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THE NATIONAL PMTCT DRUG LOGISTICS SYSTEM

System Performance

In its quest for making PMTCT drugs available and accessible to the mothers and children who need them, the MOH has developed and is implementing a new National PMTCT Drug Logistics System in districts with PMTCT-only facilities. PMTCT ARV needs have been successfully addressed for full ART sites under the ARV Logistics System. According to its design, district health offices (DHOs) will be rolling-out the system to their PMTCT-only facilities through on-the-job training (OJT)

between August 2007 and April 2008. ART facilities that also offer PMTCT services will continue to access PMTCT drugs through the National ARV Logistics System.

According to the OJT Sign-Off Sheets received as of August 1, 2008, twenty-seven district health offices had rolled-out the PMTCT Drug Logistics System to their facilities, with 40 DHOs remaining. Despite the implementation of the system, only 200 of the original 540 PMTCT-only sites have received OJT in the new practice, and it is not known why the others have not.

According to DHOs PMTCT R&R reporting statistics in Supply Chain Manager (SCMgr) software, on average, 45% of DHOs report to LMU regarding PMTCT-only facilities.

Since the roll-out of the PMTCT Drug Logistics System, the lowest monthly reporting rate has been 26% and the highest, 48%.

The table below shows the reporting rates to the LMU from January to July 2008.



Lessons Learned

The improvement in reporting rates has been attributed to the following efforts:

1. Continuing provincial and district supervisor's meetings have prompted non-reporting districts to start sending their reports and requisitions to the LMU on a monthly basis.
2. A June 2008 MOH-organized meeting for provincial clinical care specialists (at which LMU reporting statistics were presented) has resulted in specialists following-up with their districts; positively impacting system implementation.
3. LMU staff supported by the USAID | DELIVER PROJECT have increased their telephone contact with districts that report late and are encouraging non-reporting districts to consistently send their reports in on time.

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Districts with PMTCT-only Facilities Reporting May, June, and July 2008

DISTRICT NAME	PROVINCE
Chadiza DHMT	Eastern
Chama DHMT	Eastern
Chavuma DHMT	North Western
Chililabombwe DHMT	Copperbelt
Chingola DHMT	Copperbelt
Gwembe DHMT	Southern
Itezhi Tezhi DHMT	Southern
Kabwe DHMT	Central
Kaoma DHMT	Western
Kasempa DHMT	North Western
Luanshya DHMT	Copperbelt
Lufwanyama DHMT	Copperbelt
Masaiti DHMT	Copperbelt
Mazabuka DHMT	Southern
Mongu DHMT	Western
Monze DHMT	Southern
Mpika DHMT	Northern
Mufulira DHMT	Copperbelt
Namwala DHMT	Southern
Ndola DHMT	Copperbelt
Senanga DHMT	Western
Siavonga DHMT	Southern

22 out of 67 districts with PMTCT sites had a 100% reporting rate



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**



Finally, the courier service pilot is up and running!

Working in conjunction with the Express Mail Service (EMS) of the Zambia Postal Service, courier services commenced on 1st November 2008, and will in the interim **only** cater to the district health offices and **not** include the hospitals.

How does it work?

All the Reports and Requisitions (R&Rs) for ARVs, HIV tests and lab commodities from the districts will be picked from the district health offices (DHOs) and delivered to the Logistics Management Unit (LMU) based at Medical Stores in Lusaka for processing.

The pick-up cycle follows the Medical Stores distribution schedule.

Where is it happening?

The service is currently being piloted in two provinces (Copperbelt and Eastern) for one month and will thereafter will be rolled out throughout the whole country.

Family Planning - November 2008

78.5% of the key family planning products now available centrally

Male condoms	Female Condoms
Microlut	Jadelle (implant)
Noristerat	Oralcon F
Depo-Provera	IUDs

Note: IUDs are currently stocked out at central level

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Updates. Updates. Updates...

Pediatric ARV Drug Products Update

Did you know that...?

What it looks like

Nevirapine (10mg/ml) 25 ml bottle is now available for PMTCT babies. This ideal package size avoids excessive wastage as compared to the 240ml bottles. Once the bottle has been opened, please follow manufacturer's recommended storage conditions.



Lamivudine/Stavudine/Nevirapine (30/6/50mg) 60 Caps (Baby Triomune) is available for use in pediatrics on 1st Line ART regimens. The use of this drug formulation ensures more correct dosing compared to breaking up adult formulation tablets. It also avoids high volumes of solution formulations, thus making it easy to transport. Adherence to treatment is also more likely to be improved.



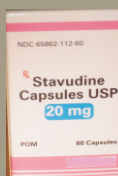
Stavudine (1mg/ml) 200 ml bottle must be stored in the fridge. Please ensure you have appropriate storage conditions before you decide to order this drug formulation for your facility. Once the bottle has been opened, please follow manufacturer's recommended storage conditions.



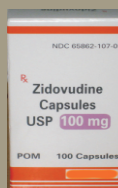
Efavirenz (50mg) 30 Caps is available for use in children weighing below 35kg bodyweight and who are on 1st Line pediatric regimens. Its use avoids high volume solutions and ensures a more correct dosing.



Stavudine (20mg) 60 Caps usage is very low as compared to Stavudine (15mg) 60 Caps, and will be phased out of the national pipeline in 2009. Stavudine (15mg) 60 Caps will still be available for continued use in pediatric patients with weights above 13kg.



According to the national treatment protocol, Zidovudine (100mg) 100 Caps formulation is suitable for children weighing 13kg bodyweight and above. Use of this product in older children avoids high volume solutions and ensures more correct dosing. It is available for use on both 1st Line and 2nd Line pediatric regimens.



Breaking News

Pediatric single formulations of Didanosine (25mg) 60 Tabs are being introduced into the national pipeline and will be available beginning January 2009!

Male Circumcision Update



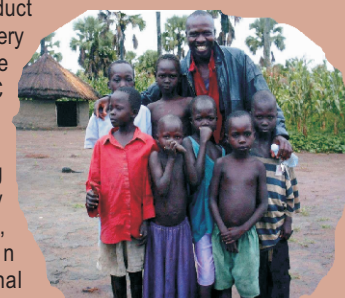
Zambia has been a leader in the roll-out of adult male circumcision (MC), and is committed to the establishment of safe male circumcision services as a recommended intervention in preventing the spread of HIV/AIDS.

A key intervention to successful implementation of a MC program is to ensure sustained availability of quality and safe MC commodities as well as related health products. In view of this, the Ministry of Health and its cooperating partners are working toward ensuring a continuous availability of quality MC commodities through reliable, cost effective, and efficient logistics management systems.

As a first step, the MOH and its partners have identified commodities (consumables and surgical equipment) that are required to perform a male circumcision. Next, the Ministry will be conducting a Male Circumcision Commodity Forecast and Supply Planning Workshop in November 2008, which will determine needs and identify funding gaps. This information will be used to generate procurement plans and serve as a basis for resource mobilization to meet the identified gaps.

As a long-term strategy, the MOH with support from the Supply Chain Management System Project (SCMS), will be working toward increasing product availability at service delivery points by strengthening the supply chain for MC commodities.

This will involve assessing existing MC commodity logistics systems, designing, and then implementing a national supply chain.



Laboratory Logistics System Pilot is Underway!

Nine training workshops have now taken place for the pilot. Personnel from a total of 80 facilities have been trained in the three pilot provinces: Copperbelt, Northwestern and Eastern.

98% of HIV laboratory commodities now available at central level

Much Needed Laboratory Supplies to Support ART Have Been Arriving Daily at the Central Level!

In partnership with the USG-funded SCMS Project, the MOH has been able to centrally reduce the stockout rate of 185 different laboratory commodities for the management of HIV/AIDS from 70% to 2% in November 2008.

PMTCT Interventions for System Performance Improvement (...from page 1)

Considering that the system has not performed according to expectation, the Ministry of Health, with support from the USAID | DELIVER PROJECT, conducted an evaluation in October 2008 to determine program gaps and to find possible ways of improving performance. Following this, a meeting was held on 6th November 2008, to present evaluation results and recommendations to the MOH and its cooperating partners. Recommendations for improving system performance were also presented to the MOH for approval.

Finally, the USAID | DELIVER PROJECT has requested for an updated list of all PMTCT-only facilities from all district health offices throughout Zambia's 72 districts that will enable the MOH and its cooperating partners involved in the system evaluation to have a correct summary of the PMTCT-only facilities.



HIGHLIGHTS

DON'T GET RELEGATED, GET PROMOTED!

Logistics
Systems
Reporting
Rates

ARVs
98.2%

PMTCT
44.6%

HIV
Tests
96.8%

Premier League Districts Tied For # 1		
Rank		Reporting Rate %
1	Chililabombwe (Copperbelt Province)	100
1	Chingola (Copperbelt Province)	100
1	Kapiri Mposhi (Central Province)	100
1	Lufwanyama (Copperbelt Province)	100
1	Masaiti (Copperbelt Province)	100
1	Mufulira (Copperbelt Province)	100
1	Serenje (Central Province)	100

ARVs Premier League Facilities
100% reporting and stocking
according to plan of key ARVs
in Quarter 3 (2008)

100% stocking 3/3 months

- ✓ Chama District Health Centre
(Chama, Eastern Province)
- ✓ Chilenje Clinic
(Lusaka, Lusaka Province)
- ✓ Bauleni Health Centre
(Lusaka, Lusaka Province)
- ✓ Chimwemwe Clinic
(Kitwe, Copperbelt Province)
- ✓ Chongwe Health Centre
(Chongwe, Lusaka Province)
- ✓ Circle of Hope Health Centre
(Lusaka, Lusaka Province)
- ✓ Kabwe Mine Hospital
(Kabwe, Central Province)
- ✓ Kakoso Health Centre
(Chililabombwe, Copperbelt Province)
- ✓ Katondwe Mission Hospital
(Luangwa, Lusaka Province)
- ✓ Kazungula Rural Health Centre
(Kazungula, Southern Province)

100% stocking 2/3 months

- ✓ Chadiza Urban Clinic
(Chadiza, Eastern Province)
- ✓ Chilubula Mission
(Kasama, Northern Province)
- ✓ Chiwempala Health Centre
(Chingola, Copperbelt Province)
- ✓ Choma General Hospital
(Choma, Southern Province)
- ✓ Creso Ministries HC
(Lusaka, Lusaka Province)
- ✓ Coptic Hospital
(Lusaka, Lusaka Province)
- ✓ Kabompo District Hospital
(Kabompo, Northwestern Province)
- ✓ Kabundi East Clinic
(Chingola, Copperbelt Province)
- ✓ Kabwe General Hospital
(Kabwe, Central Province)
- ✓ Kalabo District Hospital
(Kalabo, Western Province)

Division One Facilities

100% reporting and stocking according to
plan of key ARVs in Quarter 3 (2008)

100% stocking 1/3 months

- ✓ Arthur Division Hospital
(Ndola, Copperbelt Province)
- ✓ Chimanga Clinic
(Lusaka, Lusaka Province)
- ✓ Chipata General Hospital
(Chipata, Eastern Province)
- ✓ Chipulukusu Health Centre
(Ndola, Copperbelt Province)
- ✓ George Health Centre
(Lusaka, Lusaka Province)
- ✓ Gwembe Hospital
(Gwembe, Southern Province)
- ✓ Ipuskilo Clinic
(Kitwe, Copperbelt Province)
- ✓ Isoka District Hospital
(Isoka Northern Province)
- ✓ Kabwata Health Centre
(Lusaka, Lusaka Province)
- ✓ Kafue District Hospital
(Kafue, Lusaka Province)



Lewanika General Hospital - Rising from the Ashes

Lewanika General Hospital is a Level 2 hospital based in Mongu, the provincial headquarters of Western Province. It is the biggest hospital in the region, and acts as the main referral hospital for all the province's health centers. The hospital deals with many diverse cases of illnesses, with a major component dedicated to HIV/AIDS diagnosis and treatment.



Alex Sikakena, Hospital Pharmacist in the temporary storeroom

The hospital's pharmacy once stored vast quantities of drugs needed for the province, but this was seriously hampered by a fire in October 2006 that gutted the building. Now, only a foundation remains where the pharmacy once stood.

Not only did the fire completely destroy the structure, it also destroyed all the drugs and other pharmaceuticals that were contained there. Since that time, Lewanika Hospital's pharmacy has experienced major challenges in terms of storage space for its pharmaceutical commodities, as well as a lack of centralized storage within the hospital premises.

Undaunted, the hospital's pharmacy staff have undergone the MOH's ARVs Logistics System Management Training, and have worked tirelessly to ensure availability of ARVs at the facility. They have also worked to make certain that all commodities are stored properly by following the stipulated storage guidelines of the system. Systematic flow of commodities from the store room to the client has been achieved as a result of having correct information forms and dispensing tools in place.

According to Catherine Munganga, hospital pharmacist since 2005, ARV storage has been taken to the Primary Health Care Department, located approximately 500 meters off hospital premises. This temporary storage facility has made it difficult for staff to easily dispense medications and there have been instances where the hospital has had to provide transport to the storage facility for its clients.

Hospital management has been proactive in reconstruction efforts for a new pharmacy department that will maximize storage as well as provide adequate space for dispensing commodities.

This effort has been supported by the Ministry of Health, who in November 2007, awarded Lewanika's management with a grant of 500 million Kwacha, facilitating the construction of a new pharmacy that will house a store room and dispensing units.



Building foundation for new pharmacy



Storage challenges commodities piled to the ceiling

It is expected that upon the pharmacy's completion, the hospital's systems will be brought together and strengthened, resulting in shortened lead time of commodity movement from one supply point to the other.

2008 /2009 Upcoming Events

DATES	ACTIVITY	LOCATION
1 st – 6 th December	HIV Tests Mop up Training	Chipata
2 nd December	Family Planning Quantification I	Lusaka
December	Family Planning Quantification II	Lusaka
9 th – 10 th December	HIV Test Long Term Forecast meeting	Lusaka
10 th – 12 December	HACS Coordinating Committee meeting	Livingstone
January '09	District/Provincial Supervisors' meeting	Lusaka
January – February '09	ARV Logistics System Evaluation	Nationwide
January '09	Malaria Drugs Quantification	Livingstone
January '09	HIV Test Roll-out training (1)	Mansa
January '09	HIV Test Roll-out trainings (2)	Kasama
February '09	ARV Mop up Training	Lusaka
February '09	ZDF ARV LS Training (2)	TBD
February '09	HIV Test Roll-out Trainings (2)	Kasama
February/March '09	ARV Mop up training	Solwezi
February '09	ZDF ARV LS Training	TBD
February 09	HIV Test Roll-out Trainings (2)	Kasama

Zambia leads the way in the development of good supply chain systems among PEPFAR countries worldwide!



Good Drug Logistics Systems are possible in Zambia: YOU made it happen for ARVs!

Answers to Issue # 2 Logistics Quiz

1. Determine how long usable stock on hand will last
2. Average monthly consumption
3. (I) Stock on hand (ii) Consumption rate (iii) Losses/adjustments
4. Loss
5. Forced ordering systems
6. One (1) test
7. Emergency orders
8. (I) Forced (ii) Continuous Review (iii) Standard
9. Months of stock
10. Stock control card

USEFUL CONTACTS

Did you know that?

- The MOH contacts for Lab and HIV Test matters are Fales Mwamba (Lab Specialist) or Clement Phiri (Biomedical Scientist) at medlab@zamnet.zm or at 0211 254528.
- Lab Order queries should be addressed to: Mathew Fwambo at mathew.fwambo@medstore.co.zm or at 0211 241193 at Medical Stores Limited (MSL).
- The Provincial Representative for HACS matters is Dr. Lutangu Alisheke, the Provincial Health Director of Southern Province based at the Provincial Health Office in Livingstone at lalisheke@yahoo.co.uk or at 03 324435.
- The MOH contact for ARVs is the Acting Pharmacy Specialist Chikuta Mbewe, at chikutalm@yahoo.com or at 0977 561377 or 0211 253040.
- The Logistics Management Unit (LMU) contact numbers are: 0966 397578 and 0955 806799, or 0211 244105.
- The National ARV Coordinator at the MOH is Dr. Albert Mwango at 0211 253179.

The Logistics Management Unit and Medical Stores Limited

The Ministry of Health Logistics Management Unit (LMU) based at Medical Stores Limited (MSL) has the primary responsibility of managing logistics data at the central level.

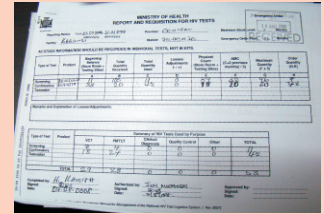
Specific responsibilities include reviewing and approving orders from facilities, managing the supply chain manager software database that tracks reports and orders, coordinating supervision, and monitoring the overall function of the logistics system.

The LMU carries out analyses and interpretation of data in order to report logistics information, including quantifying and forecasting national needs.

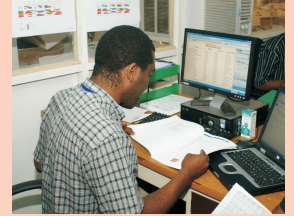
The LMIS forms that are used in the systems (ARVs, HIV Tests, PMTCT and Labs) are initially given at the training and facilities subsequently reorder these from the LMU using the Report and Requisition forms.

Currently there are four data specialists at the LMU who manage the supply chain manager software databases and facilitate the reporting and ordering process with Medical Stores Limited.

The LMU & MSL in pictures



Order is received by LMU



LMU staff enter data into SCMgr and generate report for processing approval



Central Admin processes order



Order is packed according to dispatch note



Package is loaded for distribution



...and away it goes to the facilities

For More Information

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