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Snapshot

Automated System for Better Public Health Logistics



At Dilla Hospital in Ethiopia, the store manager uses the automated HCMIS software to check a commodity report.

“Overall, the system helped us to be more efficient in our work and better serve our patients.”

—Desalegn Fanta, Dilla Hospital

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As a pharmacy head at Dilla Hospital, 365 kilometers south of Addis Ababa, Desalegn Fanta needs up-to-date information on stock status to make vital decisions about procurement and resupply of drugs, and to ensure accountability and transparency. However, this information was not always easily available or well organized, leading to overstock, stockouts, and expiry of drugs.

To address these challenges, the USAID | DELIVER PROJECT teamed up with the Pharmaceutical Fund and Supply Agency (PFSA)—the government entity responsible for the supply of health commodities to the public sector and regional health bureaus. In 2009, the project introduced an automated health commodity management information system (HCMIS) that can significantly improve health facilities’ ability to manage supplies in their stores.

The HCMIS is a locally-developed, user-friendly software package that helps health facilities manage all essential drugs, as well as medical and laboratory supplies. The HCMIS automatically receives and issues reports and orders, manages inventory, and produces a variety of commodity reports for store managers, pharmacists, and facility heads. Since the program began, the project has implemented the system in 205 selected health facilities throughout Ethiopia.

The HCMIS is implemented in three phases, each taking three to four months. In the initial phase, the project helps health facilities establish and strengthen their internal stores management systems and organize their physical storage through training and on-the-job support. In the second phase, the facilities receive a computer and accessories, and staff is trained on basic computer use and how to use the HCMIS application; they also receive intensive on-the-job training. In the final phase, the project monitors facilities as they transition to using HCMIS independently, with minimal support from the project.

With the new system, facilities are now able to easily assess stock status and calculate average monthly consumption. Facilities also receive alerts for near-expiry commodities and reports on expired and overstock items. The system auto-generates reorder and resupply reports, standardized and special reports, graphs, and charts; these electronically generated reports help facilities to easily monitor stock levels, eliminate or minimize expired drugs, and avoid wastage.

Back at Dilla Hospital, Desalegn can now get the data he needs to give patients the care they need. He said of the change, “The new automated system enabled me to easily produce reports and get important information on stock on hand, average monthly consumption, and months of stock. This makes it easier to decide how much to order. The automated system also improved our inventory management practices, which are important for auditing and accountability purposes. Overall, the system helped us to be more efficient in our work and better serve our patients.”

The USAID | DELIVER PROJECT will continue to work with the PFSA and regional health bureaus to improve the ability of health facilities to manage commodities using HCMIS. The project plans to continue expansion to at least 75–100 facilities every year as part of PFSA’s effort to automate the health facility store management system and improve health care at the facilities.

The USAID | DELIVER PROJECT, Task Order 4, is funded by the U.S. Agency for International Development, and implemented by John Snow, Inc. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operations, and enhancing forecasting and procurement planning. The project also encourages policymakers and donors to support logistics as a critical factor in the overall success of their health care mandates.

The authors’ views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

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