Health Logistics Quarterly

A QUARTERLY NEWSLETTER VOLUME 4, NO. 2 APRIL 2012 PAGE 1

Program Medicine Integration: Turning Policy into Practice in Tigray

Since October 2011, the Mekelle hub of the Pharmaceutical Funds and Supplies Agency (PFSA) and the Tigray Regional Health Bureau (RHB) have successfully integrated tuberculosis (TB), malaria, and family planning commodities into the Integrated Pharmaceutical Logistics System (IPLS). IPLS strengthens institutional capacity to more efficiently manage, store, and distribute commodities using a single system under the management of one entity: the PFSA. While vertical program supply chains still exist, the hard work done in Tigray provides a road map for future integration in other regions.

A national program drug integration workshop held in August 2011 brought together Ministry of Health (MOH) and PFSA officials from all levels of the health system to discuss how to extend the integrated supply chain to include program pharmaceuticals. Integration had already been established as a program policy, but much work was needed at the regional level to operationalize this policy. After the workshop, the Mekelle PFSA hub and the Tigray RHB began to clarify roles, responsibilities, and processes for integration. The goal was clear: strengthen the integrated system, but not at the cost of commodity availability.

Before integration, both PFSA and the RHB vertically managed supply chains for different program commodities. PFSA handled HIV and AIDS supplies, including commodities for opportunistic infections, while the RHB managed TB, malaria, and family planning commodities. This created inefficiencies, duplication of effort, and

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The pharmacy stores in Wukro Hospital now receive HIV, malaria, TB, and family planning supplies in the same delivery.

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.

No Product, No Program!

Logistics for Health

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USAID FROM THE AMERICAN PEOPLE | DELIVER PROJECT

Reliable Family Planning Supply Chain Delivers Better Health and Prosperity to Ethiopian Families

Family planning empowers couples to plan and maintain healthier families. In Ethiopia, the Ministry of Health is committed to improving access to family planning through programs that have thus far produced significant results that benefit countless women and families. During the past six years, Ethiopia has seen a rapid increase in contraceptive use and a decline in the average number of births.

Birtukan Bezabih, a 25-year-old married mother of three in southern Ethiopia, found that having a contraceptive supply that is reliably available, easy to access, and affordable is important to both her and her children's health.

"I started using contraceptives after I gave birth to my second child. I did not know that I was pregnant with my second child until my child started moving inside my womb. It was just a few months after I gave birth to my first child… so my first child didn't get proper care and he was not well breastfed," she explained.

Data show that, between 2005 and 2011, the percentage of women of reproductive age in Ethiopia using contraceptives almost doubled, from 15 to 29 percent. In the same period, the average number of children born to Ethiopian women declined from 5.4 to 4.8. Several other maternal and child health indicators showed significant improvements as well. Programs that support the supply chain, such as the USAID | DELIVER PROJECT, play an important role in ensuring continuous availability and a broader choice of family planning commodities. When health facilities have a reliable supply of family planning methods, women are more likely to come back to get more and to use them on a regular basis. With improvements in the supply chain, health facility stockouts of the most popular form of birth control (an injectable contraceptive that lasts three months) declined from 30 percent in 2006 to just 4 percent in 2011.

"I can say that in recent years, for example last year, we did not have any major stockout of contraceptives. Because of a regular supply, women are happy to get the service in their nearby health facility. "

Nurse Haileshet Bekele at Tulla Health Center

Over the past five years, Nurse Bekele at Tulla Health Center in southern Ethiopia has seen first-hand improvements in family planning services. The USAID | DELIVER PROJECT supports the Ministry of Health in strengthening supply chain management and reducing stockouts, thus ensuring the availability of high-quality contraceptives for those who need them. The impact of a stronger supply chain is clear to Nurse Haileshet.

"I can say that in recent years, for example last year, we did not have any major stockout of contraceptives. We regularly monitor our stock in the facility and request supplies from the district health office on a regular basis for resupply," he said. "Because of a regular supply of contraceptive commodities, women are happy to get the service in their nearby health facility. It also improves service quality that clients can choose from different methods."

Nurse Haileshet Bekele at Tulla Health Center counsels Birtukan Bezabih, a mother of three.

As a result of the continued commitment of the Ethiopian government and collaboration with USAID, women such as Birtukan are now able to maintain good health for themselves and their families, secure family income, send their children to school, and improve the family's future.

"Now the service is available in our village," said Birtukan. "We can get the service any time, free of charge. It helps us to limit our children and reduce the burden of raising many children. Unlike our parents, women in our community are not giving birth without considering their income. Since we are able to limit the number of our children, we can now send our children to school. The providers really care for us. They helped us to keep our health."

Data show that, between 2005 and 2011, the percentage of women of reproductive age in Ethiopia using contraceptives almost doubled, from 15 to 29 percent.

As the experience of Tulla Health Center shows, without strong, well-managed logistics systems, delivery of needed health commodities would be greatly compromised—in some cases, impossible.

Facility Focus: Butajira Hospital

Jemila Sultan, Store Manager at Butajira Hospital, used to face difficulties when she calculated consumption of drugs and medical supplies at the hospital to place orders for resupply.

"We used to request resupply without adequate data on the consumption. This has resulted in errors in quantifying the demand and caused frequent emergency orders and sometimes stockouts and expiry," she said. This was mainly due to lack of a proper logistics management information system and poor storage practices in the hospital store and dispensary units.

To address this gap, PFSA and the project have helped the hospital improve storage conditions by supplying shelving and warehouse equipment such as ladders, trolleys, pallets, and electrical ceiling ventilators. Hospital personnel received IPLS training and regular follow-up visits to improve their skills in inventory system management. With the support of the project, the hospital also started using an automated health commodity management information system (HCMIS) to enhance the use of information for decisionmaking.

Jemila Sultan, using HCMIS software to monitor medicine transactions.

Now the hospital has a well-organized store, which has significantly improved the store capacity. The hospital also started to properly track their medicines and produce electronic reports for decisionmaking and resupply.

"Before the implementation of IPLS/HCMIS, there was no proper inventory control and storage system," said Jemila.

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Program medicine integration...from page 1

confusion about responsibilities. To operationalize integration, PFSA hub management and the RHB discussed the new commodity management roles and responsibilities for different program units of the RHB, woreda (district) health offices, and service delivery points (SDPs).

One of the challenges for program commodity integration has been coming up with interim working solutions. The hub and the RHB agreed on three product delivery options for program supplies for the interim: (1) direct delivery to antiretroviral therapy (ART) sites that lie close to existing routes (Tigray has 96 ART sites), (2) delivery to woreda health offices that serve as a depot for SDPs, and (3) for inaccessible woredas, delivery to designated health centers that also serve as a depot.

Following the agreement, the RHB wrote a circular to woreda health offices and facilities explaining the new procedures and what they mean. Challenges remained, for which the good working relations between PFSA and the RHB provided solutions. As PFSA upgrades its warehouse capacity, the RHB has loaned one of its five stores to PFSA for program drug storage in the interim. Stock status assessments were done in all woredas and SDPs and then combined with current morbidity data (for TB and malaria) and RHB forecasts (for contraceptives) to determine the quantities to be sent as the first delivery.

As part of IPLS, PFSA was leading extensive system strengthening efforts, including training, supportive supervision, and automation of the logistics management information system (LMIS) at facilities. The RHB—aware that a strong supply chain was being built—wanted to be part of it and indeed advocated for it. To facilitate these activities, a regional IPLS coordination team was created. The IPLS team is chaired by the RHB curative and rehabilitative director, while the PFSA capacity building and forecasting officer serves as secretary. Technical partners, including the USAID|DELIVER PROJECT and Supply Chain Management System (SCMS) project, are also members of the committee. The regional IPLS team serves as the main coordinating body for integration.

The Tigray hub has achieved important successes using a single distribution system. Collaborative relations, commitment, and regular sharing of information between the RHB, PFSA, and partners; clear procedures for product delivery and data flow for the interim period; clear communications to all facilities informing them of the changes; and extensive system strengthening efforts including automation at facilities helped the hub successfully integrate program commodities into IPLS. The success of Tigray offers key lessons in how to implement a policy and make it work on the ground.

High Turnover of Pharmacy Personnel a Problem for the Supply Chain

High turnover of trained and experienced pharmacy personnel is a major challenge in the health care logistics system. This high turnover impedes the activities of PFSA and its partners, including efforts by the USAID | DELIVER PROJECT and SCMS to train pharmacy personnel in the IPLS.

An assessment conducted by the project in 2010 found that nearly one in three pharmacy personnel changed jobs or left the service within a one-year period. In addition, some staff who have had IPLS training are not directly involved at the health facilities in the area for which they were trained. In some cases, this means that untrained staff are managing stores and pharmaceuticals.

It is natural and healthy for staff to eventually leave the organization or facilities for promotion elsewhere, which allows their replacements to bring in fresh ideas. However, unless facilities retain workers for a reasonable period, they are unlikely to be able to provide high-quality services to patients. Personnel in pharmacy stores have a particular problem: store management is often seen as a less important position, a stepping stone to a higher-paid position in a dispensary. As soon as a dispensary position opens up, the store manager often transfers. These managers are the key to IPLS and have received extensive training in IPLS, including the use of computerized systems like health commodity management information systems (HCMIS), that can take several months for a store manager to learn.

An assessment conducted by the project in 2010 found that nearly one in three pharmacy personnel changed jobs or left the service within a one-year period.

Losing these critical employees negatively impacts the bottom line of the supply chain system in a variety of ways. Having untrained staff means drugs and medical supplies are not properly managed, forms are not correctly filled in, and consumption data are not used to estimate resupply quantities. This has a direct negative effect on the availability of medicines and leads to wastage and damaged products.

To reduce the effects of turnover of pharmacy personnel, PFSA and partners have been providing continuous on-the-job training through regular supportive supervision, and written manuals and guidelines that new staff can reference. In collaboration with Southern Nations, Nationalities, and Peoples (SNNP) RHB, the project initiated pre-service training at four health science colleges to ensure that graduates emerge already trained. Similar efforts have been initiated by Addis Ababa University, with the support of the United Nations Population Fund and the USAID |DELIVER PROJECT, to train public health students in health logistics.

Having untrained staff means drugs and medical supplies are not properly managed, forms are not correctly filled in and consumption data are not used to estimate resupply quantities.

Despite these interventions, the problem of high turnover of pharmacy professionals in health facilities still poses a major challenge in the effort to improve Ethiopia's health supply chain system. This needs the attention of all concerned bodies, including MOH, RHBs, PFSA, and partners to work together to ensure facilities have adequate pharmacy personnel, that pharmacy staff and in particular stores staff have incentives to stay longer in service, and that new incoming staff are trained, preferably before they arrive at their posts.

Facility Focus ...from page 3

"With the new automated system, we are able get easy access to information on issues, existing stock levels, and expiry date of commodities, resulting in reduction in stockouts, wastage, and expiry of drugs."

The hospital has started using an internal recording and resupply system in all dispensing units. The store manager also uses medicine consumption by the dispensaries to calculate how much to order for the entire hospital.

Jemila Sultan collects medicines using a pick list printed from HCMIS software.

Third Round Integrated Pharmaceuticals Logistic System (IPLS) Training of Trainers Conducted in Adama

Under the leadership of PFSA, the USAID | DELIVER PROJECT has been working with SCMS and other partners to implement IPLS in public health facilities. As part of this effort, the partners organized the third round IPLS Training of Trainers (TOT) in Adama from February 27 to March 8, 2012.

As a result of the 10 days of training, 37 participants from PFSA, RHBs, the project, and SCMS received theoretical and practical knowledge on IPLS and adult learning theory. The TOT helped increase the number of trainers to meet the demand for the IPLS training at new health centers and introduce new components of the curricula to the trainers. These new trainers will join the existing trainers in rolling out IPLS training to over 1,300 facilities this year. The TOT was conducted by experts from PFSA, the project, and SCMS.

Participants and trainers who attended the TOT pose for a group photo.

After the completion of the TOT, the new trainers then trained 176 staff selected from 118 health facilities for three days. Participants expressed their satisfaction with the training. They noted that the trainers presented the material in an understandable, consistent, and original manner, and the training was very informative.

In his closing remarks, Ato Yemaneberhan Tadesse, Deputy Director General of PFSA, said that strengthening human resource capacities through courses such as the IPLS training is a strategic investment to improve health care supply chain management in the country. He added that the integrated system would enhance the efficiencies of the supply chain in making drugs and medical supplies available to the population. He also drew attention to PFSA's efforts to automate the LMIS and inventory system in all hospitals and most health centers in collaboration with partners.

Deputy Director General of PFSA, Ato Yemaneberhan Tadesse, presenting certificates to participants. At the center is Ato Sami Tofik, Technical Director, USAID | DELIVER PROJECT.

Finally, he expressed his appreciation to all participants and thanked in particular USAID, the USAID | DELIVER PROJECT, and SCMS for their financial support and valuable technical contributions.

Facility Focus ...from page 4

In 2011, the hospital was recognized as the best performing health facility in the country, receiving an award from the MOH and the RHB for its well-managed supply system and high-quality services. Congratulations to all the staff of Butajira Hospital on their wonderful achievement!

"Before the implementation of IPLS/HCMIS, there was no proper inventory control and storage system," said Jemila. "With the new automated system, we are able get easy access to information on issues, existing stock levels, and expiry date of commodities, resulting in reduction in stockouts, wastage, and expiry of drugs."

Jemila Sultan, Store Manager at the Butajira Hospital

The International Association of Public Health Logisticians Invites All Health Professionals and Logisticians to Join the Global Network

The International Association of Public Health Logisticians (IAPHL) is a community of practice dedicated to facilitating the exchange of professional experiences and innovations in public health logistics management and commodity security. IAPHL supports continued learning, promotes the use of local and regional expertise, and expands members' professional networks. By joining, members become part of a global network and serve as a pool of professional resources for countries and programs worldwide.

IAPHL members represent a variety of organizations, including ministries of health, hospitals, donor and implementing agencies, universities, and nongovernmental organizations in more than 95 countries around the world.

A few members of IAPHL in Ethiopia

IAPHL provides a variety of resources to its members, including an online discussion forum, where members can pose logistics questions and receive answers from peers, authoritative information about innovations and best practices, and information on courses and events in supply chain management.

IAPHL invites all health professionals and logisticians working in supply chain managment to sign up as a member of IAPHL by visiting the website at http://knowledge-gateway.org/iaphl.

IAPHL is made possible with support from the USAID | DELIVER PROJECT and John Snow, Inc.

Getting Products to People: John Snow, Inc., Releases Innovative Supply Chain Framework

Strong health programs cannot function without well-designed, well-operated, and well-maintained supply chains. A leader in public health supply chain management, John Snow, Inc., (JSI) has developed a new framework that draws from best practices in the commercial sector, as well as JSI's extensive experience in strengthening supply chains in developing countries. JSI's framework is described in the recently released publication, *Getting Products to People: The JSI Framework for Integrated Supply Chain Management in Public Health*.

The publication discusses how integration has transformed the way commercial companies run their supply chains and businesses, leveraging tools of the modern information age and building stronger teams.

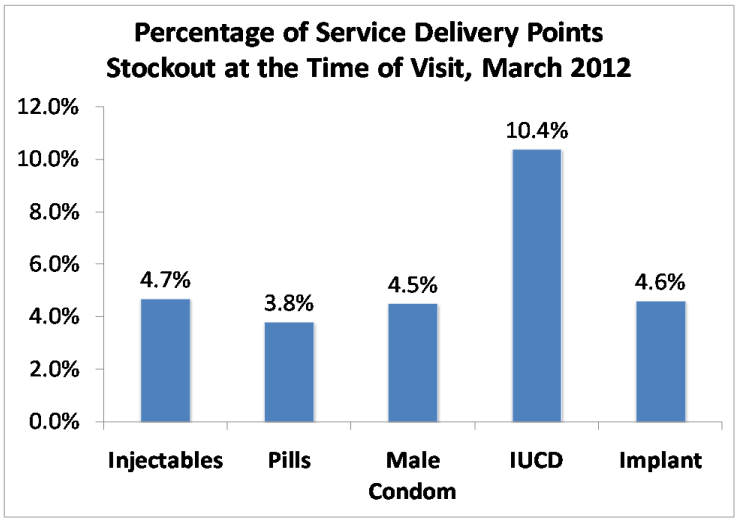
As shown in the diagram at right, these linkages span from the top of the supply chain—donors and governments providing funding—to health facilities storing health supplies and dispensing them to customers. Once integrated, the supply chain has visibility of information and activity up and down the chain, fewer steps in its processes, and greater coordination and predictability of demand between all the levels and actors.

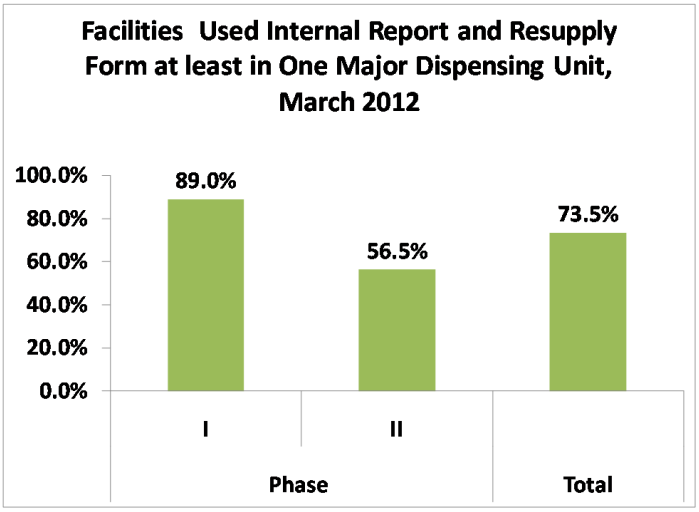
This new approach, which focuses on end-to-end integration, can be a game changer for public health because it leads to more cost-effective, agile, and reliable supply chains. A list of illustrative activities, as well as country-level examples that demonstrate integration in the public health supply chain context, are included in the publication.

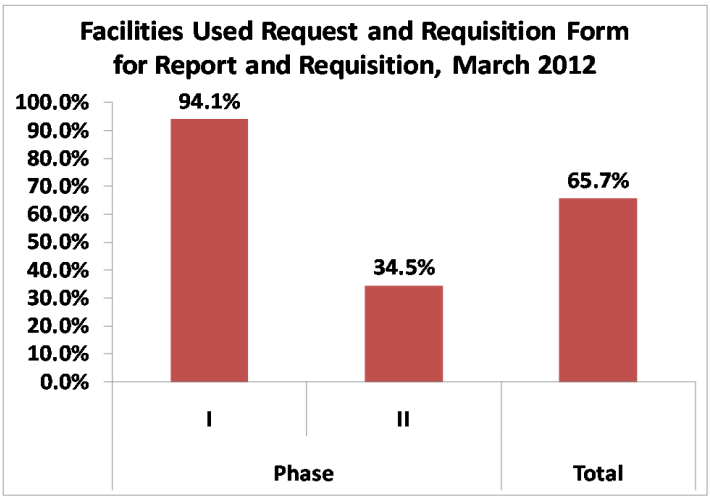
Please visit JSI's website at www.jsi.com to download *Getting Products to People: The JSI Framework for Integrated Supply Chain Management in Public Health*.

Integrated Pharmaceutical Logistic System and Commodity Security Supportive Supervision Updates

The proper use of the Internal Facility Report and Resupply Form (IFRR) and the Report and Requisition Form (RFF) are critical indicators of a strong supply chain. If these forms are correctly used, facilities and PFSA warehouses will have most of the information they need to ensure a steady flow of medicines. This is why PFSA and its partners train personnel to complete these forms and monitor their use. Below are data from supportive supervision visits carried out by the project in collaboration with PFSA and RHBs from January 1 to March 31, 2012 showing the use of these forms and contraceptive availability in health facilities.







Remember

- Complete the Request and Requisition Form (RRF) fully every two months to facilitate resupply by PFSA.
- Use the Internal Facility Report and Resupply Form (IFRR) to reduce stockouts by helping you maintain a record of products issued and received within the facility.
- Update bin cards and stock record cards after every transaction.
- Conduct physical counts regularly.

When in doubt, refer to your standard operating procedures.

Major Upcoming Events

- PFSA and RHBs in collaboration USAID | DELIVER PROJECT and SCMS will continue IPLS roll-out training until June 2012 to cover 1,300 health facilities.
- Health post resupply training will continue until September 2012 to scale up the initiative in 1000 health centers.

Highlights of Supply Chain Accomplishments in the Second Quarter (January - March 2012)

Contraceptive Availability: In the second quarter, the project team has assessed contraceptive availability in 528 public health facilities in five major regions and two city administrations. The stock-out rate for injectables was 4.7 percent, while the stockout rate for male condoms and pills was 4.5 percent and 3.8 percent respectively. Among facilities that provide implants, 4.6% were stocked out at the time of the visit.

Paper-based Integrated Pharmaceutical Logistics System (IPLS): The project jointly with PFSA and SCMS organized the third-round Integrated Pharmaceuticals Logistic System Training of Trainers (TOT). Thirty-seven participants from PFSA, RHBs, the project, and SCMS received theoretical and practical knowledge on IPLS.

Automated IPLS - HCMIS Facility Edition: The project HCMIS team supported a total of 148 facilities in six regions and two city administrations. Sixty four facilites were in the pre-HCMIS phase, fifty four in the intensive phase and thirty from Humera, Alba/ Sodo, Assosa, Goba/Robe and Nekemte clusters were graduated to the monitoring phase.

HCMIS Warehouse: The project completed implementation of the HCMIS warehouse software in five PFSA hubs (Mekelle, Adama, Bahir Dar, Dire Dawa and Jimma). Of 11 PFSA hubs, seven are now using the software.

Support to Facility Stores: This quarter, 909 shelves were installed in 8 hospitals and 35 health centers in Oromia, Amhara, Addis Ababa, Somali, and Dire Dawa. Along with the installation, the team assessed 34 health facilities stores (1 hospital and 33 health centers) for further upgrading in the next FY.

Health Post Resupply Initiative: The project in collaboration with PFSA and the Supply Chain for Community Case Management (SC4CCM) project organized the second round Training of Trainers of the Health Post resupply initiative. A total of 38 participants from the project, PFSA, RHBs and SC4CCM attended the workshop. The program will be expanded to about 1000 health posts in the coming quarters.

Members of HCMIS support team

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PLEASE USE THIS ADDRESS FOR ANY

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

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Logistics for Health