

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH**



**GUIDELINE FOR MANAGEMENT OF
UNSERVICEABLE HEALTH COMMODITIES IN
PUBLIC HEALTH FACILITIES**

TANZANIA MAINLAND

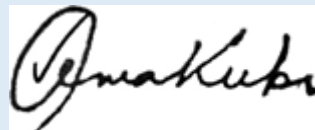
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FOREWORD

The Government of Tanzania has instituted disposal procedures for all unserviceable public goods in government accounts. Disposal of unserviceable health commodities involves several steps and procedures from different stakeholders before the actual disposal is done.

Public Health Facilities have accumulated unserviceable health commodities for many years without disposing of them due to gaps observed in the disposal process such as improper inventory management of unserviceable health commodities, length disposal procedure, undefined roles and responsibilities of key actors and change in the technology of health commodities. These accumulated unserviceable health commodities have been occupying space and high inventory costs, which could be used to store serviceable health commodities. In some cases, unscrupulous individuals could be introduced back to the supply chain of serviceable health commodities if they are not well managed, hence posing a danger to the public.

In response to the aforementioned, the Ministry of Health Community Development, Gender, Elderly and Children in collaboration with President's Office Regional Administration and Local Government, Ministry of Finance and Planning, Tanzania Medicines and Medical Devices Authority, National Environment Management Council and other stakeholders has reviewed this guideline to include roles and responsibilities of key actors, defined disposal procedures, monitoring and evaluation of the disposal process. The ultimate goal of this guideline is to make sure that unserviceable health commodities are well managed at health facility levels and disposed of following Government's laid procedures.



Prof. Abel N. Makubi

PERMANENT SECRETARY (HEALTH)

ACKNOWLEDGEMENT

The Ministry of Health extends its gratitude towards President's Office Regional Administration and Local Government (PO-RALG), Ministry of Finance and Planning (MoFP), National Environment Management Council (NEMC), Tanzania Medicines and Medical Devices Authority (TMDA), World Health Organization (WHO) and Global Health Supply Chain Technical Assistance (GHSC-TA-TZ), who have successfully contributed to the development of this guideline.

To that end, the MoHCDGEC appreciates your contribution to improving the management of unserviceable health commodities in public health facilities by preventing adverse health and environmental risks.

A handwritten signature in black ink on a white background. The signature is stylized and appears to read 'Aifello W. Sichelwe'.

Dr. Aifello W. Sichelwe
CHIEF MEDICAL OFFICER

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ABBREVIATIONS

DED	District Executive Director
DMO	District Medical Officer
DGAM	Director of Government Assets Management
E- Waste	Electronic Waste
FEFO	First Expiry First Out
FIFO	First In First Out
GHSC-TA-TZ	Global Health Supply Chain Technical Assistance Tanzania
G.N.	Government Notice
HFGC	Health Facility Governing Committee
HFR code	Health Facility Registry code
IMPACT	Information Mobilized for Performance Analysis and Continuous Transformation
LGA	Local Government Authority
MoFP	Ministry of Finance and Planning
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MTC	Medicines and Therapeutic Committee
NEMC	National Environment Management Council
PHCF	Primary Health Care Facilities
PMG	PayMaster General
PO-RALG	President's Office Regional Administration and Local Government
RGAMO	Regional Government Assets Management Officer
RMO	Regional Medical Officer
S.F 15	Standard Form 15
TMDA	Tanzania Medicines and Medical Devices Authority

GLOSSARY OF TERMS

Unserviceable health commodities

For the purpose of this guideline unless otherwise stated, are those medicines, medical devices and supplies, reagents, diagnostics and medical equipment that are generated in public health facilities and rendered unfit for use due to expiry, damaged, contaminated, phased out regimen, recalled, prohibited, unrepairable medical equipment, change of technology and any other relevant cause(s).

Disposal

A process of removing and or destructing unserviceable health commodities from public health facilities.

Accounting Officer

Is the custodian of all public assets on behalf of the Pay Master General in a particular vote and shall adhere to assets acquisition and disposal procedures stipulated in Public Finance Act, of 2021 Cap 348.

Electronic Waste (E-waste)

The following medical devices are categorized as e-waste once they become unserviceable; radiotherapy equipment, cardiology and dialysis equipment, pulmonary ventilators, nuclear medicine equipment, laboratory equipment for in-vitro diagnosis, analyzers, freezers and other appliances for detecting, preventing, monitoring, treating, alleviating illness, injury or disability.

Store in-charge

For the purpose of this guideline, unless otherwise stated, are those healthcare workers managing the stores of the dispensaries, health centres, hospitals, and council level.

CHAPTER ONE:

1. INTRODUCTION

1.1 BACKGROUND

Public health safety is of paramount importance to the Government. To ensure this, there has to be proper management of hazardous wastes (herein referred to as unserviceable health commodities) generated from public health facilities that require specialized treatment to prevent detrimental hazards to the public and the surrounding environment. Proper inventory management of hazardous wastes, procedures for their disposal, roles and responsibilities of key actors involved in their management and monitoring and evaluation framework of the management process are important aspects that need to be addressed in any disposal guideline. These aspects were not outlined clearly in the existing guideline, challenging the intended function's effective implementation, hence prolonging the disposal process.

The Ministry of health has revised this guideline in order to encompass all key actors and procedures in the process of disposing of unserviceable health commodities to shorten the disposal process. This guideline will mitigate potential hazards by reducing the accumulation of unserviceable health commodities at the health facilities.

The accumulation of unserviceable health commodities in public health facilities is being commonly contributed by;

- i. Top-down Quantification of health commodities
- ii. Supply of health commodities against user demand.
- iii. Changes in treatment regimens
- iv. Change in technology for medical equipment, for example, laboratory and radiology equipment.
- v. Lack of facility and council budget for disposal process
- vi. Ineffective inventory management of health commodities contributed by.
 - a. Incorrect reporting and ordering.
 - b. Failure in adherence to FEFO/FIFO.
 - c. Failure to conduct a physical inventory in a timely manner.
 - d. Failure to redistribute health commodities.

However, the Ministry of health has been implementing several interventions and strategies to reduce the occurrence of unserviceable health commodities in the public health supply chain system, including; bottom-up quantification approach, redesigned logistics system, IMPACT team approach, redistribution of health commodities, medicine audit, development of the transitional guideline and donation guideline. Despite the existing interventions, the accumulation of unserviceable health commodities persists in public health facilities.

1.2 PURPOSE OF THE GUIDELINE

This guideline provides procedures for managing and disposing of unserviceable health commodities at public health facilities.

CHAPTER TWO:

2. ROLES AND RESPONSIBILITIES OF KEY ACTORS IN THE MANAGEMENT OF UNSERVICEABLE HEALTH COMMODITIES

Different supply chain actors play a significant role in managing unserviceable health commodities to ensure the disposal process is executed per rules and regulations in place. It is the responsibility of relevant authorities to implement the guidelines.

In the context of this guideline, actors involved in the disposal process at different levels include:

- i. Health Facilities Level
 - a. Facility in-charge
 - b. Store in-charge
 - c. Health Facility Governing Committees
 - d. Medicine Therapeutic Committee
- ii. Council Level
 - a. Council Pharmacist
 - b. Council Medical Officer
 - c. Accounting Officer
 - d. Board of Survey
- iii. Ministry of Finance and Planning
 - a. Regional Government Assets Management Officer
 - b. Director of Government Assets Management
 - c. Board of Condemnation
 - d. PayMaster General
- iv. Tanzania Medicines and Medical Devices Authority
- v. National Environment Management Council

2.1 PRIMARY HEALTH CARE FACILITIES LEVEL

2.1.1 Dispensaries and Health Centers

Dispensaries and Health Centers are the lowest levels of health care delivery where the health care workers manage the health commodities, and these commodities may become unserviceable. In this case, staff at the Dispensaries and Health Centers shall do the following:

- i. Store-in-Charge
 - a. Conduct monthly physical inventory for the identification of unserviceable health commodities.
 - b. Maintain Logistics Management Information Tools necessary for documenting unserviceable health commodities.
 - c. Demarcate an area for storage of unserviceable health commodities, which shall be labelled conspicuously in red ink with the words "Unfit for intended use" or "Hazifai kwa matumizi".
 - d. Remove unserviceable from serviceable health commodities and Store in the demarcated area.
 - e. Prepare and submit quarterly S.F 15 and loss report to health facility-in-charge.
- ii. Health Facility In-Charge
 - a. Review, approve and submit quarterly S.F 15 and loss reports to DMO's office.
 - b. Convene Health Facility Governing Committee meeting prior to delivery of the reasonable amount of unserviceable health commodities to DMO's office.
 - c. Liaise with the DMO's office for the most effective method and time of submission of unserviceable health commodities.
 - d. Include in annual budget funding requirement for management of unserviceable health commodities.
- iii. Health Facility Governing Committee
 - a. Conduct physical verification of the unserviceable health commodities.
 - b. Review and authorize S.F 15 and loss report before submission to DMO's office.

2.1.2 Council Hospitals

- i. Store-in-Charge
 - a. Conduct monthly physical inventory for the identification of unserviceable health commodities.
 - b. Maintain Logistics Management Information Tools necessary for documenting unserviceable health commodities.
 - c. Demarcate an area for storage of unserviceable health commodities, which shall be labelled conspicuously in red ink with the words "Unfit for intended use" or "Hazifai kwa matumizi".
 - d. Remove unserviceable from serviceable health commodities and Store them in the demarcated area.
 - e. Prepare and submit quarterly S.F 15 and loss report to Medical Officer-In-Charge.
- ii. Medical Officer-In-Charge
 - a. Review, approve and submit quarterly S.F 15 and loss reports to DMO's office.
 - b. Convene Hospital Management Team meeting prior to delivery of the reasonable amount of unserviceable health commodities to DMO's office.
 - c. Liaise with the DMO's office for the most effective method of submission of unserviceable health commodities.
 - d. Include in annual budget funding requirement for management of unserviceable health commodities.
- iii. Medicines and Therapeutics Committee
 - a. Conduct physical verification of the unserviceable health commodities.
 - b. Advise the Medical Officer-In-Charge for further action.

2.2 Hospitals (Regional Referral Hospitals, Zonal Referral Hospitals, Specialized Hospitals and National Hospital)

- i. Store-in-Charge
 - a. Conduct monthly physical inventory for the identification of unserviceable health commodities.
 - b. Maintain Logistics Management Information Tools necessary for documenting of unserviceable health commodities.
 - c. Demarcate an area for storage of unserviceable health commodities, which shall be labelled conspicuously in red ink with the words "Unfit for intended use" or "Hazifai kwa matumizi".

- d. Remove unserviceable from serviceable health commodities and Store in the demarcated area.
 - e. Prepare S.F 15 and loss report using the suspensory ledger upon attaining a sufficient amount of unserviceable health commodities for disposal.
- ii. Medical Officer In-Charge
 - a. Convene Medicine and Therapeutic Committee meeting for verification of S.F 15, loss report and unserviceable health commodities prior to verification by Board of Survey.
 - b. Write to request the accounting officer to appoint Board of Survey for verification of unserviceable health commodities.
 - c. Include in annual budget funding requirement for management of unserviceable health commodities.
 - iii. Medicine and Therapeutic Committee
 - a. Conduct physical verification of the unserviceable health commodities.
 - b. Advise the Medical Officer In-Charge for further action.

2.3 COUNCIL PHARMACIST

The Council Pharmacist shall perform the following;

- i. Receive and review S.F 15 and loss reports from primary health facilities in collaboration with Council Laboratory Technologist and other technical personnel to determine the volume of unserviceable health commodities.
- ii. Prepare S.F 15 and loss reports for unserviceable health commodities generated at the council level.
- iii. Demarcate an area for storage of unserviceable health commodities, which shall be labelled conspicuously in red ink with the words "Unfit for intended use" or "Hazifai kwa matumizi".

Note: Health Facilities with Community Drug Outlets shall follow the same procedure of management of unserviceable health commodities according to the respective level

- iv. Liaise with primary health facilities for effective methods and time of delivery of unserviceable health commodities after reconciliation with quarterly submitted S.F 15.
- v. Document the unserviceable health commodities into the council suspensory ledger.
- vi. Store the unserviceable health commodities from the demarcated area's primary healthcare facilities.
- vii. Prepare and submit to DMO a compiled S.F 15 and loss report using the suspensory ledger upon attaining a sufficient amount of unserviceable health commodities for disposal.

2.4 COUNCIL MEDICAL OFFICER

The Council Medical Officer is an overall supervisor of Primary Health Care Facilities and shall perform the following;

1. Write to request the Accounting Officer to appoint the Board of Survey for verification of unserviceable health commodities.
2. Include in annual budget funding requirement for management of unserviceable health commodities.

2.5 ACCOUNTING OFFICER

The Accounting Officer shall perform the following;

- i. Appoint members of the Board of Survey and notify the officers in writing of their appointments as Chairman and members of the Board.
- ii. Seek approval from PMG to disposal-off unserviceable health commodities.
- iii. Confirm that all authorities to be consulted for the actual disposal of unserviceable health commodities and the necessary approvals have been obtained.
- iv. Approval of allocated funds for disposal of unserviceable health commodities.
- v. Shall report (each financial year) on the occurrence of the unserviceable, its quantity and values. The Accounting Officer will compare the value of unserviceable recorded with the actual expenditure on the procurement of the health commodities to meet WHO standards. The annual report shall be submitted to the respective

supervisory Ministry [MOHCDGEC (PSU) and PORALG (Health commodities department)].

2.6 BOARD OF SURVEY

Regulation 164 of Public Finance Regulations, 2001 states that the Board of Survey should compose of a minimum of two (2) and maximum of five (5) members, one of whom will be designated by the accounting officer as Chairman and the officers appointed must not have any direct responsibility for the unserviceable health commodities which they are required to check. The members include;

- a. Chairperson
- b. Secretary

Note: Accounting Officers shall provide a copy of letter requesting permit for disposal, S.F 15 and loss report to Regional Administrative Secretary and RGAMO

- c. Members – Should not exceed three members depending on the type of unserviceable health commodities
- d. Secretariat – Any other personnel as the need shall deem. The secretariat is nominated by the user department

The Board of Survey shall perform the following;

- i. Conduct physical verification of the unserviceable health commodities
- ii. Review S.F 15 and loss report
- iii. Advise Accounting Officer for the next step of disposal of unserviceable health commodities.

2.7 MINISTRY OF FINANCE AND PLANNING

The Ministry of Finance and Planning has regulations 253-257 of Public Finance Regulations, 2001 that guide the disposal of unserviceable health commodities. In these regulations, the roles and responsibilities of relevant personnel involved in the disposal process have been stipulated as follows;

i. REGIONAL GOVERNMENT ASSETS MANAGEMENT OFFICER

- a. Provide guidance and advice to accounting officers regarding the disposal of unserviceable health commodities.
- b. Observe that unserviceable health commodities are disposed-off according to policies, legislation, and regulations.

ii. DIRECTOR OF GOVERNMENT ASSETS MANAGEMENT

- a. Observe that unserviceable health commodities are disposed-off according to policies, legislation, and regulations.
- b. Compile and analyze unserviceable health commodities losses from public health facilities to be written off by National Assembly.
- c. Management of disposal of unserviceable health commodities.

iii. PAYMASTER GENERAL

Authorize the disposal of unserviceable health commodities by;

- a. Appointing Board of Condemnation
- b. Issuance of Disposal Permit

2.8 BOARD OF CONDEMNATION

Regulation 255 of Public Finance Regulations, 2001 states that the Board of Condemnation should compose of a minimum of two (2) and a maximum of five (5) members, one of whom will be designated by the Accountant General as Chairman, to inspect and report on the unserviceable health commodities. The members include;

- a. Chairperson
- b. Secretary
- c. Members – Should not exceed three members depending on the categories of unserviceable health commodities.
- d. Secretariat – Any other personnel as the need shall deem. The user department nominates the secretariat

The Board of Condemnation shall perform the following;

- i. Inspect the unserviceable health commodities submitted for condemnation, check them against the lists submitted by Accounting Officer.
- ii. Record its opinion, recommendation and suggested method of disposal against each item.

2.9 TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

TMDA is an organization that operates as a Regulatory Authority and an Executive Agency. It was established as the Regulatory Authority under Section 4 (1) of the Tanzania Medicines and Medical Devices Act, Cap 219 and as the Executive Agency under Section 3 (1) of the Executive Agencies Act, Cap 245. To reinforce effective, efficient and safe disposal of unserviceable health commodities, the Authority shall perform the following;

- a. Receive application for disposal of unserviceable health commodities from Accounting Officers and grant approval.
- b. Conduct verification and sorting of unserviceable health commodities.
- c. Propose an appropriate destruction method for unserviceable health commodities.
- d. Supervise actual destruction of unserviceable health commodities.
- e. Issuance of Disposal Certificate.

2.10 NATIONAL ENVIRONMENT MANAGEMENT COUNCIL

National Environment Management Council is a regulatory authority established in 2004 with a mandate to implement and enforce the requirements of the Environmental Management Act Cap 191. To prevent adverse environmental and health risks, it shall establish and maintain information registers and data related to the control and management of hazardous waste (herein referred to as unserviceable health commodities). NEMC supervises the disposal of various hazardous wastes under the Environmental Management (Hazardous Waste Control and Management) Regulations, 2021. Regulation 71 of the aforementioned Regulations prescribe that hazardous waste disposal shall be undertaken in an environmentally sound manner. The Council shall perform the following roles: -

- a. Receive applications from Accounting Officers for supervision of disposal.

- b. Verify the list of unserviceable health commodities.
- c. Approve the proposed method of destruction for unserviceable health commodities.
Supervise the destruction process of unserviceable health commodities.



FIGURE 2.1; SUMMARY OF ROLES AND RESPONSIBILITIES OF KEY ACTORS

CHAPTER THREE:

3. INVENTORY MANAGEMENT OF UNSERVICEABLE HEALTH COMMODITIES

Inventory management is an important aspect after the health commodities have already been deemed unserviceable at the health facilities. Proper inventory management will guide the health facilities to easily establish the need for storage space, record-keeping, cost/value, and criteria that may render health commodities unserviceable and proper planning at all levels. It involves inspection, physical counting, storage and transportation of unserviceable health commodities and henceforth disposal.

Inventory management shall be conducted at all facility levels generating unserviceable health commodities and facilities storing unserviceable health commodities.

These levels shall include;

- a. Primary Health Care Facilities
- b. Council Level
- c. Regional Referral Hospitals, Zonal Referral Hospitals, Specialized Hospitals and National Hospital

3.1 Primary Health Care Facilities Level

Primary Health Care Facilities are the lowest level of health care delivery where health commodities are managed and may become unserviceable due to different reasons. Inventory management at this level requires the following;

- i. Inspection and physical inventory of health commodities to be conducted monthly. Upon physical inventory, criteria that may render the product unserviceable will be observed. These include;
 - a. Expiry
 - b. Damage
 - c. Contaminated items
 - d. Items instituted for recall
 - e. Unrepairable or obsolete for medical equipment
 - f. Prohibited

- ii. Remove unserviceable health commodities from normal stores ledger and record into the suspensory ledger. (See Annex I)
- iii. Remove unserviceable health commodities from the serviceable items and store them in a separate marked area.
- iv. Storage of unserviceable health commodities should be based on their formulation for easy verification, for example, solids, semi-solids, liquids, powders, equipment, chemicals, etc.
- v. Issuance of unserviceable health commodities through Local Issue Voucher after filling S. F 15 and loss report. (Annex VIII).

3.2 The Council Level

This is the level at which unserviceable health commodities are either generated at the council level or received from primary health facilities are stored. The Council Pharmacist shall manage these commodities in collaboration with Council Laboratory Technologist and other technical personnel.

Inventory management at this level involves the following;

- i. Receiving and filing quarterly S.F 15 and loss reports from primary health care facilities for records.
- ii. Preparation of S.F 15 and loss report for unserviceable health commodities generated at the council level.
- iii. Receiving and filing of local Issue vouchers from primary health care facilities for records.
- iv. Reconciliation between S.F 15, local issue vouchers and physical stock of received unserviceable health commodities should be done.
- v. Storing unserviceable health commodities generated and received from primary health care facilities in a separate marked area and recording into the council suspensory ledger using the local issue voucher from the facilities.
- vi. Storage of unserviceable health commodities should be based on their formulation for easy verification, for example, solids, semi-solids, liquids, powders, equipment, chemicals, etc.

3.3 Regional Referral Hospitals, Specialized Hospitals, Zonal Referral & National Hospital

Inventory management at this level shall require the following;

- i. Inspection and physical inventory of health commodities to be conducted monthly. Upon physical inventory, criteria that may render the product unserviceable will be observed. These include;
 - a. Expiry
 - b. Damage
 - c. Contaminated items
 - d. Items instituted for recall
 - e. Unrepairable or obsolete for medical equipment
 - f. Prohibited
- ii. Removal of unserviceable health commodities from normal stores ledger and recording into the suspensory ledger. (See Annex I)
- iii. Remove unserviceable health commodities from the serviceable items and storing in a separate marked area.
- iv. Storage of unserviceable health commodities should be based on their formulation for easy verification, for example, solids, semi-solids, liquids, powders, equipment, chemicals, etc.
- v. Preparation and filing of S.F 15 and loss reports for record.

CHAPTER FOUR:

4. PROCEDURES FOR DISPOSAL OF UNSERVICEABLE HEALTH COMMODITIES

The disposal process of hazardous waste is initiated voluntarily by a consignee or directed by any regulatory authority following the confiscation of products during the inspection. The consignee bears the cost of destruction upon agreement with the disposal facility, which has met the minimum requirements, including relevant permits prescribed under Regulations from respective regulatory authorities.

Procedures for the disposal of unserviceable health commodities are governed by Regulations 253-257 of Public Finance Regulations, 2001, The Tanzania Medicines and Medical Devices (Recall, Handling and Disposal of unfit Medicines and Medical Devices) Regulation, GN 313, 2015, Environmental Management (Hazardous waste control and management) Regulations GN 389, 2021 and Environmental Management (Control and Management of Electrical and Electronic Equipment Waste) Regulations, 2021 and Atomic energy Act No. 7 of 2003.

Environmental Management (Control and Management of Electrical and Electronic Equipment Waste) Regulations, 2021 regulates obsolete medical devices. Regulation 63 prescribes that any person who generates electronic waste (e-waste) shall ensure that the e-waste is disposed of in an environmentally sound manner or taken by persons with collection and transportation permits issued under the mentioned Regulations.

4.1 APPLICATION OF DISPOSAL PERMITS

Upon accumulation of sufficient quantity of unserviceable health commodities to merit the convening of the Board of condemnation to inspect them, the procedures for acquiring disposal permit shall be preceded with the following:

- a. Compilation of S.F. 15, preparation of loss report and submission to the accounting officer
- b. The accounting officer shall appoint a board of survey to examine the unserviceable health commodities.

- c. Upon receipt of a report from the Board of the survey, the Accounting Officer shall seek approval from PayMaster General to dispose of unserviceable health commodities.
- d. Upon receipt of the application from the accounting officer, the PayMaster General will appoint the Board of condemnation.
- e. Upon receipt of a report from the Board of condemnation, the PayMaster General will issue a disposal permit.
- f. Accounting Officer, after receipt of disposal permit, shall fill the "application form for disposal of unfit medicines" (TMDA/DMC/F/010) **Annex X** (The form is available in the TMDA website www.tmda.go.tz and at TMDA offices, RMOs or DMOs offices).
- g. The applicant shall submit the filled application form for disposal of unfit medicines to respective Zonal offices accompanied with a disposal permit from Pay Master General and a list of unserviceable health commodities to be disposed of.
- h. After submitting the application, TMDA shall inform the accounting officer its intention to conduct verification and sorting of the consignment and propose the method of destruction.
- i. TMDA will conduct verification using the "Unfit Product Verification Form" (TMDA/DMC/F /001) **Annex XI**.
- j. After verification, TMDA informs the Accounting Officer to liaise with NEMC for environmental impact and management on the proposed destruction mode.
- k. The accounting officer shall submit a letter to NEMC headquarters or Zonal offices requesting for supervision of disposal attached with the following information: -
 - i. A verification form from TMDA certifies that the product is unfit for consumption with the proposed disposal method.
 - ii. List and quantity of the unserviceable health commodities to be disposed of.
 - iii. Approval from the PayMaster General declaring that the products have been written off and subject to disposal as required by the Public Finance Act and Regulations.

- l. The request submitted to NEMC shall be reviewed to approve the proposed methods of disposal and issue a clearance letter.
- m. In the case of radioactive materials, a request shall be submitted to Tanzania Atomic Energy Commission.
- n. The Accounting Officer shall submit a clearance letter from NEMC to TMDA.
- o. The Accounting Officer shall arrange for disposal dates and inform any other relevant institution responsible for the unserviceable health commodities and supervision of the destruction.

4.2 ACTUAL DISPOSAL PROCESS

- a. The actual disposal process shall be under the supervision of TMDA or LGA Inspectors, NEMC, Environmental Health inspector, Policeman, custodian of the consignment and any other authorized officer. The accounting officer shall inform the respective officers to participate in the disposal process.
- b. The accounting officer shall provide a vehicle for transportation of the consignment from the consignee premises to the disposal sites under the supervision of the respective officers.
- c. During the destruction of the consignment, the respective officers shall be present at the disposal site to witness the destruction.
- d. After completion of the destruction, all supervisors present and custodians of the consignment or representative shall sign the "TMDA disposal form" TMDA/DMC/F/026 **Annex XIV**
- e. TMDA shall issue a "certificate of destruction" No. TMDA/DMC/MCIE/CF/003 **Annex XV** after receiving the signed disposal form verifying that the consignment was destructed as per laid down procedures.

CHAPTER FIVE:

5. MONITORING AND EVALUATION FRAMEWORK

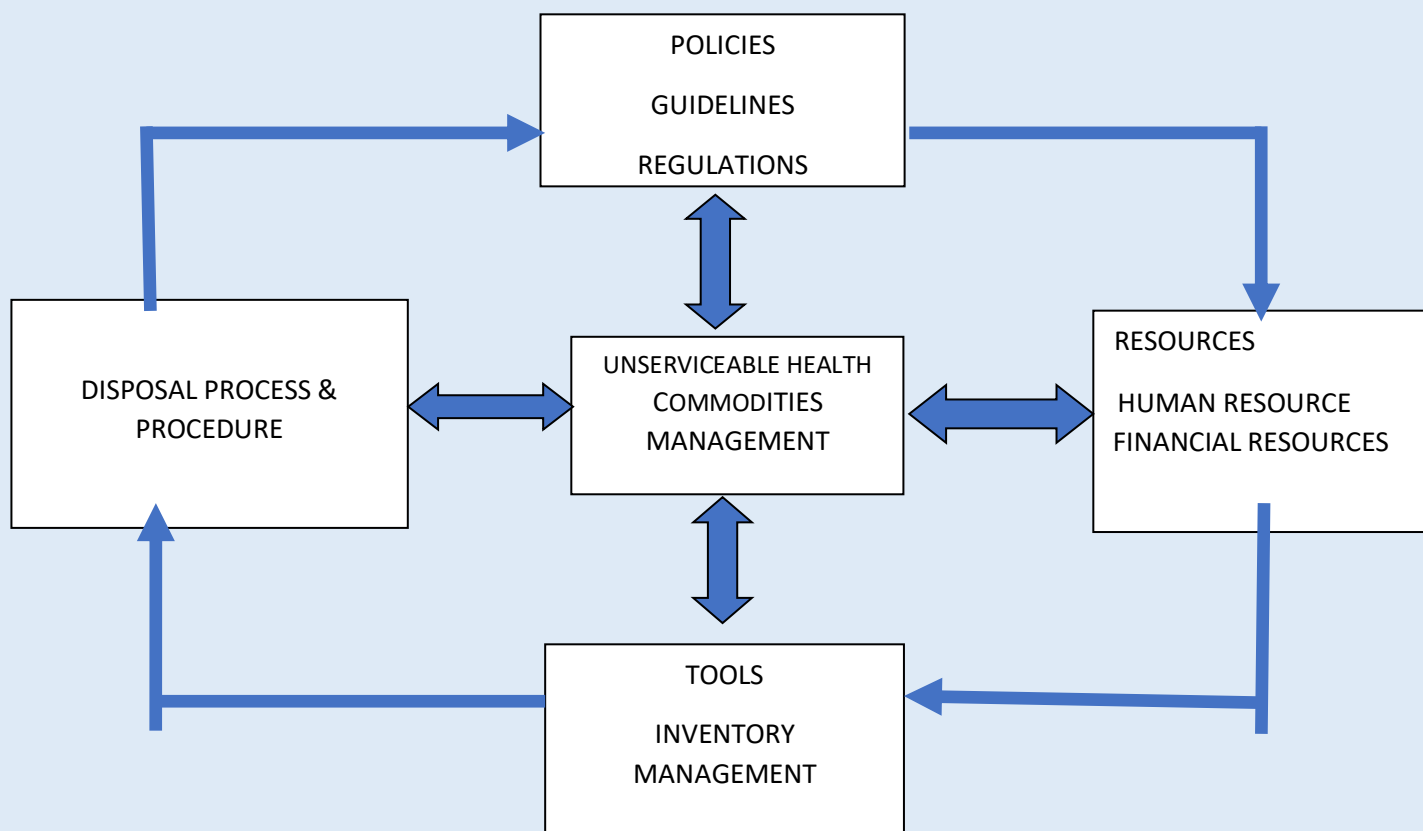
Quality monitoring is an integral part of any health management system, since it describes the system's performance and points to areas that need improvement.

Monitoring and evaluation allow for the establishment of good practices for proper handling and disposal of unserviceable health commodities as they require specific attention to ensure that they are disposed of safely and effectively that does not harm people and the environment.

Monitoring allows holistic follow up of all the proposed processes to facilitate implementation of the guidelines as it highlights program successes and areas for greatest improvement. *Figure 2* show continuous monitoring of the flow of unserviceable health commodities in Public Health Facilities. Quality monitoring is shown throughout the cycle, which suggests quality monitoring to be included and conducted in every step and level of disposal management.

Using the monitoring and Evaluation Checklist Annexe XVI, monitoring and evaluating the disposal process of unserviceable health commodities can be conducted by evaluators at all levels of the governance structure.

3. Figure 5.1; Monitoring Flow Of Unserviceable Health Commodities In Public Health Facilities



ANNEX I: SUSPENSORY LEDGER

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

SUSPENSORY LEDGER

FACILITY CODE NUMBER:

NAME OF FACILITY:

TYPE OF FACILITY (GOV/NGO/FBO/OTHER):

NAME OF COUNCIL/ COUNCIL:

DATE LEDGER BOOK OPENED:

DATE LEDGER BOOK CLOSED:

LEDGER NO.....

TABLE OF CONTENTS

SN	Item description	Folio No.	S.N.	Item description	Folio No.
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

ANNEX II: JOB AID - OPENING OR STARTING A NEW PAGE OF A SUSPENSORY LEDGER

TASK:	Opening a <i>Suspensory Ledger</i> for the first time or starting a new page in a suspensory ledger
COMPLETED BY:	Dispensary or Health Center in charge or Hospital pharmacy in charge or Store in charge or Council pharmacist
PURPOSE:	To keep track of Unserviceable medicines and related medical supplies at a facility
WHEN TO PERFORM:	Where there is no ledger page for Unserviceable medicines and related medical supplies, to start a new page in a current suspensory ledger
MATERIALS NEEDED:	<i>Suspensory ledger</i> , Calculator, Pen (blue, black, red)

Step	Action	Notes
1	Select the action by using the following logic:	
	<i>IF</i>	<i>THEN</i>
	Opening a new Suspensory ledger book. Starting a new page in a Suspensory ledger book.	Skip to Part A, Step #2 Skip to Part C, Step #10
Part A: Complete the Cover Information		
2	Facility Code Number: Write the code number for the facility where the Suspensory ledger will be used.	This is HFR code provided to you during facility registration by the Ministry of Health, Community Development, Gender, Elderly and Children.
3	Facility Name: Write the name of the facility as it appears on MSD forms.	
4	Type of Facility: Write the type of facility.	Facilities can be: • (GOV) Government • (NGO) Non-government Organization • (FBO) Faith-Based Organization • Other
5	Name of Council/Region: Write the name of the Council and region in which this facility is located.	
6	Date Suspensory Ledger Book Opened: Write the date the suspensory ledger was started.	New suspensory ledgers shall be opened when older suspensory ledgers are full.
7	Date Suspensory Ledger Book Closed: Write the date of the last entry in this Book.	
8	Suspensory Ledger No.: Write the serial number of this Suspensory ledger	The suspensory ledgers shall be serially numbered. For example: Suspensory ledger 1 (SL 1) Suspensory ledger 2 (SL 2)

Part B: Number the Pages in the Suspensory ledger		
9	Page No.: Number all the pages in the Suspensory ledger.	Start with page number 1 on the first page after the Table of Contents and number all the pages sequentially
Part C: Complete the Table of Contents		
10	Unserviceable Item: On the Table of Contents page, write each Supply's name, formulation, and strength to be noted in the Suspensory ledger Book and assign page numbers for each Unserviceable item.	
Part D: Start a new page in a Suspensory ledger		
11	Go to the page number for the item you are noting.	Refer to the page number(s) that you assigned in the Table of Contents for the item.
12	Description of Item: Write the name, form and strength of the item.	When entering the description of supplies, follow the order in the Table of Contents. Example: Amoxicillin Capsules 250 mg
13	MSD Code: Fill in the code number designated by MSD for each Supply.	The number can be found on Form 2: R&R. If you do not have the number, leave it blank if there is no number. Example: 04938298
14	Unit of Issue: Write the MSD (or supplier) packing size of the Supply.	The "Unit of Issue" is the smallest amount received from MSD (or supplier). This information can be found in the MSD Product Catalog. Example: EACH, Tin/1,000, Bottle/500, Box/1000, Carton/3000, "For ALu; Dispenser/30" etc.
15	Dispensing Unit: Write the minimum dispensing unit for the Supply.	The "Dispensing Unit" is the smallest unit that would be dispensed to a client. Example: tablet, capsule, vial, piece, cycle, ' for Alu ; blisters' etc.
16	Minimum Stock Quantity: Leave this space empty	Minimum Stock Quantity is not used for the management of medicines.

THIS TASK IS COMPLETED WHEN:

- The cover of the book is completely filled out
- Every Unserviceable item to be noted is listed in the Suspensory ledger book.
- New pages are filled
- Table of content is complete

ANNEX III: JOB AID - UPDATING THE SUSPENSORY LEDGER

Step	Action	Notes
1	Go to the page number for the item you are noting.	Refer to the page number(s) that you assigned in the Table of Contents for the item.
2	Date: Write the date of the transaction.	
3	Select the transaction and write the appropriate information in the boxes on the ledger.	

	IF	THEN
	3a. Supply damaged in the facility.	<p>I. In the date column, write the date of the transaction</p> <p>II. Ref. No: Leave this box empty</p> <p>III. In the to/From column: Write in the Store's ledger book and the page from which the item was recorded. E.g. Ledger No. 1 page 7 (L1/7)</p> <p>IV. Quantity Received: Enter the Quantity of damaged items in a unit of issue</p> <p>V. Balance: update the ledger page by calculating the balance and entering the space provided. Quantity received is an addition to the existing balance and shall be added to the available balance.</p> <p>VI. Unit Price: Enter the actual purchasing price of the damaged items in the unit of issue</p> <p>VII. Total value: Calculate the total value (Quantity received unit price)</p> <p>VIII. Remarks: Write any remarks relevant to the transaction just entered E.g. Write "damaged" in the remarks column</p> <p>IX. Name: Write your name initials. Example: J.M.</p> <p>Use red pen</p>

12	3b. Supply expired in facility.	<p>I. In the date column: write the date of the transaction</p> <p>II. Ref. No. Leave this box empty</p> <p>III. In the To/From column: Write in the store's ledger book and the page from which the item was recorded. E.g. Ledger No. 1 page 7 (L1/7)</p> <p>IV. Quantity Received: Enter the Quantity of expired items in a unit of issue</p> <p>V. Quantity issued: Leave this box empty</p> <p>VI. Balance: Update the ledger page by calculating the balance and enter in the space provided. Quantity received is an addition to the existing balance and shall be added to the available balance</p> <p>VII. Unit price: Enter the actual purchasing price of the damaged items in the unit of issue.</p> <p>VIII. Total value: Calculate the total value (Quantity received x unit price)</p> <p>IX. Remarks: Write any remarks relevant to the transaction just entered. E.g., Write "damaged" in the remarks column</p> <p>X. Name: Write your name initials. Example: J.M.</p> <p>Use red pen</p>
----	--	--

	<p>3c. Unserviceable items transferred to</p>	<p>I. In the date column: write the date of the transaction</p> <p>II. Ref. No: Enter the reference number of the transaction (Issue Voucher number used to transfer items.)</p> <p>III. To/From: write "DMO."</p> <p>IV. Quantity Received: Leave this box empty</p> <p>V. Quantity Issued: Write the Quantity of the items transferred in a unit of issue</p> <p>VI. Balance: Update the ledger page by calculating the balance and enter in the space provided. Quantity issued is a decrease in balance and shall be deducted from available balance</p> <p>VII. Unit Price: Leave this box empty</p> <p>VIII. Total Value: Enter the total value of items</p> <p>IX. Remarks: For disposal procedures</p> <p>X. Name: Write your name initials Example: J.M.</p> <p>Use a black or blue pen</p>
--	--	---

<p>THIS TASK IS COMPLETED WHEN:</p> <ul style="list-style-type: none"> • The date and reference number (if applicable) have been recorded. • The transaction is recorded in the To/From boxes • The quantity of the transaction is recorded in the quantity Received or Quantity Issued • The balance on the ledger page is brought up to date • The transactions have been explained in the remarks box
--

ANNEX IV: S.F 15

UNITED REPUBLIC OF TANZANIA											SF. 15
SCHEDULE OF UNSERVICEABLE STORES											
To.....										Location of the Store.....	
S/N	ITEM DESCRIPTION	LEDGER FOLIO	UNIT OF MEASURE	BATCH NUMBER	MFG DATE	RECEIVING DATE	EXPIRE DATE	QUANTITY	UNITY PRICE (Tshs)	TOTAL VALUE (Tshs)	NATURE OF AND REASON FOR UNSERVICEABLE
TOTAL										-	
Signature of Officer in-charge of stores						Signature (s) of Officers Reporting Board of Survey					
.....						1					CHAIRPERSON
Date and Stamp:						2					SECRETARY
.....						3					MEMBER
						4					MEMBER
						Date:					

NOTE: In the case of medical equipment and other instruments, use the format of S.F 15 below.

THE UNITED REPUBLIC OF TANZANIA								SF. 15
SCHEDULE OF UNSERVICEABLE STORES								
To.....				LOCATION OF STORES:				
S/N	Ledger Folio	Quantity	Unit	Articles	Date of Issue or Approximate period in use	Rate	TOTAL VALUE (Tshs)	NATURE OF AND REASON FOR UNSERVICEABLE
Total								
Signature of Officer in-charge of stores				Signature(s) of Officers Reporting or Officer of Board of Survey				
.....				1.				
Date and Stamp:				2.				
.....				3.				
				4.				
				Date.....				

ANNEX V: JOB AID FOR FILLING S.F. 15

JOB	To fill the schedule of unserviceable health commodities – Stores Form 15 (S.F 15) whenever requesting for permit of disposal of unserviceable health commodities from MoFP
RESPONSIBLE PERSON	The person in charge of the stores
REASON	To request for disposal of unserviceable health commodities
WHEN	Whenever there is a sufficient amount of unserviceable health commodities in the stores. Recommended to be filled annually
RESOURCES NEEDED	Suspensory ledger, blue/black pen, calculator, MSD sales invoices and MSD price catalogue

STEP S	CAPTION/ SECTION	COMMENTS
1	Address To.	For S.F 15 filled by Primary Health facilities and submitted to DMO's office To. Address of Accounting Officer (Council Executive Director)
		For S.F 15 filled by DMO's office or Hospitals and submitted to PMG by Accounting Officer To. Permanent Secretary, Ministry Of Finance and Planning, P.O. Box 2802, Dodoma.
2	Location of Store: Write the name and address of the office for the respective stores where the unserviceable health commodities are found.	For Primary Health Care Facilities and Hospitals, it is the name and address of the respective facility. For the Council, it is the name and address of the Council Medical Officer's office.
3	Item Description	Write the name of the unserviceable health commodity

4	Ledger Folio: The sheet number in the ledger where the respective item is recorded	Fill in the Ledger folio of the Suspensory Ledger where the respective item is recorded. Example: Ceftriaxone inj 1gm Vial in the suspensory ledger is found in folio 24, then SL/F will be written as - SL/24. If more than 1 S.L., then write the number of the S.L. as well. Example: Ceftriaxone inj 1gm Vial in suspensory ledger 3 folio 12 then SL/F will be written as SL3/12.
5	Unit of Measurement: Unit of measuresuch as Tins of 1000 (T/1000), Bottles, Ampoules, vials etc.	Unit of measurement shall be written in the minimum pack size that MSD issues, and its value can easily be established.
6	Batch number	Write the batch number of the unserviceable product as indicated by the manufacturer. If the batch number is not readable, leave this area blank.
7	Manufacturing date	Write the date of manufacturing the product as shown by the manufacturer.
8	Receiving date	Write the date when products were received from the supplier.
9	Expiry date	Write the expiry date of the unserviceable product as indicated by the manufacturer. If the expiry date is not readable, leave this area blank. If the product becomes unserviceable due to other reasons such as damage, recall, burnt etc, then write the date it became unserviceable.
10	Quantity: Quantity of a particular unserviceable commodity	Write the exact number of items in the quantity column. If the expired items are two tins, then write 2. In the event that the unit of measurement is not full, an estimation of the quantity will be

		<p>considered as a fraction of the full set of the unit. E.g., $\frac{1}{4}$; $\frac{1}{2}$; $\frac{3}{4}$ of a tin of 1000 tabs</p> <p>The quantity of Unserviceable items shall be expressed in terms of a number of units of measurements or its fraction.</p> <p>Note: For Council Pharmacist: Medicines with the same description appearing in more than one S.F 15 forms from different reporting facilities shall be entered as single entry cumulatively.</p>
11	<p>Rate: Is the unit value of the product when it became unserviceable.</p>	<p>For expired medicines, the original value during delivery shall be stated. The value of medicines can be found in the MSD sales invoice which was originally delivered with the particular item or the MSD price catalogue of that particular year when the item was delivered at the facility. Example: If Paracetamol tabs 500mg (T/1000) was bought at 6,000/= in 2004, to date the price remains the same.</p> <p>In the situation that documentation indicating the price at the time of procurement are not accessible, an indicative/reference price shall be established.</p> <p>For supplies that are liable to depreciation in the course of use, calculation of the price shall consider acceptable depreciation factor. E.g., 250 tablets ($\frac{1}{4}$ of a tin of 1000 tabs) of Paracetamol tabs 500mg were observed to be expired, and the unit cost at the time of procurement of the same was 6,000/= per tin of 1000 tabs, then the rate of the unserviceable 250 Paracetamol tabs shall be calculated as follows:</p>

		<p>If 1000 tabs = 6,000/= then, 250 tabs = X? Where X = the rate of the Unserviceable item. Therefore; $X = 250 \times 6,000 / 1,000$. $X = 1,500/=$</p> <p>Note: For Council Pharmacist: Medicines with the same description appear in more than one S.F 15 form from different reporting facilities; the rate is obtained by taking the total value divide by a total number of items entered.</p>
12	<p>Value: (TSH & C.T.): This is a total value of the Unserviceable item.</p>	<p>This is a product of rate multiplied by quantity. (Rate x Qty)</p> <p>Note: For Council Pharmacist: Medicines with the same description appearing in more than one S.F 15 forms from different reporting facilities, the total value of the referred item is obtained by adding their individual values.</p>
13	<p>Nature of and reason for un-serviceability: The main reasons for Unserviceable items are mentioned for each item.</p>	<p>When requesting the permit, the nature and reasons which rendered the items Unserviceable shall be clearly stated.</p> <p>Note: For Council Pharmacist Medicines with the same description appearing in more than one S.F 15 form from different reporting facilities repeat the reasons listed in the S.F 15 forms.</p>
14	<p>Name and Signature of Officer-in-Charge of the stores:</p>	<p>The store-in-charge shall write the full name and sign the form.</p>
15	<p>Signature(s) of Officers reporting or Officers of Board of Survey</p>	<p>All members of the Board of Survey shall write their names and sign at this space</p>

16	Date of issue or approximate period in use	Write the approximate period this equipment has been in use. Example X-Ray machine has been used for eight years before it become unserviceable.
----	---	--

THE TASK SHALL BE COMPLETE WHEN:

- The form is duly signed and stamped by an officer in charge of the stores (For Primary Health Care Facilities is the health care provider of the facility, for Council is the Council Pharmacist and for hospitals is the Pharmacist in charge of Hospital)
- The form is duly signed and stamped with the signature of the official reporting and requesting the Board of Survey (Duly signed and stamped by the signatures of members of the Board of Survey). All members of the Board of Survey names and signatures must appear.

ANNEX VI: LOSS REPORT

1. Ministry and Division:
2. Station:
3. Store:
 - i. The date it occurred.....
 - ii. The date it was discovered.....
 - iii. The reason for any delay in discovering and who was responsible for the delay.....
5. Details of the stores lost/deficient/deteriorated/damaged
 - i. Original value of the stores lost etc.....
 - ii. The value of the stores at the time of loss etc.
7. Vote from which the stores were purchased and date of purchase.....
8. Name of the officer immediately responsible for the custody of the stores
9. Length of time the stores were in his custody
10. Name and designation of the supervising officer
11. Name of any Government Officer or other Government employee responsible for the loss
12. Precise circumstances in which the loss, etc. arose
13. Arrangements in existence for the safe custody of the stores

14. Arrangement in existence for the periodic checking of the stores and whether these had been regularly and properly carried out

15. When the last check was made and by whom and to whom reported

16. Whether the loss, etc. was contributed to or facilitated by the negligence of any Government Officer or other employee of Government

17. Whether the loss has been reported to the police and if so when
18. The result of the police inquiries (copy of the police report shall be forwarded when available)

19. Whether the prosecution of any person has taken place and; if so, with what results (a copy of the magistrate's judgment shall be forwarded when available)
20. If the loss was caused by fire, whether an inquiry was held as required by General Order Q 83 (A copy of the enquiry shall be forwarded when available)

21. Action taken to prevent future losses of the kind reported

22. Signature of reporting officer

ANNEX VII: JOB AID FOR FILLING LOSS REPORT

FILLING LOSS REPORT		
JOB	To fill the loss report for unserviceable health commodities whenever requesting a permit for disposal of unserviceable health commodities from the Ministry of Finance and Planning	
RESPONSIBLE PERSON	Store in charge	
REASON	To request a permit for disposal of unserviceable health commodities from MoFP	
WHEN	When sufficient quantities of unserviceable health commodities have accumulated in the Store. Recommended to be filled annually and whenever filling the S.F 15 form	
RESOURCES NEEDED	Unserviceable goods ledger, Blue/black pen	
STEPS	CAPTION/ SECTION	COMMENTS
1	Ministry and Division: Fill in the address of Ministry and division to which you belong.	<p>For health facilities under the Ministry of Health, shall write the address of the Ministry of Health, Community Development, Gender, Elderly & Children.</p> <p>For health facilities under PORALG, shall write the address of PORALG. The division shall be indicated.</p> <p>Example: PORALG/DED KARAGWE Or MoHCDGEC/Mbeya Referral Hospital</p>
2	Station: Write the name of the accounting officer where unserviceable health commodities are placed	<p>For the Hospital, it shall be the Medical Officer In-charge/Hospital Director followed by the name of the region.</p> <p>Example: MOI Kagera Regional Referral Hospital, Kagera.</p> <p>For the Council, then it shall be DED followed by the name of the Council.</p> <p>Example: DED IRAMBA DC – SINGIDA</p>
3	Store: Write the name of the Store	For the region, then write the

	where the unserviceable health commodities are found.	Store of the region. Example: RMO KAGERA For the Council, write the Store of the Council. Example: Iramba Council: DMO IRAMBA DC
4	<p>The date it occurred: write the date when the loss of the unserviceable health commodities occurred</p> <p>The date it was discovered: write the date when you discovered that you have a loss</p> <p>The reason for any delay in discovering and who was responsible for the delay</p>	<p>Write the financial year when the loss occurred Example: July 2012 – June 2013.</p> <p>Write the financial year when you discovered that you have a loss Example: July 2012 – June 2013</p> <p>Write why the loss was not identified on time and who led to the delay in the discovery of the loss</p>
5	<p>Details of the Store lost/deficient/deteriorated/damaged: Give the clear details of the stores which are lost and the type of loss</p>	The details have been clearly stated in S.F 15, therefore, in this space provided write, "as per attached S.F 15". If you need to provide further details, attach a separate paper of explanations.
6	<p>(i) Original value of the stores lost: write down the total value of the items lost at the time they were bought</p> <p>The value of the stores at the time of the loss: Write down the current cost of the items lost</p>	<p>(i) This total value can be found in S.F 15, so write the value as it appears in S.F 15.</p> <p>(ii) Medicines do not depreciate; hence the value remains the same. So, write the same price as in 6 (i) above.</p> <p>Note: For medical equipment like an X-ray machine they have depreciating value. The original price could have been 14m, and at the time of loss (10years later) the value could have depreciated to 9m.</p>
7	Vote from which the stores were	Each accounting officer has a

	purchased and date of purchase: Write the vote (number) of the accounting officer where the Store are found	unique vote number Example: Vote number for RAS Pwani is 71
8	Name of the officer responsible for the custody of the stores: Write the name and title of the immediate person in charge of the Store	Example: Nehemiah A. Nyasha Regional Hospital Pharmacist
9	Length of time the stores were in his custody: state the duration of the officer above being in charge of the Store	Example: The officer in charge above (Nehemiah) has been responsible of the Store for 11 years.
10	Name and designation of the Supervising officer: Write down the full name of the supervisor at that particular facility and his title	Example: Name of the supervisor: Abigael Manguna Title: Medical Officer In charge
11	Name of any Government officer or other Government employee responsible for the loss: write the name of the government employee responsible for the loss	Anyone else in the Government being an officer or just an employee who in one way or another contributed to the loss being reported for, must be identified and his/her name written at this place
12	Precise circumstances in which the loss, etc. arose: write down the exact reasons which led to the loss that has occurred and is being reported for.	Example: If the type of loss is expiry, what were the reasons which led to the expiry? The reasons could be (i) Change in treatment regimens (ii) Introduction of new medicines (iii) Receiving medicines with short expiry date
13	safe custody of the stores: Write down the current measures in place to ensure safety of the stores and avoid loss	Example; (i) The Store is locked with a keypad (ii) Good storage procedures and medicines are arranged according to FEFO (iii) Physical inventory is carried out at the end of every month
14	Arrangements in existence for the periodic checking of the stores and whether these had been regularly and properly carried out: State	State proper store management systems in place and Observed

	existing arrangements for proper store management	Example; i. Periodic physical count ii. Reconciliation iii. Annual stock-taking iv. Bottom-up Quantification
15	When the last check was made and by whom and to whom reported: When is the last time the stores were checked, and who did the checking of the stores and if there was any loss, to whom was it reported?	Write down the date when the last physical count was conducted, by whom and to whom was it reported? Example: Date last Physical count: 30.06.2021 Done by: Sikudhani Maneno Pharmacy In-charge Reported to: Mika Daniel DMO
16	Whether the loss, etc. was contributed to or facilitated by the negligence of any Government officer or other employee of Government	It shall be stated if the loss being reported was contributed by the negligence of any Government Officer or other employee of Government. If none, then write NOT APPLICABLE
17	Whether the loss has been reported to the police and if so when: State if the loss that occurred was reported to the police and the date it was reported	Report to the police if the loss was due to either Theft or fire. In the case of expired, damaged, deteriorated health commodities, this section is not applicable. Hence write N/A
18	The result of the police inquiries (copy of the police report shall be forwarded when available)	If it was reported to the police, attach the police report with the reference number. For the case of expired, damaged, deteriorated medicines, this section is not applicable. Hence write N/A
19	Whether the prosecution of any person has taken place and; if so, with what results (a copy of the magistrate's judgment shall be forwarded when available): State if there has been any criminal offense	If there was any criminal offence, what was the magistrate's judgment? A copy of the magistrate's judgment shall be attached if available. In the case of expired, damaged, deteriorated medicines, this section is not applicable. Hence write N/A
20	If the loss was caused by fire,	Any loss that is caused by fire,

	whether an inquiry was held as required by General Order Q 83 (A copy of the inquiry findings shall be forwarded when available):	an inquiry shall be made as required by General order Q 83, and a copy of the inquiry findings shall be attached along with the loss report. In the case of expired, damaged, deteriorated medicines, this section is not applicable. Hence write N/A
21	Action taken to prevent future losses of the kind reported: List the steps which have been taken to avoid the reoccurrence of such losses.	Example: (i) Conduct physical inventory at the end of each month (ii) Redistribution system will be enhanced (iii) Reconciliation (iii) Annual stock-taking (iv) Bottom-up Quantification
22	Signature of the reporting officer:	Full name and the title of the accounting officer shall be written, signed and stamped. Example: For the Council, it is the Council Executive Director (DED) and for the Hospital it is the Medical Officer In charge (MOI) or Hospital Director (HD).

ANNEX VIII: ISSUE VOUCHER

SF. 7

LOCAL STORES

To.....

S/No. 01131479

REQUISITION/ISSUE VOUCHER ALLOCATED STORES ONLY

Not for use in connection with an allocated stores local Purchase

Date:

Description of Article	Unit	Quantity		Ledger Folio	
		Required	Issued	Issuer	Receive

REQUISITION OFFICER

.....
Signature Designation Station

ISSUING OFFICER

.....
Signature Designation Station

CERTIFIED,

- A. Received in good order
- B. Taken on charge in my Store's ledger/for immediate use

.....
Signature Designation Station

RECEIVING OFFICER

.....
Signature Designation Station

ANNEX IX: SAMPLE LETTER TO THE MINISTRY OF FINANCE AND PLANNING

MADABA DISTRICT COUNCIL

RUVUMA REGION
TEL. NO. 026 – 2502253
“ “ ” 026 - 2503001
FAX NO. 026 - 2502253

E-mail dedmadaba@yahoo.com

DISTRICT EXECUTIVE DIRECTOR,
P.O. BOX 157,
MADABA.

04 August, 2021

Ref. No.....

Permanent Secretary,
Ministry of Finance and Planning,
Treasury Square Building,
18 Jakaya Kikwete Road,
P.O. Box 2802
40468 Dodoma.

RE: REQUEST FOR APPOINTMENT OF BOARD OF CONDEMNATION TO VERIFY UNSERVICEABLE HEALTH COMMODITIES AND RELATED MEDICAL SUPPLIES WORTH 8,815,450.00

Refer to the heading above. Council Health Department has accumulated Unserviceable Health Commodities and related medical supplies for several years. These Unserviceable Health Commodities and related supplies require inspection, verification and recommendation from the Board of condemnation prior to disposal procedures as per Public Finance Regulation.

Accumulation of these goods has been occupying space that could be used to store Serviceable Health Commodities and related medical supplies and pose a danger to the environment and public in general.

Some of the reasons for the accumulation of Unserviceable Health Commodities and related medical supplies include changes in treatment regimens, push system through MSD, global new medicine development that affects national policy decision, and challenges in implementing good storage procedures like failure to follow FEFO.

Attached herewith are a schedule of Unserviceable Health Commodities and related medical supplies (SF. 15) and the Loss report.

ZENAT SAID
DISTRICT EXECUTIVE DIRECTOR
MADABA DC

Cc: Permanent Secretary

Ministry of Health, Community Development, Gender, Elderly & Children
Government City – Mtumba
Health Road/Street
P.O. Box 743
40478 DODOMA.

Permanent Secretary

President's Office, Regional Administrative and Local Government

Government City – Mtumba
P.O. Box 1923
41185 DODOMA.

Regional Administrative Secretary

Ruvuma Region
P.O. Box 83
SONGEA.

Regional Government Assets Management Officer

Ruvuma
P.O. Box 143
SONGEA.

ANNEX X: APPLICATION FORM FOR DISPOSAL OF UNFIT MEDICINES (TMDA/DMC/F/010)

 <p>TMDA Tanzania Medicines & Medical Devices Authority</p>	<p>APPLICATION FORM FOR DISPOSAL OF UNFIT MEDICINES</p>	<p><i>TMDA/DMC/F/010</i> <i>Rev #: 00</i></p>
---	--	---

(Made under Regulations 10(1))

I/We..... of (postal address) with premises registration number.....of 20..... hereby apply for the disposal of unfit medicinal products as per attached list. Physical address of the Premises..... Name of the superintendent/in-charge..... Registration number (if applicable)

Reason(s) for disposal.....	Weight
(Kg).....	Market value (in TZS)
.....	

Declaration:

I certify that the information provided in the application form is true and correct.

Date of application.....

Signature of applicant.....

Stamp.....

For Official use only:

Received by.....

Signature.....

Stamp.....

Date.....

ANNEX XI: JOB AID FOR FILLING APPLICATION FORM FOR DISPOSAL OF UNFIT MEDICINES (TMDA/DMC/F/010)

FILLING APPLICATION FORM FOR DISPOSAL OF UNFIT MEDICINES		
JOB	To fill the application form for disposal of unfit medicines	
RESPONSIBLE PERSON	Accounting Officer	
REASON	Application for disposal of unfit medicines	
WHEN	After obtaining the disposal permit from PMG	
RESOURCES NEEDED	Application form, Blue/black pen	
STEPS	CAPTION/ SECTION	COMMENTS
1	I/We	Write the Name of the Accounting Officer
2	Postal address	Write the address of the Accounting Officer Example: P.O Box 83 Madaba DC – Ruvuma
3	Premise registration number	Leave this place blank
4	The physical address of the premise	Write the address of the location of the Store
5	Name of the superintendent/in charge	Write the name of the Store in charge Example: Rashid Hussein – District Pharmacist
6	Registration number	Write the registration number of the Store in charge as per his/her professional Board Example: 0100897
7	Reason for disposal	Write "unserviceable health commodities"
8	Weight (kg)	Write the estimated weight of the unserviceable commodities.
9	Market Value (in TZS)	Write the value as per S.F 15
10	Date of application	Write the date of application
11	Signature of applicant	Accounting Officer's Signature
12	Stamp	Put official Accounting Officer's stamp

ANNEX XII: UNFIT PRODUCTS VERIFICATION FORM (TMDA/DMC/F/001)

	UNFIT PRODUCTS VERIFICATION FORM	<i>TMDA/DMC/F/001</i> <i>Rev #: 00</i>
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(Made under regulation 12(2) of the Tanzania Food, Drugs and Cosmetics (Recall, Handling and Disposal of Unfit Medicines and Cosmetics) Regulations, 2015 and regulation 62(2) of the Tanzania Food, Drugs and Cosmetics (Control of Medical Devices) Regulations, 2015)

1. Name of applicant..... of postal address..... undertaking the business of medicinal products or medical devices as per the attached list.
2. Physical address of the Premises.....
3. Weight (Kg).....
4. Market value (in TZS)
5. Does the actual product(s) tally with the list of products(s) submitted to TMDA?
 YES [] NO []
6. Other observation(s).....
7. Suggested mode of destruction
8. Name of applicant representative.....
9. Signature.....
10. Date of verification:

11. Names of Inspectors	Signature
.....
.....

ANNEX XIII: RECOMMENDED METHODS FOR DISPOSAL OF UNSERVICEABLE HEALTH COMMODITIES

Category	Disposal Method	Remarks
Solids, semi-solids and powders	Highly engineered landfill	Not more than 1% of the municipal waste shall be disposed of daily in an untreated form (non-immobilized) to the landfill
	Waste encapsulation	Antineoplastic best incinerated at high temperature
	Waste inertization	
	High-temperature incineration minimum temp of 850°C	
Untreated solids and liquids	Highly engineered landfill	
	High-temperature incineration	
	Sewer	Antineoplastic not to sewer
Ampoules	Crash ampoules and flash dilute to the sewer. Crashed ampoules are recycled	Antineoplastic not to sewer
Anti-infective medicines	Waste encapsulation	Liquid antibiotics may be diluted with water, left to stand for several weeks and discharged to a sewer
	Waste inertization	
	High-temperature incineration	
Antineoplastics	Return to the donor or manufacturer where possible	Not to landfill unless encapsulated
	Waste inertization	
	Waste encapsulation	
	High-temperature incineration or chemical decomposition	
Controlled drugs	Waste inertization	
	Waste encapsulation	
	High-temperature incineration	
Aerosols and	Waste encapsulation	Not to be burnt may explode

inhalers		
Disinfectants	Flash to sewer and recycle bottles	
PVC plastics, glass, bottles and vials	Crush bottles and flash dilute to the sewer. Crashed bottles are recycled	Not for burning in open containers
Paper, cardboard	Recycle, burn, landfill	
Equipment with and without radioactive materials.	Return to the manufacturer or refer to "The environmental management (Hazardous waste control and Management) Regulations GN 389 of 2021". Consult Tanzania Atomic Energy Commission	A clause should be inserted into the procurement contract to ensure that equipment to be decommissioned is decontaminated and removed safely by the manufacture or supplier.
e-waste	Refer to The Environmental Management (Control and Management of Electrical and Electronic Equipment Waste) Regulations GN 388 of 2021	
Chemicals	Consult Government Chemist Laboratory Authority (GCLA)	

ANNEX XIV: DISPOSAL FORM (TMDA/DMC/F/026)

	DISPOSAL FORM	<i>TMDA/DMC/F/026</i> <i>Rev #:01</i>
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(Made under Regulation 14(2))

The Tanzania Medicines and Medical Devices Authority declares to have supervised the disposal of the unfit product(s) (as per attached list) belonging to M/S.....of postal address.....

The destruction exercise was conducted at (location, site)on this date..... by the following method(s) (state clearly): -

- 1.....
- 2.....
- 3.....

The total weight of the products destroyed isKgs and market value is TZS

Name and signature of owner/representative of the organization:

.....

(Name) (Signature) Names, titles and signatures of Inspector(s), other supervisor(s) and witness of the disposal exercise: -


Name:

Title/Position:

Signature &Date:

- | | |
|--------|-------|
| 1..... | |
| 2..... | |

ANNEX XV: CERTIFICATE OF DESTRUCTION

	CERTIFICATE OF DESTRUCTION	TMDA/DMC/MCIE/CF/003 Rev #:01
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(Made under Regulation 14(3))

Ref.No.....

Date.....

I, being the person-in-charge with the administration of the law relating to the control of Products to which the Tanzania Food, Drugs and Cosmetics Act, Cap 219 apply, hereby certify the destruction of unfit Medicines being the property of M/S of Postal Addresswhich took place on..... (date).

The said consignment was destroyed by (method) at (location/site) under the witness and supervision of Inspector, Environmental Officer, Health Officer and Police as specified in the attached disposal form with S.No.....

The weight of the consignment disposed of was Kg(s) and its market value was TZS.

Name of Director General

ANNEX XVI: CHECKLIST FOR MONITORING AND EVALUATION OF DIPSOSAL PROCESS FOR UNSERVICEABLE HEALTH COMMODITIES

PHASES	SN	QUESTION	YES	NO	Responsible person	PERIOD	REMARKS
Pre-Disposal Process	1.	TOOLS					
		<i>Check availability evidence for the following filled tools/records;</i>					
	a.	Normal ledger			Store In-charge	N.A.	
	b.	Suspensory ledger			Store In charge	NA	
	c.	Loss report			Store In charge	NA	
	d.	S.F 15			Store In charge	N.A.	
	e.	Issue voucher			Store In charge	NA	
	2.	PROCESS					
		<i>Check evidence and availability of the following records;</i>					
	a.	Appointment letter for the Board of survey			Accounting Officer		
	b.	Letter to the Pay Master General seeking for disposal permit			Accounting Officer		
	c.	Introduction letter for the Board of Condemnation from Pay Master General			PayMaster General		
	d.	Disposal Permit from Pay Master General			PayMaster General		
	e.	Filled application form for disposal of unfit medicines to TMDA			Accounting Officer		
	f.	A letter from TMDA for intention to conduct verification and sorting process for unserviceable health			Accounting Officer		

		commodities					
	g.	Filled "Unfit Product Verification Form" by TMDA			TMDA		
	h.	A letter to NEMC seeking for supervision and approval for the proposed method of the disposal processes in case unserviceable health commodities are non-radioactive materials			Accounting Officer		
	i.	A letter to TAEC seeking for supervision of the disposal processes in case unserviceable health commodities are radioactive materials			Accounting Officer		
	j.	A letter to TMDA approving the acquisition of clearance letter from NEMC/TAEC for disposal arrangement			Accounting Officer		
Disposal Process		<i>Check availability evidence for the following records;</i>					
	a.	A letter for disposal dates to officers responsible for supervision and destruction of the unserviceable health commodities			Accounting Officer		

	b.	Is TMDA Disposal Form signed			TMDA		
Post Disposal	<i>Check availability evidence for the following records;</i>						
	a.	Certificate of destruction issued by TMDA			TMDA		