



ZAMBIA: PMTCT-ONLY DRUG LOGISTICS SYSTEM ASSESSMENT RESULTS AND RECOMMENDATIONS



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USAID | DELIVER PROJECT, Task Order 1

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Abstract

In October and November 2008, the Ministry of Health (MOH), with technical assistance from the USAID | DELIVER PROJECT, Task Order 1, and support from other partners conducted an assessment of the performance of the PMTCT-only drug logistics system in Zambia.

The survey's overall objective was to assess how well the PMTCT-only logistics system was managing select ARV commodities at public health facilities and also how well the On-the-Job training was rolled out from the districts to the facilities. This report presents the findings of the assessment as well as the short- and long-term recommendations to improve the PMTCT-only logistics systems in Zambia.

Acknowledgements

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Cover photo: Assessing stock keeping records at Bwacha Health Centre in Kabwe District, Zambia, November 2008.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ART	anti-retroviral therapy
ARV	anti-retroviral
AZT	zidovudine
CHAZ	Churches Health Association of Zambia
CIDRZ	Center for Infectious Disease Research in Zambia
DHMT	district health management team
DHO	district health office
DFID	Department for International Development (UK)
EHT	environmental health technician
HIV	human immunodeficiency virus
JSI	John Snow, Inc.
LMIS	logistics management information system
LMU	logistics management unit
MCH	maternal and child health
MOH	Ministry of Health
MSL	Medical Stores Limited
NVP	nevirapine
OJT	on-the-job training
PDRIV	PMTCT drug reporting & issue voucher
PEPFAR	President's Emergency Plan for AIDS Relief
PHO	provincial health office
PMTCT	prevention of mother-to-child transmission
R&R	Report & Requisition
SCC	stock control card
SDP	service delivery point
STI	sexually transmitted infection
SOPs	standard operating procedures
TA	technical assistance
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Educational Fund
USAID	U.S. Agency for International Development

USG United States Government
ZPCT Zambia Prevention, Care, & Treatment

OVERVIEW OF THE PMTCT-ONLY DRUG LOGISTICS SYSTEM

The U.S. government (USG) in Zambia has funds from the President's Emergency Plan for AIDS Relief which it has allocated for technical assistance in strengthening supply chain management of ARVs and HIV test kits for the national testing and treatment programs. USAID/Zambia selected the USAID | DELIVER PROJECT to provide technical assistance in this area, as well as in the actual procurement of ARVs and HIV test kits. The ARV supply chain in Zambia includes multiple donors, partners, and distribution mechanisms, and previous efforts to collect specific logistics data on ARV drugs were hampered by a poorly functioning logistics management information system (LMIS), and lack of coordination between cooperating partners.

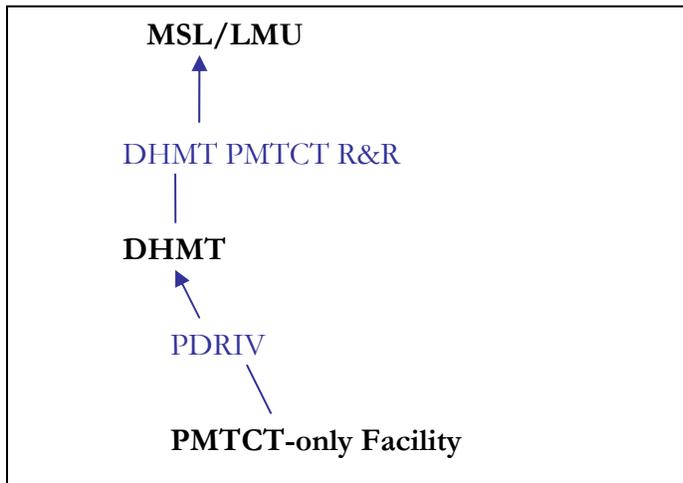
In May 2006, a logistics system was designed with technical assistance provided by the USAID | DELIVER PROJECT and in collaboration with local stakeholders to improve the flow of logistics information and commodity distribution of ARVs in Zambia. During the national roll-out of this system, it was determined that certain health facilities which provided prevention of mother-to-child transmission (PMTCT) services, but not full ART, fell outside of the design of this new system. To respond to this exception and incorporate these sites into the newly designed ARV system, the project developed standard operating procedures (SOPs) and training curricula to implement a specialized training for addressing the drug logistics needs for these PMTCT-only sites. This system was finalized and approved by the Permanent Secretary as the National PMTCT-only Drug Logistics System.

SYSTEM DESIGN & IMPLEMENTATION PLAN

Since the ARV Logistics System design changed the role of the district to be a pass-through for ARV drugs, PMTCT-only facilities no longer had access to ARV stock at the district. It was determined that it was not feasible to include PMTCT-only facilities in the ARV Logistics System (ARV LS) due to the number of PMTCT-only sites (500+), the small number of products managed, and the pre-existing reporting burden on facility staff. The ARV LS would capture PMTCT product dispensed by ART sites, but a different system would be needed to capture PMTCT-only facility logistics data.

The PMTCT-only Drug Logistics System design gave districts stock-keeping responsibility of certain ARVs for the PMTCT-only sites in their districts. The reporting system utilizes a simple reporting form called the PMTCT Drug Reporting & Issue Voucher (PDRIV) between the PMTCT-only facility and the district, and it also utilizes the ARV LS R&R form for the district to report on issues to the PMTCT-only facilities and order additional PMTCT ARVs from MSL. **Figure 1** displays the originally-designed information flow.

Figure 1. PMTCT-only Drug Logistics System Flow of Information



Given the need for rapid implementation of this system to ensure a continuous supply of commodities to PMTCT-only health facilities, the Ministry of Health, at the recommendation of the USAID | DELIVER PROJECT, chose on-the-job training (OJT) as the strategy for the National PMTCT-Drug Logistics System roll-out. A Training of Trainers was conducted in July 2007 and national trainers trained two members of each of the 72 district health management teams in Zambia (usually a district pharmacist/pharmacy technician and the district MCH/PMTCT coordinator). Each two-member district team received funds to conduct the OJT for the PMTCT-only facilities in their districts. District teams were paid out according to the number of PMTCT-only facilities listed on the official MOH list (as of September 2007). Unfortunately, in many cases this list was not up-to-date and district teams did not receive enough funding to conduct the core 7 sessions (equivalent to an estimated 11 hours of OJT) with all of their district's PMTCT-only facilities. District teams received instruction to complete the OJT with all of their facilities by the end of 2007 and potentially into the first quarter of 2008 depending on the time of the district training.

IMPLEMENTATION RESULTS OF THE PMTCT-ONLY DRUG LOGISTICS SYSTEM

At least two staff members from 67 districts completed the PMTCT-only Drug Logistics System training by the end of 2007. Of these, 65 districts received funding (transport and per diem) to complete the OJT with MOH-identified PMTCT-only facilities in their districts.

As of September 2008, this logistics system currently operates only in approximately 200 of the 540 PMTCT-only health facilities. Prior to the assessment, it was unclear why the other 340 sites had not also received the OJT. However, given the design of the PMTCT-only drug logistics system, the PDRIV reporting rate from the facilities to the districts was unknown.

According to DHMT PMTCT-only R&R reporting statistics in Supply Chain Manager, on average 45% of DHMT's report on their issues to PMTCT-only facilities to the Logistics Management Unit every month. The ARV Logistics System R&R reporting rates are nearly 100% each month, and it was unclear why DHMT PMTCT R&R reporting rates continued to be so low.

The results of the implementation of the PMTCT-only drug logistics system prompted the following questions:

- Why are DHMT PMTCT-only R&R reporting rates so low?
- Why did 340 PMTCT-only health facilities not receive OJT?
- How well is the system working?
 - Are health facilities receiving products that they need?
 - Are the forms (PDRIV & R&R) easy & useful to complete?
- What can be done to improve the system?

These questions and others motivated the MOH, with assistance from the USAID|DELIVER PROJECT, to design and conduct an assessment of the PMTCT-only drug logistics system.

ASSESSMENT DESIGN & RESULTS

The overall goal of this assessment specifically focused on the OJT component of the roll-out to determine why OJT has not been as successful as expected for rolling out the system with the hope of redesigning the roll-out strategy for going forward. The objectives of this assessment included:

By the end of the assessment, assessment teams hoped to determine:

- Why some districts have not completed the OJT roll-out
- What the roadblocks were to completing the OJT roll-out
- What advantages/resources that the districts who completed the OJT roll-out had
- If sites where OJT has been rolled-out (partially or completely) have had less stock imbalances (and/or other supply chain problems) than non-rolled out sites
- If districts and sites using the PMTCT logistics system find it easy to use and beneficial
- If districts and facilities have recommendations for the PMTCT logistics system itself or how it could be rolled out more effectively
- the best way forward in ensuring the roll-out of the national PMTCT-only logistics system

The Ministry of Health and the USAID | DELIVER PROJECT selected five districts (Kabwe, Isoka, Mufulira, Mongu, and Monze) within five provinces (Central, Eastern, Northern, Copperbelt, and Southern) to survey in the assessment, based on whether or not these districts had claimed to have completed OJT with their PMTCT-only facilities. Isoka and Mongu Districts were selected as the “non-OJT completed” districts. In addition, the MOH and the project selected five PMTCT—only facilities within each of these five districts to survey. Though these 25 PMTCT-only facilities may not have been a statistically significant sample size, the MOH and the project selected this group of facilities for its breadth of geographic locale, OJT completion/non-completion, & District R&R reporting rate.

ASSESSMENT PILOT & SCHEDULE

A Technical Advisor from the USAID | DELIVER PROJECT home office assisted with the assessment design and implementation, and reviewed the assessment tools with USAID | DELIVER PROJECT Zambia staff to prepare for the pilot of the tools in Lusaka District and Mumbwa District. See Annexes A – D for a copy of each of the tools.

The pilot results showed that the tools were satisfactory and only a few minor edits were made to each of the four tools following the pilot. A short summary of the visits to Mumbwa District (where the OJT for the PMTCT-only system had not been rolled out) and to Lusaka District (where OJT had been rolled out) follows:

Mumbwa DHMT: Two members of Mumbwa DHMT were trained in the PMTCT-only logistics system; however at the end of their training, no “approved” PMTCT-only facilities

were listed on their trainers' lists while Mumbwa had identified at least five sites to be trained. Trainers were not allowed to allocate funds to the Mumbwa DHMT staff since none of their sites were on this list. Therefore, Mumbwa DHMT did not receive funding or forms to train their sites, and have not rolled out the OJT to any site.

Luli Health Post: A Classified Daily Employee answered questions related to how she and the Environmental Health Technician work together to determine when to order and how to manage PMTCT ARVs, since neither of them had received OJT. This health post has been trained in the HIV Test Kit Logistics System and is trying to apply similar principals. A general order form is used to request PMTCT ARVs and orders usually occur monthly when other supplies are ordered. The CDE felt that a system for PMTCT ARV drug management would be an improvement.

Lutale Health Centre: Lutale HC had also never received PMTCT OJT, but the MCH Coordinator had received training in the HIV Test Kit Logistics System. She used her own formula to estimate need for PMTCT drugs (a combination of how many patients she currently has and how much stock she has available). The MCH Coordinator hoped that something similar to the HIV Test Kit System could be developed for PMTCT ARVs.

Lusaka DHMT: The two trained staff at the DHMT “completed” OJT; however, instead of completing one-on-one training with each site, the DHMT brought the PMTCT-only site staff to Lusaka for a one day training with everyone together. Lusaka DHMT has never submitted a PMTCT R&R to the LMU; therefore, although they were trained, it seems that the system has not taken off there.

Civic Centre: Civic Centre staff who were trained did not receive any forms (PDRIV, ARV stock cards) from the district during their training. They are using the CIDRZ Essential Drug Requisition and Issue Voucher to order and a Log Book as a dispensing register.

Chazanga Health Centre: Chazanga HC was given the forms to implement the PMTCT-only logistics system, but the staff member who received the OJT did not share her learning with other staff. These staff members picked up the PDRIV in August and taught themselves the system. They now use the PDRIV to order.

On Thursday, October 23, all of the Lusaka-based assessment team members attended an orientation to the assessment program in the field. The orientation included a background to the design and implementation of the PMTCT-only Drug Logistics System, an introduction to the assessment objectives and tools, logistics, and Q & A. Ministry of Health and NGO partners were invited and encouraged to participate in the assessment. The following teams were allocated to the following provinces/districts.

DISTRICTS WHERE OJT WAS COMPLETED

Kabwe District/ Central Province	Monze District/ Southern Province	Mufulira District/ Copperbelt Province
Chikuta Mbewe <i>MOH Principal Pharmacist</i>	Anne <i>Provincial Pharmacist</i>	Mumbi <i>ZPCT</i>
	Mungomba	Musonda

Davy Nanduba	<i>MOH Deputy Director of Pharmaceutical Services</i>	Dr. Mwale	<i>Provincial Clinical Care Specialist</i>	Lameck Kachali	<i>AIDS RELIEF</i>
Maureen Simuchimba	<i>PHO- Clinical Care Officer</i>	Yapoma Nkhoma	<i>Public Health Logistics Advisor, USAID DELIVER PROJECT</i>	Mr. Benedict Tembo	<i>Provincial Pharmacist- Copperbelt</i>
Erin Hasselberg	<i>Technical Advisor, USAID DELIVER PROJECT</i>			Mrs. Annie Banda	<i>DHO- PMTCT/MCH Coordinator</i>

DISTRICTS WHERE OJT WAS NOT COMPLETED

Mongu District/ Eastern Province		Isoka District/ Northern Province	
Catherine Chikweto	<i>Provincial Pharmacist</i>	Ernest Kafula	<i>Isoka DHMT</i>
Esther Mphanza	<i>CIDRZ</i>		
Peter Lisulo	<i>Sr Public Health Logistics Advisor, USAID DELIVER PROJECT</i>	Lonia Dipa Daka	<i>Isoka DHMT</i>
Margaret Mangwato	<i>Provincial Clinical Care Specialist</i>	Macford Chandalala	<i>Public Health Logistics Advisor, USAID DELIVER PROJECT</i>
Mr. Nawa Wakumelo	<i>DHMT- Pharmacy Technologist</i>		
Mrs. Handavu	<i>DHMT- MCH Coordinator</i>		

Each team was sent with the following:

- Data collection tools
- SOPs, Facility Logistics Guides, Supervisor's Guides (to be left at sites who did not have them)
- Data on district PMTCT R&R reporting rates
- Names of district staff trained in PMTCT-only Drug Logistics System
- Allowance Receipts for district OJT Facility Roll-outs

Since the recently-scheduled presidential election was to take place on Thursday, October 30th, of the assessment week, the DELIVER Technical Advisor encouraged teams to try to get as much done in the first three days of the week before people started traveling to vote. All teams departed with a JSI Administrative Assistant/Driver on Sunday October 26th to arrive in their districts that evening and meet with Provincial level and DHMT staff on Monday October 27th.

ASSESSMENT RESULTS

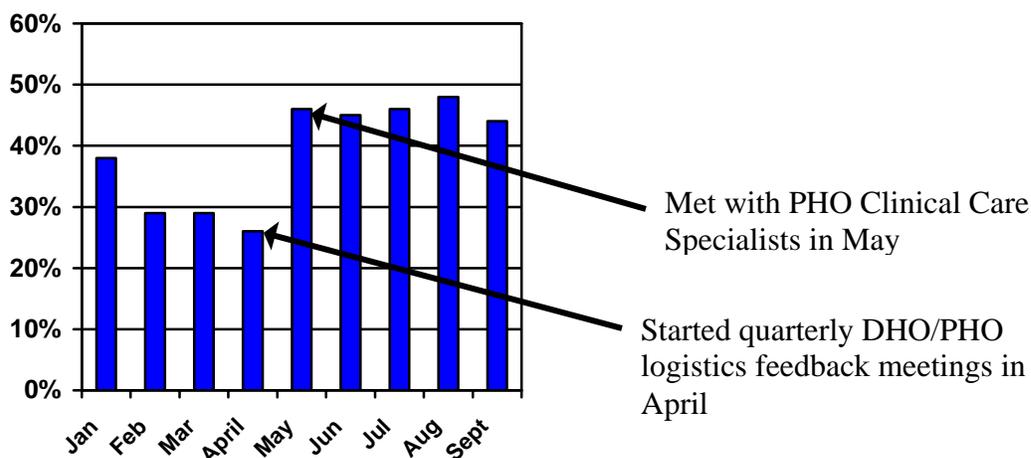
Assessment teams spent all three days in their assigned districts completing the data collection and learning about the successes and challenges of the PMTCT-only Drug Logistics System implementation. Teams 1, 2, and 3 returned back to Lusaka after the third full day of data collection,

while Teams 4 and 5 in Mongu and Isoka returned after the fifth day. All teams delivered the original copies of their data collection tools to the DELIVER Technical Advisor in order for her to start the analysis over the weekend.

A few challenges arose for some of the teams on the first day. The Isoka Team was less one member who declined to participate on the day of departure. In addition, the Northern Province Team was having difficulties with transport to Isoka District, leaving the DELIVER Public Health Logistics Advisor alone to begin the data collection with the DHO and the first facility. In addition, he discovered that Isoka had actually rolled out OJT to some of the facilities in the district while he expected to be visiting a district that had not completed any OJT. He utilized the appropriate data collection tools and was still able to capture valuable data.

Upon returning to the office, the DELIVER Technical Advisor worked with a few other members of the technical team to analyze logistics data available via Supply Chain Manager. Reporting rates have hovered in the low 40%'s since around May. Boosts to the low 40's may have occurred due to an April meeting with PHOs and DELIVER, and the quarterly PHO/DHO feedback meetings that started in April. See **FIGURE 2**.

Figure 2: DHMT PMTCT R&R Reporting Rates



Further analysis of the non-reporting DHMTs showed that 33 of the 72 DHMTs have reported two or fewer times, and more than half of these 33 DHMTs are located in Northern, Northwestern, and Lusaka Provinces. These same 33 DHMTs have 5 or fewer sites according to the MOH list of approved PMTCT sites, which may suggest that these DHMTs do not report via the R&R due to such small numbers of facilities in their districts.

Data from PH81-N's indicated irregular stock issues of PMTCT commodities for DHMTs, including spikes in the issue quantities of co-trimoxazole 240mg/5ml suspension bottles and zidovudine 300mg bottle of 30 tablets (likely due to re-supplying efforts after a period of national shortages). However, due to low R&R reporting rates from the DHMTs (less than 50%), it is difficult to know if these issues are representative of what all DHMT PMTCT programs were issued.

Given that only 16 of the 72 districts in all of Zambia do not have a district hospital and that approximately 64 districts in Zambia have an official ART site, JSI staff decided to call all 72 districts and determine if the districts keep ARV stock at a DHMT store separate from the district hospital store ARV stock. The team hypothesized that if the DHMT kept its supplies for district PMTCT facilities at the district hospital (also an ART site), the district hospital may only be raising one R&R that includes issues to PMTCT facilities in the "dispensed" columns. By only raising one R&R and not a separate R&R for PMTCT supplies, the DHMT PMTCT R&R reporting rate may have been negatively affected. It was discovered through the initial round of calls to 30 districts that 15 of these 30 districts do keep their DHMT ARV supplies with the district hospital ARV stock at the district hospital store.

The Lusaka-based members of the assessment teams met at JSI on Monday, November 3 for a debriefing on the assessment results and discussion on recommendations to improve the functioning of the system. In the end, 5 DHMTs and 25 facilities were interviewed for the assessment. Kabwe, Monze, and Mufulira Districts had been selected because they had rolled out the OJT, and Mongu and Isoka Districts had been selected because they had not rolled out OJT. However, the teams found that Mongu and Isoka Districts also claimed to have completed some OJT, although assessment teams could not find evidence of completion (i.e. signed OJT session

receipts and completed PDRIVs) in either district. Additional key results are highlighted below according to the four technical areas of the assessment tool: Training/OJT, Reporting by PMTCT-only facilities, Reporting by DHMTs, and Stock Management.

KEY RESULTS

Training/OJT

- The Ministry of Health list of “active” PMTCT-only sites is in constant flux. New PMTCT-only sites have come on board since the district trainings in late 2007. Also, other PMTCT-only facilities have since graduated to be full ART sites.
- Anecdotal data suggests that more PMTCT-only facilities were trained in the PMTCT-only drug logistics system.
 - For example, 19 of 25 PMTCT-only facilities selected for the assessment received OJT of some kind. The teams expected only 15 of the 25 facilities to have received OJT.
 - This anecdotal data also suggests that the OJT sign-off sheets (indicators of OJT completed) were not all sent in to the LMU.
 - For example, Kabwe and Isoka Districts each trained 5 additional PMTCT-only facilities, but neither district submitted an OJT sign-off sheet for those sites.
 - Mongu District also claimed to have trained 20 facilities via OJT; however, only 1 copy of the PDRIV existed at the district and no OJT sign-off sheet was sent to LMU.
- District staff at all of the 5 districts surveyed noted that they only spent about 3-4 hours conducting the OJT versus the 11 hours that were recommended. The assessment teams then questioned the quality of the OJT provided given the rushed roll out.
- Two districts implemented creative alternatives to OJT.
 - Due to challenges of time & transport Kabwe District conducted a centralized PMTCT training at the DHMT that included 1 day of logistics (based on the OJT curriculum).
 - The Mokambo PMTCT-only facility in Mufulira District was not trained in the PMTCT-only logistics system and opts to refer clients to the 2 ART hospitals instead of directly supplying clients.
- Assessment teams also found that knowledge on the PMTCT-only logistics system was not always transferred between staff at PMTCT-only facilities. Where PMTCT-only facility staff worked together and were well-coordinated, the system worked more smoothly.
- The teams also discovered that 17 of the 25 PMTCT-only facilities (or roughly 70%) surveyed received training in the HIV Test Kit Logistics System. For sites that were trained in the HIV Test Kit system but not in the PMTCT-only system, staff members were applying similar logistics principles of the HIV test kit system to PMTCT-only commodities (i.e. average monthly consumption X 3 months – Stock on Hand).

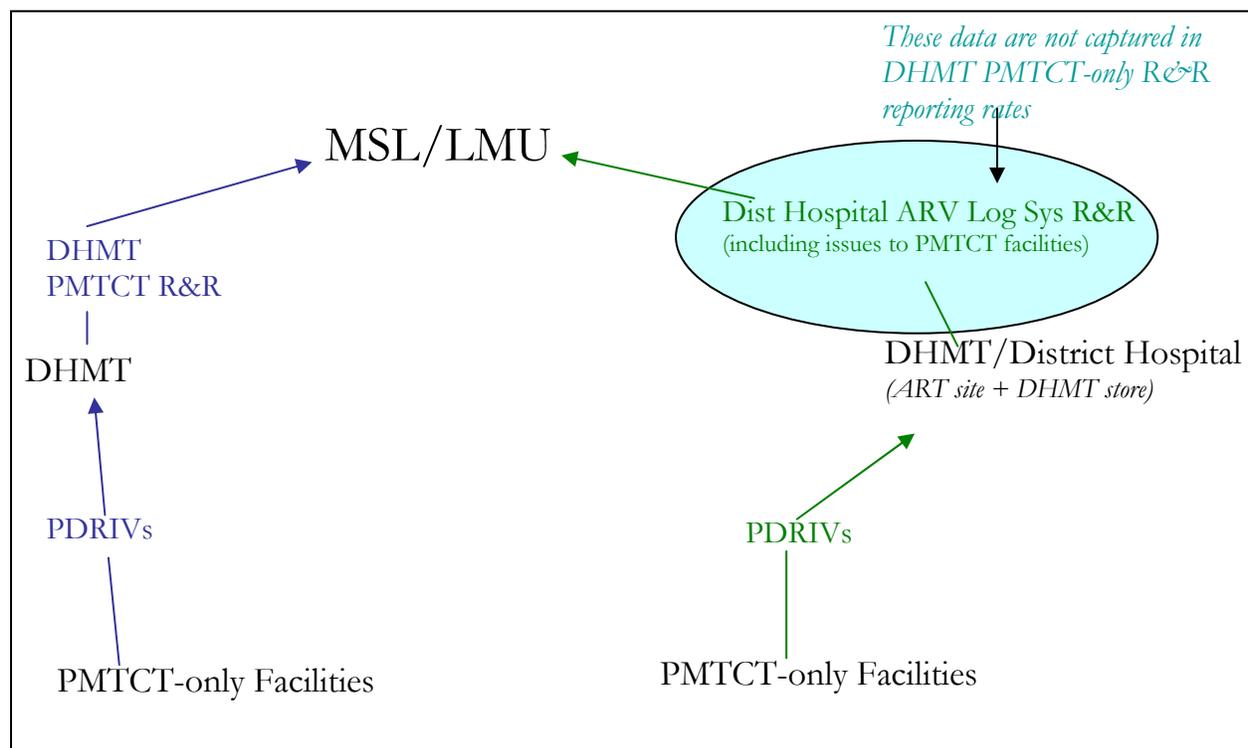
Reporting by PMTCT-only Facilities

- Teams found that of the 19 facilities visited that were trained in the PMTCT-only logistics system only 13 (roughly 68%) were actually using the PDRIV.
 - Eleven of these 13 facilities had an actual PDRIV book on site. The other two sites only had photocopies of the PDRIV form and working with these photocopies prevented these sites from more systematic and organized record keeping.
 - While 13 of the facilities were using the PDRIV to report on PMTCT commodities,

fewer than half of them had fully-completed PDRIVs for the time period of Jan – Sept 2008.

- The PDRIV proved to be a simple, useful tool for larger, busy facilities but sites that see few HIV+ mothers/month often questioned its utility.
- Those DHMTs and facilities using the PDRIV had agreements on reporting dates for the PDRIV (i.e., according to the MSL schedule, by a certain date of the month).
- Five of the PMTCT-only facilities surveyed utilized a supply voucher/internal requisition voucher/HIA2 form to order PMTCT products from the DHMT. However, these forms do not include provisions for facilities to report on drug usage and also do not outline a systematic formula for determining order quantities.
- Monze District was the only one of the five districts surveyed to have completed copies of facility PDRIVs well-organized and on file at their district store.
 - Given lack of consistent completion of PDRIVs (and filing at the site and at the DHMTs), it was extremely difficult for teams to assess how the sites and DHMTs were determining re-supply quantities to facilities.
- Teams also found a unique alternative to the originally designed reporting structure in the PMTCT-only drug logistics system. Both Mumbwa District and Isoka District kept their DHMT PMTCT-only ARVs combined with their district hospital ARV stocks and only compiled one ARV R&R at the end of each month- the R&R for the district hospital ART site. In the “Quantity Dispensed” column of the R&R, the district hospital includes both the quantities issued to PMTCT-only facilities and the quantities dispensed to their ART clients at the district hospital. Figure 3 outlines this flow of information. Teams realized this unique way of reporting may have contributed to the low DHMT R&R reporting rates.

Figure 3. Current PMTCT-only Reporting Scenarios by DHMTs



Reporting by Districts

- The average DHMT PMTCT-only R&R reporting rates for January – September 2008 for the five districts visited during the assessment are as follows:
 - Kabwe DHMT 100%
 - Mongu DHMT 88%
 - Mufulira DHMT 88%
 - Monze DHMT 56%
 - Isoka DHMT 0% → Note Isoka’s PMTCT issues data are included in the district hospital’s ARV LS R&R (as indicated in the above diagram- right side)
- If district hospitals do intermingle DHMT ARV stock with their own district hospital ART stock, it would be impossible to raise two separate R&R’s - one for the ARV LS and one for the DHMT PMTCT-only logistics system
- None of the DHMTs surveyed reported any difficulties completing the R&R.

Stock Management

- External factors impacted PMTCT ARV supplies nationally:
 - National shortages of co-trimoxazole suspension
 - Many facilities and DHMTs experienced AZT suspension expiries, primarily due to the slow uptake of the product
- Teams found that 88% of the 25 facilities surveyed were stocked with the following PMTCT products on the day of the survey: Nevirapine 200mg tablets and 10mg/ml suspension, Zidovudine 300mg tablets and 10mg/ml suspension, and co-trimoxazole 480mg tablets and 240mg/5ml suspension. Those facilities that were not stocked with these products did not

manage them (i.e. did not perform deliveries, only provided mono-therapy) and were Sitoya and Iloke Rural Health Centres in Mongu and Kalunga in Isoka.

- Two sites reported brief stock outs of AZT 300mg tabs due to late reporting
- Assessments also discovered that not one of the districts or facilities surveyed were implementing the 2008 MOH PMTCT Protocols (which now includes triple-therapy for HIV+ mothers: AZT/3TC 300/150mg, 60 Tablets (combivir) + NVP 200mg, 60 Tablets; and AZT 10mg/ml 240ml suspension + NVP 10mg/ml 25ml suspension for babies).
 - None of 25 PMTCT-only facilities surveyed had AZT/3TC in stock
 - None of the 5 districts surveyed had AZT/3TC in stock
 - In addition, logistics data from Supply Chain Manager confirmed no DHMT had ordered AZT/3TC 300/150mg, 60 Tablets or 3TC 150mg, 60 Tablets (single drug formulation) for its PMTCT-only facilities.
- Assessment teams found that 18 of 25 PMTCT-only facilities surveyed (72%) had up-to-date registers/log books
 - 11 of these 18 facilities were using their own improvised registers (usually written in notebooks).
 - Teams also found that dispensing registers were also often utilized as a pseudo-Stock Control Card
- Stock Control Cards were up to-date in 14 of the 25 PMTCT-only facilities (56%) surveyed.
 - Due to the small quantities of products kept at PMTCT-only facilities (and usually within MCH wards), many sites elected not to utilize SCCs and either use dispensing registers or nothing at all.
- Assessment teams found it difficult to determine if health facilities were stocked according to plan (between 2 months and 1 month), given lack of adequate record-keeping (PDRIVs and Stock Control Cards).

Other Challenges

In addition to the survey questions, assessment teams uncovered other program challenges through their interviews. At a majority of facilities, staff commented on inconsistent supervisory visits by district counterparts and also expressed a great need for additional staff. Smaller facilities were staffed by one or two people of varying cadres (nurses to environmental health technicians to classified daily employees) and often faced overwhelming numbers of clients and equally overwhelming reporting demands.

Close to half of the districts and facilities visited did not store their PMTCT drugs in adequate conditions. Keeping products cool was the most common challenge for facilities. A few of the larger health centres had greater storage space challenges- not for the few PMTCT products – but for the other supplies their health centre stocks.

Of the five districts surveyed Mongu District had the largest distance between facilities and the district. Teams traveled up to four hours in a truck to get to certain facilities (eight hours round trip). These facilities are almost unreachable during the rainy season when the dirt roads become nearly impassable. A mechanism to reach and/or supply these remote facilities with PMTCT products either before or during the rainy season should be organized.

The assessment teams drafted an initial set of recommendations based on these results, and the DELIVER team presented those recommendations to USAID | DELIVER PROJECT senior

technical staff for review on Wednesday, November 5th. The core team incorporated their comments and suggestions into the final presentation and report.

RECOMMENDATIONS

The core team presented the recommendations for improving the PMTCT-only Drug Logistics System to a group of partners who support PMTCT activities in Zambia on Thursday, Nov. 6, 2008. Partners from the following organizations attended the meeting: CARE, Boston University School of Public Health, Churches Health Association of Zambia (CHAZ), Centers for Infectious Disease Research of Zambia (CIDRZ), AIDS RELIEF, USAID, Zambia Prevention, Care & Treatment Project (ZPCT), and the Ministry of Health. The attendance of CARE and BUSPH represented new relationships and coordination being forged between these partners and JSI.

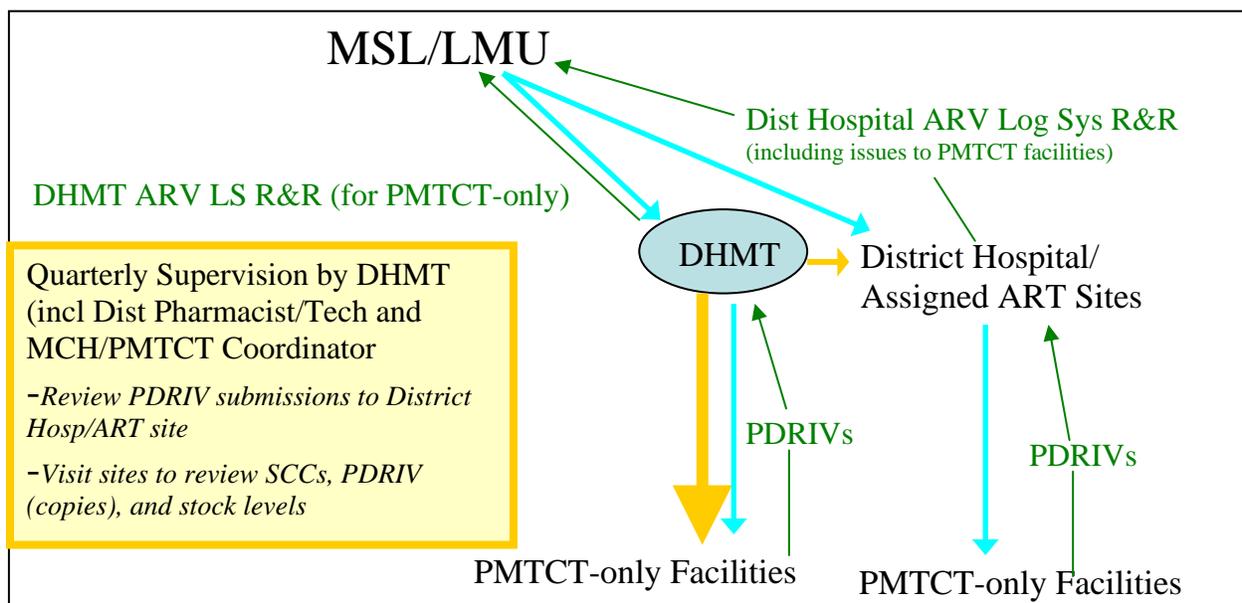
The group discussed and collectively approved the following recommendations:

Reporting & Ordering

- PMTCT-only facilities should continue to report on a monthly basis using the PDRIV.
- Each of the 72 districts in Zambia will decide if:
 - (1) their PMTCT-only facilities will continue to be supplied with PMTCT commodities by the DHMT store and report commodity usage directly to the DHMT as originally designed;
 - If DHMT supplies the PMTCT-only facilities...
 - The DHMT will continue to use the ARV Logistics System R&R for reporting to MSL/LMU on the PMTCT-only issues from the DHMT
 - OR
 - (2) their PMTCT-only facilities will be supplied with PMTCT commodities by the district hospital store/assigned ART site (in the 16 districts without a district hospital) and report commodity usage to the district hospital.
 - If the district hospital/assigned ART site supplies the PMTCT-only facilities...
 - The district hospital/assigned ART site should continue using the ARV Logistics System R&R for reporting & include PMTCT-only facility issues in the “Quantity Dispensed” column.

Figure 4 outlines the relationship between the two proposed scenarios for reporting and ordering. Each district will select only one scenario for reporting - districts will either report via the DHMT OR via the district hospital/assigned ART sight, but no district will have both scenarios operating.

Figure 4. Recommended Information/Commodity Flow



The Logistics Management Unit is not able to draw out national PMTCT-only commodity data from Supply Chain Manager for the following reasons:

- 1) Certain commodities overlap with full ART regimens (nevirapine tablets, zidovudine tablets, and now AZT/3TC fixed-dose combinations). Separating out which are for PMTCT and which are for full ART is nearly impossible.
- 2) Reporting rates for DHMT PMTCT-only R&Rs hover around 50% and cannot be extrapolated nationally. Even if they could be extrapolated nationally, they would not include the PMTCT commodities distributed at full ART sites that also provide PMTCT.

The recommended reporting/commodity information flow for the way forward would not be able to solve the dilemma of trying to capture complete national PMTCT-only commodity data. With the adoption of these two reporting scenarios, the LMU staff will need to adjust the total number of “active” DHMTs in Supply Chain Manager who report PMTCT-only issues on an R&R. For example, if 50 districts of the 72 total elect to continue completing a DHMT PMTCT-only R&R then the denominator for total active sites (on which the reporting rate would be based) would be 50 and not 72. The partners suggested that the remarks section of the R&R be used to report the number of PMTCT-only sites reporting per month to the DHMT or district hospital/assigned ART site out of the total number of PMTCT-only facilities in the district. The LMU could determine how to collect this data; thus, at the very least, at a national level we would have an idea of numbers of facilities being supplied and an up-to-date number of active PMTCT-only facilities.

Allowing districts to decide where PMTCT-only facilities will receive their supplies and also report will potentially ease the reporting burden for district hospitals if DHMT PMTCT ARV stock is stored together with district hospital ARV stock. Now the district hospital will be able to complete

just one R&R for both the district hospital as an ART site and as a supplier of PMTCT-only commodities to facilities.

Training/OJT

Given the challenges that most districts experienced in implementing the on-the-job training with facilities, and given that it has been over a year since some districts and facility staff were trained, it is recommended that a two day central training be provided at the provincial level for all PMTCT-only facilities. One person per facility (dispenser or MCH/PMTCT coordinator) will be identified to attend this training. The centralized training will be facilitated by the DHMT staff originally trained in the system and potentially a national PMTCT-only drug logistics system trainer. The two-day training will cover, at the least, the seven core sessions of the original On-the-Job curriculum and more if time permits. Health facility staff will also be trained in OJT and how to conduct OJT with their own staff at the health centres given staff turnover/absence, etc.

Stock Management

For PMTCT-only health facilities, the group recommends that all facilities be stocked appropriately with AZT/3TC in order to be in compliance with the 2008 Ministry of Health PMTCT protocols. In addition, facilities should also be supplied adequately with ARV drug stock control cards and PDRIV booklets to assist in inventory control, reporting, and file organization. Each district should also identify those health facilities in need of improvements in storage areas (additional space, cooling mechanisms, etc.) as funding may be available via the Global Fund for modest improvements in storage infrastructure.

For district hospitals/DHMTs, the group recommends that all district stores be stocked appropriately with AZT/3TC in order to be in compliance with 2008 Ministry of Health PMTCT protocols and able to supply their PMTCT-only facilities appropriately. District staff should be reminded to file PDRIV copies and computerized R&Rs in an organized manner. Lack of adequate filing inhibits proper supervision and accurate determination of order quantities for facilities.

Additional Recommendations

On the ground site-visits allowed assessment teams to observe other challenges that many health centres and posts experience on a day-to-day basis. Of primary concern was the lack of Hemaque devices at facilities to test blood samples for hemoglobin level counts for mothers in need of AZT. Partners indicated that DHMTs and Provincial Health offices should work to ensure that all facilities have access to these devices.

Consistent, supportive supervision and mentorship by DHMTs to the facility staff was also lacking for PMTCT (as well as for other programs and commodities). The Ministry noted that JHPIEGO is providing funding to the MOH for a mentorship program in PMTCT (clinical practices), and it was recommended that JSI and other partners (including CARE, BUSPH, CIDRZ, CHAZ, and AIDS-RELIEF) work together to coordinate funding and efforts to improve mentorship and supervision in PMTCT specifically.

Although Zambia is relatively accessible as compared to other larger sub-Saharan African nations, transport challenges still exist here - especially for remote sites and during the rainy season. The partners recommended that additional work be done to coordinate vehicle usage at the district level (for supervision, commodity delivery, etc.) and that creative supply chain reporting/re-supplying

mechanisms be designed for those health facilities that may not have access to the district for six - seven months at a time due to rains and impassable roads.

NEXT STEPS

After agreeing on the above-mentioned recommendations, the partners in the debriefing agreed to the following next steps which are outlined in more detail (with deadline targets, responsible parties, etc):

- Present Recommendations to MOH PMTCT Technical Working Group
- Disseminate final PMTCT-only Drug Logistics System Assessment Report
- Solicit list of all PMTCT-only facilities in all 72 districts (call list)
- Draft and deliver official MOH memo to PHOs and DHOs about changes in the PMTCT logistics system
- Update MOH, JSI and partner databases with correct PMTCT-only facilities
- Schedule/budget centralized provincial logistics PMTCT trainings for districts
 - Determine overlap with HIV Test Kit/Essential Drug System Pilot
 - What can MOH & partners fund?
- Revise SOP manuals, curriculum & other materials
- Print PDRIV booklets and training materials
- Include updates on the PMTCT-only system at quarterly PHO/DHO logistics supervisory meetings

The assessment team also identified a few challenges that may have ramifications for the proposed roll-out of this system. First, USAID and partners changed the per diem policy for Ministry of Health staff. The result of this is that the USAID | DELIVER PROJECT is no longer allowed to pay facilitation fees, local transport (for those who live in-town), or out-of-pocket allowances for trainings. These additional allowances were an incentive for Ministry staff to both facilitate and participate in the trainings. In addition, this change in policy was implemented after the Ministry had completed their budgeting for 2008; therefore, these allowances were not budgeted for by the MOH, resulting in fewer allowances being paid to Ministry staff. The ultimate impact has been that DELIVER staff constitute the majority of the facilitators for logistics system trainings, with fewer Ministry counterparts.

Second, many of those facility staff who will attend the provincial level PMTCT-only drug logistics system training have also or will also be trained in the HIV Test Kit Logistics System or the Essential Drug Logistics System Pilot. DELIVER should look into ways to potentially combine any of these trainings and reach the same people with a similar message. Given the extensive numbers of trainings that have been conducted in Zambia over the last two years in ARV, HIV test kit, Labs, PMTCT-only, and soon Essential Drugs Logistics Systems, it is recommended that the Ministry of

Health work with DELIVER and other partners to look into longer-term strategies for implementing these trainings and transferring knowledge to future health care professionals in Zambia. Pre-service training in medical, nursing, and pharmacy programs is one such strategy. Another option would be to consider eventual integration of one or more of the logistics systems.

Lastly, given that none of the 25 PMTCT-only facilities visited during the assessment stocked AZT/3TC or 3TC singles, it seems that 2008 MOH PMTCT protocols are not being followed. Follow-up must be done by DHMTs and PHOs to ensure the districts and facilities alike are stocked with the appropriate commodities and up-to-date in their knowledge of the protocols.

ASSOCIATED REPORTS

- Assessment Tools
 - District OJT Completed (all or some) (**Annex A**)
 - SDP OJT Completed (all or some) (**Annex B**)
 - District OJT Not Completed (**Annex C**)
 - SDP OJT Not Completed (**Annex D**)

- PMTCT Assessment Debriefing (PowerPoint Presentation) Nov 3, 2008

- PMTCT-only Drug Logistics System: Assessment Findings and Recommendations (PowerPoint Presentation) Nov 6, 2008

APPENDIX A: DISTRICT (OJT) PMTCT TOOL

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: ____ **Survey Site:** _____

INTRODUCTION	DISTRICT IDENTIFICATION
<p>Ask for the person in charge of the District (DHO) and show the letter of introduction/authorization from the Ministry of Health (MOH). Introduce all team members and ask facility representatives to introduce themselves.</p> <p>Explain the objectives of the assessment and the purpose of the visit to the facility today: "Good day, and thank you for agreeing to receive us today. My name is _____. My colleague(s) and I are representing the Ministry of Health and assisting the National PMTCT Program to conduct an assessment of the logistics system for managing PMTCT-only drugs. We are visiting selected Districts and health facilities throughout the country, and this District was selected to be included in the assessment. The purpose of our visit is to assess the roll-out of the PMTCT-only Drug Logistics System; to collect information about how you order, receive, and store products in order to better understand how the logistics system for managing PMTCT-only drugs is functioning.</p> <p>This is not a supervisory visit, and the performance of individual staff members is not being evaluated. The results of the assessment will provide information for developing recommendations and planning improvements in the PMTCT-only drug logistics system for these products. This assessment may be conducted again in the future to measure changes in the logistics system over time.</p> <p>We would like to ask you about the management of PMTCT commodities provided at this facility. Then, with your permission, we would like to speak with staff members about how the PMTCT-only drugs are managed at this facility. In addition, we would like to visit the storage areas to actually count the products you have in stock today and observe the general storage conditions.</p> <p>Ask the PMTCT focal person and other staff members involved in PMTCT management if they have any questions before proceeding with the interview.</p>	<p>Date of visit _____</p> <p>Province _____</p> <p>District _____</p> <p>Name, title and contact phone of the staff member(s) interviewed today:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: ____ **Survey Site:** _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
TRAINING/OJT TRAINING	1	Who is the principal person responsible for managing PMTCT drugs at this DHO?	1. Nurse 2. Clinical Officer 3. Pharmacy Technologist 4. Pharmacy Dispenser 5. Pharmacist 6. Other (Specify) _____	
	2	How many people currently working in this DHO have attended and passed the PMTCT-Only Drug Logistics System workshop training?	1. One 2. Two 3. Three or more 4. None	<i>Compare & confirm with the list provided to you of all those staff members who passed.</i>
	3	Has anyone currently in this DHO, who did not attend the workshop training, received On-the-Job training or training from a DHO colleague in the PMTCT-Only Drug Logistics System?	1. Yes Specify who _____ 2. No	
TRAINING/OJT TRAINING	4a	How many PMTCT Only Facilities are located in your district? How many combined ART/PMTCT Facilities are located in your district?		

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
4b	<p>How many PMTCT-only facilities in this district have received...</p> <p>A. All 7 OJT Sessions</p> <p>B. The first 5 OJT Sessions</p> <p>C. At least 3 OJT Sessions</p> <p>D. Sessions 1 and 2</p> <p>....in the PMTCT-Only Drug Logistics System?</p>	<p>A ___# facilities received all 7 sessions</p> <p>B ___# facilities received the first 5 sessions</p> <p>C ___# facilities received the first 3 sessions</p> <p>D ___# facilities that received sessions 1 & 2.</p>		<p><i>Be sure to not how many total PMTCT facilities there are in the district.</i></p>
5	<p>What enabled you to complete the OJT sessions with the facilities with whom you completed 5 or more sessions?</p>	<p>1. Had time</p> <p>2. Had transport</p> <p>3. Had per diem</p> <p>4. Had motivated facility staff</p> <p>5. Other: _____</p>		
6	<p>Why have some facilities received LESS than seven PMTCT-only OJT Sessions?</p> <p><i>Select all that apply.</i></p>	<p>1. No transport</p> <p>2. No time</p> <p>3. No able staff at facility</p> <p>4. No per diem</p> <p>5. Other: _____</p>		

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
REPORTING BY FACILITIES	9	What action(s) do you take after a facility submits its PDRIV?	<ol style="list-style-type: none"> 1. Review for completeness 2. Review accuracy & irregular data 3. Discuss problems with facility 4. Take actions to resolve problems 5. Other: _____ 	
	10	A. How many facilities were supposed to report last month? B. How many reported last month?	A1. _____ Total # facilities to report B1. ____ # facilities reported by due date B2. ____ # facilities reported after due date	
	11	What action(s) did you take when a facility submitted the PDRIV after the due date? CIRCLE ALL THAT APPLY	<ol style="list-style-type: none"> 1. None 2. Telephoned facility 3. Visited facility 4. Waited to send R&R until received 5. Other: _____ 	
	12	What if any mistakes do the facilities commonly make on the PDRIV's?		
	13	How well do you believe that the facilities like using the new PMTCT-only logistics system? Comment on why or why not:	<ol style="list-style-type: none"> 1. Like it very well 2. Like it fine 3. Like it somewhat 4. Don't like it 5. Really don't like it 	

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
ORDERING BY DISTRICTS	14	When was the last time you sent the Report and Requisition for PMTCT-only ARV Drugs from this district to MSL?	1. Never 2. This month 3. Last month 4. More than 2 months ago 5. More than 3 months ago	
	15	Are any portions of the R&R difficult for you to complete?	1. No 2. Yes....specify which parts:	
	16	If you have rolled out the OJT but did not order last month, why did you not send your order?		
Stock Availability	17	A. Has this district experienced any problems with stock availability (stockout, overstocks) of PMTCT-only ARVs? B. If so, why do you think you have experienced these stock imbalances?	A1. Stockout A2. Overstock A3. Expiries A4. Damage A5. Other: _____ B. Specify: _____	<i>District can include the district store itself and the facilities in the district.</i> <i>Be sure to record WHICH products are having stock problems.</i>

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer	
CHALLENGES & RECOMMENDATIONS	18	<p>Has the district experienced or does the district anticipate any problems with the PMTCT-Only Drug Logistics System (i.e., completing forms, receiving drugs, etc.)?</p> <p>CIRCLE ALL THAT APPLY AND GIVE DETAILS</p>	<p>1. Anticipate no problems</p> <p>Anticipate Problems with...</p> <p>2. Monthly ordering cycle</p> <p>3. Receiving PDRIV's from facilities</p> <p>4. Receiving drugs</p> <p>5. Rainy season</p> <p>6. Storage</p> <p>7. Other: _____</p>		Please specify in detail:
	19	<p>Do you have any specific recommendations for improving the PMTCT-Only Drug Logistics System? Possible topic areas.</p> <p>1. Stock management</p> <p>2. Storage</p> <p>3. Reporting/Ordering</p> <p>4. Training facility staff</p> <p>5. Supervision</p> <p>6. Other:</p>			
	20	Do you have any questions for us?			

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Completed OJT (some or all)

Assessment Team: ____ **Survey Site:** _____

District Order/Receipt Information for PMTCT-Drugs

Record the dates when the last R&R was sent to LMU and the dates when the last PDRIV's arrived from each facility. Write dates DD/MM/YY

Name	Date PDRIV Received at District from Health Facility	Date Last District Order Sent to LMU	Date Last District Order Received at from LMU	Date Last Order Received by Health Facility
District:				
1. Facility:				
2. Facility:				
3. Facility:				
4. Facility:				
5. Facility:				

APPENDIX B: SDP (OJT) PMTCT TOOL

PMTCT-Only Drug Logistics System Evaluation
SDP Data Collection: Received OJT (some or all)

Assessment Team: ____ **Survey Site:** _____

INTRODUCTION

Ask for the person in charge of the facility and show the letter of introduction/authorization from the Ministry of Health (MOH). Introduce all team members and ask facility representatives to introduce themselves.

Explain the objectives of the assessment and the purpose of the visit to the facility today: "Good day, and thank you for agreeing to receive us today. My name is _____. My colleague(s) and I are representing the Ministry of Health and assisting the National PMTCT Program to conduct an assessment of the logistics system for managing PMTCT-only drugs. We are visiting selected Districts and health facilities throughout the country, and this facility was selected to be included in the assessment. The purpose of our visit is to assess the roll-out of the PMTCT-only Drug Logistics System; to collect information about how you order, receive, and store products in order to better understand how the logistics system for managing PMTCT-only drugs is functioning.

This is not a supervisory visit, and the performance of individual staff members is not being evaluated. The results of the assessment will provide information for developing recommendations and planning improvements in the PMTCT-only drug logistics system for these products. This assessment may be conducted again in the future to measure changes in the logistics system over time.

We would like to ask you about the management of PMTCT commodities provided at this facility. Then, with your permission, we would like to speak with staff members about how the PMTCT-only drugs are managed at this facility. In addition, we would like to visit the storage areas to actually count the products you have in stock today and observe the general storage conditions.

Ask the PMTCT focal person and other staff members involved in PMTCT management if they have any questions before proceeding with the interview.

Date of visit _____

Name of the facility _____

Name of In-Charge _____

Province _____

District _____

Facility Type _____
(health centre, level 1 hospital, level 2 hospital, level 3 hospital)

Name, title and contact phone of the staff member(s) interviewed today:

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
1	Who is the principal person responsible for managing PMTCT drugs at this facility?	1. Nurse 2. Clinical Officer 3. Pharmacy Technologist 4. Pharmacy Dispenser 5. Pharmacist 6. Other (Specify)_____		
2	How many staff in this facility have received... A..... all 7 OJT Sessions B.....the first 5 OJT Sessions C.....at least 3 OJT Sessions D..... Sessions 1 and 2 E.....No OJT sessions in the PMTCT-Only Drug Logistics System?	A ___# staff received all 7 sessions B ___# staff received the first 5 sessions C ___# staff received the first 3 sessions D ___# staff that received sessions 1 & 2. E ___# staff that have not received PMTCT OJT		
3	Of those who have received less than the full 7 sessions, why were these sessions not completed?	1. No transport 2. No time 3. No able staff at facility 4. No per diem 5. Other: _____		

PMTCT-Only Drug Logistics System Evaluation
SDP Data Collection: Received OJT (some or all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
STOCK MANAGEMENT	4	Is the facility using the stock cards titled "ARV-Drug Stock Control Card"?	1. Yes 2. No....Why not: _____	Ask to see one if possible and note how well it is completed.
	5	Is the facility using the Daily Activity Register for PMTCT Drugs?	1. Yes 2. No.....Why not: _____	Ask to see one if possible and note how well it is completed.
	6	A. Has this facility experienced any problems with stock availability (stockout, overstocks) of PMTCT-only ARVs? B. If so, why do you think you have experienced these stock imbalances?	A1. Stockout A2. Overstock A3. Expiries A4. Damage A5. Other: _____ B. Specify: _____	

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
REPORTING	7 Is the facility using the PDRIV?	1. Yes 1a. Do you have any difficulties completing it.... Yes / No <i>If Yes...what do you have problems with on the PDRIV, be specific.</i> 2. No..... Why not:_____		<i>Ask to see one if possible and note how well it is completed.</i>
	8 When was the last time you sent the PDRIV for PMTCT-only ARV Drugs from this facility to the district?	1. Never 2. This month (skip to # 10) 3. Last month 4. More than 2 months ago 5. More than 3 months ago		
	9 If you have received the OJT but did not submit a PDRIV last month, why did you not submit it?			

PMTCT-Only Drug Logistics System Evaluation
SDP Data Collection: Received OJT (some or all)

Assessment Team: _____ **Survey Site:** _____

	No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
CHALLENGES & RECOMMENDATIONS	10	Has the facility experienced or does it anticipate any problems with the PMTCT-Only Drug Logistics System (i.e., completing forms, receiving drugs, etc.)?	8. Anticipate no problems Anticipate problems with... 9. Monthly reporting 10. Completing PDRIV 11. Receiving drugs 12. Rainy season 13. Storage 14. Other: _____		
	11	Do you have any specific recommendations for improving the PMTCT-Only Drug Logistics System? Possible topic areas: 7. Stock management 8. Storage 9. Reporting/Ordering 10. Training facility staff 11. Supervision 12. Other			
	12	How well do you like the new PMTCT Logistics System?			
	13	Do have any questions for us?			

APPENDIX C: DISTRICT (NO OJT) PMTCT TOOL

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Not Completed OJT (at all)

Assessment Team: ____ **Survey Site:** _____

INTRODUCTION	DISTRICT IDENTIFICATION
<p>Ask for the person in charge of the District (DHO) and show the letter of introduction/authorization from the Ministry of Health (MOH). Introduce all team members and ask facility representatives to introduce themselves.</p> <p>Explain the objectives of the assessment and the purpose of the visit to the facility today: “Good day, and thank you for agreeing to receive us today. My name is _____. My colleague(s) and I are representing the Ministry of Health and assisting the National PMTCT Program to conduct an assessment of the logistics system for managing PMTCT-only drugs. We are visiting selected Districts and health facilities throughout the country, and this District was selected to be included in the assessment. The purpose of our visit is to assess the roll-out of the PMTCT-only Drug Logistics System; to collect information about how you order, receive, and store products in order to better understand how the logistics system for managing PMTCT-only drugs is functioning.</p> <p>This is not a supervisory visit, and the performance of individual staff members is not being evaluated. The results of the assessment will provide information for developing recommendations and planning improvements in the PMTCT-only drug logistics system for these products. This assessment may be conducted again in the future to measure changes in the logistics system over time.</p> <p>We would like to ask you about the management of PMTCT commodities provided at this facility. Then, with your permission, we would like to speak with staff members about how the PMTCT-only drugs are managed at this facility. In addition, we would like to visit the storage areas to actually count the products you have in stock today and observe the general storage conditions.</p> <p>Ask the PMTCT focal person and other staff members involved in PMTCT management if they have any questions before proceeding with the interview questions.</p>	<p>Date of visit _____</p> <p>Province _____</p> <p>District _____</p> <p>Name, title and contact phone of the staff member(s) interviewed today:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
1	Who is the principal person responsible for managing PMTCT drugs at this DHO?	1. Nurse 2. Clinical Officer 3. Pharmacy Technologist 4. Pharmacy Dispenser 5. Pharmacist 6. Other (Specify)_____		
2	How many people currently working in this DHO have attended and passed the PMTCT-Only Drug Logistics System workshop training?	1. One 2. Two 3. Three or more 4. None		<i>Compare & confirm with the list provided to you of all those staff members who passed.</i>
3	Has anyone currently in this DHO, who did not attend the workshop training, received On-the-Job training or training from a DHO colleague in the PMTCT-Only Drug Logistics System?	1. Yes Specify who _____ 2. No		
4 a	How many PMTCT Only Facilities are located in your district? How many combined ART/PMTCT Facilities are located in your district?			

TRAINING/OJT TRAINING

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Not Completed OJT (at all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
4 b	How many PMTCT-only facilities in this district require OJT in the PMTCT-Only Drug Logistics System?	1. All 2. More than half 3. At least one-third 4. Only a few		<i>Get a list of all the PMTCT-only facilities in the District.</i>
5	Why have these facilities not received OJT in the PMTCT-Only Drug Logistics System? What are the obstacles preventing the district from providing OJT?			

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
ORDERING	<p>6</p> <p>A. Does the District order PMTCT-only ARVs from MSL or does MSL push them to the District.</p> <p>B. How does the District order/report PMTCT-only ARV drugs from MSL?</p> <p>C. And how often does the District order/report?</p>	<p>A1. Push A2. Pull</p> <p>B1. Report B2. Order</p> <p>C1. Monthly C2. Quarterly C3. Other: _____</p>		<p><i>Find out what form(s) District uses if any; get a copy of the form if possible.</i></p> <p><i>Be sure to determine if the Districts orders or reports and if the system btwn MSL and district is push or pull.</i></p>
	<p>7</p> <p>A. Does the facility order PMTCT-only ARVs from the District or MSL OR does the District push them to the facility.</p> <p>B. How do the facilities order/report PMTCT-only ARV drugs from the District?</p> <p>C. And how often do facilities order/report?</p>	<p>A1. Push A2. Pull</p> <p>B1. Report B2. Order</p> <p>C1. Monthly C2. Quarterly C3. Other: _____</p>		<p><i>Find out what form(s) the facilities use if any; get a copy of the form if possible.</i></p> <p><i>Be sure to determine if the facility orders or reports and if the system btwn the facility and district is push or pull.</i></p>

**PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Not Completed OJT (at all)**

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
8	A. Has this district experienced any problems with stock availability (stockout, overstocks) of PMTCT-only ARVs?	A1. Stockout A2. Overstock A3. Expiries A4. Damage A5. Other: _____		<i>District can include the district store itself and the facilities in the district.</i>
	B. If so, why do you think you have experienced these stock imbalances?	B. Specify: _____		<i>Be sure to record WHICH products are having stock problems.</i>
9	What are the problems that your facilities have experienced in the management of PMTCT-only ARV drugs?			

Stock Availability

	No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
Challenges & Recommendations	10	<p>Do you have any specific recommendations for improving the PMTCT-Only Drug Logistics System? Possible topic areas.</p> <p>13. Stock management 14. Storage 15. Reporting/Ordering 16. Training facility staff 17. Supervision 18. Other:</p>			
	11	Do you have any questions for us?			

PMTCT-Only Drug Logistics System Evaluation
District Data Collection: Not Completed OJT (at all)

Assessment Team: _____ Survey Site: _____
District Order/Receipt Information for PMTCT-Drugs

Record the dates when the last R&R was sent to LMU and the dates when the last Report/Order arrived from each facility. Write dates DD/MM/YY

Name	Date Order/Report received District from Health Facility	Date Last District Order Sent to LMU	Date Last District Order Received at from LMU	Date Last Order Received by Health Facility
District:				
1. Facility:				
2. Facility:				
3. Facility:				
4. Facility:				
5. Facility:				

APPENDIX D: SDP (NO OJT) PMTCT TOOL

PMTCT-Only Drug Logistics System Evaluation
SDP Data Collection: Did Not Receive OJT (at all)

Assessment Team: ____ **Survey Site:** _____

INTRODUCTION	SDP IDENTIFICATION
<p>Ask for the person in charge of the facility and show the letter of introduction/authorization from the Ministry of Health (MOH). Introduce all team members and ask facility representatives to introduce themselves.</p> <p>Explain the objectives of the assessment and the purpose of the visit to the facility today: "Good day, and thank you for agreeing to receive us today. My name is _____. My colleague(s) and I are representing the Ministry of Health and assisting the National PMTCT Program to conduct an assessment of the logistics system for managing PMTCT-only drugs. We are visiting selected Districts and health facilities throughout the country, and this facility was selected to be included in the assessment. The purpose of our visit is to assess the roll-out of the PMTCT-only Drug Logistics System; to collect information about how you order, receive, and store products in order to better understand how the logistics system for managing PMTCT-only drugs is functioning.</p> <p>This is not a supervisory visit, and the performance of individual staff members is not being evaluated. The results of the assessment will provide information for developing recommendations and planning improvements in the PMTCT-only drug logistics system for these products. This assessment may be conducted again in the future to measure changes in the logistics system over time.</p> <p>We would like to ask you about the management of PMTCT commodities provided at this facility. Then, with your permission, we would like to speak with staff members about how the PMTCT-only drugs are managed at this facility. In addition, we would like to visit the storage areas to actually count the products you have in stock today and observe the general storage conditions.</p> <p>Ask the PMTCT focal person and other staff members involved in PMTCT management if they have any questions before proceeding with the interview.</p>	<p>Date of visit _____</p> <p>Name of the facility _____</p> <p>Name of In-Charge _____</p> <p>Province _____</p> <p>District _____</p> <p>Facility Type _____ (health centre, level 1 hospital, level 2 hospital, level 3 hospital)</p> <p>Name, title and contact phone of the staff member(s) interviewed today:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
Training/OJT Training	1	Who is the principal person responsible for managing PMTCT drugs at this facility? 1. Nurse 2. Clinical Officer 3. Pharmacy Technologist 4. Pharmacy Dispenser 5. Pharmacist 6. Other (Specify)_____		
	2	Was your facility aware that your District HO was trained to provide OJT in the logistics system for PMTCT-only drugs? 1. Yes 2. No		<i>If necessary explain that the PMTCT-only Drug Logistics system assists with reporting, ordering, and stock management of PMTCT ARV drugs.</i>
	3	Was anyone in your facility offered on-the-job (OJT) for the PMTCT-only drug logistics system? 1 Yes..... When and by whom: _____ 2. No 3. Don't Know		
MANAGE	4	What form, if any, is this facility using to record information on PMTCT-only ARV drugs in stock?		<i>Probe for the stock control card. Ask to see one if possible and note how well it is completed.</i>

PMTCT-Only Drug Logistics System Evaluation
SDP Data Collection: Did Not Receive OJT (at all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
REPORTS & ORDERS	5 What form, if any, is this facility using to collect consumption data (dispensed-to-user data) on PMTCT-only ARV drugs?			<i>Probe for the register. Ask to see one if possible and note how well it is completed.</i>
	6 A. Has this facility experienced any problems with stock availability (stockout, overstocks) of PMTCT-only ARVs? B. If so, why do you think you have experienced these stock imbalances?	A1. Stockout A2. Overstock A3. Expiries A4. Damage A5. Other: _____ B. Specify: _____		
	7 How does this facility determine <u>when to place</u> an order for PMTCT-only ARV drugs from the district?			<i>Probe for end of review period, certain stock level, etc.</i>
	8 How does this facility determine <u>the quantity</u> of PMTCT-only ARV drugs to order from the district?			<i>Probe for the formula or rational used to determine the quantity to order.</i>

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
9	<p>What report or form does this facility use to get re-supplied?</p> <p>Please explain the process for being re-supplied for PMTCT-only ARV drugs from the district?</p>			<p><i>Probe for the form and process used. If supplies were obtained from another source, please note that source.</i></p>
10	<p>When was the last time you ordered PMTCT-only ARV Drugs from the district?</p>	<ol style="list-style-type: none"> 1. Never 2. This month 3. Last month 4. More than 2 months ago 5. More than 3 months ago 		<p><i>If supplies were obtained from another source, please note that source.</i></p>
11	<p><u>How often</u> does this facility usually order PMTCT-only ARV Drugs from the district?</p>	<ol style="list-style-type: none"> 1. Monthly 2. Every 2 months 3. Every Quarter 4. Other: _____ 		<p><i>If supplies were obtained from another source, please note that source.</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Recommendat</p>	<p>12</p> <p>What are the key problems that this facility has experienced with the management of PMTCT-only ARV drugs?</p>			

PMTCT-Only Drug Logistics System Evaluation
SDP Data Collection: Did Not Receive OJT (at all)

Assessment Team: _____ Survey Site: _____

No.	Question	Responses (circle one/all that apply/or write in)	Comments	Notes to Interviewer
13	Do you have any specific recommendations for improving the PMTCT-Only Drug Logistics System? Possible topic areas. 19. Stock management 20. Reporting/Ordering 21. Training facility staff 22. Supervision			
14	Do you have any questions for us?			

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