



Health Logistics Quarterly

A QUARTERLY NEWSLETTER

VOLUME 6, NO. 2

JULY 2014

PAGE 1

Annual National Contraceptive Forecasting Was Conducted for Fiscal Year 2014/2015

Effective management of family planning programs must have regular, reliable forecasting for end-user demand and quantification of the related resource requirements. This is essential, not only to estimate future resources and analyze funding gaps, but also to prevent shortages and interruptions of supplies to service delivery points. Since 2008, the Federal Ministry of Health (FMOH), with support from its stakeholders, has led this important planning process of contraceptive forecasting and quantification. In 2014, under the leadership of the Ministry and Pharmaceuticals Fund Supply Agency (PFSA), and with technical support from the USAID | DELIVER PROJECT (the project); a forecasting team comprised of FMOH, PFSA, the project, United Nations Population Fund (UNFPA),



Partial view of validation workshop participants.

Continued on page 2

Community-Focused Supply Chain Project Helped Improve Product Availability in the Last Mile

.Every year, millions of children die before reaching their fifth birthday from largely preventable causes.

Continued on page 4



A supervisor provides onsite technical support to health extension workers.

Reproductive Health Commodity Security Assessment Conducted in Benesahngul Gumuz and Gambella

Reproductive health commodity security (RHCS) exists when every person is able to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever they need them.

Continued on page 2

Pipeline Software Training Helps Program Managers Better Monitor Procurements of Health Commodities

To deliver services and meet the needs of clients, public health programs must always have enough medicines and supplies. At the same time, programs

Continued on page 5

In this Issue:

- Annual National Contraceptive Forecasting Was Conducted for Fiscal Year 2014/2015..... 1
- Community-Focused Supply Chain Project Helped Improve Product Availability in the Last Mile 1
- Reproductive Health Commodity Security Assessment Conducted in Benesahngul Gumuz and Gambella 1
- Pipeline Software Training Helps Program Managers Better Monitor Procurements of Health Commodities..... 1
- Recent Survey Result Shows Continued Increase in Use of Family Planning 3
- New Contraceptive Security Indicator Resources Are Released.. 3
- New Videos from the USAID | DELIVER PROJECT Highlight Forecasting and Disposal of Unusable Health Commodities 3
- Highlights of Supply Chain Achievements (January–June 2014) 6
- Integrated Pharmaceutical Logistics System and Commodity Security Supportive Supervision Updates.... 7
- Technical Tips: Appropriate Vaccine and Diluent Storage Conditions..... 7
- Graduation: A Strategy to Sustain the Implementation of Integrated Pharmaceutical Logistics System 8

Annual National Contraceptive Forecasting ...from page 1

Integrated Family Health Program (IFHP), and DKT was established to support the public sector in accurately quantifying next year's contraceptive commodity needs, estimate the available resources and funding gaps, as well as develop a supply plan.



Abebe Kasahun, forecasting and capacity building officer at PFSA, presenting after group discussion.

The quantification process followed a series of detailed steps that include gathering and organizing data, evaluating data quality and completeness and making adjustments, accordingly; estimating past, current, and future commodity use; and calculating the quantity of goods and funds needed to support user requirements. Two types of data were used for forecasting the national commodity requirement: demographic trends and logistics data. Findings from the Performance Monitoring and Accountability (PMA 2020) Ethiopia survey were used to generate a demographic trend forecast. For logistics forecasts, issue data from hubs to service delivery points (SDPs) and/or woredas, IFHP issues, and DKT sales and/or donations to the public sector SDPs was collected for 2012 and 2013. While service data was considered, the data was not readily available and it was not considered a reliable data source for the forecasting activity.

The preliminary consumption and demographic forecasts were presented at a technical meeting with relevant donors and stakeholders. The recommended was modified, based on the discussion of the technical meetings; the value of commodities for the end user requirement for 2014/2015 is estimated to be U.S.\$26.8 million. Using this information, the government and development partners are expected to commit resources for purchasing contraceptives for the period.

Reproductive Health Commodity Security Assessment ...from page 1

Ethiopia has shown remarkable improvements in ensuring the availability of reproductive commodities, including contraceptives at the service delivery point (SDP) level—data shows less than five percent stockout of popular contraceptives in the past years. This results from a coordinated effort of all stakeholders under the leadership of Federal Ministry of Health (FMOH) and Pharmaceutical Fund and Supply Agency (PFSA).

However, data also show that some facilities, particularly in emerging regions, still face challenges in guaranteeing the availability of reproductive health commodities for those who need them, both in the short- and long-term.



Participants in Beneshangul Gumiz during group discussions.

In March and April, as one of the activities to help ensure contraceptive security at the SDP level, the project worked with Beneshangul Gumuz and Gambella regional health bureaus to develop regional-level strategic plans for RHCS during an RHCS situation assessment workshop. Participants at the workshop identified and analyzed the strengths and weaknesses that impact the availability of RH commodities in the region, and to make recommendations for strengthening RHCS. At the end of the workshop, participants prepared a three-year RHCS operational plan and agreement was reached on next steps. This is the first plan like this for these regions.

Continued on page 5

Recent Survey Result Shows Continued Increase in Use of Family Planning

A recent national survey of family planning programs, conducted by Performance, Monitoring and Accountability (PMA) 2020, shows remarkable continued increase in the use of modern family planning methods in Ethiopia. While unmet need declined from 25.3 percent to 18.8 percent, the contraceptive prevalence rate for modern methods increased by six percent, in just three years, from 27.3 percent in 2011 (*Demographic and Health Survey 2011*) to 33.3 percent in 2014 (PMA 2014 survey). In the same period, the average number of children born to Ethiopian women modestly declined to 4.4, down from 4.8 in 2011.

The work of Federal Ministry of Health (FMOH), Pharmaceutical Fund and Supply Agency (PFSA), and other partners, to maintain the high availability levels of contraceptives in health facilities, undoubtedly play a key role in this success. In the most recent USAID | DELIVER PROJECT data from supervisory visits, the availability of injectable contraceptives, by far the most popular method in Ethiopia, was 98 percent at the health-facility level.

You can read the full two-page brief at: http://www.pma2020.org/sites/default/files/PMA2014Ethiopia_Round%20One_FP_Brief.pdf

New Contraceptive Security Indicator Resources Are Released

Each year, the USAID | DELIVER PROJECT surveys as many as 43 countries on a number of indicators related to contraceptive security (CS). The CS indicator survey focuses on areas critical for ensuring that contraceptives get into the hands of users when and where they are needed; this includes financing and procurement, policies, coordination, commodities offered, and the supply chain.



Selected CS indicators are now available through interactive maps on the project's website (<http://deliver.jsi.com/dhome/whatwedo/commsecurity/csmeasuring/csindicators>). Users can look at the maps to see trends across countries, and the maps provide quick access to individual Excel-based country dashboards that represent annual survey data dating back to 2009. The dashboards are also a helpful tool for tracking changes, over time, within a single country.

New Videos from the USAID | DELIVER PROJECT Highlight Forecasting and Disposal of Unusable Health Commodities

To help logisticians around the world build their professional capacities, the USAID | DELIVER PROJECT has developed two new videos on technical topics in supply chain management.

The first, *Disposing of Unusable Health Commodities*, an animated video, explains the importance of following recommended waste disposal practices and it outlines specific steps for healthcare workers to take when disposing of pharmaceutical waste at their facilities.

The second, *The Art and Science of Forecasting*, presents the complex activities of forecasting that involves not only using data to make mathematical calculations, but also uses contextual clues to make judgments and predictions, making it both an art and a science. The video combines animated teaching segments with commentary from field experts who share their experiences and advice.

Please visit links below to access these new videos:

<http://player.vimeo.com/video/89648849>
<http://player.vimeo.com/video/89648848>

Community-Focused Supply Chain Project...from page 1

Most often these deaths are from pneumonia, malaria, diarrhea, and malnutrition, which could have been prevented by low-cost treatments using different approaches, including community case management (CCM). To improve care and treatment for children, effective and efficient supply chain systems are critical if community health workers are to have consistent access to sufficient quantities of high-quality, affordable essential medicines.

In July–August 2010, a baseline assessment, conducted by Supply Chains for Community Case Management (SC4CCM) project, to understand the supply chain situation of CCM, indicated that health extension workers (HEWs) lack basic supply chain knowledge and skills; only 11percent received training and 14 percent reported using any stockkeeping documentation for commodity management. The Integrated Pharmaceutical Logistics System (IPLS), currently being implemented for all health facilities across the country, has not yet reached many health posts.

During the past few years, the SC4CCM project has worked in partnership with Federal Ministry of Health (FMOH), Pharmaceutical Fund and Supply Agency (PFSA), Regional Health Bureaus (RHBs), and the USAID | DELIVER PROJECT in Amhara and Southern Nations, Nationalities and Peoples (SNNP) regions to address the bottlenecks identified in the baseline assessment. SC4CCM pursued a two-phase intervention strategy. During the first phase, SC4CCM and the USAID | DELIVER PROJECT partnered to provide national coverage of supply chain knowledge, skills, and tools for HEWs to ensure basic processes and competencies are in place to incrementally improve product availability. In the second phase, SC4CCM built on this foundation by testing the IPLS pull system for health posts. In this phase, 31 health centers and 181 health posts under their catchments were included in the pilot project, which

identified simple and affordable solutions to address the unique supply chain challenges faced by HEWs and to strengthen IPLS for HEWs.

To implement these goals, the project designed a range of strategies and interventions, including conducting sensitization workshops; supportive supervisions to health facilities; national quantification of CCM products; woreda-based review meetings; trainings for HEWs; IPLS orientation for HEW supervisors; and a higher-level review meeting with both PFSA hubs and the Regional Health Bureaus (RHBs).



Wosene Chane , a health extension worker completing monthly reporting format.

To prepare health facilities for the program implementation, and to build their supply chain capacity, approximately 12,000 HEWs from 1,200 health centers in eight zones of Tigray, Amhara, SNNP, and Oromia were trained through a joint venture with PFSA and USAID | DELIVER PROJECT. Data collected during supportive supervision were examined in various review meetings and gaps and weaknesses were addressed in updated action plans.

Data show that pilot areas have improved in IPLS since the baseline: increased linkage between health centers and health posts in product supply and technical support , and increased use of logistic formats—bin cards and Health Post Monthly Report and Resupply (HPMRR) (monthly reporting format). According to the end line survey conducted by SC4CCM, the reporting rate for using the standard

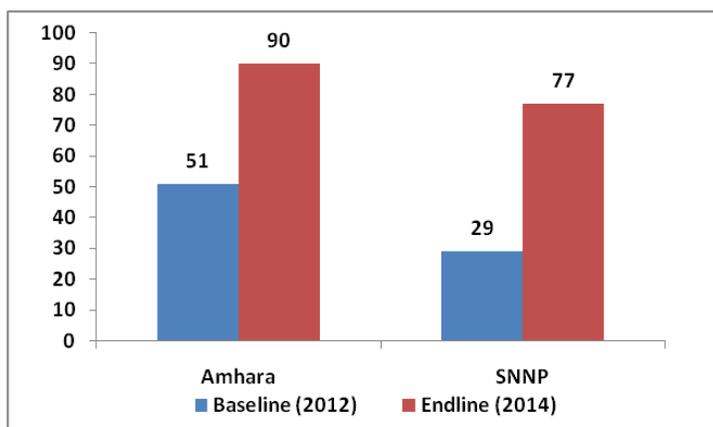
The reporting rate for using the standard monthly reporting format has increased by more than 40 percentage points from the baseline and the availability of some essential items have also shown a significant increase.

Continued on page 5

Community-Focused Supply Chain Project...from page 4

monthly reporting format has increased by more than 40 percentage points from the baseline and the availability of some essential items have also shown a significant increase.

Figure 1: Percentage of Health Extension Workers Who Submitted HPMRR in the Last 30 Days



These and other interventions helped the country meet various health goals, including in 2013, the Millennium Development Goal IV by reducing the under-5 child mortality by two-thirds from 1990 to 2012. The supply chain played a vital role in these health improvements by ensuring a steady supply of medicines and health supplies, where and when they are needed.

“I have the skills, knowledge, and confidence to manage medicines after attending the health post IPLS training. I understand the basic logistics principles. My understanding about supplies and communication with health center in requesting and reporting consumption skills has also improved with this training.”

Tejitu Jango, HEW at Germama Health Post

Pipeline Software Training...from page 1

must avoid any surplus that wastes products and money. The Pipeline Monitoring and Procurement Planning System (PipeLine), a best-in-class desktop software tool designed by the predecessor DELIVER project, and used in more than 40 countries around the world, helps program managers plan optimal procurement and delivery schedules for health commodities, and helps monitor their orders throughout the supply chain.

To equip relevant staff from the Federal Ministry of Health (FMOH), Pharmaceutical Fund and Supply Agency (PFSA), and selected partners use the system, the project organized a three-day training for 10 participants. The training covered both the basic logistics concepts used in PipeLine and how to manipulate the software. Participants expressed their satisfaction with the content and the approaches used to deliver the training. The training will help participants generate reports, estimate future product needs, and produce procurement plans and follow-up actions to ensure a regular and consistent stock of products at the national level.



PipeLine trainees learn how to use the software.

This training is part of the capacity building support the project is providing to the newly established Pharmaceuticals Logistics Management Unit (PLMU) under the ministry.

Reproductive Health Commodity Security Assessment ...from page 2

The project is also working in Amhara, Oromia, Tigray, and Southern Nations, Nationalities and Peoples (SNNP) regions to update the strategies developed in 2009–2010, which will serve for 2014–2016.

The reproductive health situation analysis findings will help the regions strengthen their commitment and build consensus among stakeholders on the priorities to ensure RHCS.

Highlights of Supply Chain Achievements (January–June 2014)

Stores Improvement and Stock Reorganization Curriculum Development and Training: To transfer skills for assessing storage conditions and improving health-facility stores, including shelf installation, the USAID | DELIVER PROJECT (the project) developed a new training curriculum for government partners. In February, the curriculum was tested with the Pharmaceutical Fund and Supply Agency (PFSA) staff. Following testing, the project organized a five-day training in Bishoftu, from March 18–22, 2014. A total of 11 staff from all PFSA hubs took part in the training. The training included three days of classroom and two days of practical sessions, where trainees visited actual stores undergoing improvements.

For more information on stores improvement, including shelving and equipment specifications and where to obtain quality shelving, please contact the USAID | DELIVER PROJECT by email at nmilky@et.jsi.com.



Participants and trainers attended the stores improvement and stock reorganization training.

IPLS Gap-filling Training: PFSA, in collaboration with partners, continue to organize gap-filling trainings on IPLS. In the last two quarters, 1,009 health staff from Tigray, Amhara, Southern Nations, Nationalities and Peoples (SNNP), and Oromia participated in the three-day training. These trainings are primarily intended to build the capacity of pharmacy personnel to use the logistics management information system and inventory control procedures. The trainings were financially supported by Supply Chain Management System (SCMS), Clinton Health Access Initiative (CHAI), and Management Sciences for Health (MSH)/Heal-TB Project; the project provided trainers for some of the sessions.

IPLS Orientation and Supportive Supervision Training: IPLS orientation and supportive supervision trainings were organized for 182 personnel from Dire Dawa, Adama and Addis Ababa hub. This program aims to strengthen ownership and ensure sustainability by increasing the involvement of woreda and zonal health officials and health facility management in following-up the implementation of IPLS. CHAI covered the costs and project staff helped facilitate the training.

Health Commodity Management Information System (HCMIS) Facility: To initiate the system in new facilities, a one-day orientation workshop was organized for 40 facilities from Addis 7, Woliktie, Mizan, Addis Ababa Zuria Oromia Zone and Mekele 3 clusters. In addition, the project conducted onsite orientation for 23 health facilities from Harar 4, Motta, and Shire clusters. Facility heads and pharmacy staff attended the orientation workshop. The project also distributed various IT equipment procured by PFSA.

Support for Hubs and Regional Warehouses: The project provided ongoing user support to the more than 200 daily PFSA users of HCMIS at the center and hubs. Project staff at the PFSA hubs work closely with PFSA hub IT staff to build their capacity to provide this support in the future.

Shelves Installation: The project warehouse team completed this year first round installation of Dixon shelves in 94 health facilities in March. The second round installation in 90 health facilities started in June. Thus far, eight health centers from Oromia were upgraded. Along with the installation, stores were reorganized and unusable and expired items were separated for disposal.

Integrated Pharmaceutical Logistics System and Commodity Security Supportive Supervision Updates

Critical indicators of a strong supply chain include the correct use of the Report and Requisition Form and availability of essential medicines. Following are trend data from supportive supervision visits made by the USAID | DELIVER PROJECT, in collaboration with PFSA and the Regional Health Bureaus (RHBs), from April 2013–March 2014. They show the use of RRF for resupply and the contraceptive availability in the visited health facilities. The visits were made to Phase I—antiretroviral sites started implementing the Integrated Pharmaceutical Logistics System (IPLS) in FY2011—Phase II facilities—preventing mother-to-child transmission sites, which started implementing IPLS in FY2012 and Phase III facilities—smaller health centers—started IPLS in FY 2013.

Figure 2: Percentage of Facilities Using Report and Requisition Form for Report and Requisition (April 2013–March 2014)

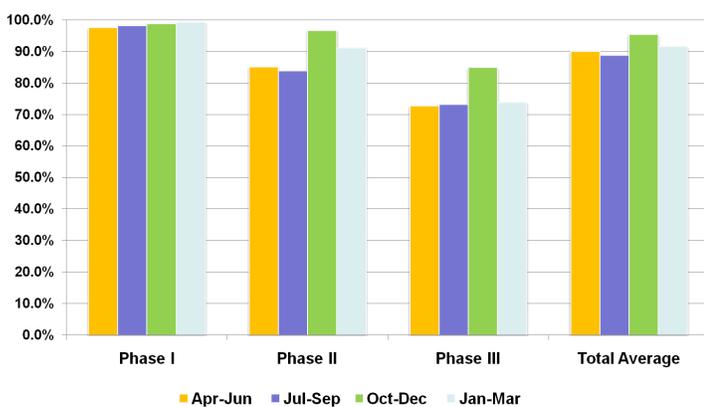
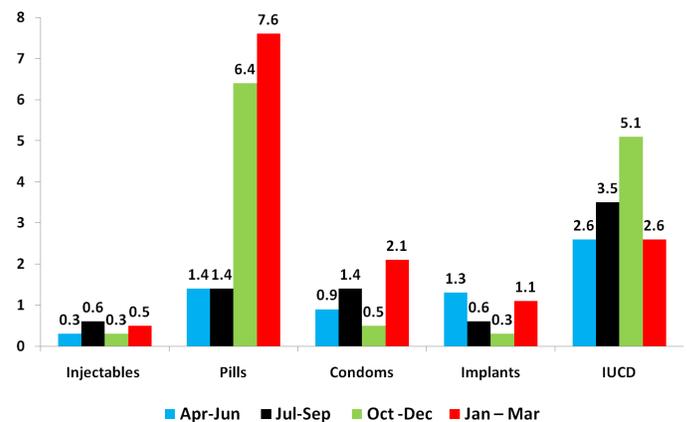


Figure 3: Percentage of Facilities Stocked Out at Time of Visit (April 2013–March 2014)



Technical Tips: Appropriate Vaccine and Diluent Storage

- Vaccines stored in a freezer: Store varicella-containing vaccines in a freezer between -58°F and +5°F (-50°C and -15°C) until it is reconstituted and administered.
- Vaccines stored in a refrigerator: Store all other routinely recommended vaccines in a refrigerator between 35°F and 46°F (2°C and 8°C), with a desired average temperature of 40°F (5°C).
- Store vaccines so they are accessible for first-to-expire, first-out (FEFO), counting, general management, and air circulation.
- Package diluents separately from their corresponding vaccines, and store them at room temperature—if they do not contain antigens—or in the refrigerator.
- Store diluents that contain antigen, or that are packaged, with their vaccines in the refrigerator next to their corresponding vaccines.
- Store vaccine products that have similar packaging in different locations within the storage unit to avoid confusion and medication errors.
- Label all requirements in the vaccine store to indicate the content—type of vaccine, batch number, and expiry date.
- Clearly mark and label opened and partially used vials of vaccines that satisfy open vial policy requirements and were brought back from immunization sessions.
- Label diluents to clearly match their corresponding vaccine to avoid incorrect reconstitution.
- Keep thermometers hanging position in the basket to maintain temperature between 2–8°C. Monitor the temperature morning and evening.

Source: *Vaccine Storage and Handling Toolkit*, Centers for Disease Prevention and Control (CDC), 2012.

Graduation: A Strategy to Sustain the Implementation of Integrated Pharmaceutical Logistics System and Reach More Health Facilities

Since 2010, the USAID | DELIVER PROJECT (the project) has worked with the Pharmaceutical Fund and Supply Agency (PFSA), Regional Health Bureaus (RHBs), Supply Chain Management System (SCMS), and other partners to support health facilities as they implement the Integrated Pharmaceuticals Logistic System (IPLS).

To-date, PFSA, with their partners, has trained more than 6,000 health providers, from approximately 2,300 health facilities, in IPLS. Following the training, the project field staff have visited about 600 health facilities every quarter to ensure that IPLS is being properly implemented. Other partners are supporting a similar number of health facilities. However, with more than 3,000 health centers and hospitals in the country, and new facilities opening every year, hundreds of facilities do not receive any support.

To address this gap and to enhance sustainability, the project, with PFSA and the RHBs, has designed a strategy to graduate facilities whose performance reaches an acceptable level. A set of criteria, including measuring the performance of health facilities using the agreed-upon indicators, in consecutive visits, were used to identify and nominate facilities for graduation. A team of experts from the respective zonal and woreda health office, PFSA, and the project then visited proposed facilities to validate their status.

Since September 2013, 80 health facilities have successfully graduated from routine support; the project expects to graduate a total of 200 facilities by the end of September 2014. Graduated facilities receive certificates of recognition from their respective woreda health offices/RHBs, and PFSA. These graduated facilities, however, will not be forgotten. PFSA and RHB experts at all levels provide support during their

biannual integrated supportive supervisions in which IPLS and other logistic issues are addressed. In addition, the project staff will occasionally visit the facilities to ensure they continue to maintain graduated status. The quality of the Reporting and Requisition Form received at the PFSA hubs are also regularly evaluated as a partial check on the performance of facilities in implementing IPLS.



Addis Ketema Health Center in Dire Dawa is effectively implementing IPLS after graduation.

Eighty graduated facilities means the project can now provide supportive supervision to 80 new facilities for the first time. With this approach implemented, local ownership and sustainability is strengthened.

FOR HCMIS/IPLS TECHNICAL SUPPORT PLEASE CALL 8773 FREE OF CHARGE



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

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