Stock Management feature list
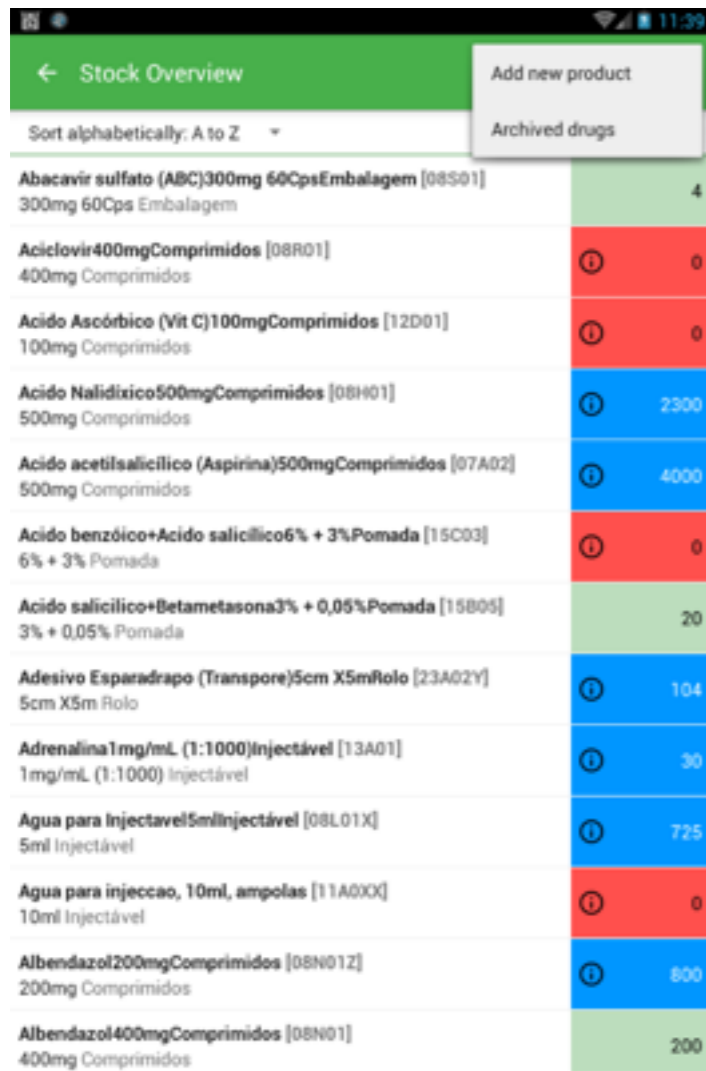
Based on requirements from Mozambique

Oct, 2016

Needs

- MoH:
  - Track stock at facility / district / province levels
  - Generate insights to improve fulfilment planning

- Pharmacists:
  - Easily record and track stock movements
  - Reduce time required to make movements
  - Get alerts on stock status
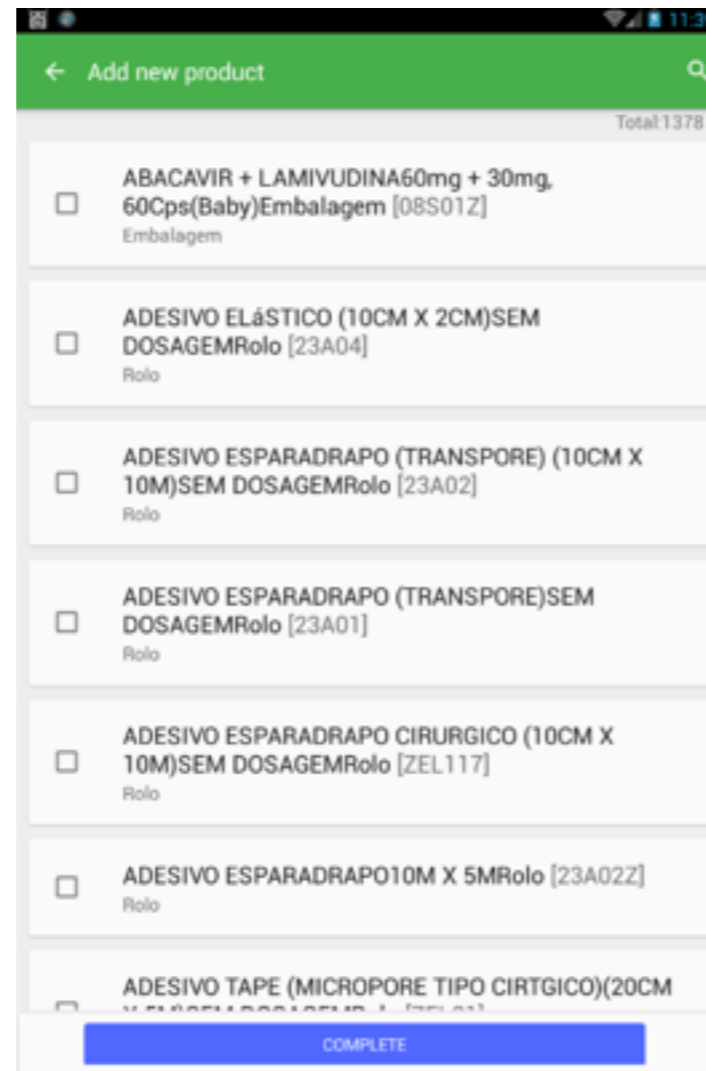
Add product to facility stock list

- System admin configures master product list on web portal

- Pharmacists can add drugs the facility uses from master drug list to stock overview list

- The stock overview list is a custom view at each facility

Archive products at the facility level
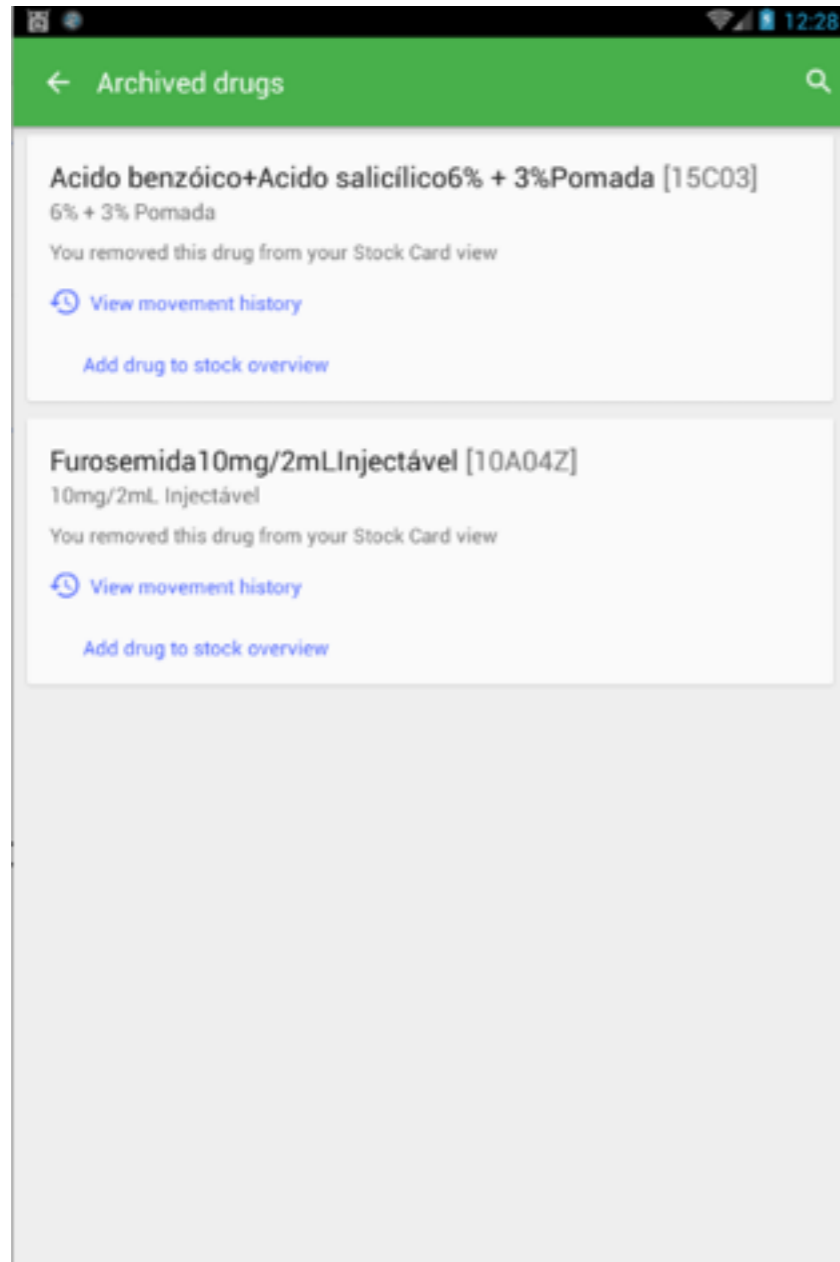
- Archives products no longer used at the facility

- Different from the existing OpenLMIS archive: OpenLMIS 2.0 archives at central level, here it archives at facility level

- Can still view history

- Can add the archived drug back to the stock overview list

Alerts on stock overview

- Stock overview displays information of products: SOH, stock out, over stock, low stock, expiring soon

- Formulae for over stock and low stock are based on average monthly consumption; same formulae for all drugs

- All drugs currently have the same expiry date warning threshold

General information on stock card

- UI replicates the paper Stock Card to reduce training

- Displays 5 most recent stock movements

- CMM (aka AMC) auto-calculated based on a formula: CMM = average consumption over 3 requisition periods without any stock outs

- Lot information: lot number, expiry date and current lot stock on hand

View stock movement history up to 13 months before

Date of Movement	Origin/Destination of Movement	Document Number	Entries	Negative Adjustment
23 May 2016	Inventory			
30 May 2016	Public pharmacy			
02 Jun 2016	District(DDM)	8441	4	
15 Jun 2016	Public pharmacy			
21 Jun 2016	Inventory			
28 Jun 2016	Public pharmacy			
07 Jul 2016	Province (DPM)	0276063	2	
07 Jul 2016	Returns from Customers(HF and dependent wards)			
12 Jul 2016	Public pharmacy			
21 Jul 2016	Inventory			
28 Jul 2016	Public pharmacy			
24 Aug 2016	Public pharmacy			
24 Aug 2016	Inventory			
16 Sep 2016	District(DDM)	0302547	3	
16 Sep 2016	Public pharmacy			
21 Sep 2016	Inventory			
27 Sep 2016	District(DDM)	9050/16	2	
29 Sep 2016	Inventory correction in case of over stock on Stock card (Stock on hand is less than stock in stock card)			1

Abacavir sulfato (ABC)300mg 60CpsEmbalagem [08S01]

- Pharmacists can go to movement history page and see history up to 13 months' before

- Movements made more than 13 months ago are archived

Make new stock movement

- 4 types of movements in Mozambique:
  Issues, Entries, Negative Adjustments, Positive Adjustments

Add stock entries / positive adjustments

- Mandatory: date of movement, origin of movement, signature, entry quantities

- Document number is optional

- Existing lots will be shown

- Currently no source system for lot info, so lot info has to be collected at the facility level

- Pharmacists can add new lot info

- System not able to auto-resolve lot conflicts, i.e. same lot number different lot expiration dates among different facilities. Currently web system takes the first synced up lot information as the correct one

Add issues / negative adjustments

- Mandatory: date of movement, origin / destination of movement, signature, issue quantities

- Document number and requested are optional

- Existing lots will be shown

- Can only issue / do negative adjustments from existing lots' stock on hand

Other topics

- Product donations: products should be donated through DDM/DPM instead of directly to a facility, but still happens. MoH does not want such donations to happen; facilities want to record such donations when they happen.

- Facility transfer: inter-facility transfer, MoH wants this always done through DDM / DPM, in reality, facility records that it goes to DDM on paper while the transfer is directly to another facility.

- Adjustment reasons: currently configured by a system admin and used for all facilities. This solves the problem of unspecified and unstructured data on paper, but does not give enough flexibility to pharmacists for entering additional explanations.