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Tanzania and Zambia Align to Improve eLMIS Systems

The Tanzania and Zambia Ministries of Health convened a meeting in January to determine the potential for joint country collaboration in improving the existing electronic Logistics Management Information Systems (eLMIS). The objective of the meeting was to participate in a joint country working session to determine the feasibility of cross-country collaboration in developing an electronic LMIS system, establishing a Logistics Management Unit (LMU) for Tanzania and defining roles and responsibilities in moving forward if collaboration is determined to be feasible.

The meeting, which was supported by the USG-funded USAID | DELIVER PROJECT, was held in Lusaka, Zambia and consisted of a team from Tanzania that comprised the Director of IT for Medical Stores Department, Director of ICT for the Ministry of Health and Social Welfare (MOHSW) and the Acting Chief Pharmacist for MOHSW and a team from Washington that included the Senior MIS Advisor from USAID.

Zambia is one of the countries that has been able to successfully implement a LMU which sits at Medical Stores Limited (MSL).

The LMU in Zambia has helped the country achieve unprecedented reporting rates for monthly logistics data and product orders.

The LMU also plays a pivotal role in the success of in-country logistics systems and overall supply chain decision making. In light of Zambia's success, the Tanzanian Ministry of Health and Social Welfare wanted to learn what it would take to establish a LMU in its country. The Tanzanian delegation had an opportunity to visit the LMU where they were taken through their processes and shown how Supply Chain Manager (the current central level computerized LMIS) and the MACS warehouse management system work.

Charles Nyambe, MoH Deputy Director of Laboratory Services, talking to participants

JSI Country Director Walter Proper addressing the meeting

The outcome was that both countries agreed to work together in developing the eLMIS which will leverage both human and financial resources. In Zambia, the eLMIS will replace the current computerized LMIS (Supply Chain Manager) with improvements such as streamlined processes and increased access to data. ELMIS will, in future, permit mobile phone technology and internet for data and information sharing.

This collaboration is important as it will avoid duplication of efforts and produce stronger, more robust systems by accommodating both shared and country-specific requirements. It will also encourage learning from other systems and partners and will leverage resources.

The week-long workshop was a big success both for making important technical decisions and team building for the way forward. To prove that, it ended with a dinner reception at the home of the Country Director for SCMS and DELIVER where teams participated in an invigorating salsa dance lesson from the USAID Senior HIV/AIDS Advisor.

STORAGE UNITS MAKE ROOM FOR MORE THAN DRUGS

The installation of prefabricated storage units known as "Storage in a Box" at the Kafue and Gwembe District Health Offices has allowed the two districts to overcome challenges of severe storage constraints which haunted them for many years.

In 2010 – 2011, the USAID | DELIVER PROJECT contracted with local engineering firms to conduct a storage capacity assessment of every health facility in Lusaka Province and all facilities in one district from each of the other eight provinces. A total of 58 District Health Offices and 258 public health facilities were assessed in great detail. These assessments documented the need for improved and new storage facilities. One of the most common bottlenecks to supply chain success is inadequate storage space. In early 2012, the United States Government-funded SCMS project purchased and installed the first two prefabricated storage units measuring 30 and 48-square meters, in Gwembe and Kafue districts respectively.

"Twice we have received our monthly shipment of commodities for all the 38 facilities in the district and both times the new storage unit has handled everything. Our office is now free from boxes everywhere and we can actually use our board room," stated Mr. Holland Mwango, Kafue District Pharmacy Technologist.

In Gwembe, not only has this solution addressed the DHO's major logistics constraint but has helped Gwembe Hospital as well. Siame Emmanuel, the Gwembe Hospital Administrator said, "We have restarted our physiotherapy program, as we now have space available where boxes were previously stored."

Prior to having the "Storage in a Box" unit, Gwembe kept their products at a nearby district hospital while Kafue stored products in different locations around the offices – including in hallways, closets and staff offices.

The prefabricated storage units are air conditioned, have appropriate levels of shelving and pallet space to keep the products off the floor and are secure. MoH and SCMS are evaluating the effectiveness of the two "Storage in the Box" solutions with the hope of providing more than six additional units this year.

The storage unit installed in Kafue

SPOTLIGHT ON YOU!

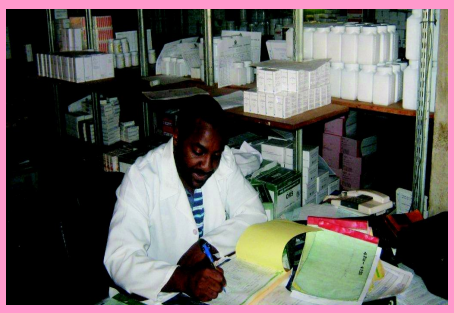
YOU MAKE THE LOGISTICS SYSTEMS WORK

MIRRIAM KANDOWE

MIRRIAM KANDOWE, a pharmacy technologist at Kazimva Rural Health Center in Kafue District, ensures stock is available and carefully manages the EMLIP system she oversees. Mirriam maintains very accurate Stock Control Cards and a well-kept store room. Her efforts have resulted in the EMLIP system at her facility having a 100% reporting rate and being stocked according to plan for the entire year of 2011. She has also taken a leading role at Kazimva RHC in orienting colleagues and monitoring their progress after receiving training.

PMTCT Logistics System reporting rates at service delivery points (SDP) in Mambwe have increased nearly three-fold from an average of 26.7% to 76.7% per month since August 2011. This improvement can be primarily attributed to initiatives of Elvis Ngulube, Acting Pharmacist In-Charge. He designed a checklist outlining the reports and indicators required from facilities each month to keep facility staff on track and motivated to produce accurate and timely data. In addition, He has clustered the facilities into small reporting groups which appoint one person to deliver all reports for every facility in that cluster each month, reducing the burden of each facility identifying transport to submit data. Thanks to Mr. Ngulube for his efforts making the PMTCT Logistics System a success in his district!

ELVIS NGULUBE



CHIDZULO PHIRI

CHIDZULO PHIRI, a pharmacist at Chipata District Health Office has been very instrumental in ensuring that reports from all the 45 facilities in the district are sent to Medical Stores Limited on time. His secret is that he insists on facilities submitting their monthly Report and Requisition for HIV Tests Kits to the district as they collect their monthly supply of drugs. This has increased the HIV Test kits reporting rates from 80% to 93% since October 2011.

LAB SYSTEM PUT TO THE TEST

The Ministry of Health (MoH) has successfully completed an evaluation of the National ART Laboratory Logistics System. This logistics system was designed in 2007, piloted in three provinces and rolled-out at national level in 2009 with the aim of ensuring laboratory commodity security of laboratory supplies.

The evaluation involved 50 sites selected from all nine provinces in Zambia. The aim of this evaluation was to identify the successes and continued challenges in the system and to find ways to strengthen the structure.

The findings of the evaluation, which was conducted with support from the USG-funded SCMS project, indicated that 100% of the sites visited maintained and used stock control cards to monitor commodity usage, 95% of sites have functional refrigerators and 93% of sites store commodities at appropriate temperatures. Additionally, 98% of facilities were stocked according to plan with CD4 reagents on the day of the visit. These indicators point to acceptability and improvement in the stock status of the Laboratory Logistics System.

The findings also revealed that facilities need to work on conducting physical counts every month as failure to do so can lead to incorrect order quantities, stock imbalance and eventually stock outs.The Laboratory Services of MoH appreciated the contributions of laboratory personnel in making the logistics system and evaluation a success.

NYIMBA DMO WORKS TO ENHANCE COMMODITY SECURITY

Dr. NYAMBE SINYANGE

In his quest to improve the availability of HIV tests at all testing facilities in the district, Nyimba District Medical Officer (DMO) Dr. Nyambe Sinyange takes time to personally visit the 17 facilities despite harsh weather and travel conditions.

Dr. Sinyange's level of commitment allows him to reach facilities in the remotest part of this district in Eastern Province through trips that sometimes demand the use of a canoe to cross the Luangwa River. He also supports facilities requiring transport of reports.

Dr. Sinyange's commitment and hard work has greatly contributed to the district achieving 100% reporting rates. "We are committed to supervising not only the easy to reach areas but even the hard to reach areas. Even when we need to cross the Luangwa River, which is infested with crocodiles, using banana boats, we go the extra mile towards ensuring that products are available at such facilities by providing technical support and supervision," Dr. Sinyange commented.

"We also promote community participation, especially with transportation of reports from the facility to District Health Offices. We ask local chiefs and the Zambia Wildlife Association officers to take the reports as they go to the district," explained Dr. Sinyange.

Dr. Sinyange's involvement proves that when District Health Office management takes an active role in supporting logistics system operation, districts are better able to maintain a consistent supply of products. In fact, Dr. Sinyange's efforts have uplifted Nyimba to 0% stock out rate in HIV tests!

DON'T GET RELEGATED, GET PROMOTED!

HIV TEST KITS LOGISTICS SYSTEM LEAGUE STANDINGS AS OF JANUARY 2012

Premier League

RANK	DISTRICT	REPORTING RATES
1	Chiengi District	100
	Chilubi District	
	Kaputa District	
	Kasempa District	
	Luwingu District	
	Mpongwe District	
	Nakonde District	

Division 1

RANK	DISTRICT	REPORTING RATES
2	Chama District	95 - 99
	Mufulira District	
3	Chililabombwe District	94 - 90
	Chingola District	
	Isoka District	
	Kitwe District	
	Namwala District	
	Nchelenge District	

Division 2

RANK	DISTRICT	REPORTING RATES
4	Chadiza District	85 - 89
	Chibombo District	
	Choma District	
	Kaoma District	
	Livingstone District	
	Mansa District	
	Mazabuka District	
	Mkushi District	
	Monze District	
	Mufumbwe District	
	Mumbwa District	
	Mungwi District	
	Mwense District	
	Serenje District	
5	Katete District	80 - 84
	Kazungula District	
	Mongu District	
	Mpika District	
	Nyimba District	
	Petauke District	

ARV LOGISTICS SYSTEM LEAGUE STANDINGS AS OF JANUARY 2012

Premier League

RANK	PROVINCE	REPORTING RATES
1	Central	100
	Eastern	
	Muchinga	
	Northern	
	North Western	

Division 1

RANK	PROVINCE	REPORTING RATES
2	Luapula	95 - 99
	Copperbelt	
3	Western	90 - 94
	Southern	

No provinces made the Division 2 League this quarter.

PMTCT LOGISTICS SYSTEM LEAGUE STANDINGS AS OF JANUARY 2012

Premier League

RANK	PROVINCE	REPORTING RATES
1	Central	100
	Eastern	
	Southern	

No provinces made the Division 1 League this quarter.

Division 2

RANK	PROVINCE	REPORTING RATES
2	Luapula	85 - 89
	North Western	
	Western	
3	Copperbelt	80 - 84

LABORATORY COMMODITY LOGISTICS SYSTEM LEAGUE STANDINGS AS OF JANUARY 2012

Premier League

RANK	PROVINCE	REPORTING RATES
1	Eastern	100
	North western	

Division 1

RANK	PROVINCE	REPORTING RATES
2	Copperbelt	95 - 99
3	Northern	94 - 90
	Southern	

Division 2

RANK	PROVINCE	REPORTING RATES
4	Luapula	85 - 89
5	Western	80 - 84

ESSENTIAL MEDICINES LOGISTICS IMPROVEMENT PROGRAM LEAGUE STANDINGS AS OF JANUARY 2012

Premier League

RANK	DISTRICT	REPORTING RATES
1	Milenge	100
	Mwense	
	Nakonde	
	Shangombo	
	Mungwi	

Division 1

RANK	DISTRICT	REPORTING RATES
2	Choma	95 - 99
	Kasama	
	Kaoma	
3	Chama	90 - 94
	Mufumbwe	
	Mongu	

Division 2

RANK	DISTRICT	REPORTING RATES
4	Chavuma	85 - 89
	Kabompo	
	Mkushi	

CONTRACEPTIVE COMMODITIES AVAILABLE AT MSL AS OF 31st MARCH 2012

Female Condoms	Microlut
IUDs	Noristerat
Jadelle	Oralcon F
Depo Provera	Postinor 2

Male Condoms stocked below minimum- Next shipment June 2012.

MALARIA COMMODITIES AVAILABLE AT MSL AS OF MARCH 2012

DRUG DESCRIPTION AND PACK SIZE	
Artemether-Lumefantrine (1*6)	Malaria RDTs (25)
Artemether-Lumefantrine (3*6)	Sulphadoxine/Pyrimethemine (1000)
Artemether-Lumefantrine (4*6)	Sulphadoxine/Pyrimethemine (300)

90% stock availability due to stock out of Quinine Injection and low stocks of Artemether-Lumefantrine (4*6) at central level- New shipment for Quinine Injection expected in July 2012 and 15th May 2012 for Artemether – Lumefantrine (4* 6).

PROVINCIAL & DISTRICT SUPERVISORS MEETING HIGHLIGHTS

COPPERBELT

During the last provincial and district (P&D) meeting for the Copperbelt Province, the Provincial Medical Officer (PMO) Dr. Chandwa N'gambi applauded the USAID | DELIVER PROJECT for introducing and supporting these meetings which serve as an interactive forum for Ministry of Health and its partners to gather feedback and share experiences from the provinces and districts on the management of the various logistics systems. Dr. Ngambi expressed that this strategy fosters integration of programs and ensures specific mandates are followed.

NORTHERN

During the Northern Province P&D meeting, EMLIP was reported to be the most successful program as facilities receive commodities according to the reports submitted. This enables them to plan for what they consume and avoid wastages. Also, the use of walkie-talkies and telephones to transmit data to the district has improved completion time and submission of reports for hard to reach places.

LUAPULA

In Luapula, the slogan "No Report, No Product", has been highly recognized and appreciated among District Medical Officers . It has contributed to increasing reporting rates to 100% for ARVs . The high reporting rates in Zambia have been recognized at international forums as most countries have never recorded such success. Zambia is now seen as a role model in logistics for health commodities in the public sector. Two of the seven districts in Luapula directly associated their increased reporting rates to the slogan.

WESTERN

District Pharmacies in Western Province are now tracking reporting by PMTCT-only health facilities. This is aimed at improving reporting rates and ensuring commodity availability at these facilities. The DHOs agreed that monitoring reports and reporting rates more closely will help identify PMTCT-only facilities requiring follow-up and further technical support.

LUSAKA

Lusaka PMO, Dr. Tackson Lambart, appreciates how the ARV Logistics System is working in the country. He emphasized the need to replicate the system in the management of essential medicines as this would help avert unnecessary stock outs, overstocks of some commodities and expiries. A more detailed reporting system would also bring about accountability and help curb pilferage in the management of essential medicines in public health facilities.

SOUTHERN

In Southern Province, District Medical Officers for Namwala, Itezhi tezhi, Sinazongwe, Mazabuka and Monze discussed their key roles in supporting the implementation of the logistics systems during their P&D meeting. Some issues discussed included; supervision and leadership to pharmacists and laboratory staff, linking district, hospital and MOH/MSL, ensuring that reports are submitted correctly and on time and supporting M&E activities by cooperating partners.

EMLIP REACHES FOUR MORE DISTRICTS

Trainings of staff are underway as four more districts prepare to put the Essential Medicines Logistics Improvement Program (EMLIP) into action. These are the first steps in helping the program reach every district in Zambia after a delay of the nationwide roll-out. Lundazi, Nyimba, Mansa and Kalomo will be among the next EMLIP districts.

EMLIP is designed to drastically increase the availability of essential medicines in health facilities across the country. The program uses actual consumption data to determine required commodities amounts rather than the previous system which provided pre-determined kits quantified according to catchment area population size.

The Ministry of Health, with support from the United States Government-funded USAID | DELIVER PROJECT and the World Bank, tested two logistics system interventions (version A and B) in 16 districts to see which was more effective at increasing availability of essential medicines. After 12 months, an evaluation compared the results of the 16 districts with eight control districts outside the intervention area and clearly showed version "B" to be the most effective approach.

The roll-out of EMLIP beyond the 16 districts has been on-hold due to essential medicines supply concerns. However, following successful efforts to secure additional funding for essential drugs, the Ministry recently gave the go ahead to move forward. Training of staff began in February 2012 in Lundazi, Nyimba, Mansa and Kalomo districts and the last district will complete in April. These districts were specifically selected in line with the Saving Mothers Giving Lives initiative (SMGL), a program supported by USG that aims to reduce the number of maternal deaths due to pregnancy by 50% within 12 months.

DID YOU KNOW?

The Ministry of Health, has launched fixed dose combination (FDC) ARV drugs for adult and pediatric HIV patients.

1) All children on liquid formulations should be transitioned to pediatric solid formulations. New initiates or those on d4T based regimen for more than two years or exhibiting signs of toxicity should be transitioned to ABC or AZT based dispersible tablets.

2)The new drug of choice for adults, (male and older women) is TDF/FTC/EFV. Therefore all patients on d4T, AZT /3TC/NVP or TDF/FTC with EFV should be transitioned to Atripla (the triple fixed dose combination of TDF/FTC/EFV). Prescription of this once daily tablet should take into account the toxicity and side effects of the drugs in this combination. Stocks for this product are sufficient at MSL to begin this transition immediately. From this point forward, TDF/FTC 300mg/200mg should be reserved for patients taking it in combination with Nevirapine (NVP) or Lopinavir/ritonavir (LPV/r).

NOTE: Patients taking Truvada with NVP should be considered for transition to Atripla if found to be eligible.
Remember, FDCs are economical on storage space, are cheaper to transport and have a convenient dosing including less pill burden on our patients!

UPCOMING EVENTS MAY 2012

DATE	ACTIVITY	LOCATION
14th May	ARV LS Training	Livingstone
	HIV Test Kits Training	Mansa
	HIV Test Kits Workshop	Solwezi
21ST May	HIV Test Kits LS (TOT Workshop)	Livingstone
28TH May	P&D Meeting	Mansa
	PMTCT LS Training	Kitwe

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