*

Shaneel Kumar

Lecturer Pharmacy, FNU

**Pacific Sub-Regional Office****Health Facility
Supervisory Visit:**

Tanna Island, Tafea
Province, Vanuatu

**Dates of travel:
(Duration):**

28th July to 1st August, 2014

Objective(s) of the Mission:

- To undertake a supervisory visit at 9 health service delivery points (SDP) on Tanna Island
- To conduct a post-evaluation of the impact of Level 1 RHCS training workshop
- To assess Health System/Medicine Supply Chain issues that continues to be a bottleneck in improving availability of supplies.
- Make recommendations to UNFPA & Central Medical Stores (CMS), Vila

Introduction

The 5 member Supervisory Visit (SV) team consisted of Joshila Lal & Shaneel Kumar from FNU, Wilson Lilip from CMS, Pioni Willie from MAF-MDG5 and Rolline Iati from Pharmacy Stores, Lenakel Hospital Tanna Island.

The team visited 9 SDPs and received feedback from 12 health care workers on oversight and management of RHCs and Medicines on Tanna Island. The table below shows the different work positions of the health care workers.

Nursing Practitioner	Nurse	Mid Wives	Pharmacy Assistants	RHC Supervisor
4	3	2	2	1

Structured forms and checklists were used in gathering/recording information and these are provided in the ANNEX of this report.

- ANNEX 1 - Supervisory Visit Photo Checklist
- ANNEX 2 - Evaluation Form Post Training – Participant Self-Assessment & Expectations
- ANNEX 3 - Supervision Visit Checklist of Health Facility
- ANNEX4 - Supervisor's Report Following the Completion of All visits
- ANNEX 5 - Supervisory Visit Schedule – Tanna Island
- ANNEX 6 - Photos of Various SDP's Visited

Brief Summary:

All 11 health care workers who completed the 2013 RHCS workshop had found the training *Very Relevant* to their work responsibilities and referred to the training manual on an average monthly basis. The major highlight was that 8 SDP's had started using stock cards post training (2013) to record movement of items in their clinic and performed stock takes (before ordering new stock). Common errors made by health care workers were in regards to pack size and quantities on stock card not matching the physical stock. During the SV these mistakes were pointed out and rectified by the SV team together with the health care worker.

The main issues facing the primary health care workers included lack of access to clean water leading to poor sanitation and poor hygiene and sterilization practices at the health facilities. A common problem across the island was lack of transportation as there is no dedicated vehicle for medication distribution so health care worker has to use their clinic funds to hire transport to send/pick up orders.



Management of RHCs and Medicines at Lenakel Hospital and RH Clinic is weak as mSupply (LMIS software) has not been working for more than 3 months. The reason currently for not using the system



was that the server was not working and some parts needed replacing. The team noted that during the downtime of mSupply system the Pharmacy Stores is unable to track and monitor usage of medicines and commodities on the island as no back up or paper based recording system was in place for stock management therefore essential inventory information such as stock on hand, stock assessment & movement of stock to SDP and from CMS was not being recorded.

At facility level common supply issues observed included finding expired or near expiry medicines and the health worker not using the formula to calculate orders. The team gathers that this system is perpetuated by no invoices/packing/picking slips being generated by the pharmacy when sending orders and SDPs do not make copies of their orders as most facilities do not have electricity or a printer. Emergency orders are still being received over phone by the pharmacy stores personnel despite having an authoritative policy advising against this practice.

Microgynon tablets were major RHC reported out of stock mainly due to unavailability at Pharmacy Stores at Lenakel Hospital. Almost all health care workers did not use Jadelle as they lacked training on the insertion technique for Jadelle.

The above mentioned are only the main issues highlighted by the FNU team. A more comprehensive coverage on the issues can be found in the 'key findings' section of the report.

Activities Log

The following is a daily log of all the health facilities visited during the 5 day supervisory visit on the island of Tanna.

Monday 28th of July, 2014

7.30am

- Meeting at Lenakel Hospital with Wilson Lilip from CMS, Pione Willie from MDG Acceleration Fund, and Rolline from Lenakel Hospital pharmacy department. The overall objectives of the supervisory visit was discussed with sharing of the data collection tools as attached in Annex 1 to 4. Travel logistics and a brief schedule for the 5 day supervisory visit were agreed on.

10.50am

Arrived at Greenhill health centre and met with Jimmy Joe who was trained in the Level 1 training in 2013

✓ *Administered the post training evaluation.*

✓ *Administered checklist for primary health care facility*

✓ *Gathered following Information*

- 4 buildings - 1 building provides outpatient service, another new building is intended for lab services, and one house for staff was damaged by a hurricane earlier in the year. Last is an old wooden building where mothers deliver and MCH and antenatal services are provided. This building is in dire need of maintenance. 5th building is a kitchen built locally by the community.
- The building in which outpatient services are provided has - 1 consultation room, 1 medicine storeroom, 1 dressing room and 1 toilet/bathroom. 2 rooms have beds but no mattresses in one room
- The facility is serviced by 2 staff - 1 RN - Jimmy Joe and nurse aide – George Malau (also looks after malaria program but before was a microscopist)
- The medicine storeroom had expired items on the shelves e.g. metronidazole had expired in May.
- Stockcards are being used for majority of the medicines and consumables.
- Population Catchment – 4684
- Supporting health Care providers - 5 Aide posts of which 1(Iapa is closed and 4 are active)
- Monday and Friday public transport to Lenakel - 500vt otherwise private is 7000vt. This method of transport is used to pick up orders from the Lenakel Hospital Pharmacy
- The order is placed every 2 Months. For urgent orders medicines are borrowed from other health facilities as current procedure at Lenakel takes time
- On average 5 deliveries are done in a month
- Last supervisory visit was conducted by Lenakel Pharmacy after the level 1 training in 2013.



12.50 pm

Arrived at Jet Dispensary and met with Jonas who was trained in the Level 1 training in 2013

- ✓ Administered the post training evaluation.
- ✓ Administered checklist for primary health care facility
- ✓ Gathered following Information

- As you enter the building, 1st is the consultation room, followed by the dressing room which also has shelves for consumables and a cupboard for medicines. There is 1 family planning room with a bed to provide antenatal services which also houses the commodities. One room for maternity and 1 room for labor but these rooms are used as storage for the time being as the facility has no water and electricity. One room has 2 fridges - gas freezer (not working) and another white chest freezer supplied with solar power
- The facility is manned by Jonas- Nurse (1 year at this facility) and a nurse aide - Sam Johny
- Services provided exclude deliveries as there is no water and power. There is a water tank located at the HCW's residence next to the facility
- Population catchment approximately 2000
- All consumables like needles 22g, 18g, 25g, 20g, 26g, and syringe 1mL are out of stock.
- No water and electricity and also radio is not working.
- Medicines are not arranged in any order and the shelves are dusty and moldy.
- Expired medicines were found on the shelves and expired consumables were dumped in 2 big boxes in the storage rooms.
- Stockcards are being used for majority of the items but the balance on the stock cards do not match the physical stock



2.15pm

Arrived at Lamlu Dispensary and met with Sister Collet who was trained in the Level 1 training in 2013

- ✓ Administered the post training evaluation.
- ✓ Administered checklist for primary health care facility
- ✓ Gathered following Information

- Catholic mission that was established in 1996
- Staff include: - Sister Collety a registered nurse and another registered nurse Sister Lena
- Building and staff is provided by the church. Medical supplies and sundries provided by the Government
- Serves a population of 2,500 people
- Provides all primary health care consultation (Ante-natal, EPI, IMCI, Malaria, TB, NCD and MCH). No FP services provided. Only condoms provided due to religious beliefs.
- Sees an average of 20 patients a day but can see less up to 4-5 patients/day during festive season
- As you enter, the main area is the consultation room, on the right is a small room for storing drugs, on the left is a small room with a solar powered freezer and a bed for giving injections. There is a room for staff and adjacent is labor room and there is small ward for mother and child which has 3 beds also



serviced with toilet. Inside the main building is also a toilet and bathroom.

- The staff seems motivated and keeps the facility neat, clean and tidy.
- Stockcards are being used since last year after the level 1 training and the balance on the stock card matched the physical stock.
- Sister Collety mentioned that since the training in 2013 she has started using the stock cards and records and updates the stockcards regularly. She also does thorough stocktakes before the 2 monthly orders.



Figure 1 - Maternity Room

Tuesday 29th of July 2014.

10.45am

Arrived at Imaki Health Centre and met with Tom Pedro who was trained in the Level 1 training in 2013

- ✓ *Administered the post training evaluation.*
- ✓ *Administered checklist for primary health care facility*
- ✓ *Gathered following Information*

- The facility has 2 staffs - Tom Pedro (2 years at this facility) who is a RN and has a Nurse Aid- Augustine
- As you enter the building it is the outpatient room which also has the fridge. Next to this is a small store room.
- Stockcards are kept with the drugs but some discrepancies with unit pack size. Expired medicines were also found on the shelves. Attached is a labor room with a wooden bed which has no mattress. However the HCW preferred the wooden bed as it is wider than the normal maternity bed.
- All RHC's were stocked at the facility. However the in-date female condoms were mixed with the expired female condoms. Also Oxytocin vials were kept on the shelves and not the fridge even though the shelf label clearly stated that the item should be kept in the fridge.
- Equipment is only disinfected using the disinfectant sachet which contains - sodium dichloroisocyanurate equivalent to 62% available chlorine. The 8g sachet is to be mixed in 1L of water
- The facility has no screens on the windows
- Toilets have no water supply
- Copies of the order forms are not kept and invoices are not sent by the pharmacy which makes it impossible to use the formula for calculating the order. The order formula was conspicuously displayed on the storeroom door.
- 4-6 deliveries per month
- 2010 statistics show population of 2936 but RN says population is now more than 3000.
- This Health Centre is more like a dispensary and looks after 4 Aide Posts: - Iarwareng, Koumera, Ikuraka and Iatukwei.
- Outreach is done on Wednesdays and services provided are: - antenatal, MCH, malaria IMCI, EPI.



Figure 2 - Toilet adjacent to inpatient maternity room - no water supply



1.00pm

Arrived at Port Resolution dispensary and met with retired nurse Nancy who used to be the RH coordinator at Lenakel hospital. Although Nancy was not a participant at the Level 1 training, a stopover was made and a few brief notes were made.

✓ *Gathered following Information*

- Seventh Day Adventist run dispensary
- The facility is well kept and is only 4 years old.
- The building has a Outpatients area, inpatients rooms - men's n women's ward, delivery room and a treatment room
- Last supervisory visit was done in December 2013 by Rolline
- Common services are provided as per a dispensary
- The store cupboard had stocks of Microlut, Microgynon, Noristerat and male condoms.
- Nancy is still using the old HIS forms as no one has come around with the new forms and showed her how to use the new forms.

Wednesday - Public Holiday - All health facilities closed

Thursday 31st of July, 2014

9.15am

Arrived at Iounanen Dispensary and met with Eric who was trained in the Level 1 training in 2013

✓ *Administered the post training evaluation.*

✓ *Administered checklist for primary health care facility*

✓ *Gathered following Information*

- The facility has 3 staffs – Eric who is a RN, Nurse Aid - Jimmy Williams, Aid post worker - Christine Williams
- Jimmy and Christine were missing when team arrived
- Population Catchment is approx. 3700
- The health facility looks after one aid post but it's not opened yet.
- Had boxes of donations consisting of mainly consumables from World Vision but majority is expired e.g. syringes and majority items are hospital items e.g. kidney dishes, various surgical scissors, breathing masks and speculum.
- The facility is well kept and supplied with water and electricity. The facility has 1 outpatient area which also is the dispensary, 1 room with consumables and fridge used as a dressing room, 1 small storeroom, 1 room with bed and desk for antenatal and family planning. Adjoining is another room used as inpatients which has 3 beds and 2 mattresses.
- No deliveries done at the facility as pregnant women are referred to Lenakel Hospital due to proximity.
- Services provided include outreach as villages are scattered with 5 outreach activities in a month. Other services provided include FP, immunization and antenatal.
- Oxytocin ampoules were found on the shelves in the storeroom.



- Opening hours clearly displayed on the door
- Eric has to hire taxi at 2000vt to get the order from the pharmacy or ask favour from other people in the community
- Stockcards are being used but only few balances on the stockcards do not match physical stock.
- Copies of the order forms are not kept.
- Malaria medicines are not kept as cases are rare and patients are referred to Lenakel Hospital
- Last supervisory visit was conducted by Lenakel Pharmacy after the level 1 training in 2013 and feedback was given.
- Temperature monitoring for vaccines is not done. Last recording was done in April and since then the HCW has not had the chance to get new forms from the hospital.
- Pharmacy order policy, order schedules and pharmacy contact details are displayed in the workplace.
- Recommendations were made to Eric for him to lodge an official complaint to the CMO about the expired donations. In the past also world vision has donated hospital equipment to Eric which he has had to take to the Lenakel hospital
- Mainly sees about 10 patients a day and 131 patients in month of July. Common ailments seen by the HCW are coughs, flu and diarrhoea.

Figure 3 - Shaneel showing Eric how to improve on the stockcards

11.45am

Arrived at Whitesands Health Centre with Joycelyn Peters (who was picked from Lenakel town) who was trained in the Level 1 training in 2013

- ✓ Administered the post training evaluation.
- ✓ Administered checklist for primary health care facility
- ✓ Gathered following Information
- Staff - Medical Practitioner post is vacant but a French doctor visits every 2 months for 3-4 days
- There is a Nurse Practitioner – Iatika Alik, Midwife - Joycelyn Peters and a nurse Aid - Angelina Lali and nurse aid - Nasamal
- Average of 10 deliveries in a month and the midwife had delivered 3 babies overnight.
- Population catchment - 2706
- Services provided - outreach activities, antenatal, deliveries, immunisation, family planning and malaria rapid testing.
- Part of building is renovated where most of the services are provided and in the old building there is a general outpatient and antenatal ward.
- The Health Centre has regular water supply and electricity. The water supply was part of a project by an NGO.
- Busy days can include more than 50 patients and slow days can be 10 patients.
- The French doctor has its own medicine supply in a separate cupboard which has many expired medicines.
- Looks after 1 nurse aid post.
- The Labour bed has 1 stirrup missing and kiwi pump is not working anymore. The Health Centre is meant to have 2 kiwi pumps but the French doctor autoclaved one and it melted.



- The toilet is far from the labour room and there is no wheelchair as broken.
- Equipment is disinfected only using the chlorine sachets.
- One electric chest freezer which temperature monitored till may only and midwife has yet to more charts from the hospital. Temperature was checked and read 8 degrees Celsius
- The RN at the facility requested a Kiwi pump and a wheelchair and linen
- The facility is well supplied with water and power
- There were no dispensing trays at the facility.



Figure 4- Joycelyn showing a broken Kiwi pump



1.10pm

Arrived at Kitow Health Centre and met with Jimmy Nidel who was trained in the Level 1 training in 2013

- ✓ Administered the post training evaluation.
- ✓ Administered checklist for primary health care facility
- ✓ Gathered the following Information
 - The facility has only one staff - Jimmy Nidel - NP
 - Population Catchment area - 4800
 - Patients seen in a day average of 20
 - 5 outreach sites per month mainly involving primary health care and vaccinations.
 - Used to do deliveries but has stopped as the delivery room has louvres missing and no light and no water. Therefore Jimmy sends these women to the nearest Health Centre which is Whitesands.
 - Jimmy has worked here for 4 years but previously worked at the same facility in the 70's when the same issues were raised.
 - Solar power is not working as battery has died and water supply problems with the source
 - As it's a Health Centre there should be at least 4 staff at the facility which includes a nurse practitioner, nurse aid, midwife and a registered nurse. At this facility there is only the nurse practitioner on his own and he is very demoralized and has asked for transfer this year.
 - This Health Centre serves the highest population and also the most widely dispersed geographically
 - It is one building with 6 rooms (doors missing and no locks) and toilet is situated outside the building.
 - Built in 1976 as dispensary and upgraded to Health Centre in 1998 but the building has seen no improvements.
 - This Health Centre is located in a disaster prone area making it exposed to volcanic ash on a regular basis which also makes it hard for the clinic to be kept clean at all.
 - Health Centre is responsible for 4 aid posts and 1 dispensary in Aniwa.
 - Services provided: Outpatient, Outreach/school programs, Adolescent reproductive health, Family planning, Maternal child



Figure 5 - No deliveries done as no water and power



health (MCH), Antenatal care

- The louver frames are stuck in a fixed position and cannot be secured or closed. This allows volcanic ash into the facility
- After mosquito screen was not repaired, Jimmy has used mosquito net and secured it over the windows
- There have been no visits from the provincial health department to check on the nurse and the facility.

Friday 1st of August, 2014

8.30am

EPI conference room – Lenakel Hospital

Round table discussions with Wilson, Rolline, Pione and Jason of the key findings and possible recommendations. Rolline, Pione and Wilson were asked to fill the supervisors report. The report form can be found in Annex 4.

10.00am

Visited the Family Planning and MCH clinic at Lenakel Hospital and met with Ruth Mosie who was trained in the Level 1 training in 2013

✓ *Administered the post training evaluation.*

✓ *Administered checklist for primary health care facility*

✓ *Gathered the following information*

- The building was originally only 2 rooms but recently extended to include 2 more rooms and toilet and bathroom
- The staffing includes 2 RNs - Ruth Mosie and Michelle Harry
- Major stockouts noticed at this SDP - Staff mentioned placing the order with pharmacy but pharmacy is also out of stock as waiting on stocks to arrive from CMS
- Staff are able to use the IUD but not trained to use Jadelle therefore no stock of Jadelle in Tafea Province
- FP Registers being used and individual patient cards are also neatly filed
- No EHC on the shelves either but 2 outers were expired alluding to under usage

11.00am

Visited the Pharmacy and Pharmacy stores at Lenakel Hospital and met with Julienne and Rolline respectively. Both were trained in the Level 1 training in 2013

✓ *Administered the post training evaluation.*

✓ *Administered checklist for primary health care facility*

✓ *Gathered the following Information*

- Pharmacy Stores has only 1 staff - Rolline and another staff - Julienne is in the pharmacy full-time.
- System in use is mSupply but has been out of order since May
- A new building has been built for pharmacy stores but currently locked as the builders will only open pending settlement of the bill. Therefore the current stores have moved their stock to the malaria program stores and are co-sharing.
- The stores has no system in place for arranging the stocks and shelves are not labelled making it impossible to find stocks quickly
- Expired medicines are also prevalent.
- In the absence of a functional computerized inventory management system, there is also no use of stock cards.
- There are many essential medicines that are out of stock. Staff confirmed sending an order to CMS but

the order has not arrived.

- There were no stocks of Microgynon and EHC stocks are expiring in September

Note: Photos of Various SDP's Visited is further provided in ANNEX 6.

Findings

Analysis of ANNEX 2 - : Participant Post Training –Self-Assessment & Expectations Form

A total of 11 health care workers provided feedback on the impact of the Level 1 training on RHC Medical Supply Chain at their workplace. They had completed 5 day training on Medical Supply Chain for RHC conducted in Tanna in September of 2013. The participants provided feedback using a structured form which is attached in ANNEX 2 of this report.

The key findings from their feedback was:

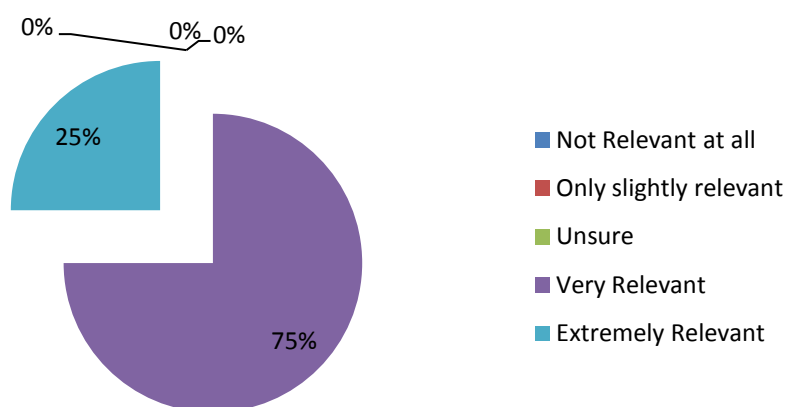
- All 12 health care workers found the training workshop Very Relevant to their work responsibilities particularly in:
 - Doing stock takes (before ordering new stock)
 - Using stock cards to record movement of items in clinic
 - Calculating order before stock
 - Dispensing and providing counseling to clients on use of medicines
- Majority of participants referred to the workshop training manual on a Monthly basis
- Majority of participants shared what they learned from the training with their workers at their workplace
- Biggest barriers highlighted to putting things learned in practice was transportation issues and lack of staff at some facilities to share workload per catchment population
- Microgynon tablets was major RHC out of stock in 8 health facilities
 - Reason for outage was because there was no stock available at Pharmacy Stores at Lenakel Hospital.
 - mSupply is not working at Lenakel hospital pharmacy so could not assess stock

Analysis Results

1. How relevant do you think the workshop training was to your work responsibilities?

9 out of 12 participants (75%) found the workshop training *Very Relevant* while 3 found it *Extremely Relevant*

Relevancy of Training to Workplace



2. Did the training help you in the following areas at your workplace:

	Yes	No
Doing Stock- take	100% n=12	
Assessing the stock before ordering	100% n=12	
Calculating the order before sending to CMS	100% n=12	
Checking medicine order when order is received	100% n=12	
Putting stock on the shelves	92% n=11*	
Dispensing Medicines to clients/patients	100% n=12	
Counseling patient/clients on use of medicines	100% n=12	
Using stockcards	100% n=12	

*1 participant did not answer this question

For participants who answered YES, training helped them in the following ways:

- ✓ To know how much to order
- ✓ Chance to clean up shelves, arranging stock on shelf, Help to find drugs easily
- ✓ Checking expiry dates of medications on shelf and when receiving new stock
- ✓ Improved patient counseling and dispensing, helped clients to take medications correctly
- ✓ Know drug consumption and stock on hand
- ✓ Made calculating order easy
- ✓ Keep track of stock movement in health facility
- ✓ Clarify usage and use of supplies
- ✓ People requesting contraception information
- ✓ Keep proper record of drugs
- ✓ Makes work faster and easy

- ✓ Helped patient understand drug effect better
- ✓ Prevent drug overstock and wastage
- ✓ To know stock is enough
- ✓ Use of stock cards provide easy method to calculate order
- ✓ Know how many clients received treatment in a month
- ✓ Practice first in first out (FIFO)
- ✓ Provided information on how to undertake a stock take

3. How often have you referred to the participant's manual since the workshop?

Daily – 1 participant

Weekly – 1 participant

Monthly – 8 participants

NB: 2 participants did not answer this question.

4. List some of the things you have shared from the training with your workers at your workplace.

- How to use and fill in stock cards
- Record movement of stock and how to record this on stock cards
- Using dispensing trays instead of hands
- Cross checking orders as soon as order is received
- Arranging stocks in alphabetical order
- Checking expiry dates of medications on shelf and dispensary
- Following the FIFO principle
- How to calculate the AMC and quantity to order
- Assessing stock before ordering
- How to do stock take
- How to dispense medications to patients

5. What has prevented you from putting into practice what you have learnt from the workshop training?(These things are sometimes called barriers)

- No staff to assist in work place, increased workload
- Not enough time to perform all duties at clinic
- Patients requesting specific medications that what is prescribed
- Transportation problem - due to remoteness of facility from Lenakel hospital, cost of return fare and arranging for vehicle transportation which runs on weekly or fortnightly schedule.

6. Have you been out of stock of any of the following RHC items in the last six months? If so explain reason for being out of stock?

Item	Out of the 11 facilities visited	Reason for Out of stock
Microgynon ED Tablets	8 facilities	<ul style="list-style-type: none"> • CMS had not sent supplies so Pharmacy store out of stock • mSupply is not working at Lenakel
Microlut Tablets	3 facilities	
Condoms, Male	2 facilities	
Noristerat Injection	2 facilities	

Depo Provera 150mg vial	3 facilities	hospital pharmacy so could not assess stock <ul style="list-style-type: none"> • Delay in shipment from Vila to Tanna • Demand for Microgynon low so not ordered
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Note:

- Lamlu (Catholic) Dispensary is excluded in this analysis as it only stocks condoms
- Jadelle is not used in the whole Tafea province as nurses are not confident in administering it as they lack training

KEY FINDINGS

Infrastructure

- Lack of upkeep of the health facilities and its commonplace to see missing louvers, broken or no window screens, rusting roof and concrete floors.
- Lack of access to clean water and power leading to some nurses refusing to do deliveries
- Poor Sanitation was also noted at facilities facing water problems.
- Consultation area is also used as the dispensary which increases the chances of making dispensing errors.
- Problems with pests were detected at majority of the SDPs and it was quite common to see rat, roach and lizard droppings. Some medicine boxes and condom packaging were damaged by rats.

Staff Management Issues

- No staff contracts
- No annual appraisal of staff or key performance indicators
- No feedback from upper management regarding reports submitted, includes pharmacy orders and HIS forms
- No supervisory visits from Provincial Health

Pharmacy Related Issues

- No invoices generated by the pharmacy when orders are processed through mSupply and SDPs do not make copies of their orders. This discourages the use of the formula $A+B - C = D \quad D \times 2 - C = X$
- With no invoices or copies of previous orders majority of the nurses are guessing the quantities to order
- Most order forms received by the pharmacy are incomplete and its common practice for nurses to only do stocktake on the items that are being ordered. The expiry dates are also not written in the order forms.
- Stockcards are being used but there are some common errors made by health care workers regards to pack size and quantities on stockcard not matching the physical stock.
- All facilities visited had expired medicines and some nurses received donations without approval from pharmacy department

Family Planning Related Issues

- CPR is not calculated at the service delivery points
- Lack of family planning posters at all SDPs
- Oxytocin was seen to be stored incorrectly at room temperature
- Lack of mattresses on the wooden delivery beds
- Labour equipment is not sterilised and common practice to soak the equipment in Betadine or Chlorine

Communication

In regards to communication, there is general move towards using mobile phones and not using the radio. Some facilities did not have functional radios while others had functional radios. However the radio at the pharmacy is out of order. After discussions with the pharmacy staff it was deduced that the radio actually belonged to the malaria program and it was being co-shared. Also the pharmacy staff felt that communicating via mobile phone was the fastest and cheapest way as many deals are offered by the phone companies.

Transport

Majority of the health workers paid out of their clinic funds to hire transport to pick up orders from Lenakel Hospital Pharmacy. The amount the HCW has to pay varies and can range from 500vt to 3000vt. Some ask favours from community members to bring the ordered medicines from the hospital pharmacy and pay for transport of the box. A dedicated vehicle for the pharmacy department will help with this issue.

Supervisory Visit Related Issues

FNU team would like to acknowledge the assistance in travel logistics and scheduling of the supervisory visit by Rolline Iati. All scheduled SDP's was visited with the inclusion of another health centre at Port Resolution which fell on the SV route. The team was pleased to have Pioni Willie from the Millennium Acceleration Framework on MDG5 join the SV to get a first-hand oversight on service delivery and identify gaps at the primary facilities.

A special thank you to Wilson Lilip from CMS, Vila who also helped with arrangements of the site visits and also accompanied the team on the SV and shared valuable insights.

The SV was undertaken during Vanuatu's Independence Day celebrations so the team could not travel on Wednesday. It was also found out when the team had reached Tanna that these celebrations may continue for more than 2 weeks duration. For future SV, it is imperative that dates of visits be discussed with in-country personnel keeping in mind any public holidays or special events in that country that may deter or limit the duration of SV.

The team had the services of a 4X4 van but this only had one passenger seat so other members had to sit at the back of the van tray. This was very uncomfortable and provided no protection from the sun and rain (experienced on first day). The team had to resort to sponge mattress to be placed at the back of the van to make seating comfortable. A 4X4 vehicle is highly recommended to undertake SV in

Tanna (and Vanuatu) and ideally in a "crew cab vehicle" which offers four full-sized doors and two rows of seats.

There were no eating places on the travel route so the team prepared its lunch in the morning and resorted to coconuts and bread (if found) on the visit. Bottled water was used and members had own sanitary kits.

Recommendations:

The following are some recommendations to improve the Medical Supply Chain in Vanuatu:

- 1. It is highly recommended that Lenakel Hospital Pharmacy Stores start using stock cards and continue providing stock cards to the different service delivery points as deemed appropriate – CMS to ensure supply.** If stock cards are not available then exercise books or ledgers can be easily used for record keeping of stock movement. At the moment there is no form of stock keeping records at Pharmacy Store (apart from order forms) and task is made more difficult due to mSupply downtime. The stock cards are essential for capturing important logistics data which can inform decisions on the consumption, quantity of medicines to be ordered and the movement of stock. This serves as a paper based back up when electronic form of stock recording such as the mSupply becomes inactive. The use of stock cards will also provide a medium to check if amounts recorded in mSupply such as the stock balance does correlate with the physical stocks on the shelves.
- 2. CMS to contact mSupply software team for technical support.** FNU team has noted mSupply not being utilized in two provincial pharmacy stores (Tanna and Norsup) due to technical difficulties. Swift response also is not being provided which means that important logistics data is not being captured. The mSupply website has information on support and pricing <http://msupply.org.nz/pricing/>. UNFPA also utilizes mSupply team in the Level 3 training so can assist CMS through this association.
- 3. CMS to provide support to Pharmacy Stores in setting up inventory logistics prior to stores moving into new room.** High priority logistics tasks include stock take of current physical stock, recording items on stock cards and mSupply (to be made active), and proper records cabinet, labeling and moving correct in-date stock to appropriate shelves.
- 4. CMS to take central role in ensuring provincial pharmacy stores are aware of inventory SOP's and policies and in turn, the Provincial Pharmacy stores to ensure good stock management**

practices are being followed at all SDP's. A drug ordering policy endorsed by the SDMO in Tanna was provided to SDP's but ordering via phone and emergency orders was still being practiced. FNU team believes this was a good provincial policy on drug ordering that could be translated in other provinces. If these basic SOPs are not followed, investments in training on Supply Chain Management and basic RHCs Level 1 in Tanna last year will not show any sustainable results. **CMS needs to develop an accountability and performance framework in terms of output/outcome indicators for both the Pharmacy/Stores and the Family Planning unit.**

5. There is no regular program of supervisory visits from the national level pharmacy personnel to provincial pharmacy and medical stores. The majority of medical supply system issues present can be reduced with **an increased level of supportive supervision and follow up by senior staff from Central Medical Stores with institutionalisation of standard operating procedures. Similarly there should be regular supervisory visits from the provincial pharmacy stores to the SDPs.** Pharmacy Stores had undertaken supervisory visits to selected SDP's following workshop from last year. This practice should be continued to monitor and assess information recording and reporting e.g. if stock cards and order forms are being filled correctly, no stock outs or overstock of items.
6. **Lenakel Hospital Pharmacy Stores to ensure all SDP's send in completed order forms and link supplies with receiving completed order forms.** Health workers regularly sent in orders which have stock take values on only the items that are being ordered. The policy on ordering requires that order forms are first sent to the Hospital Services Manager at Lenakel Hospital and then collected by the Pharmacy. Having this oversight means that a directive can easily come through upper management personnel to the health care workers to send in completed order forms in order to receive supplies.
7. **An order book with triplicate copies of the original should be trialled** so when an order is placed, the original with first copy of the order is sent to the pharmacy stores. The stores can then keep the original for their own records and supply the stock with packing slip and send the second copy to clinic/centre. This serves as record keeping at the provincial pharmacy stores and also at the service delivery point. Through the use of these forms and stock cards, the health care worker will have the required inventory information to feed in the formula $A+B - C = D \quad D \times 2 - C = X$ to calculate their orders for the next order cycle rather than guessing the quantities to order. Discussions with the CMS on the last day of the SV included getting quotations for these order books and then doing a small pilot on selected SDPs on Tanna to measure feasibility and success. Performance indicator for this proposed activity could be proportion of provincial SDPs using these triplicate order forms and correctly calculating their orders using the formula.

8. **The current order form needs to be revised to include columns on the last stock count (A) and the amount received from stores in the last order (B).** The current order form used is a single copy designed to capture information on ordering for 1 bi-monthly order. This is very risky as if this order form is lost then all the important information needed to place an order for the next cycle (ie A and B) using the order formula is lost. The other issue is that if the copy of the last order is available then the health care worker has to extract the last stock count and the amount received from stores in the last order, do a current stock-take and calculate the order separately and then transfer the order quantity into the order form. This process is cumbersome and an important negative factor in promoting the non-use of the formula in calculating the quantities needed to order.
9. Most HCW's work with very limited resources and in a very challenging environment. **The National and Provincial health offices have to allocate adequate financial resources and put motivations in place** to establish a functional system of supportive supervision that is aligned with on-the-job training and career development to both motivate and advance the performance of frontline workers.
10. **The provincial health office should undertake supervisory visits and address infrastructural needs of SDP's as a priority with special attention to access to clean water at all health facilities.** HCW's related that infrastructural issues (windows, screens, doors, roof, water tanks and security) remained unattended to even though these issues have been raised to upper management on multiple occasions. Such an example is Kitow Health Center which has been neglected by the authorities for many years. No supervisory visits have been conducted to outer SDP's although a schedule was seen for such visits on the notice boards at some SDPs. A few of the SDP's have stopped doing deliveries as they have no access to clean water.
11. It is recommended that some funding is procured to **buy a vehicle for the hospital to do deliveries** for medicines. This vehicle can be also used by the pharmacy personnel to conduct regular supervisory visits.
12. **Feedback from HIS and Pharmacy is needed to be provided to the health care worker.** Information in the health sector is critical. Despite regularity in reporting, none of the SDPs that were visited had been given feedback from HIS or Pharmacy on essential information such as if they had reported accurate data, if they had filled sections correctly or how their reports is being utilized. Pharmacy also does not send any invoices or the order form back for record keeping. This vital feedback is required to ensure these reports/forms are being filled correctly and the information sent is accurate so that it is translated into meaningful health care decisions.

13. **The Lenakel Hospital Pharmacy and Medical Stores needs leadership from a Pharmacist** who can provide the necessary guidance on inventory management, drug distribution and good dispensing practices within the hospital and to the other health facilities. Currently there is no pharmacist and the current 2 staff had reported work overload. A pharmacist can act as the key person for coordination and management (medicines) of SDP's to function efficiently and provide other clinical pharmacy related services.
14. **CMS with involvement of a pharmacist to take central role in delivery of medicine inventory management training in the Vanuatu nursing curriculum.** This training will ensure health care workers have the adequate knowledge and skills on medical supply chain and inventory management at pre-service level.
15. **UNFPA to assess level of RHC coverage in current Vanuatu nursing curriculum** as counselling on RH commodities was weak in the Level 1 training and management of RH commodities was poor. From the Level 1 training it is apparent that the RHCS workshop materials have a direct role in the medicines supply systems so the training was relevant to the health care worker's needs. UNFPA had initiated similar talks with the Fiji School of Medicine for their Bachelor of Pharmacy program in the past and it is recommended they hold similar talks with the Vanuatu Center for Nurse Education.
16. **There needs to be RH commodity counselling aids and posters distributed to SDP's in Tanna.** Only the family planning clinic at Lenakel hospital had posters and counselling guide on Microlut and Microgynon. UNFPA to assist in this area to strengthen counselling on RH commodities and create public awareness on family planning and safe sex practices.
17. **Delivery bed mattresses, clean bed sheets and Kiwi pump vacuum are urgently needed at selected SDP's.** It is recommended if Pharmacy Stores can collate a list using their SDP's contacts to identify facilities which urgently need these items and UNFPA to assist if possible. ANNEX 6 contains photos of the state of the delivery beds at Imaki and Greenhill Health Centres as examples that need attention.
18. Pharmacy Stores to send memorandum to all SDP's to store oxytocin injections between 2-8⁰C and not at room temperature. Similarly for Chlorine sachets to be stored in a defined labelled section in

store as sachets resembles O.R.S sachets and has similar directions for preparation i.e. mix one sachet in 1L of water.

19. Infection Control practices to be emphasized/strengthened in SDP's that do deliveries. Proper guidelines and SOP's need to be in place to sterilize labour equipment for next use. There is no means of measuring if current practice of soaking equipment in Betadine or Chlorine achieves desired sterilization of equipment. Some SDP's have autoclaves but are not using them whereas this is lacking in SDP's that perform deliveries – it is recommended if SDP's that are not using their autoclaves return it to Lenakel Hospital from where it can be moved to required facilities.
20. To increase CPR in Vanuatu, the use of Jadelle should be promoted by conducting trainings on its insertion with the RH nurses and doctors. Throughout Tafea province there is no use of Jadelle by clients even though there are stocks in the Lenakel Pharmacy Stores. The reason for non-use as quoted by the nurses is that they are not adequately trained and therefore not confident to use it on clients. The CMS manager also confirmed a similar situation in Port Vila. This matter must be followed up by UNFPA in-country officers.
21. **The level 1 training in Vanuatu is relevant and should be rolled out to all the provinces in Vanuatu** as very positive and encouraging remarks were gathered from the participants. In terms of the usefulness of Level 1 training it was found that all 11 health care workers who completed the 2013 RHCS workshop had found the training *Very Relevant* to their work responsibilities and referred to the training manual on an average monthly basis. The major highlight was that 8 SDP's had started using stock cards post training (2013) to record movement of items in their clinic and performed stock takes (before ordering new stock). The training package does not need any major changes however for sustainability purposes in-country facilitators must be actively sought, encouraged and trained to get more national ownership and leadership of the trainings materials.

ANNEXES:

- ANNEX 1 Supervisory Visit Photo Checklist
- ANNEX 2 Evaluation Form Post Training – Participant Self-Assessment & Expectations
- ANNEX 3 Supervision Visit Checklist of Health Facility
- ANNEX4 Supervisor's Report Following the Completion of All visits
- ANNEX 5 Supervisory Visit Schedule – Tanna Island
- ANNEX 6 Photos of Various SDP's

Distribution:

UNFPA Pacific Sub-Regional Office.

Central Medical Stores, Port Vila, Vanuatu

College of Medicine, Nursing & Health Sciences, Fiji National University.

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ANNEX 1 Supervisory Visit Photo Checklist

Workshop number: _____

Name of Facility: _____

Photo to Take	Confirmed Taken
Outside of the Facility	
Outpatients Dispensing Area	
Outside the Fridge	
Inside the Fridge	
Pharmacy Stores Area (Including inside all cupboards)	
RHCS Supplies Area if separate	
Labour Ward	
Any other Relevant Photos List where the photos were taken here:	

ANNEX 2
Evaluation Form
The Medical Supply for Reproductive Health Training
Post Training – Student Self Assessment & Expectations

22. What is your name? _____

23. What is the name of the Health Care Facility where you work?

24. What is your sex? (circle the correct answer) Male Female

25. What is your age category?

☐ 15-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐
 55+

26. What profession are you? (Circle the correct answer)

Pharmacy Assistant	Pharmacist	Nurse Practitioner	Nurse	Nurse Aid	Other (Please list) _____
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27. How long have you worked in that profession?(Circle the correct answer)

0 to 1 year	1-3years	3-5years	5-10years	More than 10years
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28. What is your highest level of education/training? (certificate, diploma, master's, other?)

Certificate	Diploma	Bachelor Degree	Masters Degree	Other (Please list) _____
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29. Please list the name of each course you have completed since high school?

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30. How relevant do you think the **workshop training** was to your work responsibilities?(circle one answer)

Not Relevant at all	Only slightly relevant	Unsure	Very Relevant	Extremely Relevant
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31. Did the training help you in the following areas at your workplace:- (tick the correct box)

	Yes	No	If yes, explain how has it helped
Doing Stock- take			
Assessing the stock before ordering			
Calculating the order before sending to CMS			
Checking medicine order when order is received			
Putting stock on the shelves			
Dispensing Medicines to clients/patients			
Counseling patient/clients on use of medicines			
Using stockcards			

32. Have you used the **participant's manual** as a reference guide at your workplace? (circle one answer)

If Yes (go to question 12)	If No (go to question 13)
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33. How often have you referred to the **participant's manual** since the workshop? (circle one answer)

Daily	Weekly	Monthly	6 monthly	Yearly
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34. Since the training have you shared what you learnt in the workshop with other workers at your workplace. (circle one answer)

Yes (go to question 14)	No (go to question 15)
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35. List some of the things you have shared from the training with your workers at your workplace.

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36. What has prevented you from putting into practice what you have learnt from the workshop training?(These things are sometimes called barriers)

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37. Consider your place of work and describe how you may be attempting to overcome these barriers? These things might stop you from putting into practice what you have learnt.(The barriers you mentioned in question 13)

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38. What do you think would improve the possibility of you putting into practice what you have learnt?

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39. Do you think you will need permission from someone to put into practice what you have learnt? (circle one answer)

Yes	No
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If you answered YES please describe the position of the person who needs to give this permission. DO NOT write their name.

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40. Have you been out of stock of any of the following items in the last six months? If so explain for how long.

Item	Were you out of stock of this medicine? (Circle your answer for each item)		If you were out of stock ...	
			For how long were you out of stock?	Why were you out of stock?
Microgynon ED Tablets	No	Yes		
Microlut Tablets	No	Yes		
Condoms, Male	No	Yes		
Noristerat Injection	No	Yes		
Depo Provera 150mg vial	No	Yes		

The End

ANNEX 3

SUPERVISION OF PRIMARY HEALTH CARE SERVICES IN TANNA, VANUATU 2014 FOLLOWUP OF LEVEL 1 PARTICIPANTS

1. Name of Facility			Date:		
2. District:					
3. Supervisor Name:			Signature:		
4. Health Facility Staff					
Staff Grade		Numbers in the Facility	Present	Absent	
4.1	Nurse Practitioner				
4.2	Registered Nurse				
4.3	Nurse				
4.4	Nurse Aid				
4.5	Other				
5. Availability of Services and RHCs					
		Yes	No	If referred, where to?	
5.1	Contraceptive services (FP)				
5.2	Does the facility offer the following RHC's				
	• Injectables				
	• Intra-Uterine Device				
	• Oral Contraceptives				
	• Progesterone implants				
	• Progesterone only pills				
	• Condoms (male & female)				
	• Surgical contraception				
	• Emergency Hormonal Contraception				
5.3	Youth Friendly Services				
5.4	IMCI				
5.5	Counseling& referral for violence, abuse & rape				
6. Physical Infrastructure					
		Yes	No	Commentary	
6.1	Physical State of the Building				
6.2	Cleanliness of rooms				
6.3	Water Supply				
6.4	Sanitation				
6.5	Ventilation				
6.6	Functional Fridge/Cold Chain				
6.7	Storage Space				
6.8	Equipment Inventory checked in last 6 months				
6.9	Other Observations of physical infrastructure				

7. Staff Management				
		Yes	No	Commentary
7.1	Do staffs have a written contract?			
7.2	Do staffs have a clear and detailed job description?			
7.3	Do staffs have annual appraisals?			
7.4	Are there clear opening hours?			
7.5	Are there staff performance indicators?			
7.6	Are there treatment guidelines available?			
7.7	Number of supervisory visits in last year from central medical stores			
8. Records and Information Management				
8.1 STOCKCARDS		Yes	No	Commentary
8.11	Are there stock card for each item in the facility?			
8.12	Is all information on the stockcard current and correct?			
8.13	Are stockcards kept with the item on the shelf?			
8.14	Is Information recorded when stock moves including stock takes			
8.15	Does balance of the stockcard match the actual stock on the shelf			
8.16	Is stocktake done at regular intervals? How often			
8.2 ORDER FORMS		Yes	No	Commentary
8.21	Are the order forms used to order medicines?			
8.22	How often are orders placed?			
8.23	Are copies of the order form filed properly?			
8.24	How long does it take to receive orders?			
8.25	Is stock take done before an order is placed?			
8.26	Is any formula used for ordering?			
8.27	Are staffs aware of AMC of medicines kept at the facility?			
8.28	Are any emergency orders placed? How often?			
8.3 OTHER DATA COLLECTION TOOLS		Yes	No	Commentary
8.31	Are there data collection tools easily accessible?			
8.32	Is a daily register/tally sheet used for recording?			
8.33	Is data being collated on a regular basis			
8.34	Are there designated persons responsible for completing the daily register/tally sheet			
8.35	Is CPR calculated?			
8.36	Other observations			
9. Dispensary				

		Yes	No	Commentary
9.1	Are there expired medicines on the shelves?			
9.2	Are the drugs arranged logically?			
9.3	What information is written on the label of the dispensed medicine?	Observation		
9.4	Do they counsel patients on the use of medicines?	Observation		
10. Communication & Transport				
10.1	How are orders for medicines sent?			
10.2	How are orders for medicines received?			
10.3	How do patients access the facility?			
10.4	How are referral patients transported?			
10.5	Is there a computer in the facility?	Y	N	
10.6	Is there internet connection?	Y	N	
10.7	Is there a functioning phone/fax?	Y	N	
11. Feedback				
11.1	Is there any written feedback received from the monthly data submitted			
11.2	Is there any written feedback received from the central medical stores/pharmacy regarding ordering & usage?			
11.3	Are out of stock medicines put on backorder?			
11.4	Is there any follow-up after supervisory visits			
12. Stock Analysis Using RHC as Tracer				
		In Stock	Last 3 months	If no stock what is the reason
	• Depo Provera/Noristerat			
	• Intra-Uterine Device			
	• Microgynon			
	• Jadelle			
	• Microlut			
	• Condoms (male & female)			
	• EHC (Postinor)			

Key Observations

Actions to be Taken

ANNEX 4 – Supervisor’s Report Following the Completion of All Visits

The supervisors should provide a brief report with the following information:

1. What profession are you as the supervisor? (Circle the correct answer)

Pharmacy Assistant	Pharmacist	Storeman	Nurse	Nurse Aid	Other (Please list) _____
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2. What is your highest level of education/training? (certificate, diploma, master's, other?)

Certificate	Diploma	Bachelor Degree	Masters Degree	Other (Please list) _____
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3. Please list the name of each course you have completed since high school?

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4. How long have you worked as a supervisor? (Circle the correct answer)

0 to 1 year	1-3years	3-5years	5-10years	More than 10years
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5. What is your sex? (circle the correct answer) Male Female

6. In your own words describe what you see as the impact of the Level 1 - The Medical Supply for Reproductive Health workshop training on the staff, and how are they look after and order medicines.

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7. From your point of view as a supervisor, what has changed in the facilities which are run by staff that have had the Level 1 - The Medical Supply for Reproductive Health workshop training?

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8. Visit Summary

Date of Visit to the facility	Time taken to complete visit in facility	Name of Facility	Name of Staff member interviewed at the facility

The End

Annex 5: Supervisory Visit Schedule for Tanna Island- 28th July to 1st August 2014

Date of Visit	Health Facility	Health Worker Name	Title
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Day 1: Monday 28 th July	1. Pre-meeting of supervisors Annex discussion, meeting with Lenakel HospSDMO Johnson Kasso 2. Greenhill Health Center 3. Lowiau (Jet) Disp 4. LamluDisp	 Jimmy Joe Jonas Titowai Sister Coletty	 Nursing Practitioner Nursing Practitioner Registered Nurse
Day 2: Tuesday 29 th July	1. Imaki Health center 2. Port Resolution Health Center	Tom Pedro Sister Nancy Imake	Nurse aid Nurse (Retired)
Day 3: Wednesday 30 th July	Public Holiday- Independence Day Vanuatu Analysis of Supervisory Visit for Day 1 and Day 2		
Day 4: Thursday 31 st July	1. Iounanen Dispensary 2. Kitow Health Center 3. Whitesands Health Center	Eric Tias Jimmy Nidel Joycelyne Peter	Nursing Practitioner Nursing Practitioner Mid wife
Day 5: Friday 1 st August	1. Lenakel Hospital 2. Meeting of SV supervisors- discussion of key findings and recommendations	Ruth Moise EvelynNaru RollineIati Julienne	RHC Supervisor Mid Wife Pharmacy Pharmacy

Note: Brown Kalsim (Registered Nurse) at Ikiti Dispensary was not visited as he was on bereavement leave

Annex 6: Photos of the Various SDP's

Greenhill Health Centre

		
Jimmy Joe in the store room updating stockcards	Maternity bed with stains and surgical scissors in Betadine	FP building
Jet Dispensary		
		
Jonas showing Shaneel the patient register	Autoclave is not used for sterilising	Labour room used to store expired consumables
Lamlu Dispensary		
		
Stockroom well organised & stock cards placed with stock	Delivery room clean and tidy	Outpatient area
Imaki Health Centre		
		
Tom sharing information about the facility	Wilson pointing to the ode formula displayed	Wooden Maternity bed preferred by Tom as it is wide
Iouananen Dispensary		

		
The frontage of the dispensary – 15 mins from Lenakel Town	Oxytocin ampoules kept on the shelves – should be in the fridge	Joshila checking the stock levels of RH commodities
Whitesands Health Centre		
		
The French doctor who visits keeps his own medicine procured from France	Whitesands storeroom. All medicines have stockcards	The delivery room- generally clean but no kiwi pump
Kitow Health Centre		
		
Jimmy Nidel in the outpatient area which is also the dispensary	Autoclave and delivery bed are not being used	Louvers fixed in one position which allows volcano ash to filter into the facility
Family Planning/MCH		
		
Outpatients room	Almost FP's are out of stock	Family Planning Register in use
Pharmacy Stores		

		
<p>Pharmacy stores sharing space with Malaria program.</p>	<p>Stocks not labelled or arranged in any particular order. Also lot of items are out of stock</p>	<p>Filing cabinet with all dispensaries and their orders but these order forms had 2012 dates.</p>