



27,000 CHILDREN CAN BE SAVED BY 2015!

MoH CALLS FOR SCALE-UP OF MODEL "B" IN THE ED PILOT LOGISTICS SYSTEM



The Ministry of Health, with support from the USG-funded USAID | DELIVER PROJECT, the World Bank-funded Crown Agents and JSI Logistics Services, recently implemented the Essential Drugs Pilot Logistics System in 16 districts. An evaluation of this pilot system was conducted in January and February 2010.

Dr. Solomon Musonda, Deputy Minister of Health, officiated at the media briefing on the

results of this pilot, which is aimed at improving patient access to essential medicines in Zambia. In a speech read on behalf of the honorable Minister of Health, Dr. Kapembwa Simbao, Dr. Musonda acknowledged that the results from the Essential Drugs Pilot Logistics System Model "B" have produced overwhelming evidence that the interventions put into place have had a significantly positive increase in drug availability. The Minister reiterated that scaling-up these interventions is critical to strengthening the supply chain management systems in-country, which consequently would save up to 27,000 children from dying of malaria due to the lack of essential, life saving medicines at health facilities.

He added that by embracing the positive outcomes of this pilot, government and cooperating partners should work together to develop a strategy for nationwide scale-up, but that this also implies additional cost.

Results have shown that key anti-malarial drugs (e.g., Artemeter/Lumerfantrin Combined Therapy (ACT)) stock out rates were reduced to 8% in Model "B" as compared to 48% during the baseline study. Model "B" is a "pass through" system where health centers submit their Report and Requisition forms to Medical Stores Limited (MSL) via their respective District Health Office (DHO). MSL in turn, pre-packs for each health center, and products are taken to the district who then distributes to the respective facilities. Hospitals in this system order and receive products directly from MSL.

Dr. Solomon Musonda also stated that the MoH has K109 billion that has been set aside for the procurement of drugs.

IMPACT OF MODEL "B" ON THE ESSENTIAL DRUGS PILOT LOGISTICS SYSTEM

AMOXICILIN ORAL SUSPENSION STOCKOUT RATE REDUCED FROM 72% TO 18%

DEPO-PROVERA STOCKOUT RATE REDUCED FROM 50% TO 2%

ACT (4x6) ADULT MALARIA TREATMENT STOCKOUT RATE REDUCED FROM 48% TO 8%

ED PILOT INCREASES MOTIVATION IN MUNGWI

Mungwi District Acting Medical Officer **Ms. Grace Nanyinza**, stated that the Essential Drugs Pilot has been a success in her district. She said



that availability of essential medicines in Mungwi has motivated district health center staff, as they have had adequate tools to produce desired patient outcomes.

Ms. Nanyinza added that the presence of a staff member solely dedicated to logistics for essential drugs (e.g. the Commodity Planner) ensured that issues raised regarding drug management were addressed in real-time. She also said that her district has never received a pharmacist or pharmacy technologist, and that the district's current establishment does not have either of the two cadres.

WHAT WAS DONE DIFFERENTLY?

In the words of the District Medical Officers from Mkushi, Dr. Mwanza, and from Mungwi, Mrs. Grace Nanyinza, respectively, *"the Essential Drugs Pilot built capacity and fostered empowerment for health center staff."*

The training of all district, health center, and health post staff indeed brought empowerment – illustrated by the near 100% reporting rates in both Models "A" and "B", as well as the fact that the 4% budget for supplementary drugs was not used due to improved availability of commodities at health facilities.

NEXT STEPS

The MoH has praised the thorough results that have come out of this pilot, with Dr. Mwaba, the Acting Permanent Secretary, saying that Model "B" has shown an 88% availability of ACTs as compared to the control, which had about 51%. Dr. Mwaba has also committed the MoH to scaling-up the program. Moving forward, a national design workshop, TOTs, and the conversion from Model "A" to Model "B" in each participating district will be conducted, as well as additional training in Model "B" for facilities whose staff might have transferred, retired, or resigned.

LOGISTICS AT WORK!
BE INSPIRED! BE CONSISTENT! BE AHEAD OF THE PACK...

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There is no river wide enough or obstacle big enough, to keep us from getting commodities to you!

THE FINAL KILOMETER



Although we've come to the end of the road... logistics must go on!!!



Mwanawina Rural Health Center is approximately 125kms from Mongu. The facility is cut off during the rainy season and becomes inaccessible from December to June. During this period, drugs cannot be transported via motor vehicles.

To get drugs and other health commodities to Mwanawina Rural Health Center, the DHO hires an ox-cart as it is the only reliable mode of transport that can get through the flooded plains.

The journey takes no less than six hours!



FACT: OLD AGE IS NOT A LOGISTICAL CHALLENGE!

Who says age is a factor in logistics? From various M&E surveys completed thus far, several observations and experiences have been made and learned. Among them, the excellent work being done by elderly staff at the Lubengele Health Center in Chililabombwe, and at the Suburbs Clinic in Mufulira, Copperbelt Province. The accuracy of data capture and general commodities management is simply inspiring – especially for the younger or new staff.

A challenge is therefore at hand: try to emulate or beat this record! In doing so, all facilities will be fulfilling their part of the Six Rights of Logistics. All new or younger staff already doing a good job must keep it up as we work to best serve our clients. Remember, it depends on individual commitment to make the very best use of the knowledge gained from the various logistics systems trainings!

GIVE QUALITY FEEDBACK TO YOUR STAFF – EASTERN PMO TELLS PARTICIPANTS



The Provincial Medical Officer for Eastern Province, Dr. Kennedy Malama (pictured left), told participants during a one-day logistics meeting for provincial and district supervisors in April, that supervisors need to give quality feedback to their staff. Dr. Malama facilitated the meeting, which was attended by DMOs, DDHs, and other MoH staff from the PHO; as well as all other DHOs in the province. Also in attendance were provincial program managers from CARE International, USAID, and the CDC. In addition, the meeting was co-facilitated by the PHO, CIDRZ, and JSI.

In his opening speech, the PMO stressed the importance of sharing experiences among the districts. He stated that such meetings should not be viewed as NGO meetings, but as a forum to bring together top MoH management staff from all the districts in the province, and through which provincial health staff can be helped to identify the barriers that hinder them from succeeding. Dr. Malama further said that problems such as drug stock outs experienced by some facilities are self-created, and that these were some of the issues that were central to the meeting.

Feedback Tips!
 Feedback should be:

- Specific**
- Usable**
- Balanced**
- Prioritised**
- Contextual**
- Timely**

Above all,
be a good listener and remember, feedback is sensitive!

DONT GET RELEGATED, GET PROMOTED! YES WE CAN!!!

CONTRACEPTIVE COMMODITIES AVAILABLE AT MSL AS OF 31ST MAY 2010

Male Condoms
Jadelle
Noristerat
Microlut
Depo-Provera
Oralcon- F
IUDs
Postinor- 2 (Emergency Contraceptive)
Female Condoms - Stocked Out



Remember...
No Report,
No Product,
No Program!

MALARIA COMMODITIES AVAILABLE AT MSL AS OF 31ST MAY 2010

DRUG DESCRIPTION	PACK SIZE
Artemether/Lumefantrine	1*6
Artemether/Lumefantrine	2*6
Artemether/Lumefantrine	3*6
Quinine Sulphate Tablets	100
Sulphadoxine/Pyrimethamine	1000
Rapid Diagnostic Tests (RDTs) Stocked Out	25
Artemether/Lumefantrine Stocked Out	4*6

ARV LEAGUE STANDINGS - FEBRUARY 2010

Premier League by Province		
Rank	Province	Report Rate %
1	Central	100%
	Luapula	100%
	Northern	100%
2	Copperbelt	97%
	Southern	97%
3	Western	92%
4	North Western	90%
5	Eastern	85%
6	Lusaka	83%

Stocked According to Plan		
Rank	Province	Score
1	Southern	64%
2	Northern	63%
3	Central	62%



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

ESSENTIAL DRUGS LEAGUE STANDINGS - MARCH 2010

LEAGUE STANDINGS BY DISTRICT

Premier League	Reporting Rate
Chama	100%
Chavuma	100%
Choma	100%
Kabompo	100%
Kafue	100%
Kasama	100%
Milenge	100%
Mungwi	100%
Mwense	100%
Nakonde	100%
Mwinilunga	100%
Kaoma	100%
Shang'ombo	100%

Division 1	Reporting Rate
Mongu	94%
Mkushi	96%
Mufumbwe	88%

Congratulations to Choma and Shang'ombo District for graduating to the Premier League from Division 2!

HIV TESTS REPORTING RATES

LEAGUE STANDINGS - FEBRUARY 2010

PREMIER LEAGUE		
Rank	District	Rating
1	Chavuma	100%
2	Gwembe	100%
3	Kalomo	100%
4	Luwingu	100%
5	Mufumbwe	100%
6	Munqwi	100%

DIVISION 1		
Rank	District	Rating
1	Mumbwa	97%
2	Kafue	94%
3	Lufwanyama	94%
4	Nyimba	94%
5	Chibombo	93%
6	Serenje	93%
7	Kalabo	92%
8	Nchelenge	92%
9	Chipata	91%
10	Mwense	91%
11	Livingstone	90%

CHIKUNI MISSION HOSPITAL STOCKS ARVs ACCORDING TO PLAN

Miss Esther Mutambo is the pharmacy dispenser at Chikuni Mission Hospital in Monze District, and manages the ARV Drugs Logistics System at that facility. Miss Mutambo always remembers that having ARVs available at the service delivery point depends on the following activities, which she diligently executes:



- Conducting physical counts at the end of each month;
- Updating stock control cards in real-time after a transaction;
- Updating the Daily Activity Register in real-time; and
- Submitting the R&R to LMU on time.

Because of these consistent actions, Miss Mutambo has managed to have Chikuni Mission Hospital consistently stocked according to plan with ARV drugs, at all times!

Get trained, get it right, and you too can make a difference!

MAKING THE HIV TESTS LOGISTICS SYSTEM WORK AT THE ZDF



Senior officers participating in the ZDF HIV Tests Logistics System training. Left: Lt. Colonel Rosemary Chibale - Deputy Director Nursing (Zambia Army Medical Directorate). Middle: Lt. Colonel Godfrey Mutale - Station Medical Officer (ZAF Medical Directorate). Right: Lt. Colonel Jenipher Hamudebwe - Deputy Director Nursing (ZAF Medical Directorate).

The second Zambia Defense Forces (ZDF) HIV Tests Logistics System training was held in Ndola from the 19th to 23rd of April. This training was attended by medical service men and women from three Zambia defense forces (ZAF, ZNS, and Army). Three Lt. Colonels, two from ZAF and one from the Army, were also in attendance.

Training of senior military staff enhances supervisory and monitoring skills as indicated by Lt. Colonel Rosemary Chibale who stated: "...*the knowledge and practical skills acquired from the HIV Tests Logistics Training will greatly enhance and improve the reporting and requisitioning system in our military camp clinics and hospital.*"

JULY - AUGUST 2010 UPCOMING EVENTS

DATE	ACTIVITY	LOCATION
JULY	SmartCare OJT Training	Kitwe
	Training of Trainers	Kitwe
	HIV Tests Mop Up Training	Mansa
		Mongu
	HIV Tests Mop Up Training x 2	Solwezi
	PMTCT Roll-Out Training	Kabwe
		Mazabuka
		Lusaka
	FP Quantification Meeting	Lusaka
	Training of Trainers	Kitwe
	Provincial & District Supervisors' Meeting	Lusaka
Chipata		
Mansa		
HIV Tests Mop Up Training	Livingstone	
	Mazabuka	
	Kasama	
DATE	ACTIVITY	LOCATION
AUGUST	ARV Mop Up Training	Livingstone
		Kasama
	PMTCT Mop Up Training	Mansa
	HACS Strategy Launch	Lusaka
	HIV Tests Mop Up Training	Chipata
		Mongu
		Solwezi
		Chipata
Essential Medicines Design Workshop	Lusaka	

Schedule of events may change due to unforeseen circumstances.

TIPS ON CAPTURING DATA FROM ALL TESTING POINTS

To avoid data irregularity and underestimating Average Monthly Consumption (leading to stock outs), due to the non-capturing of data from all HIV testing points, SDPs with multiple HIV testing points are reminded to:

- Ensure that all HIV testing points within the facility have the HIV Daily Activity Registers, where quantities of all Determine and Unigold tests actually used on clients will be recorded. Collect all consumption data from all testing points and enter the data in the Internal Monthly Summary Report.
- Complete the Report and Requisition using the data from the Internal Monthly Summary Report and submit it to the district by the 5th day of the month following the reporting period if you are from a health center; or if you are from a hospital, submit to MSL following the MSL distribution schedule.

For More Information

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