



USAID
FROM THE AMERICAN PEOPLE

SIAPS
Systems for Improved Access
to Pharmaceuticals and Services

*Building Local Capacity
(BLC)*



P.O. Box 90027, Klein Windhoek, Tel: 061- 228016

ISSUE 30

IN THIS ISSUE

- ▶ Partnering to Strengthen MoHSS Capacity for Planning, Deployment, Training and Retention of the Public Health Supply Chain Workforce
- ▶ Enhancing Institutional Capacity for Sustainable Training of Competent Pharmacy Assistants in Namibia
- ▶ CAFO Completes Assessment of Care and Educational Standard in 131 ECD Centers
- ▶ Expanding Local Capacity for Improved Medicines Registration in Namibia
- ▶ Prescribers' Compliance with Namibia STGs – Findings, Recommendations and Actions from a Post Implementation Assessment
- ▶ Enhancing Knowledge and Skills of Healthcare Workers on Infection Prevention and Control Guideline in Namibia.
- ▶ Improved Pharmaceutical Inventory Management Practices in Selected Health Facilities Through On-job Training and Structured Mentoring

UPCOMING ACTIVITIES (JULY - AUGUST 2014)

- Support NHTC to establish QMS and Competency Framework for pharmacy assistants
- Support UNAM's School of Pharmacy in developing Rational Medicine Use, Pharmacovigilance and Pharmacoeconomics modules for pre-service teaching of pharmacists
- Technical assistance to the Ministry of Health and Social Services' National AIDS Control Program in developing a strategy for pediatric ART adherence activities
- Organizational capacity assessments of five civil society organization recipients of both Global Fund and PEPFAR funding
- Support CAFO to conduct Regional support visits
- Support supply chain performance improvement program at Central Medical Stores (CMS)
- Training health workers on medical waste management
- Training of Trainers on Namibia's Phlebotomy Guideline

Partnering to Strengthen MoHSS Capacity for Planning, Deployment, Training and Retention of the Public Health Supply Chain Workforce



From left: Mr Peter Adendorff, Imperial Health Sciences (IHS) consultant who facilitated the Leadership and Management training sessions, with the Deputy Director, Division of Pharmaceutical Services, Mr Lazarus Indongo, Procurement Pharmacist at CMS, Ms Seija Nakambela and the Acting Chief Pharmacist at CMS, Mr Tonata Ngulu (right) during an interactive session with the Namibia team at Imperial Health Sciences offices in April, 2014. Photo credit: Abre van Buuren of IHS.

The USAID-funded Supply Chain Management System project (SCMS) is implementing a supply chain performance improvement (SCPI) program at central medical store (CMS) in Namibia.

CMS, a government entity, oversees the procurement, storage and distribution of all pharmaceuticals and clinical supplies for use in 350 public health facilities in Namibia, 52 of which are antiretroviral therapy (ART) main sites for over 100,000 patients living with HIV and AIDS.

The SCPI program kicked off in April 2014 with a one-week executive management course for three senior CMS managers at the Imperial Health Sciences (IHS) supply chain academy in Pretoria, South Africa. The course introduced the managers to key leadership and management principles in order to prepare them to steer the implementation of the SCPI program.

The in-country phase of the program commenced in June 2014 with an internal audit carried out by CMS warehouse managers, with support from SCMS using a self-inspection checklist. The self-inspection revealed some significant gaps in quality management system documentation including absence of key policies and standard operating procedures such as those for control of access to the warehouse, housekeeping, personnel health and safety

and staff induction and training. SCMS is currently providing technical assistance to CMS to address these shortcomings before commencement of the hands-on training phase of the SCPI program later in August 2014.

SCPI is an innovative client-centric approach to capacity building designed by SCMS specialists with in-depth field experience in pharmaceutical warehousing and distribution. It focuses on the enhancement of public health supply chains based on ISO-accredited best practices. The program is flexible and allows the management team in-country to identify the priority areas for systems strengthening activities including focus areas for staff training.

The SCPI is part of package of interventions designed in collaboration with the People-that-Deliver (PtD) initiative and CapacityPlus to strengthen the Ministry of Health and Social Services (MoHSS) capacity for planning, deployment, training and retention of the public health supply chain workforce. The interventions began with a mapping of the tasks and competencies of the public health supply chain workforce in Namibia guided by the recently published PtD competency compendium. This activity resulted in the development of a competency framework that identifies the domains, competencies and behaviours required by pharmacists, pharmacists' assistants and

The Ministry of Health and Social Services (MoHSS) National Health Training Center (NHTC) supported by the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project graduated twenty one pharmacy assistants (PAs) on May 30, 2014.

The Minister of Health and Social Services, Dr. Richard Kamwi, presided over the graduation ceremony at the Safari Court hotel in Windhoek. The Minister stressed the need to increase the training of health care workers in the country and this has also been reflected in the MoHSS Road Map of 2014.

The graduates contribute to alleviating the challenge of limited skilled manpower needed to provide pharmaceutical services in Namibia, which faces a dual burden of HIV and AIDS and tuberculosis. An assessment that was carried out in March 2014 revealed that 91% of PA posts in Namibia's public hospitals were filled compared to 86% in 2013. With SIAPS support, NHTC increased its training

capacity for Pharmacists' Assistants from an average of 7 per year in 2007 to 32 enrolled in 2014.

The Hon. Minister commended USAID and SIAPS for the continued technical assistance (TA) to NHTC that which has resulted in dramatic improvements in training of PAs. SIAPS is currently providing TA to NHTC for the re-accreditation of the PA training program by the Namibia Qualifications Authority (NQA).

The project facilitated joint stakeholder consultations in preparation for a workshop to establish a Quality Management System (QMS) for the PA course based on the NQA quality assurance criteria as part of meeting requirements for re-accreditation.

NHTC has consistently trained PAs using its limited resources and supplemented by part-time tutors. SIAPS will continue enhancing capacity of NHTC to train more PAs and ensure quality of training through the QMS to be established by September 2014.



Newly graduated PAs pose for a photo with Namibia's First Lady, Madam Penebupifo Pohamba, the Hon. Minister of Health and Social Services, Dr. Richard Kamwi (seated third from right), SIAPS Acting Country Director, Mr Evans Sagna (seated second from right) and NHTC tutors. May 30, 2013. Photo: courtesy of NHTC

Contributed by: Harriet Rachel Kagoya (Senior M&E Advisor, SIAPS), Greatjoy Mazibuko (Senior Technical Advisor, SIAPS) and Evans Sagwa (Acting Country Project Director, SIAPS/SCMS)

Partnering to Strengthen MoHSS Capacity

Continued from page 1...

administrative officers/clerks who have supply chain roles and responsibilities at the national level and within central and regional medical stores in Namibia.

Based on the competency framework, CapacityPlus in collaboration with SCMS conducted a one-day workshop with CMS management to develop activity standards for each cadre of CMS staff. SCMS also provided CMS with technical support to analyse workload data summarised from transaction records such as number of purchase orders, deliveries, customer main orders and emergency orders. These workload data along with the activity standards will be used to determine the workload pressure and staffing requirements for CMS using the WHO workload indicators of staffing need (WISN) methodology.

Contributed by: Benjamin Onger (Senior Technical Manager, SCMS)

With technical assistance from the USAID funded Building Local Capacity (BLC) project, CAFO conducted assessments of ECD Centers to determine their standard of service provision and the specific needs of each center.

The assessments were conducted using government standards developed by the Ministry of Gender Equality and Child Welfare. Assessments were done in 10 of Namibia's 14 regions where CAFO operates to establish whether the centers meet the set standards of education and care for orphans and vulnerable children (OVC). CAFO selected centers that are in areas where the community is in need of support and where there are more vulnerable children and as such the centers assessed are not representative of all ECD centers in Namibia. The findings from the assessments are being used to select centers that CAFO will support. The support includes training for center caregivers, provision of educational materials and food to the CAFO targeted 6000 beneficiaries affected by HIV/AIDS.

The centers were assessed on:

- Premises and Equipment
- Health and Safety
- Management, Staff and Training
- Active Learning

While the need in urban areas, especially in informal settlements is as daunting as the need in rural areas the findings of the assessments were;

Poor infrastructure with 40% of the 131 centers operating in buildings lacking ablution facilities, safe drinking water or a fence to keep the children safe. Despite CAFO's training supports to these centers, educational material and child-suitable furniture, infrastructure will be a stumbling block to the registration of the centers for government legally recognized operations.

Sixty-one percent of the assessed centers had poor or no bookkeeping system for children and staff records and operated by staff with no training (75% of interviewed staff) in child development or in the running of ECD centers.

Continued on page 3 →



Mr. Johannes Gaeseb, NMRC Registrar (back row left) with participants of the pharmaceutical dossier evaluation and good regulatory practice workshop in Windhoek. May 12–16, 2014. Photo by MSH staff.

The USAID-funded Systems for Improved Access for Pharmaceuticals and Services (SIAPS) project supported the Namibia Medicine Regulatory Council (NMRC) of the Ministry of Health and Social Services (MoHSS) by equipping forty two in-country pharmaceutical personnel with knowledge and skills to evaluate applications for registration of generic medicines, understand Good Manufacturing Practices (GMP), Good Distribution Practices (GDP) and quality control of medicines.

The five-day intensive training took place in May 12-16, 2014 in Windhoek. Participants included pharmacists from government health institutions, University of Namibia-School of Pharmacy and the private sector.

The training followed a recent review of NMRC operations that highlighted the shortage of skilled human resources as the major hindrance to the timely evaluation and registration of medicines in the country, causing the increasing backlog of unevaluated medicines applications. The backlog, which included antiretroviral (ARV) and other essential medicines, was estimated to increase at a rate of over 100 dossiers per year. The participants were trained on using the globally acceptable

Common Technical Document (CTD) format, and highlighted the crucial parts/sections of applications, information that has to be availed and extent of detail. During the training, participants had hands-on practical sessions to review generic medicine dossiers. Participants were appreciative and one delightedly said, *“the workshop has been very good, informative and the knowledge gained will be very useful in my work”*.

The workshop increased the pool of trained personnel available to evaluate medicines applications for registration of quality, safe and efficacious ARVs, anti-tuberculosis and other essential medicines in the country.

NMRC will leverage on the available pool of skilled personnel to effectively execute its mandates including pre- and post-marketing surveillance activities. The trained personnel shall be engaged in upcoming medicine dossier evaluation sessions to further enhance their skills in medicines dossier evaluation and also assist NMRC to evaluate the pending medicines registration application dossiers.

Participants from the Quality Surveillance laboratory and health regions will be involved in an upcoming medicines quality monitoring exercise for Namibia.

CAFO Assessment

Continued from page 2...

The lack of training was evident in the way centers were managed and in the lack of program structure.

Fifty-eight percent of the centers lacked child-suitable learning materials, furniture and educational toys.

In 53% of the assessed centers child nutrition was not regulated as children at most centers bring their own packed lunch whose nutritional value the center staffs have no control over, and centers are unable to supplement such food with nutritious diets.

Opportunities identified for improving OVC care included existence of parent committees in 60 percent of the centers, parents volunteering at 63 centers if they are unable to pay their children's fees, and 71 centers discussing the importance of their role in ECD with the parents.

CAFO will work with BLC to further process the assessment data, select the centers that CAFO will support and sign agreements with them.

Contributed Rachel Basirika (BLC Country Lead) and Alex Sikume (Capacity Building Advisor - BLC)

Prescribers' Compliance with Namibia STGs – Findings, Recommendations and Actions from a Post-Implementation Assessment

The Ministry of Health and Social Services (MoHSS), in partnership with the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, finalized a report of an assessment of compliance with Namibia Standard Treatment Guidelines (STGs) and developed actions from the recommendations.

Data for eleven disease conditions was collected in September and October 2013 by trained regional pharmacists and pharmacy assistants in thirteen health facilities (six hospitals, four health centres, and three clinics) in six of the 14 regions of Namibia.

MoHSS launched and disseminated the first comprehensive Namibia STGs to public health facilities in the country in 2011. The assessment determined the extent of prescribers' compliance with the STGs, compared prescribing practices before and after the roll out of the STGs, explored factors associated with compliance and examined activities that were implemented in health facilities and regions to promote compliance with the STGs. *A complete report is available with SIAPS/Namibia.*

A retrospective review of 1090 outpatient prescriptions covering a one-year period

No.	Disease condition	Number of prescriptions reviewed	Percentage (%) compliance with the STGs	
			strict criteria	loose criteria
1.	HIV and AIDS	95	63.5	75.8
2.	Urethral discharge	108	55.6	86.1
3.	Diabetes mellitus type 2	108	40.3	74.1
4.	Intestinal helminthiasis	29	30.6	62.1
5.	Oral candidiasis	63	27.9	54.0
6.	Vaginal discharge	115	26.8	83.0
7.	Asthma	105	22.3	60.0
8.	Community-acquired pneumonia	104	15.9	42.3
9.	Hypertension	125	14.4	46.4
10.	Common cold	120	5.7	33.3
11.	Diarrhea without blood	118	0	13.6
OVERALL (post- implementation)		1090	26.2	55.1
OVERALL (pre- implementation)		686	59.2	78.6

Compliance of prescriptions to Namibia's STGs. Compliance varied across regions and disease conditions, and was generally lower than that at pre-STG implementation.

from August 1, 2012 to July 31, 2013 was done, and interviews conducted with 37 prescribers and 23 key informants from national, regional and district management levels. Compliance of prescriptions with the STGs was assessed using strict and loose criteria.

The strict criteria required prescriptions to fully comply with the stipulations of the STGs, while the loose criteria allowed for some deviations in the dose and duration of treatment, non-use of generic names, and use of additional medicines, such as analgesics and multivitamins. Deviations from the STGs in the 2013 assessment included: high level of prescription of antibiotics (43.9%);

inappropriate dose and frequency of administration (19.4%); non-use of generic names (19%); use of medicines that had no role in the treatment of the condition (16%); and incorrect duration of treatment (14.2%). SIAPS discussed the results and recommendations of the assessment with the management of MoHSS. This led to actions that included, among others, increasing access to and availability of the STGs through a revolving fund with the Health Professions Council of Namibia, strengthening Therapeutics Committees to supervise prescribers and conduct regular facility-level medicine use evaluations.

Contributed by Greatjoy N. Mazibuko (Senior Technical Advisor, SIAPS) and Harriet R. Kagoya (Senior M&E Advisor, SIAPS)

Enhancing Knowledge and Skills of Healthcare Workers on Infection Prevention and Control Guideline in Namibia

Namibia's Ministry of Health and Social Services (MoHSS), in collaboration with the USAID funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, conducted a Training of Trainers (TOT) workshop on the revised national Infection Prevention and Control (IPC) guideline.

A total of 40 (13 male and 27 female) participants mainly nurses and environmental health practitioners from all the 14 regions of Namibia participated in two rounds of training held from June 2 to 13, 2014 in Ongwenda, Namibia.

The training of health care workers in the application of the IPC tools was part of a process of strengthening infection prevention and control in health care facilities in Namibia. The training follows the recently completed development and review of the national IPC guideline and manuals. During the training, facilitators introduced participants to:



A participant presents outcome of group discussion during the Infection Prevention and Control Training of Trainers at Ongwenda, Namibia in June 2014. Photo by MSH/Namibia staff.

- Basic principles of adult education and development of lesson plans
- Principles of IPC and technical training on application of the revised guideline

The trainees demonstrated enhanced knowledge and skill for dissemination of the revised guideline as observed in their role plays, presentation of the group and the results of pre- and post-tests

conducted during the training. By the end of the training, participants from all 14 regions developed post-training implementation plans incorporating all material, financial and technical requirements needed to organize and roll out the training to health professionals in their respective regions.

Contributed by Alemayehu L. Wolde (Senior Technical Advisor, SCMS)

Improved Pharmaceutical Inventory Management Practices in Selected Health Facilities Through On-job Training and Structured Mentoring

The USAID-funded Supply Chain Management System project (SCMS) in collaboration with two Multi Regional Medical Depots (MRMDs) in Rundu and Oshakati, finalized a technical report of a follow up assessment of progress made by primary health care (PHC) facilities towards improving medicines inventory management practices.

The assessment, whose data was collected from 36 facilities (19 intervention and 17 controls) in October and November 2013, was conducted after a year of structured mentoring and on-the-job training (OJT). The two MRMDs serve up to 124 of Namibia's 350 public health facilities in five of 14 regions where approximately 40-50% of Namibia's population lives.

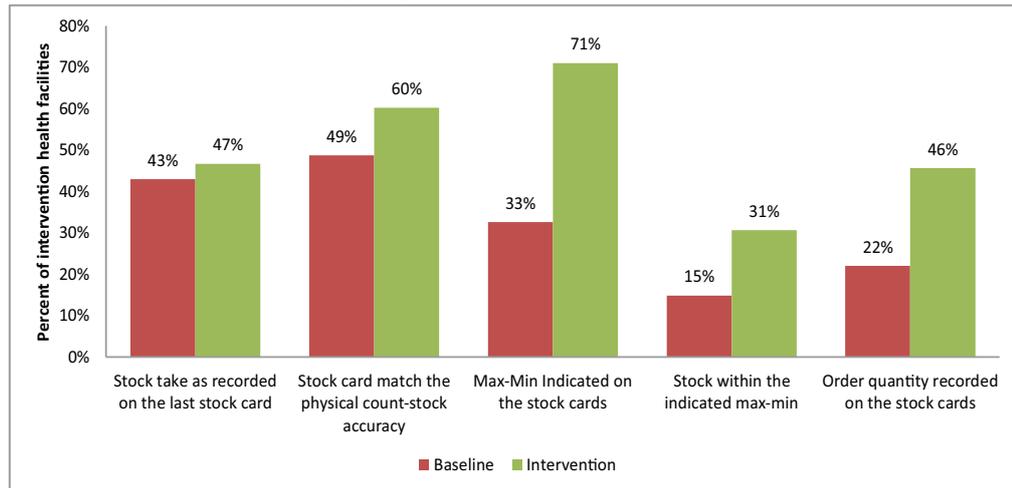
The report shows a marked improvement on several inventory control and storage practice parameters in the intervention sites - stock accuracy; indicating minimum-maximum on stock card; facilities basing their ordering on stock levels; and reduction in interim (emergency) orders. Other pharmaceutical storage practices not indicated in the graph also equally improved.

In collaboration with Global Fund, SCMS is currently using the findings of the assessment to support the Ministry of Health and Social Services (MoHSS) to design a training program for scaling up the inventory management approach countrywide. The training, scheduled for August 2014, follows an SCMS-supported MoHSS-led baseline assessment of 65 target PHC facilities.

Good pharmaceutical inventory management contributes to continued availability of the much needed antiretrovirals and anti-tuberculosis (TB) medicines especially for Namibia's dual HIV and AIDS and TB burden. A similar but qualitative assessment was conducted by the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) in collaboration with Harvard School of public health in April 2014 in three African countries - Namibia, Cameroon and Swaziland.

The qualitative assessment focused on facility level practices and behaviors that impact on the supply chain of ARVs in low and middle income countries.

Contact SCMS office in Namibia for full report)



Inventory control indicators at PHC facility level assessed pre- and post- intervention. The intervention facilities improved at evaluation stage when measured on the same key inventory control indicators.

Namibia's findings for the eight facilities assessed showed the following eight behaviors affecting health facility supply chain performance.

- Calculation of maximum - minimum stock levels
- Use of national guidelines or training material for reference
- Verification of pharmaceutical orders before submission
- Taking action when stocks are received
- Late ordering of pharmaceuticals
- Making emergency orders for pharmaceutical supplies
- Communication between health facilities and higher level supply chain management
- Communication with affiliated facilities

Box: Health facility level practices and behaviors that impact on the performance of the supply chain of ARVs in Namibia. Findings from a qualitative assessment conducted in April 2014. These behaviors and practices are similar to the performance indicators used in the pharmaceutical inventory improvement program by SCMS.

Both the qualitative evaluation report and the qualitative assessment recommended that supply chain management improvement requires multi-faceted intervention and should focus on all levels of the supply chain, mainly targeting facility level as a critical mass.

Contributed by: Harriet Kagoya (Senior Monitoring and Evaluation Advisor, SIAPS) and Alemayehu L.Wolde (Senior Technical Advisor, SCMS)

ABOUT THE NEWSLETTER

The SIAPS/SCMS/BLC Namibia e-Newsletter is a bi-monthly newsletter that keeps you abreast of activities funded by the USAID and implemented by MSH Namibia.

Key focus areas are HIV and AIDS Management:

- Strengthening Health Systems
- Capacity Building
- Human Resource Development

Editorial Team:

- Mr. Lazarus Indongo (MoHSS)
- Mr. Evans Sagwa (MSH)
- Mr. Benjamin Ongeru (MSH)
- Ms. Harriet Rachel Kagoya (MSH)

Your contribution to this valuable communication medium would be highly appreciated and can be e-mailed to esagwa@msh.org

DISCLAIMER:

This newsletter was made possible through support provided to Management Sciences for Health (MSH) by the U.S. Agency for International Development, under the terms of cooperative agreement number AID-OAA-A-11-0002, and contract numbers GPO-A00-05-00024-00 and GPO-I-00-05-00032-00. The opinions expressed herein are those of the author (s) and do not necessarily reflect the views of the U.S. Agency for International Development.