



Supply chain monitoring and supervision: The Mahalapye DHMT perspective

March 27, 2015

Botswana Open Day

March 27, 2015

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MINISTRY *of* HEALTH
REPUBLIC OF BOTSWANA

Scope

The DHMT is responsible for the coordination and management of health service delivery at 42 facilities including:

- 1 district hospital
- 1 primary hospital
- 12 clinics and
- 28 health posts
- Divided into 5 clusters (see [clusters](#))

Logistics gaps

- Lack of customized health commodity lists per individual facility
 - Facilities should have customized lists appropriate for the services that facility provides
- Deficit in logistics skills
- No documentation/lack of reliable documentation at facility level
- Lack of a feedback loop to facility in charges
- CMS ordering schedule not adhered to

Actions: Building capacity through monitoring and supervision

- SCMS has been providing staff with training on logistics (inventory documentation, determination of consumption trends) since 2009
- As part of the collaboration between SCMS and DHMT, DHMT identified those eligible for training and provided resources and leadership to implement the rollout of the inventory concepts. I.e. mentored facility in charges on the correct inventory management; demonstrated the use of inventory data tools
 - On-site training during support visits and Drugs and Therapies Committee (DTC) workshops by a TOT. The TOT was trained by SCMS
 - Training on logistics supervision conducted by SCMS in 2013
 - DHMT provided an enabling environment by setting up DTC, appointing an officer to be trained as TOT, and organizing the DTC workshop
 - DHMT arranged resources to cover transport and expenses to enable supervision support visits to facilities

Actions: Building capacity through monitoring and supervision

- SCMS also deployed interns to assist the local staff in rolling out inventory documentation
- Additional follow up visits with interns from SCMS to improve documentation
- All facilities were covered in 10 weeks in 2014
- DHMT provided transport and supervision

Achievements

- Relatively good availability of medical commodities
 - Since 2013 at 80 - 90%
 - % expiry also under control = 0.04 %. Previously was only measured/reported at the hospital level. Now, with the assistance of SCMS, we have reports from the clinics
- Providing immediate feedback to facility in charges during site visits
- Improved ordering, distribution and reporting through cluster supervision due to improved interaction with facility in charges
 - The intern program helped augment the interaction with facility in charges

Achievements cont.

- TOTs set minimum standards for facility contacts/visits which are currently followed by the DHMT via pharmacy personnel
 - Conducted support visits on rotational basis by all pharmacy personnel
- TOT and those trained coached other pharmacy staff members on documentation and reporting
- Developed standardized drug management assessment tools
- Allocated cluster pharmaceutical officers to oversee clusters
- Improved communications; much more efficient. Done through DHT, pharmacy officer focal points guided by TOTs

Achievements cont.

- Storage practices are being monitored and adjusted when necessary, leading to improvements
- Improved adherence to ordering procedures and timelines
 - Improved quality of reports – VEN, ARV
- Established a facility contact point responsible for communication with the pharmaceutical officer for the cluster
- Encouraged peer discussion with the participation of pharmacy officers at nurse in charges' monthly meeting to provide feedback on the status of medical commodities inventory management

Continuing challenges

- Delays in intra-district distribution of medical commodities due to lack of transport
 - Made scheduled support visits unachievable, except for local facilities
- Late or missed reporting by some facilities
- Orders (or part of) not honored by CMS
- Unreliable deliveries from CMS/Botswana Couriers and logistics
- Consignments coming without proper documentation (since last year)
- No Gen 12 book – stationary used for distribution of commodities
- Sometimes delegee not available – only non-professional staff
- Staff movement (study leave, transfer in/out)

Recommendations

- Incorporate inventory management of medical commodities into Individual performance targets
- Allocate a vehicle for support visits thereby reducing competition for transport
- Employ adequate number of pharmacy staff
- Train more staff in logistics
- Ensure a cycle of continuous improvement by supporting monitoring and supervision activities

Thank you