



# Health Logistics Quarterly

A QUARTERLY NEWSLETTER

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## USAID | DELIVER PROJECT Participates in Ethiopia's National Family Planning Symposium



Paul Dowling of the USAID | DELIVER PROJECT, co-facilitating at the summit with Dr. Keseteberhan Admassu, Ministry of Health

The Federal Ministry of Health (FMOH) hosted Ethiopia's National Family Planning Symposium from November 26,28, 2012 in Bahir Dar. The theme of the meeting—Family Planning—A Drive to Social and Economic Development—was to secure a commitment for family planning across sectors, regions, and parliament, and societal and religious leaders. The symposium, a direct outgrowth of the London Summit in July 2012, brought together the public sector,

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### Assessment Shows High Turnover of Pharmacy Personnel in Public Health Facilities

Shortages and a high turnover of trained pharmacy staff in public-health facilities are frequently reported as major challenges when efforts are made to improve the supply chain system in the country and to implement the Integrated Pharmaceutical Logistics System (IPLS). However, little concrete data is available to verify the magnitude of the problem. Knowing this, the project conducted a rapid assessment of the pharmacy human resources status of facilities; in collaboration with Regional Health Bureaus (RHBs), Pharmaceutical Fund and Supply Agency (PFSA), and other partners.

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### Using Market Analysis to Help Ethiopia Achieve its Health and Development Goals

The Ethiopia Demographic and Health Survey 2011 reported significant improvements in family planning and reproductive health service provision in Ethiopia. Between 2005 and 2011, the percentage of women of reproductive age using contraceptives almost doubled—from 15 to 29 percent. During the same period, the average number of children born to Ethiopian women declined from 5.4 to 4.8.

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## Assessment Shows High Turnover ...from page 1

From July to October 2012, the assessment was conducted in selected health facilities in four regions and two city administrations. Approximately one-third of the health facilities supported by the project—26 hospitals and 202 health centers—were included in the assessment. A total of 707 staff are currently working in the assessed facilities. Almost all the pharmacy staff have a professional qualification; 24 percent have a pharmacy degree and 74 percent have a diploma.

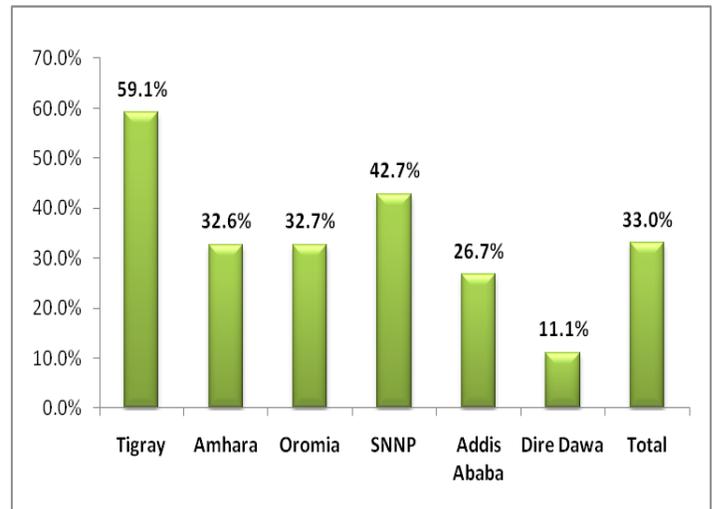
More than 43 percent of the staff had only one year or less experience at their facility, while almost 60 percent had one year or less experience in their current position. Only 14 percent have worked for five and more years in their current facility. About one-third (28.7 percent) of the existing staff in the assessed facilities reported that they had not been trained in 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 fewer staff, by at least one person.

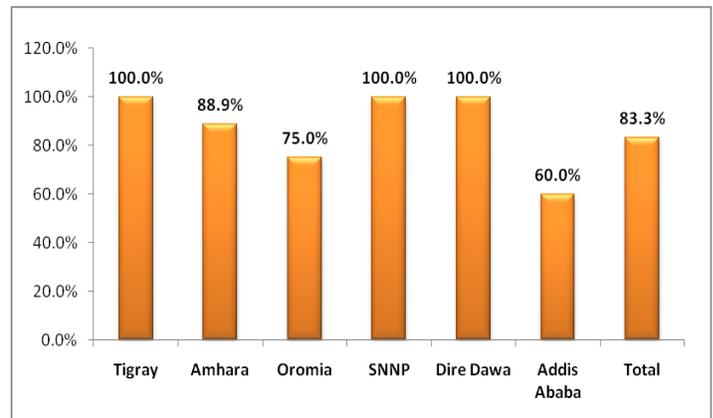
Regional disaggregated data shows that Oromia and Addis Ababa are better staffed; Tigray, Amhara, and Southern Nations, Nationalities and Peoples (SNNP) reported a higher percentage of facilities not staffed, according to the BPR. Most regions also reported having fewer than their ideal number of pharmacy staff.

Most facilities (71.5 percent) reported that staff turnover is a major problem, or somewhat of a problem. In just the past year, 233 staff left the facilities, making the average turnover rate 33.0 percent; the highest reported was in Tigray (59.1 percent) and the lowest reported was in Dire Dawa (11.1 percent). Approximately half the staff that left the facilities were transferred to other public-sector facilities; the remainder went to the private sector or left the pharmacy field. For the staff who joined the private sector or left the pharmacy field, poor pay was cited as the main reason for leaving the facilities; 83.3 percent were trained in IPLS (see figure 5). Only 24 percent of the respondents reported that departing staff were able to train their replacements before they left.

**Figure 1. Staff Turnover Rates in Assessed Facilities by Region**



**Figure 2. Percentage of IPLS Trained Staff Leaving Facility for Other Non-Public Sector Jobs**



The problem of high turnover of pharmacy professionals, coupled with facilities not being staffed adequately for the structure, is a major challenge in trying to improve Ethiopia’s health supply chain system. This needs all concerned bodies—including the MOH, RHBs, PFSA, and partners—to work together to ensure that facilities have adequate pharmacy personnel; that pharmacy staff, 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.

## USAID | DELIVER PROJECT Participates ...from page 1

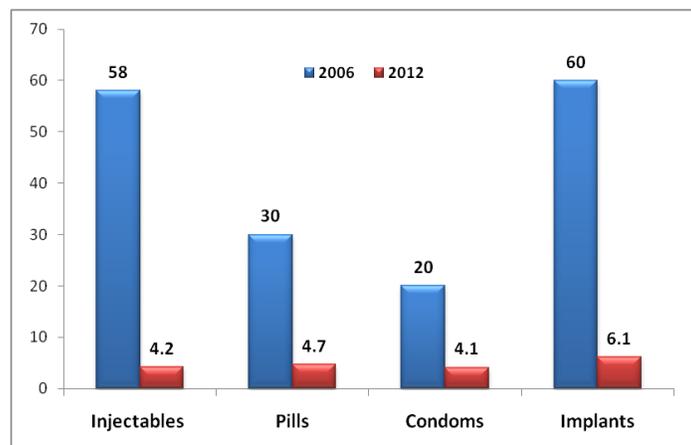
development partners, civil society organizations, higher learning and research institutions, and the private sector.

At the meeting, local and international professionals made presentations that emphasized the importance of family planning to improve maternal and child health and, by extension, social and economic development. The USAID | DELIVER PROJECT also presented a paper at the conference: *Contraceptive Security: Reliable Supply Chain for Improved Contraceptive Availability at Public Sector Health Facilities*.

**Significant reduction in stockout rates was reported for the most widely used contraceptives at the public-sector service delivery points.**

The paper reported a significant reduction in stockout rates for the most widely used contraceptives at the public-sector service delivery points. The stockout rate for injectables and pills was less than 6 percent throughout fiscal year 2011/2012. The stockout rate for male condoms was less than 7 percent for the year. The stockout rate for implants was reduced to less than 10 percent. By comparison, the stockout rates in 2006 were roughly 58 percent for injectables, 30 percent for pills, 20 percent for male condoms, and 60 percent for implants (see figure 1).

**Figure 3. Stockout Rate at the Time of Visit**



It was noted that supply chain investments and the work of the Pharmaceutical Fund and Supply Agency (PFSA) and the FMOH played a significant role in reducing contraceptive stockouts and improving the availability of quality contraceptives and other health commodities for those who need them.

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The USAID | DELIVER PROJECT and other John Snow, Inc., projects, showcased their work to improve reproductive health and family planning services.

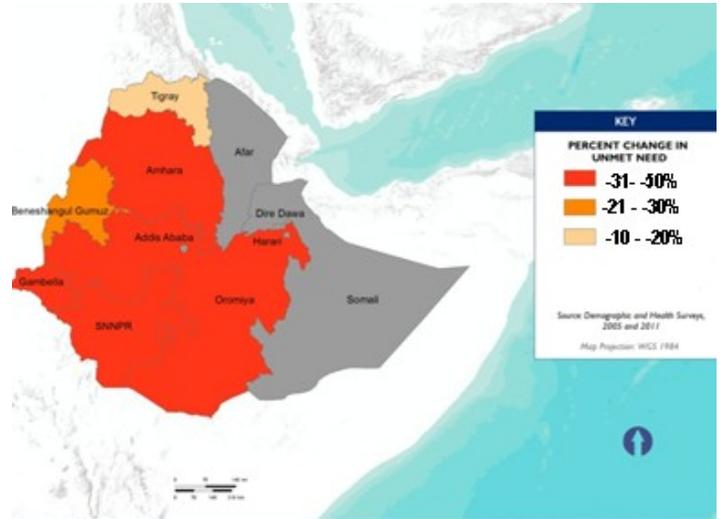
## Using Market Analysis ...from page 1

The project conducted an additional market analysis of the EDHS 2011 database to determine where the most progress has been made; and to identify gaps and use the information to develop more sustainable strategies that will ensure the availability of family planning products.

The in-depth analysis shows that use of family planning is much higher for women that live in urban areas and are well educated. Huge disparities in use have been observed between the poorest and the richest women; although, the gaps are narrowing and unmet need is consistently high in most quintiles. However, the women’s age does not seem to influence either family planning use or unmet need.

Figure 3 shows that the rate of decline in unmet need is similar in most regions, although Tigray, Afar, and Somali lag behind.

**Figure 4. Negative Change in Unmet Need from 2005 to 2011**



While family planning use increased from the 2005 to 2011 *Demographic and Health Survey* (DHS), changes varied between the wealth quintiles. The least wealthy and non-educated women of all ages are using at a lower rate and have less of their demand satisfied than the rest of the population. Similarly, in most areas, between years, significant differences in use remain between regions, despite increases in the CPR. Unmet need has also declined by varying degrees, in the regions.

**Injectables are still the most common method being used by all age groups (72 percent), but the use of long-acting and permanent family planning methods has increased by 15 percent.**

In Ethiopia, an estimated 5.2 million women have an unmet need for family planning; most live in Oromia, Amhara, and the Southern Nations, Nationalities, and Peoples (SNNP). Of these women, an estimated 1.5 million are adolescents (15–19).

Injectables are still the most common method being used by all age groups (72 percent), but the use of long-acting and permanent family planning methods has increased by 15 percent. Throughout the regions, most women continue to receive their family planning method from government sources.

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**Total demand is better satisfied in the urban areas, for richer quintiles, although major improvements have been made in the rural areas for all quintiles.**

Since 2005, demand for family planning, as well as demand satisfaction, has substantially increased. Total demand is higher; it is satisfied best in the urban areas, for richer quintiles, although major improvements have been made in the rural areas for all quintiles.

Continued on page 7

## Facility Focus: Health Post Resupply Initiative Implementation in Gobeya Health Post

In 2003, the government of Ethiopia scaled up the community-level primary health care (PHC) system by launching the Health Extension Program (HEP). Since the beginning, the program has had a tremendous impact on almost all the key health indicators in the country. However, because it is the last mile of the supply chain, coupled with the large number of health extension workers (HEWs), the logistics system at the health post-level received little support and it faces several challenges.

In December 2011—the project, with the Pharmaceutical Fund and Supply Agency (PFSA), Regional Health Bureau (RHB), and other partners—initiated the Health Post (HP) resupply program, as part of the Integrated Pharmaceutical Logistics System (IPLS). The goal of the program is to ensure that health posts are resupplied monthly with all the required drugs and related supplies using practical, but simple, mechanisms for gathering information and moving products from the health center to the health post.

Gobeya, located in South Wollo, Amahra, is one of the 800 health posts that received training and other material support to initiate the program. Mekdes Abera, an HEW at the HP, said that on-the-job training and regular support—provided by the project and health center—are key to implementing the



**Mekdes Abera, health extension worker at the health post, shows well-organized shelves.**

**“Before the initiation of the program, I had some difficulties of managing commodities. I use bin cards but not sure how to complete the different sections. Now, I can properly use bin cards and use the information to prepare the monthly report.**

**Mekdes Abera, an HEW at Gobeya Health Post**

program. She added that the lockable cabinet supplied by the project also helped them improve how they organize the medicines and other supplies. She explained, “Before the initiation of the program, I had some difficulties of managing commodities. I use bin cards but not sure how to complete the different sections. Now, I can properly use bin cards and use the information to prepare the monthly report. As you can see, the medicines are also well organized. With this support, availability of drugs has improved and we are able to better serve the community.”

With support from the initiative, health posts have started to apply an inventory control system and to use the information for the report and resupply of drugs.

## Support for Stores Equipment and Reorganization Is Improving Commodity Management

The project, as part of its assistance for improving the supply chain system, supports health facilities with physical improvements for the store; including procurement and supply of shelves and stores equipment and installation, and technical assistance with reorganizing the facility stores. Last year alone, the project supported the upgrading for 99 health facilities.



**Gimbi Hospital Store before reorganization and shelving: Health supplies were easily damaged or misplaced because of improper shelving and unwanted items.**

**With project support, facilities can safely store products, which helps minimize the number of damaged products and reduce expiries by applying first-to-expire, first-out (FEFO) inventory management principles. The reorganization and supply of equipment and tools also help facilities increase their storage capacity, improve commodity monitoring, and allowed easier commodity reporting.**



**Staff and project's warehouse team at Gimbi Hospital: After shelves and warehouse equipment were installed and the store reorganized, stores personnel can now efficiently serve patients.**

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Because of the large number of health facilities already in-country and the new facilities being opened, the project could not cover all the health facilities. Beginning last year, PFSA has started supporting selected facilities with essential stores equipment, including shelving; other partners are also supporting renovations at the health facility stores.

For shelving and stores equipment specifications provided by the project, please contact Negash Milky at [negayes@yahoo.com](mailto:negayes@yahoo.com)

## Fifth Global Health Supply Chain Summit Held in Kigali, Rwanda

The International Association of Public Health Logisticians (IAPHL), in collaboration with the University of Southern California and the London Business School, organized the 5th Global Health Supply Chain Summit in Kigali, Rwanda, from November 14–16. More than 200 delegates from over 33 countries attended the summit, which was held in Africa for the first time.

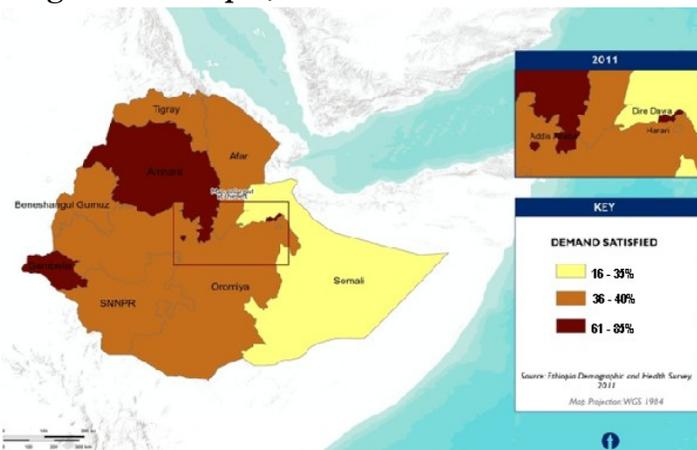
Health supply chain professionals and logisticians from ministries of health, representatives from USAID, public health nongovernmental organizations, international development consultancy companies, and national pharmacies met at the event to share their knowledge and health supply chain experiences, and to learn about the latest IAPHL developments.

The summit featured two days of educational sessions on three key topics—understanding and managing risk in the supply chain, taking supply chain innovations to scale, and benchmarking supply chain performance. A third day of the conference was dedicated to *open space technology* and discrete meetings, including educational content and networking for IAPHL members. The project IPLS technical director participated and shared the Ethiopia experience.

Ethiopia was represented by three participants from the USAID | DELIVER PROJECT; the Supply Chain Management System (SCMS) project; and the Addis Ababa University, School of Public Health.

## Using Market Analysis ...from page 1

**Figure 5. Demand for Contraception Satisfied per Region in Ethiopia, 2011**



## Tips and Tools to Strengthen the Effectiveness and Sustainability of Contraceptive Security Committees

The Toolkit for Strengthening Contraceptive Security Committees offers a collection of tips and tools that countries can use to improve the effectiveness and sustainability of their contraceptive security committees. The kit includes documents from the USAID | DELIVER PROJECT; the Health Policy Initiative; the Leadership, Management and Sustainability project; Capacity Plus; Management Sciences for Health (MSH); and other USAID-supported projects.

Included in the toolkit are exercises, templates, and guidelines that policymakers, program managers, and other multisectoral stakeholders can use to build and strengthen their CS committees. CS committee leaders and members can adapt these resources to—

- develop their committee's mandate
- facilitate action-oriented meetings
- measure progress toward achieving CS
- monitor contraceptive security over time
- use data to improve decisionmaking and planning
- manage contraceptive stocks and avoid stockouts
- improve managers' skills in leading and managing teams
- strengthen individual and team performance to produce results.

For more information, please visit [http://www.k4health.org/node/6871/table\\_of\\_contents](http://www.k4health.org/node/6871/table_of_contents)

Figure 4 shows that much more of this demand was satisfied in 2011; Amhara and Gambella had major improvements.

Overall, it was noted that the demand for family planning, as well as satisfying this demand, has noticeably improved since 2005. However, more work is still needed to reach the Ministry of Health's 65 percent CPR target for 2015, particularly in certain regions and groups.

For more information, please contact Woinsbet Negatu at [w\\_negatu@yahoo.com](mailto:w_negatu@yahoo.com).

## Highlights of Supply Chain Accomplishments in the First Quarter (October–December 2012)

**Supportive supervision:** Project staff, in collaboration with the Regional Health Bureaus (RHBs) and Pharmaceutical Fund and Supply Agency (PFSA), conducted 1,024 regular supportive supervision visits to facilities and zone/woreda health offices. During the visits, special emphasis was given to support the availability of contraceptives at facilities transitioning to the integration of program drugs into the Integrated Pharmaceutical Logistics System (IPLS).

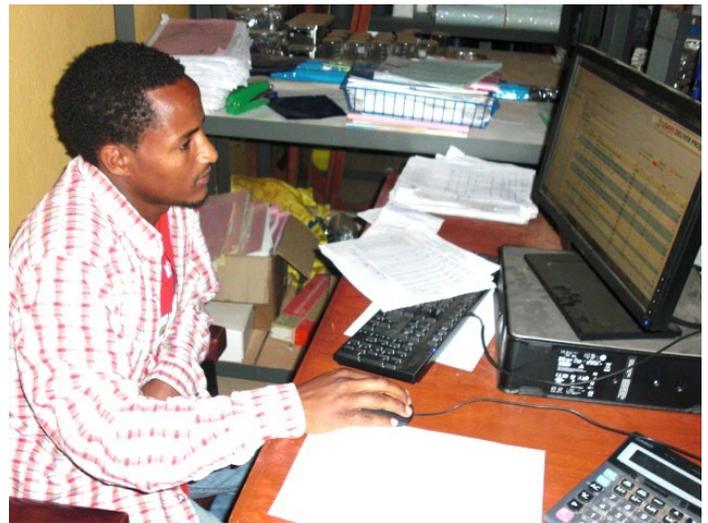
**IPLS roll-out and supportive supervision skill training:** As part of the scale up of the IPLS implementation, the project, jointly with PFSA and the Supply Chain Management System (SCMS) project, continued to provide training for pharmacy personnel at Phase III health facilities. This quarter, 41 staff (31 male and 10 female) were trained with Global Fund financial support through PFSA.



**With improved commodity management and resupply procedures, HEWs have greater access to medicines and are able to offer more effective services to their communities.**

Photo credits: Audrée Montpetit

**Health Commodity Management Information System facility:** During the quarter, the project supported 117 health facilities in implementing Health Commodity Management Information System (HCMIS). Most of the facilities were in the pre-HCMIS (71) phase and the intensive (42) phase when the project provided technical support to establish and strengthen their internal stores management and the basic use of a computer and HCMIS. Four facilities from Dembidolo clusters graduated to the monitoring phase; which is when facilities use HCMIS independently, with minimal project support.



**The automated logistic management information system is helping health facilities manage and track**

## Highlights of Supply Chain ... from page 8

**HCMIS warehouse:** Support continues for implementing the HCMIS warehouse management system in the central warehouses and 11 PFSA hubs. As part of these efforts, the project organized three days of training-of-trainers (TOT) for 11 PFSA center staff. Following the TOT, 285 relevant staff from the PFSA center and Gulele/Addis Ababa hub were trained at the same time as the new trainers. These trainings helped strengthen the transferring of skills to use and implement the HCMIS warehouse.

**Stores management:** During this quarter, the upgrading of the health-facility stores (industrial shelving installation) was complete, for a total of six hospitals from Oromia, Amhara, and Afar. PFSA financially supported the procurement of shelves for two hospitals. This was the result of continuous efforts by the project to mobilize resources from other sources. Also, during the month, the project warehouse team assessed three health center stores in the Amhara region for future upgrading.



**Store renovations, and providing tools like bin cards, improve the management of commodities.**

Photo credits: Audrée Montpetit

## 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.**

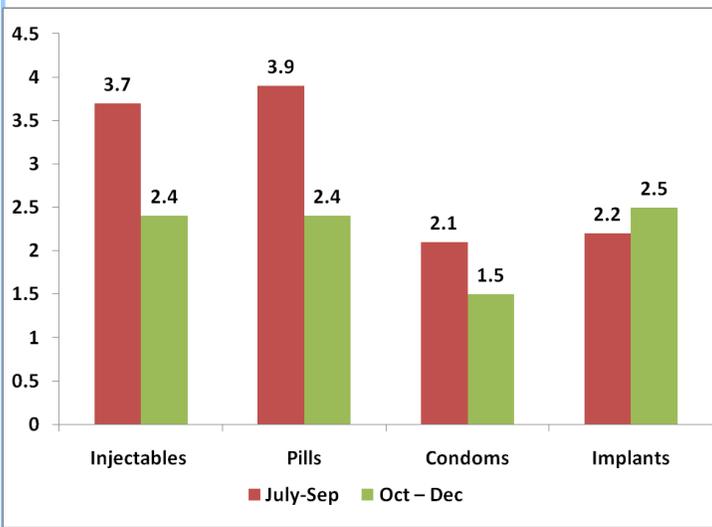
## Major Upcoming Events

- PFSA and RHBs in collaboration, USAID | DELIVER PROJECT and Supply Chain Management System (SCMS) project will conduct the forth round training of trainers and roll-out training to cover the remaining health facilities.
- Health post resupply roll-out training will continue until September 2013 to scale up the initiative in 1,000 health centers.

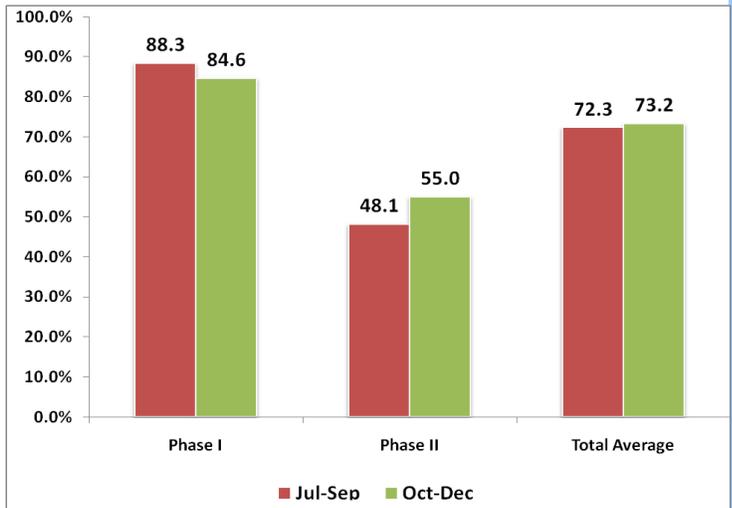
# Integrated Pharmaceutical Logistics System and Commodity Security Supportive Supervision Updates

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. This is why 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, from July–December, 2012. 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 (primarily preventing mother-to-child transmission sites that started implementing IPLS in FY2012) facilities.

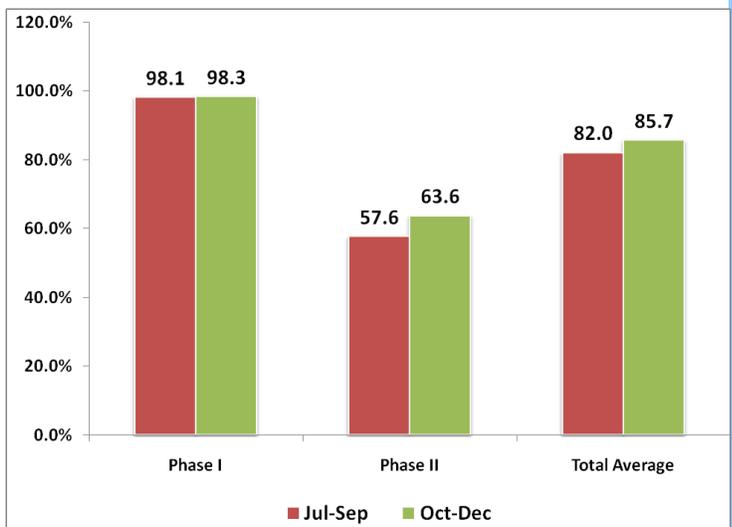
**Figure 6: Percentage of Facilities Stocked out at the Time of Visit [July–December 2012]**



**Figure 7: Percentage of Facilities Using Internal Report and Resupply Form in at least 80 Percent of major Dispensing Units [July–December 2012]**



**Figure 8: Percentage of Facilities Using Report and Requisition Form for Report and Requisition [July–December 2012]**



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

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