The Health Logistics Press

A Ministry of Health Publication

Issue # 5 July 2009

ZAMBIA DEFENSE FORCES ARV and HIV TEST LOGISTICS SYSTEM UPDATE

The Ministry of Defense, in collaboration with the Ministry of Health and with support from the USG-funded JSI Logistics Services, designed the Zambia Defense Forces (ZDF) ARV and HIV Test Logistics System in June 2007. The design team consisted of representatives from every level of the Defense Forces Medical Services (DFMS) and cooperating partners. Following the system design, a letter of agreement for supply chain management of ARV medicines and HIV test kits for defense forces between the MoD and MoH was signed in November 2008. Since the program's implementation began in February 2009, 79 health personnel from 30 military health units have been successfully trained. It is expected that this system will enhance the availability of ARVs and HIV test kits in selected ZDF health facilities.

Zambia Defense Personnel

In line with the system design, Maina Soko Military Hospital and Kalewa Garrison Hospital will act as military districts and will serve the same function as the district health office for 19 ZDF health facilities in Lusaka and 5 ZDF facilities on the Copperbelt respectively. As such, the health facilities covered by these military districts will submit their Report and Requisition (R&R) forms no later than the 4th of every month to their respective military districts, which will then forward them to the MoH LMU. Medical Stores Limited will deliver ARVs and HIV test kits to the military districts for the facilities submitting R&Rs every month.

The remaining ZDF health facilities that are not in the military districts, will submit completed R&R forms for ARVs and HIV test kits no later than the 4th of every month to their respective DHO. The DHO will review and submit the R&Rs to the MoH LMU at MSL according to the MSL distribution schedule. ZDF health facilities that submit completed R&R forms will collect these commodities from their respective DHO on a monthly basis. The continued availability of these health commodities will depend on ZDF health facilities providing essential logistics data to the LMU.

EMS courier service reaching every province!

THE EMS COURIER SYSTEM IS UP AND RUNNING!

The Express Mail Service (EMS) of the Zambia Postal Service has been contracted to provide courier services for R&Rs from health facilities to the LMU. The service began on 1st November 2008 in two pilot provinces (Copperbelt and Eastern), and has since been rolled out throughout the country.

All districts, apart from Milenge and Chiengi (which do not have a post office), can use the EMS courier service. Hospitals have not been included in this initiative; however they can coordinate with their respective DHOs and submit their R&Rs together through EMS.

NOTE: Districts do not need to pay for this service at the post office!

How Does it Work?

- The point person for the courier service at the post office (EMS) goes to the district health office (DHO) to collect the R&Rs based on the EMS schedule sent to all districts.
- In case the mail runner from EMS does not come to the DHO to collect the R&Rs on the scheduled date, the DHO contact person should take the R&Rs to the post office.
- In case of any queries, the contact person at the post office for the courier service is the postmaster.

ART SATELLITE SITES

Existing ART sites that are not accredited and that access ARV drugs from the nearest accredited ART site are called ***satellite sites.***

Satellite sites should be submitting their reports on **consumption**, **losses** and **adjustments**, and **stock on hand** at the end of every month to the accredited site through which they access ARVs.

Accredited sites must include information from their satellite sites in their reports; and when reporting, should include remarks on their R&Rs that the reported data includes information from satellite sites.

CONTENTS

Page 1
- *Zambia Defence Forces ARV and HIV Test Logistics System Update*
- *R&R EMS Courier Service Up and Running*
- *ART Satellite Sites*

Page 2:
- *Malaria Commodity Logistics Stock Status at MSL*
- *Cotrimoxazole Injection Is Now Available at MSL*
- *Emergency Orders: What You Need To Know*
- *Reminder for SDPs with Multiple HIV Testing Points*
- *Family Planning Stock Status*

Page 3
- *HIV Tests District League Status*
- *ARV League Provincial League Status*
- *News from the Essential Drugs Logistics Pilot*
- *Spotlight: Nurse Ruth Ngufube, Jerusalem Health Centre, Chipata*
- *Upcoming Events July - September 2009*

Page 4
- *Update on the PMTCT Drug Logistics System*
- *Importance of Filling Out LMIS Forms Accurately*
- *JSI Opens Two Additional Provincial Offices*
- *Contact Information*

UPDATES, TIPS & REMINDERS...

COTRIMOXAZOLE INJECTION IS NOW AVAILABLE AT MSL

Strength: 480mg/5ml ampoule
Route: Intravenous (IV)

How do I order?

Simply include it on the R&R when ordering ARV drugs!

For instructions, refer to the Job Aid title:
"Completing the R&R for ARV Drugs for Level 1, 2 and 3 Hospitals"...
in the ***Standard Operating Procedure Manual for the Management of National ARV Logistics System.***

EMERGENCY ORDERS – WHAT YOU NEED TO KNOW

If a facility is filling out the R&R every month and reporting correct and complete data, emergency orders can and should be avoided.

How are Emergency Orders Processed?
Once a facility places an emergency order, it is the responsibility of that facility to follow up with LMU/MSL to find out whether that order has been approved and processed by LMU and packed by MSL, ***before*** making arrangements to travel to MSL to collect the emergency order.

Remember!
Even if it is only **ONE** product that has triggered an emergency order, you need to report on **ALL** the products in that system (e.g., if Nevirapine 200mg has reached an emergency order point, you will need to report on **ALL** the ARVs managed by your facility!).

What is the Current Status?
Emergency orders have been successfully reduced at MSL with only one facility out of 172 placing an emergency order for ARVs in March 2009! This represents a 0.5% emergency order reporting rate!!

What Comes After an Emergency Order?
Once you place an emergency order, you still have the responsibility of placing a routine monthly order at the end of the month.

Caution!

Don't Let This Happen to You!
Emergency orders are costly as districts and hospitals need to meet the cost of collecting their order from MSL. In addition, MSL has to suspend the picking and packing of routine orders for that period to attend to an emergency order.

FAMILY PLANNING COMMODITY UPDATE AS OF JUNE 2009

PRODUCT DESCRIPTION	CENTRAL LEVEL STOCK STATUS
Male Condoms	Available
Female Condoms	Available
Jadelle	Available
Noristerat	Stocked Out (stocks expected August 2009)
Microlut	Stocked Out (stocks expected August 2009)
Depo Provera	Available
Oralcon F	Available
IUDs	Available
Postinor 2 (Emergency Contraceptive)	Available

Percentage Availability: 78% as of May and June 2009, with Noristerat and Microlut stocked out.

Have you placed your order?

Remember: **The success of the Family Planning program depends on having contraceptives available at your facility.**

MALARIA COMMODITY LOGISTICS – STOCK STATUS AT MSL

In January/February 2009, the Ministry of Health, its partners, and with support from the USG-funded USAID | DELIVER PROJECT conducted a 7-year forecast and quantification exercise for malaria drugs and rapid diagnostic tests (RDTs). This quantification will be used for long-term planning in order to mobilize the resources needed to secure a full supply of malaria commodities for Zambia's future. Its main objective is to ensure increased malaria commodity security, which will make certain that people are able to obtain and use quality malaria commodities when and where they are needed.

Malaria Commodity Central Level Stock Availability Status

	Product Description	Pack Size	Stock Status
1	Artemether-Lumefantrine	1*6	Available
2	Artemether-Lumefantrine	2*6	Available
3	Artemether-Lumefantrine	3*6	Available
4	Artemether-Lumefantrine	4*6	Available
5	Quinine Injection 600mg/2ml	100s	Available
6	Quinine Tablets	1,000s	Available
7	Sulphadoxine/Pyrimethamine	1,000s	Available
8	Malaria Rapid Diagnostic Tests	25s	Stocked out (Stocks expected August 2009)

Percentage Availability: 87.5% as of June 2009.

What they look like...

SDPs WITH MULTIPLE HIV TESTING POINTS

To avoid stockouts of HIV test kits at your facility, ensure that you capture essential logistics data from all HIV testing points before you complete the R&R.

Tips on Capturing Data from all HIV Testing Points

- Ensure that all HIV testing points within the facility have the HIV Daily Activity Register to enter consumption data.
- Ensure that all testing points complete the Internal Monthly Summary Report.
- Complete the Report and Requisition using the data from the Internal Monthly Summary.
  - Ensure that all testing sites report by the 5th day of the month following the reporting period.

Don't Get Relegated, Get Promoted!

HIV TESTS LOGISTICS SYSTEM LEAGUE STANDINGS JUNE 2009

Rank	Premier League Districts Tied for #1	Reporting Rate	Rank	Premier League Districts Ranks 2-9	Reporting Rate
1	Chililabombwe (Copperbelt Province)	100%	2	Mufulira (Copperbelt Province)	94%
	Luanshya (Copperbelt Province)	100%	3	Kafue (Lusaka Province)	93%
	Lufwanyama (Copperbelt Province)	100%	4	Chibombo (Central Province)	92%
	Mansa (Luapula Province)	100%		Nyimba (Eastern Province)	92%
	Masaiti (Copperbelt Province)	100%	5	Katete (Eastern Province)	91%
	Mbala (Northern Province)	100%		Nchelenge (Luapula Province)	91%
	Milenge (Luapula Province)	100%	6	Serenje (Central Province)	90%
	Mpongwe (Copperbelt Province)	100%	7	Chama (Eastern Province)	89%
	Mwense (Luapula Province)	100%	8	Petauke (Eastern Province)	87%
	Samfya (Luapula Province)	100%	9	Kabwe (Central Province)	86%
				Kalabo (Western Province)	86%

Rank	Division One Districts	Reporting Rate	Rank	Division Two Districts	Reporting Rate
1	Chingola (Copperbelt Province)	85%	1	Choma (Southern Province)	80%
2	Mumbwa (Central Province)	84%		Kalulushi (Copperbelt Province)	80%
3	Ndola (Copperbelt Province)	82%	2	Monze (Southern Province)	77%
			3	Kazungula (Southern Province)	75%
			4	Lusaka (Lusaka Province)	73%
			5	Kitwe (Copperbelt Province)	71%

ARV LOGISTICS SYSTEM LEAGUE STANDINGS JUNE 2009

ARVs Provincial Reporting Rates

Rank	Province	Reporting Rate
1	Central	100%
	Copperbelt	100%
	Eastern	100%
	Luapula	100%
	Lusaka	100%
	Northern	100%
	North Western	100%
	Southern	100%
2	Western	91.7%

Provinces Stocked According to Plan

Rank	District	Reporting rate
1	Central	*77.3%
2	Western	66.70%
3	Southern	65.40%
4	North Western	62.50%
5	Northern	60.00%
6	Lusaka	53.10%
7	Eastern	46.20%
8	Copperbelt	38.60%
9	Luapula	21.10%

*Interpretation: 77.3% of all ART sites in Central Province reported at the end of the month, stock levels between 0.5 and 4 months. These are adequately supplied and not in danger of stocking out.

SPOTLIGHT... SPOTLIGHT

NURSE KNOWS BEST...

Ruth Ngulube
Nurse - Jerusalem RHC

Jerusalem, in Chipata District in Eastern Province, is a rural health centre with only one trained staff member. Nurse Ruth Ngulube, who was trained in the HIV Test Logistics System in 2007, has been receiving an uninterrupted supply of HIV tests.

What Is Her "Secret?"

From the time the system was implemented, Nurse Ngulube has been carefully updating all her records and submitting R&Rs to the DHO/LMU every month. When asked how she manages this despite her many other numerous tasks, she simply summarizes using the word "logistics."

Nurse Ngulube does the following:

L eaves all records updated at the end of each transaction and each day;

O bserves the "Six Rights" of Logistics;

G ives accurate/correct figures on all her records;

I ndicates every transaction on the necessary records;

S ustains enough stock by always **submitting** the R&R to DHO/LMU on time;

T akes time to review the calculations on the R&R;

I ncreases her efficiency by perusing the SOP when the need arises;

C ounts all the stock at the facility at the end of each calendar month; and

S erves clients whenever and wherever by having sufficient stock.

Nurse Ngulube does the system proud!

NEWS FROM THE ESSENTIAL DRUGS LOGISTICS SYSTEM

- Over 500 personnel from the 16 pilot districts trained so far!
- First month's reporting rates range from 100% to 19.4%.

We know other districts are working hard to catch up with our star districts.

Remember...*Don't Get Relegated, Get Promoted!*

100 %
Star Districts:
Milenge
Mufumbwe
Chama

UPCOMING EVENTS: JULY - SEPTEMBER

	ACTIVITY	LOCATION
July	Provincial/District Supervisors' Meeting	Chipata
	EDPLS Mop Up Training XVI	Senanga
	EDPLS Mop Up Training XVII	Kabwe
	HIV Test Mop Up Training	Mongu
	SmartCare Training for Pilot Facilities	Lusaka
	ARV Quantification Update	Lusaka

	ACTIVITY
August	Nationwide Ministry of Health Annual Planning

	ACTIVITY	LOCATION
September	ARV Logistics System Evaluation	Nationwide
	EDPLS Mop Up Trainings x 2	Kasama
	HIV Test Kits Mop Training	Kasama
	PMTCT Training I	Choma
	PMTCT Training II	Choma
	PMTCT Training III	Chipata
	PMTCT Training IV	Chipata
	Lab Trainers Refresher	TBD
	HIV Test Kits Mop-Up Training	Livingstone
	Labs Roll-Out Training I	Lusaka

	ACTIVITY	LOCATION
September Cont'd	Lab Roll-Out Training II	Lusaka
	Lab Roll-Out Training III	Lusaka
	M&E Visit	Lusaka
	M&E Visit	Livingstone
	PMTCT Training V	Lusaka
	PMTCT Training VI	Lusaka
	PMTCT Training VII	Kitwe
	PMTCT Training VIII	Kitwe
	Provincial/District Supervisors' Meeting x 4	Chipata
		Livingstone
		Kasama
		Mansa

UPDATE ON THE PMTCT DRUG LOGISTICS SYSTEM

As part of the USAID | DELIVER PROJECT's technical assistance to Zambia's Ministry of Health, a logistics system to strengthen the management of PMTCT drugs was implemented in 2007. An evaluation of the PMTCT Drug Logistics System was conducted in October 2008 and recommendations were made for system improvement.

Logistics Training

Given the challenges that most districts experienced in implementing on-the-job training for PMTCT-only health facilities (facilities that are not providing ART but only PMTCT), the system and implementation strategy were revised. Centralized training will now be provided at the provincial level for these facilities where one person per facility (the dispenser or MCH/PMTCT coordinator) will be identified and trained.

Reporting & Ordering

PMTCT-only facilities should continue to report on a monthly basis using the PMTCT Drug Requisition & Issue Voucher (PDRIV).

Given the diversity of challenges faced by PMTCT-only sites, two scenarios of ordering and reporting have been recommended. Each district will select **only ONE** scenario:

- PMTCT-only facilities will be supplied with PMTCT commodities by the DHO store and report commodity usage directly to the DHO as originally designed.

Note: In this scenario, districts will continue to use the ARV Logistics System R&R for reporting to MSL/LMU on the PMTCT-only sites issues from the DHMT.

- PMTCT-only facilities will be supplied with PMTCT commodities by the district hospital or assigned ART site (in the 16 districts without a district hospital) and report commodity usage directly to the district hospital.

Note: In this scenario, the district hospital/assigned ART site will continue using the ARV Logistics System R&R for reporting. This report however, will include PMTCT-only facility issues in the "Quantity Dispensed" column (in addition to actual quantity dispensed at the district hospital/assigned ART site).

Stock Management

1. All PMTCT-only health facilities must be stocked appropriately with Zidovudine/Lamivudine (AZT/3TC) 300/150mg combination in order to be in compliance with the 2008 Ministry of Health PMTCT protocols.
2. PMTCT-only facilities will be supplied adequately with ARV drug stock control cards and PMTCT Drug Requisition & Issue Voucher (PDRIV) booklets to assist in inventory control, reporting, and file organization.
3. District Hospitals/DHMTs must 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.
4. DHO staff are reminded to file PDRIV copies and computerized R&Rs in an organized manner.
5. Lack of adequate filing inhibits proper supervision and accurate determination of order quantities for facilities.

IMPORTANCE OF ACCURATELY COMPLETING THE ARVs LMIS FORMS

{Daily Activity Register, Stock Control Cards, and Report and Requisition (R&R)}

You will get the correct order!

The MoH will have the correct data for forecasting national needs!

It is the RIGHT thing to do!

JSI OPENS TWO MORE PROVINCIAL OFFICES

The two USG-funded projects (SCMS and USAID | DELIVER PROJECT) have opened two additional provincial offices in Chipata and Solwezi. This brings the number of provincial offices opened thus far to three.

The primary activities of these offices are:

1. To monitor and evaluate the MoH's logistics systems for ARVs, HIV tests, ART lab commodities, and most recently, the Malaria/FP/Essential Drugs Pilot Logistics System in their respective provinces.
2. To promote and build support for the MoH's HIV/AIDS commodity logistics interventions in the provinces.

The three new provincial offices can be contacted as follows:

Eastern: Chipata	North Western: Solwezi	Luapula: Mansa
House No. 1396 Kalindawalo Road Kalongwezi Tel: 216 222439-40 Fax: 216 222344 Cell: 0968 882522	Bumi House, NGOCC Complex P.O. Box 110491 Solwezi Telefax: 218 821253 Cell: 0968 680260 0977 893797 and 0968 882523	Plot 104 Chitimukulu Road Box 710539 Mansa Tel: 212 821941 Fax: 212 821595 Cell: 0966 637049

USEFUL CONTACTS

Did you know that?

1. The MoH contacts for Lab and HIV matters are Fales Mwamba (Chief Biomedical Scientist – Quality Assurance) or Clement Phiri (Pediatric ART Biomedical Scientist Officer) at medlab@zamnet.zw or at 0211 254528.
2. Lab order queries should be addressed to Mathew Fwambo at Mathew.fwambo@medstore.co.zm or at 0211 241193 at Medical Stores Limited (MSL).
3. The provincial representative for HACS matters is Dr. Lutangu Alisheke, the Provincial Medical Officer of Southern Province based at the Provincial Health Office in Livingstone at lalisheke@yahoo.com or at 03 324435.
4. The MoH contact for ARVs is the Principal Pharmacist Chikuta Mbewe, at chikutalm@yahoo.com or at 0977561377 or 0211 253040.
5. The Logistics Management Unit (LMU) contact numbers are 0966 397578 and 0955 806799 or 0211 244105.
6. The National ARV Coordinator at the MoH is Dr. Albert Mwango at 0211 253179.

For More Information

Republic of Zambia Ministry of Health	USAID | DELIVER PROJECT
Dr. Rueben Kamoto Mbewe	Stand # 2374 Pizza Office Park
Ndeke House	Thabo Mbeki Road
P.O. Box 30205	Arcades
Lusaka	P.O. Box 320087
Zambia	Lusaka
Tel. 0211 253040 - 5	Zambia
Fax. 0211 253344	Tel. 0211 257782/3
	Fax. 0211 256468
	www.deliver.jsi.com

USAID | DELIVER PROJECT
FROM THE AMERICAN PEOPLE

Produced and printed with support from the USAID | DELIVER PROJECT

The USAID | DELIVER PROJECT, Task Order 1, is implemented by John Snow, Inc. (JSI), and funded by the U.S. Agency for International Development. HIV-related activities of the initiative are supported by the President's Emergency Plan for AIDS Relief (PEPFAR).