Health Logistics Quarterly

NO PRODUCT, NO PROGRAM! LOGISTICS FOR HEALTH

A QUARTERLY NEWSLETTER

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Contraceptive Forecast Training Held with Regional Health Bureaus

As part of the Ethiopia Federal Ministry of Health's (FMOH) plan to provide family planning services to all who desire them, the first combined Federal and Regional contraceptive forecasting workshop was held from 19–24 May 2008 with all 11 Regions represented. The primary objective for the workshop was to estimate needs for the various types of contraceptives (pills, condoms, injectables, implants, and Intrauterine Contraceptive Devices) for the coming Ethiopian FY2001 and to make longer-term planning more effective.

Contraceptive prevalence is up in all Regions of the country, with certain locations reporting dramatic increases. This increase is largely due to the efforts of the FMOH, RHBs, and their supporting partners to expand and strengthen family planning services.

To meet this increasing demand, better estimates of future requirements are needed for more accurate planning.

The RHBs constantly face challenges in making the supply chain work effectively, such as keeping sufficient shipments of contraceptives coming from the central level to the Regions, Zones, and woredas and then to the thousands of clinics and health posts that provide family planning services and contraceptives. Forecasting how much of each type of contraceptive is needed is an important step in ensuring contraceptive availability. Bringing enough contraceptives into Ethiopia so that facilities can get what they order and avoid stockouts, getting data reported up the supply chain to the central level, and a high rate of staff

Forecasting workshop held 19–24 May 2008.

Welcome to the First Edition of the Health Logistics Quarterly Newsletter

Dear Reader,

The USAID | DELIVER PROJECT staff welcome you to the first edition of the Health Logistics Quarterly newsletter. We sincerely hope that you will find it useful and informative. Our goal is to increase understanding and awareness of logistics and commodity security and to keep readers up-to-date on the logistics and CS activities of the MOH. We would also like to thank the United States Agency for International Development (USAID) in Ethiopia for its support and commitment to increasing health commodity availability in Ethiopia. Without USAID's support, our work would not be possible.

We would greatly appreciate any comments you might have regarding current or future content of this newsletter.

With best regards,
Jeff Sanderson, Country Director

The Six 'Rights' of Logistics

- The Right Goods
- In the Right Quantities
- In the Right Condition
- Delivered to the Right Place
- At the Right Time
- For the Right Cost

CONTENTS:

Page 1:
- Contraceptive Forecast Training Held with RHBs
- Welcome to the First Edition
- Six Rights of Logistics

Page 2:
- Facility Spotlight

Page 3:
- Who Is Making It Work?
- Automating the Management of Logistics Information

Page 4:
- Key Concepts in Contraceptive Security and Logistics
- Pharmaceutical Logistics Master Plan
- Contact Information

turnover are among the many challenges that exist. Nevertheless, training has played a big role in Ethiopia's efforts at improving Contraceptive Security (CS).

At the workshop, the representatives used a computer-based methodology developed by the USAID | DELIVER PROJECT to compare current contraceptive use rates, the number of clinic visits for family planning services, and the population statistics in each Region. This information helped the representatives arrive at initial estimates for future contraceptive needs.

In most cases, these estimates were then modified to account for the expansion in family planning services, since thousands of new health extension workers are now employed across the country. These workers are trained to distribute pills, condoms, and injectable contraceptives to women, including women in remote kebeles where family planning services have not been available until now.

The resulting data will provide regional and national forecasts of needs and will serve as a basis for the MOH to continue negotiations with various international donors and nongovernmental organizations for more support for contraceptives. The United States Agency for International Development, the United Nations Fund for Population Activities, the International Planned Parenthood Federation, and the donor basket fund (Fund for the Protection of Basic Services) contribute large quantities of contraceptive funding for Ethiopia. In addition, some regional Ethiopian governments have allocated funds for the direct purchase of contraceptives to supplement supplies provided through the MOH and its partners. Regional purchases are expected to continue to increase because of rising demands.

The USAID | DELIVER PROJECT will offer additional national and regional workshops so that future family planning needs can be accurately tracked and progress can continue in providing contraceptives to all Ethiopians who want them.

Facility Spotlight

Clinic and Staff in Oromia Regional State Benefit from Logistics System Implementation

Sr. Tigist Geremew is a nurse at the Bulbul Clinic, which is in the Jimma Zone of Oromia Regional State. A year ago, she took a three-day training course on the Ethiopian Contraceptive Logistics System (ECLS) developed by the USAID | DELIVER PROJECT.

The project provides training courses on logistics concepts, logistics information systems, and inventory management. A primary focus is to assist the Ministry in implementing the ECLS so that contraceptives move efficiently through the supply chain to the clients of public sector health facilities. This system aims to have health facilities order new quantities based on their usage and current stock-on-hand.

Sr. Tigist described the training as "one of the most important and practically applicable courses" she had ever taken. Before taking the training, she explained that "at this clinic, contraceptives were being supplied by the Oromo Development Association, and clients were

Sr. Tigist Geremew provides family planning services at the Bulbul Clinic.

being charged for the family planning services. The free contraceptive supplies from the government were irregular, and the quantity was determined by the Woreda Health Office. There was no contraceptive information system in place to regularly communicate usage or needs with the Woreda Health Office. As a result, there were frequent stockouts of contraceptives, and on many occasions, clients left the clinic without getting the family planning services and products they came for."

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"After I took the ECLS training, I learned how to keep a good record of logistics data, how to calculate how much contraceptive stock to request, and when and how to request contraceptives from the Woreda Health Office." The WHO staff also took the ECLS course. Sr. Tigist also mentions that she "didn't face many problems getting the free and adequate supply of contraceptives that my clients needed. They are now very happy with the adequate free supplies of contraceptives at my clinic, and now I have more clients at the clinic than I had a year ago."

SR. TIGIST KEEPS AN ADEQUATE STOCK OF CONTRACEPTIVES AT HER CLINIC BY USING THE FOLLOWING INFORMATION:

- Stock record cards (bin cards) to monitor the contraceptive stocks at her clinic. The cards let her know how many contraceptives she has and how long they will last. She learned this skill at the ECLS training.
- Daily consumption record to keep track of how many contraceptives have been dispensed to her clients. This record helps her to calculate average monthly consumption, which she also learned during the training.
- Logistics Report (report & request) to compile logistics data and report to the Woreda Health Office every month. By doing so, she maintains an adequate stock of contraceptives for the needs of the facility's clients.

Who Is Making It Work?

A challenge with implementing the ECLS system is the frequent turnover of staff in the MOH. This turnover, however, has not affected the ECLS site in one woreda in Oromia because staff members there are determined to make it work. In the Wolenchiti/Boset woreda, several ECLS-trained health professionals left the facility, but this did not deter the facility from continuing to use the ECLS. The health provider who is responsible for logistics was oriented by a colleague who had attended the three-day ECLS course. This dedication to passing along knowledge confirms the commitment of health services providers to implementing the ECLS.

Automating the Management of Logistics Information

Software applications development is often given much of the attention when computer information systems are implemented. However, building an automated system requires a lot more than computer programming resources. In many countries, the availability of stable and reliable network connectivity can be taken for granted, but in less developed countries with poor telecommunication infrastructures, network infrastructure is often the most common and overlooked bottleneck to systems implementation. What is the good of having a computer (for data input, reporting, emergency orders, and stock-outs) if there is no network infrastructure to reliably transmit the information in a timely fashion?

Every system has limitations, and we expect a system to pose challenges. In Ethiopia, people are optimistic about a multimillion-dollar government project called WoredaNet. The project provides a wide area network that aims to connect nearly 600 woredas with their respective Regions and with each other.

WoredaNet is spearheaded and operated by the Ethiopian Ministry of Capacity Building (MCB) and is considered to be the most successful and ambitious information and communications technology (ICT) undertaking within the country to date. It has accomplished the daunting task of connecting many remote locations, which required considerable cross-governmental participation. In a few cases, the military air-dropped the technology and generators to towns that would have taken days to reach by vehicle and foot (for example, the town of Dilyibza in Beyeda woreda, Amhara Region).

WoredaNet Sites

WoredaNet has successfully implemented a telecenter in each woreda. The telecenter consists of a pool of up to 10 computers and trained information technology staff that provide assistance to the government agencies and institutions that use the center. For example, a user might be a hospital commodity management unit staff member who collects routine logistics management information (LMIS) data to send to the Zone or RHB.

As the MCB builds this new network, it takes into consideration the technical expertise that can now be tapped at the sites. Integration and teamwork are being invested as key success factors. These factors allow the MCB to ensure that experts who reside near service delivery points are within reach to provide support, which subsequently helps to secure the sustainability of the system. At the same time, ICT experts also benefit from the training by keeping their skills current.

WoredaNet Site in Misha, SNNP.

Key Concepts in Contraceptive Security and Logistics

No Product—No Program: The USAID | DELIVER PROJECT motto emphasizes that if you do not have contraceptives, you do not have a fully functional family planning program; and more broadly, without health commodities at health facilities, you cannot adequately serve clients.

Logistics Management Information System (LMIS): This term refers to the collection, reporting, aggregation, and use of logistics information for ordering, re-supply, and forecasting of future needs.

Contraceptive Security: This security exists when every person can choose, obtain, and use quality contraceptives whenever he or she needs them (adapted from the Common Assessment Framework Meeting, 8 February 2001 [USAID | DELIVER PROJECT, WHO, UNFPA, USAID, CDC, MSH, and PATH]).

Final Kilometer versus Final Meter: Final kilometer refers to ensuring that drugs and medical supplies, including contraceptives, are available at the sites where they are actually used—service delivery points (SDPs), and is the final step in the distribution of commodities down to each SDP. Final meter refers to the distribution of commodities by service providers into the hands of the clients. These concepts also reinforce that having commodities located in a central, regional, zonal, or woreda warehouse is not enough to ensure availability.

Pharmaceutical Logistics Master Plan

In early 2005, Dr. Tedros Adhanom, then State Minister of Health, asked key partners, including the United Nations Children's Fund and the USAID | DELIVER PROJECT, to help the MOH develop a comprehensive strategic plan for a new integrated health commodity logistics system. Starting with a 12-team situation analysis in August, the Pharmaceutical Logistics Master Plan was completed in 2006, and approved and launched by the MOH at the October Annual Review Meeting in Awassa.

Highlights in 2007 included the formation of an implementation unit, an accountability matrix for MOH and partner roles and responsibilities, and an Ethiopian FY1999 work plan; the approval of a proclamation that changed PHARMID (Pharmaceutical and Medical Supplies Import and Wholesale Share Company) to the Pharmaceutical Fund and Supply Agency (PFSA), returning it to its original public-sector mandate; and development of an LMIS design. In 2008, the new management of PFSA was put in place, and transition activities began. A draft Essential Health Commodities List for all health facilities of the MOH was also finalized in January 2008.

Since the first months of 2008, the MOH has been fully engaged in redefining itself through business process reengineering (BPR). Decisions from BPR are expected to dramatically alter how the MOH operates and how responsibilities are handled for service delivery, program management, and systems development. The results from this intensive reengineering effort are likely to be announced to the public around the time this newsletter is released.

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