NATIONAL AUDIT OFFICE

FOLLOW-UP AUDIT ON THE STORAGE AND DISTRIBUTION OF DRUGS BY CENTRAL MEDICAL STORES (CMS

MARCH 2021

Contents

1.0 Introduction

In accordance with the constitution of The Republic of the Gambia, the Auditor General is mandated to carry out an audit of all government institutions in line with Section 160 (2) (a) of the 1997 constitution of the Republic of The Gambia which states that, the Auditor *General "in the exercise of his or her functions under this constitution or any other law shall at all times carry out an economic, efficient and effective examination to satisfy himself or herself that public funds are spent in such manner as to reduce waste, eliminate inefficiency and maximize the benefits to be gained from the use of resources".*

A performance audit is an audit of the economy, efficiency, and effectiveness with which the audited entity/entities uses its resources to achieve its goals. The aim of a performance audit is to promote better use of resources, improved operations, and better decision making in reaching policy objectives set by Parliament.

In light of this, a performance audit was conducted on the Storage and Distribution of Drugs in 2017 which is under the purview of the Central Medical Store/National Pharmaceutical Service. A report was submitted to the National Assembly in 2018 for discussion and published in the National Audit Office web-site. Subsequent to the submission of the report to the National Assembly, it is within the mandate of the Auditor General to follow up on previous findings, recommendations, and impact of the corrective actions taken by the audited entity.

Under this perspective, a follow-up audit was conducted on the Storage and Distribution of Drugs by CMS to assess whether CMS has adequately addressed the problems and remedied the underlying situation after a reasonable period.

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The purpose of this follow-up audit report is:

- To increase the value added by the audit process/the original report, by increasing the probability that the recommendations will be implemented and/or ensuring that the audited entity has adequately addressed the problems
- To provide feedback to the government and the parliament on the work of the audited entity on the impact of the corrective actions taken, in order to guide the future actions of government and the parliament.

In the execution of this exercise, the following procedures or methodologies were employed:

I. Engagement with the auditee (Central Medical Stores)

The Central Medical Stores was engaged to provide information on the actions taken to remedy the findings and implement the recommendation of the audit using a template provided by NAO. This was done on the 19 May 2020 and CMS submitted its response on 19 October 2020. The delay was due to the fact that the central medical store was said to be fully occupied in the fight against the COVID-19 pandemic at the time of the engagement.

II. Documentary Review

Documentary evidence substantiating the actions taken by CMS were submitted for review. The documents submitted for review are detailed in the table below.

1. Warehouse standard operating manual 2018
2. Report on LMIS training during 25 - 29 March 2019
3. Report on LMIS Data verification and servicing of equipment trek report 20 - 25 January 2020
4. Report on equipment maintenance, LMS data verification, monitoring, and supportive supervisory health facilities and regional medical stores report 20 - 24 May 2019
5. Report on joint monitoring and supportive supervision of selected hospitals, health facilities, and regional medical stores 30 .10.2018 - 03 11. 2018
6. Posting list
7. Report on training on conducted on sops, job aids, and data quality management for personnel managing health commodities at the regional medical stores, and health facilities (Farafenni general hall 20 – 24 July 2020)
8. Report on training on sops, job aids, and data quality management for personnel managing health commodities at the regional medical stores, and health facilities (Kotu, 10 -14 February 2020)

III. Interview with the auditee

Interviews were conducted with the officers of the CMS to clarify some of the remedial actions taken. Discussions were also made around the plans that are in the pipeline in relation to the recommendations of the report.

IV. Site visits and/or physical verification

Selected stakeholders of the supply chain management were visited on the ground to collect first-hand information on the implementation status claimed by CMS. Physical verifications were conducted to assess the general conditions of the stores and whether drugs are stored in line with the store manuals provided by CMS. Also, relevant documents such as monitoring checklists, warehouse manuals, etc were reviewed. The facilities visited are detailed in **Appendix A.**

V. Interview with other stakeholders of the supply chain management (Regional Medical Store and Health Facilities)

During the site visits, questionnaires were administered to gather information concerning supply chain management. The questionnaire mainly focused on the availability of supplies, human resources, capacity building, motoring from the central level, and other areas. The designations of the officers with whom the questionnaire is administered are tabled in **Appendix B.**

2.0 Performance audit report followed up.

Report on Storage and Distribution of Drugs by Central Medical Store 2018

The main results of the audit report were that:

AUDIT FINDINGS	
1. LACK OF COORDINATION AND COLLABORATION BETWEEN CMS AND OTHER KEY PLAYERS IN THE SUPPLY CHAIN	
Conclusion	**Recommendation**
There is no structured platform in place where it would have been more relevant in supporting the other key players as well as monitor the progress of the supply chain management. This has hindered performance and the realisation of the essential goal of having drugs available at the health facilities at all times	Establishment of coordination and collaboration platforms between CMS and other key players of the supply chain. CMS must ensure that written feeds back are provided to the health facilities that are visited on supervision and monitoring by the CMS and DMS The Regional Health Directorate should also provide CMS with stock management. Information to enable the relevant adjustments to be made in LMIS data.
1. NON-PHARMACY PERSONNEL MANAGING DRUGS AND DRUG STORES AT THE LEVEL OF THE HEALTH FACILITIES	
CMS in collaboration with the MoH&SW has failed to provide the health facilities with qualified and required pharmacy personnel for the management of the drugs. The training provided to the nurses handling the drugs is insufficient and infrequent to ensure that the drugs are managed accordingly. .	The MOH&SW in collaboration with CMS should consider providing continuous on-the-job training for the staff handlings drugs but should also consider recruiting more pharmacy personnel to be posted in health centres. MOH&SW through the regional health directorate should reaffirm the condition of the stores being managed by the OIC alone, whereby the OICs will be the one responsible for store and therefore becomes accountable. This will enforce accountability and minimize the risk to pilferages. In ensuring the implementation of these vital store practices, strict disciplinary measures must be attached
3. IRREGULAR SUPERVISIONS AND MONITORING AT THE LEVEL OF CMS	
It has been concluded with the evidence obtained during the audit that, CMS has failed to regularly supervise the health facilities, as seen in the findings that some health facilities have not been visited for years. The supply chain management at the level of the health facilities lacks a vigilant external eye (CMS) looking at their operations (storage and distribution).	For the functionality of the supply chain management, CMS should endeavor to be regular on the supervision of the health facilities across the country, as the exclusion of any health facility affects the services delivered to the citizens accessing that particular health facility.

4. ABSENCE OF GUIDELINES AT THE LEVEL OF THE HEALTH FACILITIES	
It was revealed that the central medical store has adopted numerous policies, guidelines, and regulations for the effective and efficient functioning of the pharmaceutical system. However, the exposure of these documents to officers handling the medical supplies is lacking greatly. The absence of manuals guiding the operations of the officers in one way or another affects the productivity of the service delivered to the citizens as far as the medical supplies are concerns	The central medical store should consider assessing the circulation system of these guidelines as it is proven to be ineffective. To increase accessibility and coverage, documents could be uploaded on the MOH&SW website; a database could also be created whereby all the medical personnel would be emailed these guidelines, hard copies could also be printed and sent to every health facility accompanied with controls to avoid officers personalizing these manuals.
5. UNACCOUNTED DRUGS AT THE HEALTH CENTRE LEVEL	
It was also revealed that in some instances the number of drugs received is not accounted in the tally cards; this increases the risk of drugs being lost through pilferage thus resulting to waste of resources and patients being affected by the unavailability of drugs.	The management of CMS should ensure that proper accountability measures are put in place to see to it that the access of pilferage is eliminated. Spot checks and other accountability tests should be conducted during unannounced visits and if discrepancies are found it must be addressed scrupulously.
6. CASES OF DRUGS MISSING FROM THE SHELVE	
The audit revealed that controls that are in place for the accountability of drugs are weak, as it was revealed through interviews that the drugs were missing from the shelves and were accounted in the tally cards as if they were consumed in the system.	The consumption data submitted by the health facilities should be verified and compared with the consumption patterns of the health facilities and if there are huge variances, investigations should be mounted to establish the causes. This will discourage the manipulation of data and drugs, diverted elsewhere. The unaccountability of drugs cannot be taken lightly, as significant amounts of monies are invested into them and more importantly the lives of citizens depend highly on these drugs.
7. DESTRUCTION OF EXPIRED AND UNUSABLE DRUGS	
The audit revealed that the destruction of drugs at CMS has not been done since 2010 and as a result, the health facilities are forced to store the expired drugs within useable drugs. This affects the drugs as well as the officers handling the drugs as they inhale chemicals that are inimical to human health. Moreover, these expired drugs may be circulated in the system and could cause serious health complications.	The Ministry should facilitate the destruction of the expired drugs at CMS combined with all the other expired drugs at the health facilities. They should consider adopting the best practice of destroying expired drugs in every two years.
8. WEAKNESS IN THE DISTRIBUTION CHANNEL AT THE LEVEL OF THE DM/RHD	

The use of the ambulance for the collection of medical supplies affects the timely deliveries of supplies to the health centres. The ambulances are used for multiple purposes and in most cases, are unable to be used to collect supplies on time; the ambulance has to be free of other primary duties (referrals and RCH) before it could be used to submit the requisition book and collect supplies on another day. If an alternative arrangement is not made to deliver medical supplies to the health facilities, supplies will always be delayed causing stock-outs as well as risk the lives of patients that are in need of urgent medical treatments.	The management of CMS, DMS, and the Ministry should consider using the pickups that are at the disposals of the RHDs to deliver supplies as the audit revealed that there are pickups in roadworthy conditions available in all the RHDs. This will facilitate that drugs get to the health centres on time and will also prevent the risk of putting the lives of patients on the line.

2.1 Summary of the Actions Taken by CMS

Central Medical Stores submitted the following as the actions taken to remedy the findings in the 2018 audit report:

2.1.1 Lack of coordination and collaboration between CMS and other key players

In other to respond to this finding, CMS submitted quarterly meeting minutes of the Public Health Procurement and Supply Chain Management Committee (PHPSCCM) and the National Quantification Committee (NQC) which were established for effective coordination and collaboration of the supply chain management. These platforms are used to discuss and resolve pertinent issues and development in relation to supply chain management. The platforms according to CMS was established in 2017 but have been more active and functional since 2019 after the issuance of the performance audit report. This has improved coordination between the players as the platforms avail frequent meetings of all structures of the supply chain management.

Also, the logistic management information system (LMIS) is fully operational as we have verified in all the health centres and regional medical stores (RMS) visited during the follow up that the health centres submit consumption data to the RMS monthly who would also collate all the data for each region and submit to CMS. As such the RMS' and CMS' is at all times able to monitor stock levels as well capture the national consumption data. Furthermore, we have verified that CMS does issue checklist to health centres during their supervisory visits which would normally contain comments and gaps to improve on. However, the issue of the RMS not formally copied with the checklist is still persistent even though the RMS confirmed that verbal feedbacks are given by CMS at the end of each visit.

2.1.2 Non-Pharmacy Personnel Managing Drugs and Drug Stores at the level of the Health Facilities

Although more than 90% of the drug stores at the health centres are still managed by non-pharmacy personnel, we have verified that CMS has conducted up to four (4)

different training concerning supply chain management between 2018 to date. According to the reports of the training about one hundred and twenty-five (125), health workers were trained for the effective management of the medical supplies as well as the drug stores.

Furthermore, during the site visit of this follow-up audit, we were informed that there have been new postings of pharmacy personnel in some of the health facilities from 2018 to date and up to 11 pharmacy personnel were confirmed to be posted from the sampled health facilities visited. This is however mostly concentrated in general hospitals and district hospitals. We had confirmed these postings at some of the facilities that formed part of our sample. This includes Essau District Hospital, Brikama District Hospital, Bansang General Hospital, Basse District Hospital, and Bwiam General Hospital.

In addition, the store management manual version of 2004 was updated and validated in 2018. The updated manual covered the management of drugs from the requisition stage all through to the dispensing of the drugs to the patients. According to CMS, this update aims to help and guide the staff with procedures to be followed while managing the drug stores

2.1.3 Absence of Guidelines at the Level of the Health Facilities

The soft copy of the updated version of the store management manual is posted on the website of the Ministry of Health and Social Welfare for general consumption more especially for those involve in the management of medical supplies. Hard copies are also circulated to the health facilities which we had confirmed at health facilities visited during the follow-up visit. The availability of these guidelines at the health facility has contributed to the improvements in the management of the drugs as we have seen that most of the directives of the manual are being employed in the stores and examples include removing expired drugs from shelves, drugs are placed on shelves and pallets, drugs stored in required temperature and so forth.

2.1.4 Unaccounted Drugs at the Health Centre Level

CMS indicated in their response regarding the actions taken to remedy this finding that they conduct spot checks during their supervisory visits to check whether the drugs consumed are accounted for as required which was confirmed during the site visits. This is done by physically checking the stock on the shelves against the stock on the tally cards. The data from the LMIS compared to the data from the HMIS is also used to monitor the consumption of drugs at the facility levels by the RMS and CMS and thus alarms are raised if the consumption is abnormal. This has strengthened the security mechanism concerning the accountability of drugs.

2.1.5 Cases of Drugs Missing from the Shelve

CMS conducts data verification exercises on selected health facilities every quarterly to verify the submissions done by health facilities. This is done by reviewing tally cards and monthly recording forms, checking selected pharmaceutical and laboratory commodities, verify LMIS monthly data as well as issue feedbacks to the facilities after the exercise. Reports of the outcome of this quarterly exercise for 2018 and 2019 were

submitted to the audit team for verification and a confirmation from the health facilities as to whether these activities are conducted was done during the site visits. Also, spot checks are conducted by CMS to compare the physical stock against the tally card balance to ascertain whether the medical supplies consumed are accounted for in the tally cards. This mechanism has increased vigilance on the supplies of medical items.

2.1.6 Destruction of Expired and Unusable Drugs

According to CMS, the Ministry through funding from World Bank acquired a waste management plant. This waste plant is however yet to be functional and the expired drugs at the CMS are still in the stores. We have verified at the level of hospitals that approvals are sorted for the destructions of expired medical items at that level and Farafenni General Hospital has in 2019 conducted a drug destruction exercise by burning. We did not also come across huge quantities of expired drugs in the health centres compare to the first audit exercise as the health centres have confirmed that all the expired drugs are sent to the RMS for them to be forwarded to CMS for destruction. In addition, the supply chain management also adopted a transfer of near-expiry drugs policy, where facilities are required to transfer near expiry drugs to other health facilities if they are unable to consume the available stock before the expiry date. This has helped in minimising drugs being expired on the shelves and thus limited quantities of expired drugs in the system.

3.0 Findings

The following were the main findings of the follow-up audit

3.1 Irregular Supervisory and Monitoring Visit by CMS

As stated in the National drugs policy, section 2.5.2 *the National Pharmaceutical Services to carry out regular checks on the quality of stored drugs in the public and private sectors at all levels to ensure that they have not deteriorated under the storage conditions prevailing at each location.*

During the site visit and documentary review, it was noted that CMS does conduct supervisory monitoring visits to assess the drug stores and conditions of which drugs are stored and managed as well as provide technical support in relation to the supply chain management on selected health facilities quarterly. However, these monitoring visits are mainly concentrated on General Hospital, District Hospitals, and some Major Health Centres. Minor health centres which are the first points of contact for many citizens especially in the provinces are not visited regularly. This situation is peculiar to the hard-to-reach facilities, in terms of the poor road network and distance in getting to the facilities. A case in point is Koina health centre. According to the OIC, he had served in that health centre since 2018 but had not once received CMS for supervisory visits. Similarly, Sintet health centre indicated that CMS last visited for supervision in 2015, Kiang Karantaba health centre in 2019, and Brufut health centre hasn't also received CMS in two years. As per the sample of health facilities visited during this exercise, twelve out of twenty-five health facilities which represent 48% indicated that CMS visits quarterly for supervision, 12% indicated bi-annually, 20% indicated annually

and 16% indicated that they do not know when last CMS visited for supervision as it wasn't done during their time in those health facilities.

We have however confirmed that the RMSs do visit the facilities quarterly and in some instances bi-annually. These visits compliment that of the CMS especially were CMS could not make it regularly.

According to the response provided by CMS regarding the actions taken in resolving this finding from the initial audit, "*CMS has restructured monitoring and supervision of treks; a proposal must be submitted to align with previous trekking to make sure there is no overlap. Visits to each health centres are scheduled for at least twice a year".* This, however, does not concur with the evidence we have gathered from the site visits.

In this regard, the measures highlighted are not sufficiently implemented as the issue of not regularly visiting some of the health centres remains a challenge of the supply chain management. It is significant to reiterate that whiles it is important to prioritise supervisory visits to the high consumers as highlighted by CMS, it is also critical to ensure that other health facilities especially those in the hard-to-reached areas are visited regularly as this does not only ensure that drugs/medical supplies and the stores are maintained accordingly but also creates the room for technical support to be rendered, as well as increase the morale of the staff on the ground. We ought to remember that the health centres are the first point of contact for most of the citizens, especially in the provinces thus it is critical that they are monitored, coached, and supported adequately.

3.2 Nonpharmacy Personnel Handling Drug Stores in Health Centres

According to the warehouse standard operating procedures 2018, *good warehousing and inventory management practice are important, but its success depends on well-trained, organized, and supervised staff.*

It was noted during the site visits that 56% of the drug stores of health facilities visited are being managed by nonpharmacy personnel. The drug stores in the health facilities particularly in the minor health centres are managed by the officer in charge or other officers on the ground who may be trained on basic supply chain management but are not pharmacy personnel. We have submissions from CMS that there have been new postings of the pharmacy personnel to general hospitals and district hospitals which we have confirmed have improved the management of medical supplies at that level. Conversely, as a result of the health centres being managed by the OICs or any senior officer on the ground, management of drugs and drug stores were not done accordingly.

According to the OICs, the management of the drug stores added on to their primary responsibility of attending patients makes it difficult for the drugs and drug stores to be managed accordingly. Although CMS has responded that actions are taken to remedy this situation as the Ministry of Health through PMO and PSC has employed 55 pharmacy assistants, 12 pharmacy technicians, and 3 pharmacists, this is however yet to reflect or filter down to the health centres particularly minor health centres.

The management of the drug stores by nonpharmacy personnel even though most of them are trained on basic supply chain management is usually ineffective. Inventory management systems are breeched as tally cards are not updated which do not only affect the accountability of the drugs but could also affect the management of stock levels. It is worth noting that if the responsibility of managing the drugs is placed in the hands of OICs or other officers it becomes secondary to responsibilities which is to attend to the patients and this, therefore, affects the attention required for the management of the medical items and the drug stores.

In light of this, the measures recommended are insufficiently implemented. Although CMS highlighted that the newly appointed pharmacy personnel are currently undergoing training and will be posted to various health facilities as soon as the training is completed. We would, however, reiterate the need for The Ministry to prioritise resolving the issue of human resources in the health sector particularly in relation to supply chain management.

3.3 Using of Ambulance for the collection of medical supplies by health centres

The SOP page 9, dealing with the overview of responsibilities by each level states that:

"The RMS should deliver health commodities to the Health Facilities"

As indicated, the regional medical store is responsible for the storage and distribution of medical items in each health region. They are mandated to store the medical items from CMS for onwards distribution to the health centres. As at the time of the follow-up site visit, the status quo remained the same; all health centres are required to use their ambulance to collect medical supplies from RMS. This system of collecting supplies isn't the most ideal, as the ambulances are designated for referrals. According to the OICs at the health centres visited, supplies are scheduled to be picked when there are referrals and, in the case, where there are no referrals and supplies are urgently needed the ambulances are purposely deployed to collect supplies and during the time that the ambulance is away to collect supplies the health centres are dependent on nearby health centres to bail them out in the case of emergencies.

This puts the lives of patients at risk especially when there are emergencies requiring evacuations. Considering the fact that some health centres are located in remote areas with poor road networks to the RMS where supplies are collected and others requiring ferry crossing to get to the RMS, the supply chain management is negatively affected, and most importantly the service delivery to the patients requiring higher-level attention is delayed. For example, the distance from Kiang Karantaba health centre to Mansakonko (RMS LRR) is 84KM and about 1hr 20mins drive and similarly, the distance from Kaur health centre to Basang (RMS CRR) is 96Km plus a ferry crossing approximately 2hrs drive; in these situations, the consequences may be severe when the ambulances are away for supplies and there happen to be cases requiring the immediate referrals even if the backup is available from nearby health centres it may take some time for the backup to arrive.

According to CMS, a new initiative called the Last Mile is established and under this initiative, they are hoping to have additional vehicles to increase the distribution fleet size and a proposal has been sent to donors for possible funding. The Ministry is reminded that attention needs to be given to this problem as it does not only affect the timely delivery of supplies but also puts the lives of the patients at risk.

On that note, the recommended measures are not implemented and this continues to affect the supply chain management of drugs.

3.4 Destruction of expired drugs at the level of CMS

Best practice requires that drug destruction exercises are conducted after a reasonable time has appropriately elapsed.

The piling up of expired drugs in health facilities due to the stagnant in the returning structure of the supply chain management mainly as a result of the unavailable space at CMS to house expired drugs as highlighted in the 2018 report has been partly resolved. We did not find the large quantities of expired drugs that was came across during the main audit and according to the OICs during the interviews of the follow-up audit, all the expired drugs were collected by the RMS for onwards return to CMS, and the response we had from the general hospitals was that they have the autonomy to conduct destructions at their level pending approval from the Ministry of Health. However, the expired drugs at the level of CMS are still in their warehouses awaiting destruction. The narrative remains the same, that the last time CMS conduct a drug destruction exercise was about nine years ago.

According to CMS, request has been made for funds for the destruction of the expired medicines and follow up continued. CMS also highlighted that the Ministry through funding from World Bank acquired a waste management plant that will strengthen MoH's management processes.

The measures recommended are partly implemented as large quantities of expired drugs were no longer located in the stores of the health centres and RMSs but the non-destruction of expired drugs at the level of CMS remains a challenge within the supply chain management. CMS in collaboration with the Ministry should endeavour to operationalize the waste management plant acquired from the World Bank as quickly as possible. It is of significance to remind CMS and the Ministry that a jam in one structure of the supply chain affects the rest of the structures thus if these expired drugs are not destroyed CMS will run out of space again thus causing expired drugs to be kept within the useable drugs at the level of the health centres.

3.5 Acute Shortages of Drugs in Health Centres

During the site visits and interviews, it was noted that there are acute shortages of drugs in the supply chain system particularly in 2020. This was highlighted and emphasized on by all the health facilities visited during this exercise. This situation is more prominent at the level of the health centres even though some of the health centres are part of the resource-based financing (RBF) project they are still unable to cater for all the unavailable drugs from the funds gathered from the RBF project.

According to the health centres visited, the requested supplies which are informed by their average monthly consumptions are not supplied as requested because the regional medical stores supply based on the available supplies at that level which is unable to cater for the required quantities for all the health centres. We confirmed at the level of the RMSs that most of the times they are unable to supply the exact quantities of drugs requested by the health centres and this is due to the fact that the supplies received from the central level is insufficient and would need to be rationalised to ensure all the facilities receive a limited quantity.

In addition, health facilities raised concerns regarding the bi-monthly supply system that is in place at the level of the RMS to the health centres. According to them, this system ineffective as the supplies received for the bi-monthly supplies is barely up to what is requested and would usually be exhausted quickly leading to numerous supplementary requests and during that period of request, there are acute shortages of drugs in the health centres.

Due to the fact that the health centres are not supplied based on their average monthly consumption, supplies are quickly exhausted leading to acute shortages of drugs at the health centres. CMS in collaboration with the RMSs should consider reviewing and changing the bi-monthly supply system. This was raised during the main audit 2018 and the status quo remain the same. Thus, the recommended measures are not implemented and health centres continue to suffer from acute shortages of drugs.

3.6 Circulation of store management manuals

CMS, being the coordinator of the supply chain management, is also responsible for developing and availing guidelines, policies, and regulations regarding drug storage & distribution to the rest of the key players.

As indicated above, CMS has updated the warehouse standard operating manual in 2018 and we have confirmed was posted on the website of the Ministry as one of the recommendations in our 2018 report. However, the circulation of hard copies to respective health facilities remains a challenge. During the site visit of the follow-up audit, 11 out of the 25 health facilities visited which represent 44% were without these manuals. Even though some of the OICs confirmed they were trained on the manual, other OICs were not even aware of the existence of such manuals.

According to CMS, they have completed 80% coverage of circulation of the manuals to the health facilities. It is critical that this manual and any other procedure manual is made available at all levels of the supply chain management. Whiles availing these manuals to health facilities is of utmost importance to the management of medical supplies, one cannot overemphasize the need for officers handling the medical supplies to be trained on the manuals and be accustomed to them. Mechanisms should also be put in place to enforce the implementation of the manual as well as deter officers from personalising the supplied hard copies.

In this regard, the recommended measures are not fully implemented and the CMS is hereby reminded to ensure that full coverage of the circulation of the manuals is achieved.

4.0 Conclusion of the follow-up Audit

The conclusion is that the supply chain management has improved and CMS has taken reasonable actions to address some of the findings of the report as highlighted above. However, there remain underlying challenges affecting the efficient and effective functioning of supply the chain management of medical supplies.

The main challenge that was unanimously highlighted by all health facilities visited is the inadequate supply of medical items/drugs especially in the year 2020. We are aware that health is expensive more particularly medical supplies and with the free health policy in The Gambia, it may be practically impossible for all of the essential drugs to be available in their required quantities but it is however not reasonable for the supply chain management to suffer from acute shortages of drugs most of the times as highlighted by the facilities visited. The Ministry should ensure through CMS that the drug quantification exercise which details the expected consumption for the nation for the subsequent year is reasonably followed.

WHO recommends for all developing countries to allocate $5 to $6 per capital expenditure for medical supplies/pharmaceuticals which The Gambia is still yet to achieve. The Gambia is at $0.97 as of the year 2020. Furthermore, as a result of the complexity and sensitivity of the supply chain management, all hands must be on deck for its effective functioning thus CMS must ensure at all times that all the players of the system function accordingly.

The National Audit Office will in an appropriate time after a reasonable time has elapsed follow up on the implementation status of the measures recommended for the improvement of the supply chain management.

5.0 Summary/Matrix of reports followed up

Performance audit report on…	Findings and recommendations in the audit report have been appropriately addressed			Planned future action
	Fully	Partly	Not at all	
1. Storage and Distribution of Drugs by CMS (2018)		[X]		To conduct another follow-up audit after a reasonable period has elapsed

Appendices

Appendix A: Showing Regional Medical Stores and Health facility visited
North Bank West Region
Regional Health Directorate (Essau)
Essau Health Centre
Alberade Health Centre
Kerewam Health Centre
North Bank East Region
Regional Health Directorate Farafenni
Farafenni General Hospital
Salikini Health Centre
Central River Region
Regional Health Directorate (Bansang)
Kaur Health Centre
Kuntaur Health Centre
Sami Karantaba Health Centre
Janjangbureh Health Centre,
Bansang Hospital
Upper River Region
Regional Health Directorate (Basse)
Baja kunda Health Centre
Koina Health Centre
Yorobawol Health Centre
Demba Kunda kotoHealth Centre
Basse Major Health Centre
Lower River Region
Regional Health Directorate (Mansakonko)
Kwinella Health Centre
Soma District Hospital
Kiang Karantaba Health Centre
Kaiaf Health Centre
West Coast Health Region II
Regional Health Directorate (Brikama)
Sintate Health Centre
Bwiam Hospital
Brikama District Hospital
Gunjur Health Centre
Sanyang Major Health Centre
West Coast Health Region I
Brufut Health Centre

Appendix B: Showing list of officers interviewed

Description of Directorates/Facilities	Number of Staff	Designation
Central/Regional Level		
CMS	1	Director and Support Staffs
	2	Support Staff
RMS Western Region II	1	Director
	1	Store Manager
RMS North Bank East Region	1	Regional pharmacy technician
RMS North Bank West Region	1	Director
	2	Store Manager and Administrator
RMS Central River Region	3	Pharmacy Technician, Regional Data Entry Clerk, Regional Public Health Officer
RMS Lower River Region	2	Deputy Director, Store Manager
RMS Upper River Region	1	Director (Virtual Interview)
Health Facility Level		
Essau Health Centre	1	Administrator
Alberade Health Centre	1	Officer in charge
Kerewan Health Centre	1	Officer in charge
	1	Store manager and Nurse
Farafenni General Hospital	2	Pharmacy technician and CEO
Salikini Health Centre	1	Officer in charge
Kaur Health Centre	1	Officer in charge
	1	Deputy Officer in charge
Kuntaur Health Centre	1	Officer in charge
Sami Karantaba Health Centre	1	Officer in charge
Janjangbureh Health Centre,	1	Officer in charge
Bansang Hospital	1	Deputy Officer in charge
	3	Pharmacy technician, Public relation officer, Procurement officer
Baja kunda Health Centre	1	Officer in charge
Koina Health Centre	1	Officer in charge
Yorobawol Health Centre	1	Officer in charge
Demba Kunda kotoHealth Centre	1	Officer in charge
Basse Major Health Centre	1	Deputy officer in charge

	2	Dispensing assistant, Regional public health officer
Kwinella Health Centre	1	Officer in change
	1	Data entry clerk
Soma District Hospital	1	Dispensing officer
Kiang Karantaba Health Centre	1	Officer in charge
	1	Previous officer in change
Kaiaf Health Centre	1	Officer in charge (Virtual)
	1	Nurse
Sintate Health Centre	1	Officer in charge
Bwiam Hospital	1	Pharmacy technician
Brikama District Hospital	1	Pharmacy assistant
Gunjur Health Centre	1	Officer in charge
Sanyang Major Health Centre	1	Officer in charge (Virual)
	2	Deputy officer in charge,
Brufut Health Centre	1	Officer in charge

Appendix C: Showing Health Budgets and Allocated Budget for Medical Products[1]

Financial Year	Budget Medical Products	Health Budget	%	Population	Per capita (GMD)	Per capita USD
2018	122,087,500.00	1,489,934,743.00	8	2,152,981.78	57	1.16
2019	134,825,000.00	1,164,068,000.00	12	2,273,665.00	59	1.17
2020	118,663,000.00	1,516,933,000.00	8	2,354,433.00	50	0.97

[1] Provided by CMS