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Fourth Round of Integrated Pharmaceuticals Logistics System Training-of-Trainers in Debre Birhan

Since the beginning of the Integrated Pharmaceuticals and Logistic System (IPLS), the Federal Ministry of Health (FMOH), Pharmaceuticals Fund and Supply Agency (PFSA), and partners have made large-scale efforts to build the capacity of health facilities in the supply chain management system. In three rounds, more than 115 experts from PFSA, Regional Health Bureaus (RHBS), Supply Chain Management System (SCMS),



Forecasting and capacity building directorate director of PFSA, Ato Yared Yiegezu, presenting certificates to participants.

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Empowered by Real-Time Logistics Data, Health Facilities Improve the Availability of Essential Medicines

Having the right product, at the right time, is essential for patient care. However, at Wukro hospital—located in Tigray, 800 kilometers north of Addis Ababa—it was challenging to keep essential medicines

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At the Wukro hospital, the store manager is using the HCMIS to check stock status and to generate reports for decisionmaking.

Commodity Security Training Conducted in Hawassa

In Ethiopia, in the past, it was often hard to find contraceptives. In recent years, however, with a firm commitment from the government and strong support from development partners and stakeholders, contraceptive security—the availability of contraceptives when and where people need them—has significantly improved.

As part of the effort to ensure a reliable and sustainable supply of family planning products for those who need them, USAID | DELIVER PROJECT, with

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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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Fourth Round of Integrated Pharmaceuticals Logistics...from page 1

the USAID | DELIVER PROJECT, and other partners, received training-of-trainers (TOT) in IPLS.

To expand the pull of trainers and introduce new components of the curricula, the fourth round TOT was organized in Debre Birhan from May 27–June 8, 2013. Thirty-one participants from PFSA, RHBs, the project, and SCMS attended the training. During the training, participants were introduced to theoretical lessons, demonstrations, group works, presentation tasks, and practical session that will enable them to successfully and effectively deliver the IPLS training program. These new TOT participants will join other hub based teams to rollout the trainings to health facilities under their coverage areas.



Participants in TOT training at Debre Birhan, Eva Hotel

Participants expressed their satisfaction with the training. They particularly appreciated the opportunity to learn more about interactive adult training approaches, which improved their ability and skill to provide trainings. Henok Teka, Forecasting and Capacity Building Officer at PFSA, said, “I really liked the adult learning approach, which has greater learning impact than the traditional lecture approach.” Alemash Michael, logistics officer at the Tigray Health Bureau, also added that, “the training helped me to significantly improve my technical skill and confidence of providing trainings.” However, participants suggested increasing the training days and the time allocated for some of the sessions.

Speaking at the closing of the training, Ato Yared Yiegezu, Forecasting and Capacity Building Directorate Director of PFSA, stressed the importance of capacity building in ensuring essential medicines are available for the community; he urged participants to continue using the new skills they learned during the training to support this effort with PFSA and partners. He also thanked the USAID | DELIVER PROJECT and SCMS for their financial and technical support in organizing the training.

Commodity Security Training...from page 1

the Federal Ministry of Health (FMOH), held commodity security training in Hawassa from March 25–29, 2013. The training—for the FMOH, Regional Health Bureaus (RHBs), and selected partners working in reproductive health—included the principles and practices of commodity security; this will ensure that they can have a significant role in achieving sustainable reproductive health commodity security. Twenty-two participants attended the training.

The training covered the seven components of commodity security and the different approaches that can be used to design and implement contraceptive security strategies. After the workshop, the participants expressed their satisfaction and appreciation. They thanked the project for organizing the workshop.

Empowered by Real-Time ...from page 3

Using the best experiences from Wukro hospital, the project expanded the implementation of the system to nearly 400 hospitals and larger health centers throughout Ethiopia. PFSA, recognizing the value of the system, has procured computers, printers, and other hardware to support continued expansion. Thanks to the vision of Dr. Mehari and the Tigray RHB and PFSA, Ethiopia has become a pioneer in automated inventory management in health facilities.

Empowered by Real-Time Logistics Data...from page 1

and other vital health supplies available. For many years, patients often had to rely on private pharmacies outside the hospital for their medicines, which were frequently stocked out or had a prohibitive price.



Dr. Mehari Desalegn, receiving award from the late Prime Minister Melese Zenawi for better performance in service provision and hospital management.

As a health provider, witnessing this every day was very frustrating, says Dr. Mehari Desalegn, medical director of Wukro Hospital. According to Dr. Mehari, the availability of essential medicines was less than 40 percent at the hospital. Every year, products worth more than 400,000 Ethiopian Birr (ETB) (about U.S.\$20,000) were wasted because of damage or expiry. The lack of availability of logistics data, including stock status and consumption, significantly contributed to the waste.

The hospital management and the Regional Health Bureau (RHB) decided action was needed to meet the performance standards set by the Federal Ministry of Health (FMOH), including increasing the availability of medicines for patients. As part of this effort, in 2008, the hospital—with support from the RHB, Pharmaceutical Fund and Supply Agency, and the USAID | DELIVER PROJECT—began implementing the Health Commodity Management Information System (HCMIS). They were the first in the country to pilot and fully implement the innovative inventory management system. The HCMIS, a user-friendly software package, assists health facilities in managing all essential medicines.

“After implementing HCMIS, our pharmacy has never been the same,” says Dr. Mehari. Because of the HCMIS, the pharmacy department can provide real-time, accurate logistics information—including average monthly consumption, stock on hand, and near-expiry products—to the hospital management and clinicians for decision making. The management uses the information to improve the overall inventory management practices and to determine how much and when to procure pharmaceuticals.

“Providing life-saving services to large numbers of patients is a difficult task unless they are supported by innovative technologies like the HCMIS”.

Dr. Mehari Desalegn, medical director of Wukro Hospital.

During the past five years, Dr. Mehari said that the availability of essential medicines in the hospital has increased to more than 90 percent. Annual losses from wastage and expiry have been reduced to less than 50,000 ETB (about U.S.\$2,600). While many factors contributed to these improvements, Dr. Mehari is convinced that the HCMIS was a crucial factor.

Currently, the hospital serves more than 55,000 patients, with approximately 2,500 admissions annually. Providing life-saving services to large numbers of patients is a difficult task unless they are supported by innovative technologies like the HCMIS, added Dr. Mehari. Today, patients can easily purchase their medicines in the hospital, at an affordable price. The region has recognized the hospital and it has received awards for its achievements from the FMOH and international partners. These achievements would have been impossible without the commitment of the hospital staff and support from the RHB and the Pharmaceutical Fund and Supply Agency (PFSA).

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“After implementing HCMIS, our pharmacy has never been the same,”

Dr. Mehari Desalegn, medical director of Wukro Hospital.

Assessment Shows High Turnover of Pharmacy Personnel in Public Health Facilities

Shortages and a high turnover of trained pharmacy staff in public health facilities in Ethiopia has frequently been reported as a major challenge when making improvements to the supply chain system and when implementing the Integrated Pharmaceuticals Logistics System (IPLS). However, because limited concrete data are available to assess the magnitude of the problem, the USAID | DELIVER PROJECT conducted a rapid assessment for the pharmacy human resources status of facilities.

From July to October 2012, the assessment was conducted in selected health facilities in four regions and two city administrations. Using a purposive sampling, approximately one-third (26 hospitals and 202 health centers) of the health facilities supported by the project were included in the assessment. At the time of the survey, of the 707 pharmacy staff working in the assessed facilities, almost all have professional qualifications: 24 percent have a pharmacy degree and 74 percent have a diploma.

More than 43 percent had one year or less experience at their facility, while almost 60 percent had one year or less of experience in their current position. Approximately one-third (28.7 percent) of the existing staff in the assessed facilities reported that they had not received training for the IPLS.

When the existing number of staff is compared to the number expected, according to the business process reengineering (BPR) structure, more than half the health facilities (55.4 percent) reported having one less pharmacy staff person than they were expected to have (see figure 1). Most facilities (71.5 percent) reported staff turnover as a major problem, or somewhat of a problem.

In the past year, 233 staff left the surveyed facilities—an average total turnover rate of 33 percent at the facility level. Approximately 50 percent of the staff who left were transferred to other public sector facilities; slightly more than 25 percent joined the private sector (see figure 2).

Figure 1: Number of Staff Compared to Recommended Number in the BPR Structure

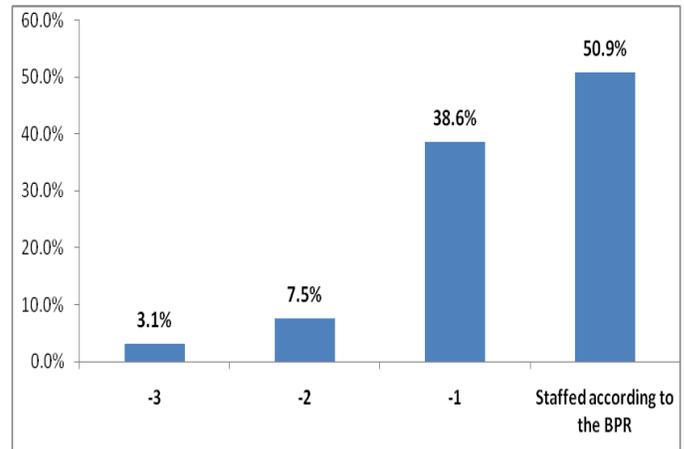
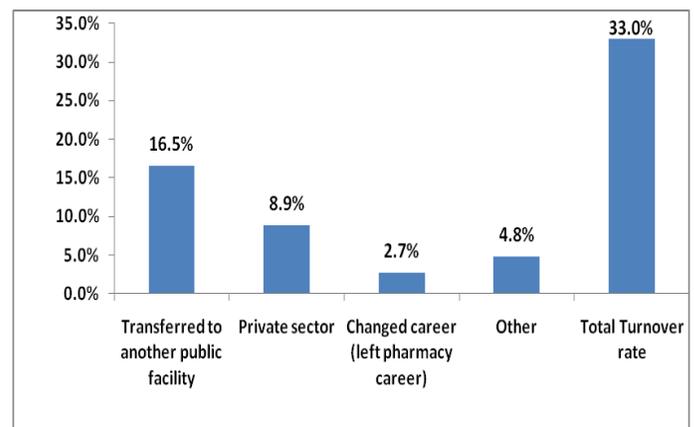


Figure 2: Pharmacy Personnel Total Turnover Rate in Assessed Health Facilities, Including Where They Went



The problem of the high turnover of pharmacy professionals, coupled with facilities not being staffed according to the structure, are major challenges in working to improve Ethiopia’s health supply chain system. All concerned groups need to pay attention to these challenges, including the Ministry of Health, Regional Health Bureaus (RHBs), Pharmaceuticals Fund and Supply Agency (PFSA), and partners. They need to work together to ensure facilities have adequate pharmacy personnel; that pharmacy staff, especially stores staff, have incentives to remain longer in service; and that new incoming staff are trained, preferably before they arrive at their posts.

Facility Focus: Interview with Necho Daba, Pharmacy Unit Head of Ras Desta Hospital

The USAID | DELIVER PROJECT—working with the Pharmaceutical Fund and Supply Agency (PFSA), Regional Health Bureaus (RHBS), and other health facilities—is implementing the Health Commodity Management Information System (HCMIS), which is the innovative inventory management system used in nearly 400 health facilities in Ethiopia. Beginning in 2011, Ras Desta hospital, in the northern part of Addis Ababa, became one of the first facilities to implement the system. Staff from the Health Logistics Quarterly spoke to Ato Necho Daba, pharmacy unit head, about the benefits and implementation challenges of the HCMIS.

Health Logistics: When did you start implementing the automated Integrated Pharmaceutical Logistics System (IPLS)—the HCMIS?

Ato Necho: It was in 2011. Before that, we were implementing the paper-based IPLS, which helped us to improve the overall inventory system and lay the ground work for the automation. However, with the introduction of the automated system, most of the routine activities become simpler and more information is easily available for decisionmaking.

Health Logistics: Before the IPLS/HCMIS, how did you manage commodities and medical equipment at your facility?

Ato Necho: Before the paper-based IPLS, we tried to use stock and bin cards, but not regularly. Dispensing units also requested products from the main store using different formats and without any regular schedule. The store, also, was not properly arranged due to a shortage of adequate shelves and storage space. These had created a lot of challenges and affected our performance in terms of product availability and management of medicines. With the implementation of the paper-based IPLS; and, later on, with the automation of the system, a lot of improvements were observed in our store and our overall commodity management.

Health Logistics: Can you tell us how the use of HCMIS affects your store management and delivery of services in your facility?

Ato Necho: As I mentioned before, the system makes our work simpler. Some information that was so difficult to get, is now easily available. The system provides us real-time data on stock on hand, average monthly consumptions, and other important logistics data. It also gives us early warnings on products that are



Necho Daba, Pharmacy Unit Head, at Ras Desta Hospital

going to expire in the next six months. We are also able to produce graphic reports and provide pictorial presentations to the management.

I don't have the numbers now, but I can tell you for sure that after implementing the system and using the information for decisionmaking, we are able to greatly reduce wastage and stockouts. These actions also have a great positive effect in satisfying our patients' demand for medicines. Here, also, we need to mention the continually improving supply of medicines from PFSA—whenever we make requests on our regular schedule, and sometimes through emergency orders.

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Genet Bekele, store manager at Ras Desta Hospital, using bin cards to enter data into the HCMIS.

Tigray Organizes Regional Health Festival to Celebrate Health Service Achievements

Tigray Regional Health Bureau, with health partners, organized a regional health festival on April 3–4, 2013, in Mekelle. The festival was held to celebrate the health service achievement in the region and to recognize individuals and organizations for their contribution.

His Excellency, Ato Abay Weldu, President of Tigray Regional State, officially opened the health festival. In his opening speech, he noted that, with the collaborative effort of the government and partners, the region is on the right track to achieve health-related millennium development goals, even before 2015. The festival was a forum to share experiences and best practices among government and partners.



The USAID | DELIVER PROJECT showcased its work.



Ashenafi Geberemedihn, USAID | DELIVER PROJECT regional manager, explaining the project work to Ato Abay Weldu, president of Tigray Regional State; Hagos Godefay, Regional Health Bureau Head; and other officials.



USAID | DELIVER PROJECT staff and other stakeholders, including Ato Kahsay G/Selasse (PFSA branch manager, third from left) posing for photo after receiving certification of recognition.

Facility Focus ...from page 5

Health Logistics: What challenges did you face while implementing the system?

Ato Necho: At the beginning, the store, which was relatively small to accommodate all the medicines and supplies, was the major challenge. This is almost solved with the support of the hospital management. In addition, before realizing its benefits, some hospital staff were reluctant to implement IPLS, particularly the HCMIS.

Health Logistics: How do you see the support of the USAID | DELIVER PROJECT in improving the storage and the overall commodity management system of your hospital?

Ato Necho: The USAID | DELIVER PROJECT supported us in improving the store by providing shelves and other warehouse equipment. This was big support that completely changed our storage conditions. They also regularly visit our facility to provide technical support in using the HCMIS system and other IPLS-related activities.

Health Logistics: Do you have anything to add?

Ato Necho: We would also like for the system to manage medicinal supplies and other equipments. This will help us to make our job more complete and improve our performance.

Highlights of Supply Chain Achievements in the Second Quarter (January–March 2013)

Contraceptive Stock Availability at Health Facilities: This quarter, to regularly support the implementation of the IPLS and to ensure commodity security, the USAID | DELIVER PROJECT, with the Regional Health Bureaus (RHBs), and the Pharmaceutical Fund and Supply Agency (PFSA), conducted 820 visits to 647 health facilities. Availability of the widely used contraceptives—i.e., injectables, combined oral pills, and male condoms—was above 97 percent at the time of the visit. Availability of implants and intrauterine contraceptive device (IUCD) were also higher than 96 percent (stockouts were 1.9 percent for implants and 3.1 percent for IUCDs) for facilities providing the methods.

IPLS Roll-Out and Gap-Filling Training: The USAID | DELIVER PROJECT, with PFSA, Supply Chain Management System (SCMS), and other partners continued the roll-out and gap-filling trainings. This quarter, 303 facility and woreda health office staff (136 male and 167 female) from five regions and two city administrations, participated in the three-day training. The RHBs, SCMS, PFSA, and Management Sciences for Health (MSH)/TB Care project provided financial support.

Curriculum Development Training: From February 4–9, 2013, the project organized curriculum development training in Hawassa. Attending the training were 22 participants from PFSA, SCMS, United Nations Population Fund (UNFPA), MSH/TB Care, John Snow, Inc./SCMS Nigeria, and the project—about two-thirds of the participants were from PFSA. The training strengthened the skills of qualified trainers in developing and writing high-quality technical curricula, based on the principles of the adult learning theory.



Curriculum development training participants

HCMIS Facility: The project, with PFSA and RHBs, has been scaling up the implementation of the HCMIS to at least 25 health facilities, per quarter. In this quarter, to initiate the system in new facilities, an orientation workshop was organized for 76 (45 male and 31 female) facility heads and pharmacy unit staff. The project also supported the Addis Ababa health bureau in organizing a two-day workshop to familiarize RHB staff with HCMIS and to strengthen their capacity to provide supportive supervision to facilities. Attending the training were 13 RHB staff.

HCMIS Warehouse: While implementing the HCMIS warehouse in the PFSA hubs, sustainability has been a major focus of the project. As part of this effort, the project is increasing the capacity of the PFSA staff through on-the-job and formal training. This quarter, in addition to the regular support, three two-day training sessions were organized for 82 professionals (61 male and 21 female) from Adama, Mekelle, and Dessie hubs. In addition, for more than five days, advanced HCMIS training was organized for 10 PFSA hub IT staff.

Upgrading Health Facility Stores and Warehouses: During the quarter, the project warehouse team upgraded six hospital stores by reorganizing and installing 219 pieces of industrial shelves. PFSA financed the procurement of 104 shelves for the three hospital stores.

Hub-Based Technical Working Group Meetings: Hub-based technical working group meetings were conducted in eight hubs of the PFSA (Mekelle, Nekemte, Hawassa Adama, Dire Dawa Jima, Bahir Dar, and Gondar). During the meetings, discussions were held on various issues, including the sustainability of IPLS implementation; progress of electronic and paper-based sites; and reporting and use of logistic data, particularly reporting and requisition forms.

Integrated Pharmaceutical Logistics System and Commodity Security Supportive Supervision Updates

Critical indicators of a strong supply chain include the correct use of the Internal Facility Report and Resupply Form, and the Report and Requisition Form. If these forms are used as intended, facilities and Pharmaceutical Fund and Supply Agency (PFSA) warehouses will have most of the information they need to ensure a steady flow of medicines. PFSA and its partners train personnel to complete these forms and monitor their use. Following are data from supportive supervision visits made by the USAID | DELIVER PROJECT, in collaboration with PFSA and the Regional Health Bureaus (RHBS), from October 2012–March 2013. They show how the forms are used and the contraceptive availability in the visited health facilities. The visits were made to both Phase I—antiretroviral sites started implementing the Integrated Pharmaceutical Logistics System (IPLS) in FY2011—and Phase II facilities—primarily preventing mother-to-child transmission sites, which started implementing IPLS in FY2012.

Figure 4: Percentage of Facilities Using Report and Requisition Form for Report and Requisition (October 2012–March 2013)

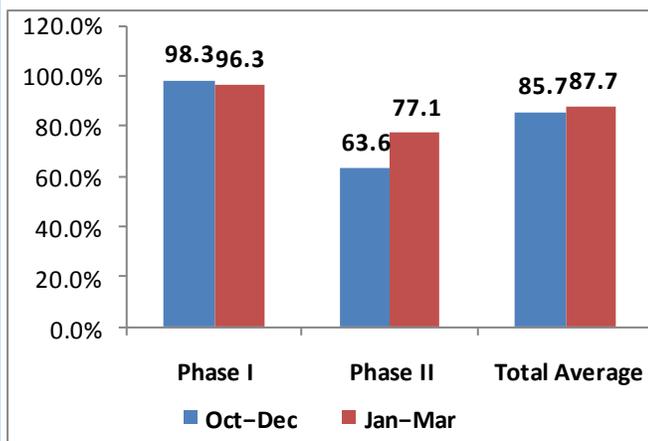


Figure 3: Percentage of Facilities Using Internal Report and Resupply Form in at Least 80 Percent of Major Dispensing Units (October 2012–March 2013)

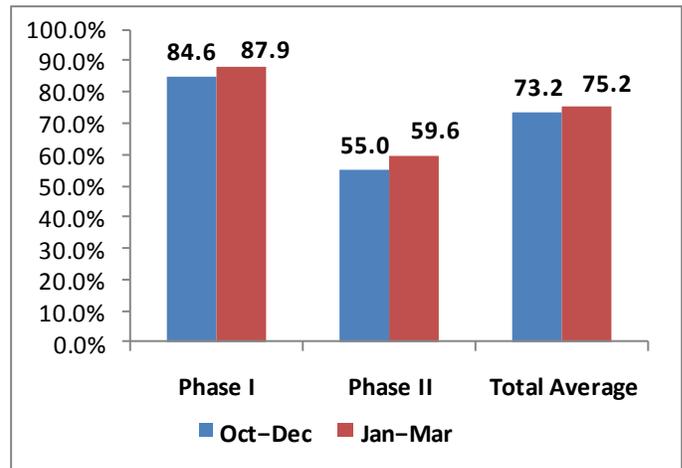
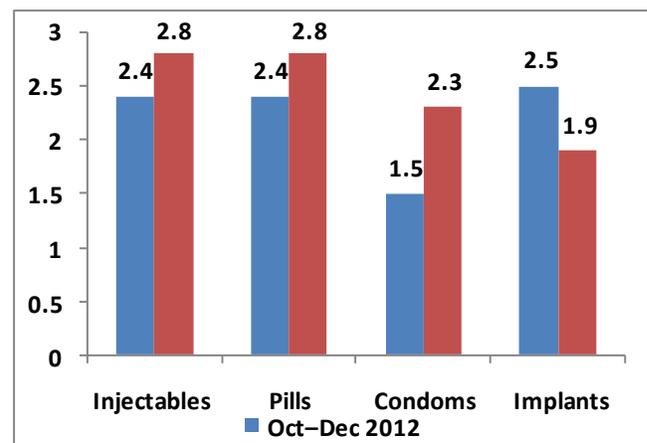


Figure 5: Percentage of Facilities Stocked Out at Time of Visit (October 2012–March 2013)



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

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