



# DELIVER

No Product? No Program. Logistics for Health

## ONTRACK

UPDATE

### In Kenya, Logistics Project Helps to Extend the Coverage of STI Drugs

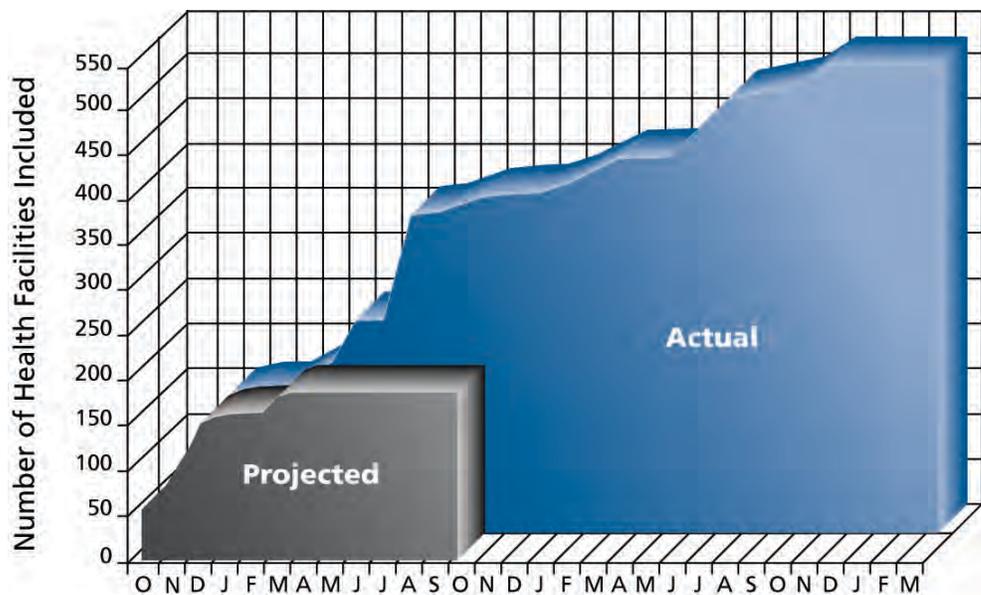
*In April 2000, we reported that the Family Planning Logistics Management project (FPLM), the predecessor to DELIVER, provided technical assistance between 1995 and 1999 to the Kenyan Ministry of Health's Logistics Management Unit (LMU) to ensure secure distribution of sexually transmitted infection (STI) kits. In one of the clearest examples of how logistics management information systems are the backbone of improved supply chain management, Kenya's use of FPLM-developed software to track STI drug consumption helped them distribute a series of donated kits based on real demand. At a time when 12 percent of Kenya's population was HIV-positive (the latest figure unfortunately is closer to 14 percent), the LMU extended coverage periods for delivery points in the donor's distribution plan and added new sites by reallocating shipment levels that*

*would have otherwise been excessive. This reprint of our original text provides the details of that experience.*

In 1995, Kenya's Ministry of Health (MOH) received a donation of 2,538 STI kits from the British Department for International Development (DFID). Officials estimated that the kits could serve 163 STI delivery sites—all of Kenya's hospitals and one-third of the country's health clinics—for one year.

#### Emphasis on Accountability Leads to Better Security

The MOH's LMU supervised the kit distribution. The LMU officials knew that, in this pilot project, accountability for the drugs to MOH superiors and DFID was critical. They had to prove that the kits were reaching consumers at the clinics and were being used appropriately and effectively.



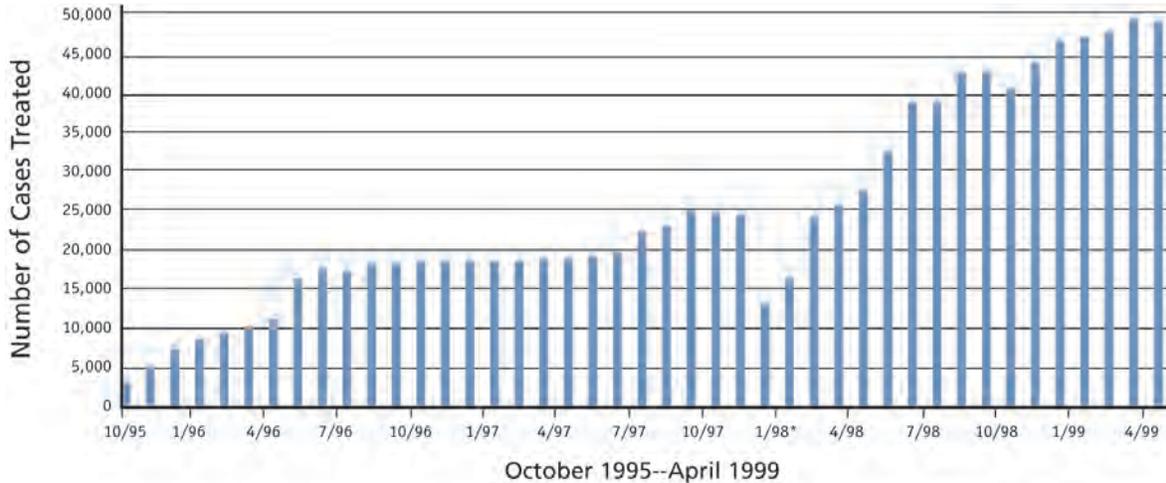
**Actual Scope of STI Logistics Project Utilizing 2,538 Standardized Drug Kits**

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## Total Monthly STI Cases Treated at GOK HIV/STD Sites during the DFID-supported STD/HIV/AIDS Preventative Supply Project



Logistics Management Unit, Division of Primary Health Care, 2000  
\* Nationwide nurses' strike, Dec. 1997

Because expensive STI drugs are a desirable commodity for the black market, the LMU had to design a secure distribution system that made deliveries based on documented need. They required service providers to track each customer's STI symptoms and the quantity of drugs used to treat them. When LMU officers delivered new batches of drugs, they checked the records against a physical count for accuracy. They also trained clinic and hospital staff to manage STIs by the symptoms presented by the customer to ensure the drugs would be distributed in the most effective and efficient way.

### Software Helps Distribute Resources Efficiently

With technical assistance from the FPLM project, the LMU developed software to track drug consumption at the clinics and hospitals. The software program, Distribution Resource Planning (DRP) system, had been adapted from the private sector and previously used to track contraceptives. Based on clinics and hospitals' inventory counts, the DRP calculated when each site would need its next supply of STI kits—thus, preventing drug shortages. By analyzing DRP reports, officials were able to critique the kits' contents and redesign them to better suit patients' needs.

This system worked so well that within five months of its inception, all 163 sites had

received initial supplies. DRP data indicated that the STI kits were lasting twice as long as expected. Based on that information, the LMU and FPLM decided to expand the project from the 163 original sites to nearly 500 sites.

### Reaching More People

Because of the LMU's efficiency, the initial STI kits covered three times as many sites for twice as long as anticipated. Instead of the drug kits lasting 12 months for 163 sites, they lasted 29 months for more than 500 sites. The cost of the logistics and clinical support was minimal—22 percent of the cost of the drugs. Based on this pilot project, which ended in 1999, the government of Kenya has started the nationwide distribution of STI kits. **D**

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