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PROPOSED ORS SACHET TRANSITION

FROM 1 LITRE TO 1/2 LITRE

KENYA

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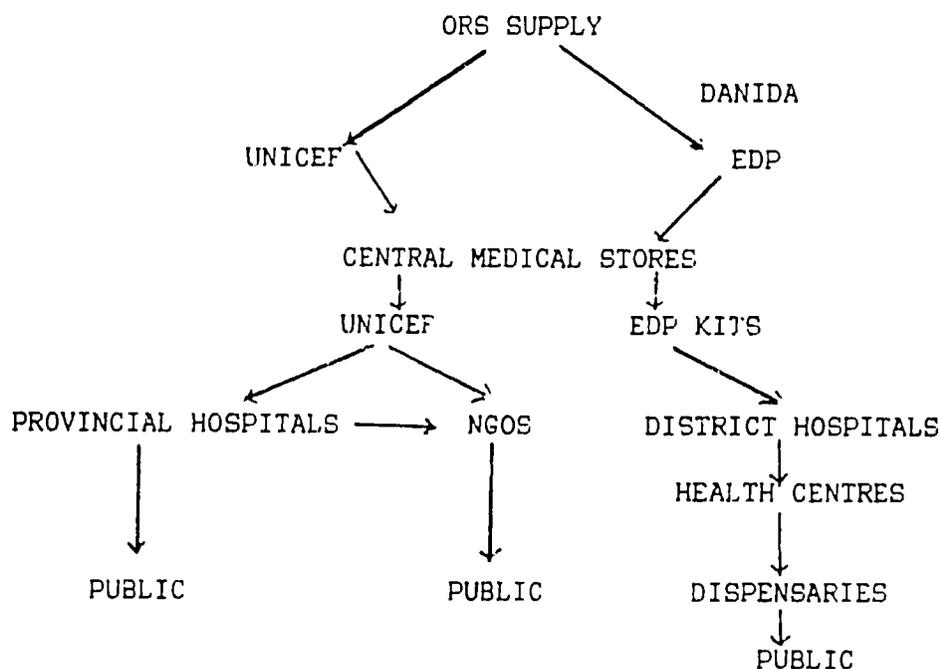
I. INTRODUCTION

Following a study of common household containers conducted by the Ministry of Health in January 1988 it was decided to standardize ORS sachet size from 1 litre to 500ml throughout the country in both the public and private sector. In preparation for this transition two officials from the Kenya Control of Diarrhoeal Diseases Programme, Dr. Makhulo, Manager CDD and Mr. Maina, Logistics CDD, visited Egypt in May, 1989 to study that country's ORS change-over experience. In June Dr. Hosni Mahrous NCDDP/Egypt and Cynthia Clayton travelled to Kenya to work with the Kenya MOH/CDD team to develop a plan for the transition from 1 litre sachets to 1/2 litre sachets. This plan addresses communication to health workers of the transition, disposal of 1 litre sachets, distribution of 1/2 litre sachets, education of health workers and public on preparation of 1/2 litre ORS and a timetable for the transition period. This plan also outlines recommendations to MOH/CDD concerning the administration, integration and communication within the programme. The report is divided into observations, conclusions and recommendations.

II. OBSERVATIONS

A. Logistics

1. Distribution of ORS sachets currently comes from two supply sources: DANIDA supply through the Essential Drug Programme and UNICEF supply through the Central Medical Stores.



2. Stocks of ORS

UNICEF supplied a shipment of 1,541,000 sachets in April, 1987 and a second shipment in March, 1989 for 480,485 sachets. The total amount is 2 million. There are 70,000 remaining sachets in CMS that were to be distributed to Eastern and North Eastern Provinces but they have refused these supplies due to available stocks.

We have observed that there are surplus supplies at all levels of the government health system. For example at Nakuru Provincial General Hospital the pharmacy had 5,000 sachets in stock and the Provincial stores (Ministry of Works) had a supply of 59,000 sachets. Some of the Provincial General Hospital (PGH) pharmacy stocks were returns (over supply) from the districts.

We estimate that 1.2 million UNICEF sachets are available in the government system.

The Essential Drug Programme (EDP) receives kits from Europe (DANIDA) through Central Medical Stores (CMS) and sends them direct to Regional Provincial stores. In 1988 CMS distributed 6,440 kits containing 1.6 million sachets (averaging 250 sachets/kit). From our observations in the field these sachets are available in dispensaries, health centres, and hospitals in large quantities. The stocks available by December 1988 from EDP kits were 2,711 kits. CMS received 1,850 kits by January, 1989 and available in the stores now is 1,434 kits. In route up to Dec. 1989 are 1,290 kits. The total amount of kits for 1989 is 7,755 or 1.94 million sachets. Assuming that in 1988 50% of the stocks were consumed this would leave 2,740,000 sachets available in the government hospitals and at CMS.

Total UNICEF and EDP stocks come to around 4 million sachets.

3. Reporting System

Both UNICEF and EDP supplies are registered at CMS before distribution. Initially CDD directed supplies of UNICEF sachets but when they stopped communicating directions in 1988 CMS made their own decisions about distribution of the sachets based on previous supplies. The District Public Health Nurse (DPHS) is supposed to report to MOH about supplies needed or oversupplies which would be sent on to the PGHs.

There is no reporting system or communications from the NGOs to the regional hospital concerning their supplies or data on case management.

CDD has sent forms to all ORT centres for data on supplies and case management but they have not received feedback from all the centres.

4. Private Sector

There are 3 local manufacturers for ORS: Allied, Cosmos and Sterling/ Winthrop Pharmaceuticals. Searle and Ciba-Geigy pharmaceuticals import ORS.

Products available in the private sector are:

DTS(COSMOS),	ORS(ALLIED),	Winhydran(Winthrop),	1ltr.(plain &flavoured)
1/2 litre	1 litre	and 200ml	
sachets	sacets	sachets	

Searle imports Rehydrat 250ml and Abbot imports paedialite 240ml. Ciba-Geigy imports servidrat 250ml (sachets and tablets).

The costs of these sachets range from 3 Kenya shillings (ORS ALLIED) to 14 Kenya shillings (Searle, Rehydrat). The production capacity for each of these companies is around 500,000 per month. Sales have been on an average of 10,000 sachets per month for ALLIED and COSMOS. Winthrop is considering withdrawing their line of ORS due to limited sales. Searle's Rehydrat sales have been around 4,600 per month. Abbot's Paedialite sales average 240 bottles per month. Ciba-Geigy sales have been around 80,000 per month for sachets and tablets, however this figure is probably inflated due to their promotion through a research project.

We can estimate from these figures that nearly 1/2 million 1 litre sachets have been sold to the public through the private sector. These manufacturers are ready to switch to production of 500ml sachets following a directive from MOH and are eager to cooperate with the government in promoting ORS. Local production from ALLIED and COSMOS could provide sachets to the government for around 1/50 Kenya shillings and 3 Kenya shillings wholesale to the public.

There are nearly 280 pharmacies in Kenya at present or 400 if their branches are included in this figure.

B. COMMUNICATIONS

1. CDD Units

The communications between personnel and units of CDD are somewhat sketchy. There are no regular meetings and therefore the units are often unaware of the others activities. Also there is little communication/feedback from field personnel (nurses in ORT Centres, DHEOS) about activities of CDD in the country. Hence there is little supervision or evaluation of CDD activities in the field.

(a) Communications Unit

Health Education materials are currently being readied for production and distribution to the public. The communications department of CDD have developed and pre-tested the following:

- 13 radio programmes consisting of long messages and jingles in English, Swahili and 5 vernacular languages;
- 3 posters.

These materials are targeting on recognizing and understanding diarrhoea, signs of dehydration and prevention. They are hoping to come out in July 1989.

Materials specific to the 500ml ORS sachets are:

- new mixing instructions for the 1/2 litre sachets;
- pamphlets giving new mixing instructions for health workers and mothers;
- a logo to be used on the sachets and future health education materials.

(b) Training Unit

The CDD training programme has been given a great deal of time and attention by CDD staff. Though it has been an ambitious programme there remain a large number of health workers to be reached if 1990 training targets are realized. Those to be trained will be given specific 500ml mixing instructions. These include not only health workers but pharmacists, paediatricians, NGOs and shop-keepers. For the past year training courses have alerted trainees of an impending transition to 1/2 litre sachets. Having met with field health workers who were trained by CDD we observed that they are well informed in ORS use and case management and are eager to start their own ORT centres, if not established. These trained personnel and others who have not had CDD training were requesting that workers from their facilities be sent to CDD courses in order to set up ORT centres. As well, in speaking with NGOs (Catholic Secretariat) they are also eager to join CDD training.

(c) Logistics Unit

The Logistics Unit is involved heavily with the activities of the other CDD Units. Even still there is a lack of communication and integration to this unit. A reporting system has been devised for field data from ORT centres and District Health Education Officers (DHEOs) activities to be collected by the 2 IPS field workers attached to CDD. The amount of work performed in this unit seems excessive.

(d) Communication to Health Workers

Health workers are playing a key role in the promotion/education of ORS in Kenya. Many health workers have learned of ORT through sources other than CDD (i.e. continuing education, NGO training programmes). Planned communications for health workers from CDD are:

- 4 district level seminars;
- a Materials Use Workshop for DHEOs in August, 1989;
- a circular from DMS/MOH on CDD policies and ORS transition sent to all health workers;
- flyers on new ORS size and mixing instruction for health workers and the public;
- new mixing instructions for the 1/2 litre sachets from EDP and UNICEF;
- the CDD ORS operations manual;
- an outline for curricula for medical and nursing schools.

Communication on the ORS transition has taken place through training courses given in the past year. Otherwise there has been no notification of the transition.

(e) Communication to the Private Sector

Communications to the private sector have been limited to informing pharmaceutical companies that they will need to begin producing or buying 1/2 litre sachets only. However no formal directive or time table has been sent. As well, no directive has been sent to NGOs about ORS policies and the new 1/2 litre sachets.

(f) Communications to the Public

CDD has as yet had no communications to the public. Health education to the public has thus far been limited to talks and demonstrations given to mothers at health facilities/ORT centres and incidental education from pharmaceutical companies promoting ORS, doctors prescribing ORS and education campaigns by other health agencies/NGOs. Though there has been no mass media protragada by CDD there seems to be a general awareness of ORT and use of ORS by the public. Since ORS became widely available in 1987 hospitals and health centres have seen dramatic reductions in severe dehydration cases and use of I.V. (interviews from Kenyatta National Hospital (KNH), Nakuru PGH, Mitaboni Health Centre, Eastleigh Municipal Health Centre, Karuri Health Centre, Gichuru Dispensary).

From interviews with health workers and personnel distributing ORS from the pharmacies of health facilities we observed the following:

1. Some health workers were themselves unsure of proper mixing instructions.
2. Some dispensers were reluctant to give mothers ORS because they did not believe upon questioning them that they understood mixing instructions.
3. The health workers themselves have been receiving mixed messages about treatment of dehydration.
4. Health workers have been using several different containers for demonstration and instruction of ORS preparation 1 litre. (i.e. soda bottles, beer bottles, 1 kg. Kimbo tin).

III. CONCLUSIONS

A. Logistics

1. Distribution of ORS through EDP and CMS adequately covers the public sector facilities.
2. Surplus stocks of ORS are available at all levels of the health system.
3. The reporting system for distribution of supplies is not established as yet. There is no record of supplies consumed or stocks available from the province down to dispensaries in public sector. Also the private sector, NGOs and pharmaceutical companies have no reporting system to MOH.
4. Local manufacturers have the capacity to cover the market needs of the entire country for an affordable price.

B. Communications

1. CDD units: The lack of communication/integration between units of CDD has compromised their ability to implement the programme as effectively as it could be:
 - a) The communications unit was late in its formation.

b) Training is a very strong asset in the CDD programme. However, the current programme cannot adequately cover all health workers considering the objectives of the programme. This unit is understaffed. With only 1 staff person it will be impossible to effectively supervise training activities by the districts and carry out the remaining projected trainings. Private sector pharmacists, NGOs and paediatricians have not been given the attention that they could have in the training considering their impact on the public.

There is no coordinated message being given in training programmes conducted outside CDD.

(c) Logistics unit: The logistics unit of CDD is extremely active and we feel it is understaffed.

2. Communications to health workers

There remains a great deal of training of health workers in ORT. The campaign for informing health workers of the ORS transition has not been implemented.

3. Communications to the Private Sector have been minimal and CDD has not employed them as a potential resources for promoting ORS.

4. Communications to the Public Sensitized

The public has been sensitized to ORT and ORS usage but through a variety of sources and different messages. There has been no standardized measure of container for ORS messages.

Health education materials for the public have taken a long time to develop and receive approval.

IV. RECOMMENDATIONS

A. Logistics

1. Distribution: The current system of distribution is operating well and we recommend that: (a) it continue in the same manner; (b) UNICEF supplies of ORS 1 litre sachets be stopped from further distribution from CMS starting now to avoid oversupply; (c) a DMS circular be sent to all health facilities that from July 1989 they should keep only a 6 month supply of ORS 1 litre sachets (both EDP and UNICEF) and recall the rest to Provincial Medical Stores; (d) all health facilities keep an accurate account of available supplies, the amount of their 6 month supply, and

the amount to be returned to the provincial stores. This record should be sent to CDD Logistics Unit; (e) stocks received from UNICEF at CMS of new 1/2 litre sachets should be kept at CMS until January, 1990 when they will begin distribution; (f) EDP kits containing 1/2 litre sachets must start to be distributed by January 1, 1990; (g) the remaining supplies of ORS 1 litre sachets at the provincial stores and KEPI be returned to CMS by January 1, 1990 for the following actions:

1. destroy expired sachets;
2. explore the possibility of donating the 1 litre sachets to another country;
3. explore costs from local manufacturers for repacking the 1 litre sachets to 1/2 litre. (Allied Chemicals has offered to repack at a price of 80 cents Kenya shillings per 1/2 litre sachet);
4. if options 2 and 3 are not possible all stocks of 1 litre sachets should be destroyed;

(h) a DMS circular be sent to local manufacturers and importing agencies in July, 1989 informing them that from July to December, 1989 they must finish their available stocks of any ORS sachet other than 1/2 litre size and that they are not to promote ORS in any size except 1/2 litre starting in January, 1990; (i) NGOs continue to receive supplies from provincial stores (UNICEF supplies); (j) chemist shops continue to procure from local manufacturers.

2. Reporting System

We recommend that: (a) from January, 1990 for the public sector a monthly reporting system be initiated from the dispensary and health centres to the district hospitals and the provincial stores. These reports should include: an opening inventory of ORS received for that month, inventory of sachets distributed and closing inventory by the end of that month. The district hospitals and provincial stores will send these reports to CDD Logistics at the end of the month; (b) a monthly reporting system for the NGOs be initiated with the same information as public sector and sent to CDD Logistics starting January, 1990; (c) a monthly reporting system from pharmaceutical companies distributing ORS be initiated to report monthly sales sent to CDD Logistics starting January, 1990.

3. We recommend that MOH/CDD maintain communication with local manufacturers for the eventual switch to local production and supply of ORS sachets.

B. Communications

1. Communication within CDD we recommend:

- a) Weekly meetings of CDD staff to review activities, planning, problem solving and follow up to start in July, 1989.
- b) That a position be created for Project Coordinator who will act to prepare agendas for meetings, comprise monthly reports from each of CDD units activities and follow up on plans and issues raised in the meetings to start in July, 1989. This position can be filled by one of the current CDD staff.
- c) That CDD staffing be increased in each of the units to meet the demands of the programme.

2. Communications Unit: We recommend that the unit work more closely with technical experts in designing their materials (i.e. paediatricians to review practices being promoted in the materials).

3. Training Unit. We recommend that:

- a) Training from the DHEOS to health workers in the district be supervised to ensure that they are meeting training objectives. Training by DHEOS will free CDD training staff for other needed activities. Reports of training activities in the district sent to CDD training unit.
- b) Training for private sector include medical representatives from pharmaceutical companies who can reach not only the pharmaceutical companies but paediatricians, private pharmacists and shop keepers;
- c) CDD training include NGOs such as AMREF, Breastfeeding Information Group, Crescent Medical Aid, Aga Khan, Maendeleo ya Wanawake, CORAT, CHAK, KCS, FPAK and the Catholic Secretariat. Since these groups conduct their own training it would help ensure that health workers receive a coordinated single message on ORS.

4. Logistics Unit: We recommend that CDD field workers be utilized to collect reports such as supply reports and ORT centre reports for the Logistics Unit starting July, 1989.

5. Communication to Health Workers we recommend that:

- a) The DMS directive on CDD policy and transition to 1/2 litre be released in December, 1989 and sent to all public and private health facilities. A statement should be included notifying NGOs that they must consider ORS as an essential drug.

b) Instructions in the form of a notice be completed immediately and sent by August, 1989 to DANIDA for printing and inclusion in the EDP kits containing 1/2 litre sachets (i.e. a flyer inside the kit warning that a new size ORS sachet is included in this kit with the following mixing instructions. The flyer should have the ORS logo on it).

c) The new mixing instructions and logo to be printed on the 1/2 litre sachets be finalised and sent to DANIDA and UNICEF by August, 1989.

d) The CDD ORS operations manual be revised including a section on communications and printed by September, 1989 and distributed to all health centres from October - December, 1989. This manual will also be used in training for private and public sector.

e) Radio messages to alert health workers of ORS transition be aired in December, 1989.

f) In the end of January, 1990 hold a national seminar inviting paediatricians and other professionals from private and public sector to promote ORT and ORS. This could hopefully be attended by the Minister of Health.

g) A scientific leaflet be distributed to professionals in conjunction with the national seminar.

6. Communications to the Public: We recommend:

a) The radio messages and posters which are ready for production be released in August, 1989 but with the following changes:

1. the radio messages include ORS with the home fluids;
2. the posters show the mother giving ORS with a spoon and cup rather than cup to mouth;
3. the logo be printed on the poster.

b) The pamphlets showing 1/2 litre mixing instructions have the logo on them and be sent to health facilities immediately after the distribution of 1/2 litre sachets.

c) A container be produced which correctly measures 500ml. to be distributed to health facilities for mixing demonstrations and to give to mothers. This container will have the ORS logo on it and will act as a promotion device. We estimate 1/2 million containers would give an adequate initial supply. These should be distributed by CDD in January, 1990.

d) A standardized container message for mixing ORS in the home be promoted through the Communications and Training Units, CDD (i.e. a 500g tin).

e) The following materials be considered for use in educating the public: CDD calenders, posters for shop keepers giving mixing instructions, billboards, a newsletter for doctors, and radio messages following the release of 1/2 litre ORS instructing on proper mixing to be aired in January, 1990.

We wish to thank Dr. Mutie, Director, Division of Family Health, CDD staff, Peter Spain, PRITECH Operations Officer and Mrs. Anastasia Saito, PRITECH/Kenya Administrative Assistant, for their assistance and cooperation during our visit. The time they have taken for us and their hospitality are much appreciated. We further wish to thank Ms. Linda Lankenau, Ms. Molly Gingerish and Ms. Mildred Howard of USAID Kenya Mission for their support.

The following people were instrumental in our information gathering:

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Mr. Kioko, EDP
Mr. Muchoge, CMS
Mr. Baltazar, CDD Operations/Supervision
Mr. G. Maina, CDD Logistics
Mrs. Opumbi, CDD Training
Dr. J. Alwar, CDD/PRITECH Operations Research
Mr. Mwita, CDD Communications
Mr. Dondi, CDD/PRITECH Communications Consultant
Miss Akinyi, CDD/IPS Statistics Clerk

The following places were visited:

Allied Chemical Manufacturers
Cosmos Pharmaceuticals
Sterling/Winthrop Pharmaceuticals
Ciba-Geigy
House of McGeorge
General Plastics

Central Medical Stores

Essential Drug Programme

KEPI Stores, Nairobi

Nakuru Provincial General Hospital ORT Centre

Nakuru Public Health Office

Nakuru Provincial Medical Store

Karuri Health Centre

Eastleigh Municipal Health Centre

Gichuru Dispensary

Department of Community Health, University of Nairobi

Transition Time Table

July Aug. Sept. Oct. Nov. Dec. Jan.1990

1. Stop UNICEF 1ltr. supply	X							
2. DMS circular for 6m supply	X							
3. DMS " for local manuf.	X							
4. CDD staff meetings	X							
5. Project Coordinator Posi. filled	X							
6. Collection of field reports	X							
7. Logo development	X							
8. 1/2 ltr. instr. notice to EDP		X						
9. 1/2 ltr. instr. notice to UNICEF		X						
10. 1/2 ltr. Instr. & Logo notice to local manufacturers			X					
11. Radio messages to public		X						
12. Completion of CDD Manual			X					
13. Distribution of the manual				X	X	X		
14. DMS policy for trans.circular							X	
15. Radio messages to health workers about transition							X	
16. Distribution of UNICEF 1/2 litre sachets								X
17. Distribution of EDP 1/2 litre kits								X
18. Collection of 1 litre sachets								X
19. Reporting System to be established								X
20. Container Development & distribution								X
21. Distribution of mixing instructions								X
22. National Seminar								X