Management Sciences for Health (MSH), Namibia

STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT



Building Local Capacity (BLC) SCMS Providing quality medicines for people siving with and affected by HIV and AIDS

P.O. Box 90027, Klein Windhoek, Tel: 061-228016

SCMS supports structured mentoring and on-job-training sessions for improved inventory management of ARVs, anti-TB, and other essential medicines in five regions of Namibia

he USAID-funded Supply Chain Management Systems (SCMS) project in collaboration with the managers of Rundu and Oshakati Multi Regional Medical Depots (MRMDs) conducted mentoring and on-thejob training (OJT) support visits to 36 primary health care (PHC) facilities in October - November 2013.

The onsite OJT sessions were part of ongoing support to the PHC facilities. The visits also provided an opportunity for SCMS to assess the progress made by the PHC facilities towards improving medicines inventory management practices. SCMS piloted the structured on-the-job training and mentoring of health workers in good pharmaceutical inventory control and storage practices for a year (Aug 2012 - Sept 2013) in 19 of the 36 facilities visited. The pharmaceutical inventory control and storage improvement program was initiated after identifying service-level challenges at the MRMDs caused by the too frequent emergency ordering by PHC facilities, which



Ms. Mary Katongo, Chief Pharmacist of Kavango region (left) and Mr. Alemayehu Wolde, Senior Technical Advisor (STA): SCMS (right) checking stock card usage at PHC facilities visited. Photo by MSH staff, Namibia. November 2013.

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UPCOMING ACTIVITIES (JAN - FEB 2014)

- · Technical assistance for strengthening regulation of ARVs and other essential medicines
- Assessing impact of facility level inventory management practices on CMS performance in the supply of ARVs
- Technical assistance to the pharmacy council of Namibia on improving system for licensing of pharmaceutical personnel
- · Strengthening system for the management and regulation of essential medical equipment at the MoHSS
- Mapping of the tasks and competencies of health supply chain workforce in Namibia
- · Technical assistance to MoHSS to conduct annual national pharmaceutical supportive supervisory visits -
- Technical assistance to NANASO for enhancing capacity of its board members to effectively carry out their responsibilities
- Technical assistance to NANASO for development of Global Fund management manual
- Technical assistance to NIPAM for development of short courses on leadership and management for Health
- Technical assistance for quality improvement and leadership at two major hospitals in Namibia (Katutura and Windhoek Central Hospitals)

The editorial team wishes all our esteemed readers a happy and prosperous 2014.





Structured mentoring and on-job-training sessions

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compromised the efficiency of the MRMDs. Observations made during the support visits revealed that health workers at the 19 pilot PHC facilities were more motivated in practicing good pharmaceutical inventory control and storage of antiretroviral and other essential medicines, when compared with the rest of the facilities.

As part of her feedback, Mrs. Farida Goronga Mushi, who is the senior pharmacist in charge of the Oshakati MRMD, said: "The improvements at PHC facilities have positively impacted on the Oshakati MRMD services. OJT is a must-be-done program and I cannot over emphasize its benefits. Good inventory management at PHC level helps the Oshakati MRMD to properly manage the stock order quantities from regional stores to central medical stores and to minimize expiries of medicine. Previous ordering of medicines was based on "false consumption" due to lack of good records. Some facilities had stock that was not meant for use at their level thus impacting on quantity ordered".

She noted that incorrect ordering of medicines led to wastage of time of the already constrained human resource as they



Mr. Alemayehu Wolde: STA, SCMS (left), Enrolled Nurses: Hilaria N. Ashivudu (middle left) and Selma Henok (middle right) and Ms. Farida Goronga: pharmacist in charge of the Oshakati MRMD (right) discussing inventory control at Oukamasheshe clinic. Photo by MSH staff, Namihia. October 2013

had to deal with stock returned, redocument the receipts and shelve the medicines again. However, she added that the PHC facilities need a more regular and constant follow-up as well as training and support on stock rotation and dealing with units of issue.

Contributed by Alemayehu Wolde (Senior Technical Advisor, SCMS) and Harriet Rachel Kagoya (Senior Monitoring and Evaluation Advisor, SIAPS)

Strengthening medicines benefits management for improved access to antiretroviral medicines and universal health coverage in Namibia

In December 2013, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project provided technical support to Ministry of Health and Social Services (MoHSS) through the Namibian Association of Medical Aid Funds (NAMAF) to assess and document the medicine benefits management gaps and to recommend options for the strengthening medicines benefits management for antiretroviral and other essential medicines under the existing medical aid funds and health insurance system, as well as for the planned Universal Health Coverage (UHC) program of the country.

More than 15 stakeholders, who included medical officers, pharmacists, nurses, administrators and managers of medical aid funds in Windhoek city and the Oshana, where the majority of the population of Namibia resides, participated in the assessment. With the growing interest in UHC and the critical role that medicines play in the delivery of health care, Namibia has taken bold steps towards planning for a comprehensive National Health Insurance.

Namibia has a significant population paying out-of-pocket for health care. In addition, about two-thirds of those out-of-pocket health costs are for medicines. This can be a burden to people who least afford medicines and can restrict access to much needed health care

The results of this assessment will enable SIAPS to strengthen the technical capacity of NAMAF and MoHSS and key stakeholders to design and implement medicines benefits schemes that ensure equitable access to the much needed antiretroviral (ARV) and other essential medicines and the long-term sustainability of existing and emerging UHC programs in Namibia.

This activity will contribute towards the achievement of USAID Namibia's Global Health Initiative (GHI) strategy of: (1) Strengthened public-private partnerships that mobilize additional resources for the health sector and expand availability of services to a broader population, and (2) Increased financial and service efficiencies that will reduce program costs to the government.

Contributed by Greatjoy Njabulo Mazibuko (Senior Technical Advisor, SIAPS) and Kwesi Eghan (SIAPS Advisor on Pharmaceutical Benefits Management)

Improving communication skills for enhanced service delivery at two major hospitals in Windhoek

The USAID-funded Building Local Capacity project (BLC) collaborated with the Quality Assurance (QA) Unit of Ministry of Health and Social Services (MoHSS) to conduct a three-day communication workshop for 17 coaches and customer care staff of the Intermediate Hospital Katutura (IHK) and Windhoek Central Hospital (WCH).

At the end of the workshop, participants used the learning from the practical sessions to develop a communication calendar and nominate persons for:

- ✓ Communication committees
- ✓ Identify different types of stories to write about (client, before and after, success, event and problem)
- ✓ Identify relevant key messages for communication and audiences to communicate to
- ✓ To understand the need to communicate internally with staff and externally with he public in an effective and efficient matter



Sr. Petersen (In-Charge of Theatre) presenting the communication committee members to coaches and customer care staff of IHK and WCH.

Photo by MSH staff.

The workshop included experiential exercises followed by explanatory frameworks and opportunities to practice them; world café; market stalls; small group brainstorming sessions followed by plenary reports and discussions; group exercises that drew from participants' own experiences to validate or recognise existing knowledge; individual and group reflections to distil learning and explore their applications.

"In
the 20 years I
have worked for
IHK, this is my first
workshop. I have learnt so
many things on how I can
tell other people about my
work" Naomi
Ngueipingena Enrolled
nurse customer care
help desk IHK

Participants expressed the need for more open and effective dialogue across all levels of the organization to promote team work and effective communication.

This was in addition to the realization that all staff need to make an extra effort towards improving the quality of health services quality at the two hospitals

Contributed by Rachel Susan Basirika (Technical Capacity Building Advisor, BLC)

SCMS provides guidance on transition to safer and more convenient antiretroviral formulations for children

Children living with HIV/AIDS in Namibia will now start accessing safer antiretroviral medicines following the recent procurement of zidovudine-based fixed-dose combination (FDC) antiretroviral (ARV) medicines for children by the Central Medical Store (CMS).

The new formulations will replace stavudine-based FDCs that are known to have several undesirable side effects.

During November 2013, the USAID-funded Supply Chain Management System (SCMS) project in Namibia provided technical assistance to the Ministry of Health and Social Services' (MoHSS) national HIV/AIDS programme on the transition from stavudine-based to zidovudine-based FDCs for children.

SCMS worked with the programme and other in-country partners to review the stock status of paediatric formulations, plan the phase-in of zidovudine formulations and phase-out of stavudine formulations and to prepare a memo providing guidance to health care workers on how to transition children to the new formulations.

At the time of publication of the 3rd Edition of the Namibia National Guidelines for Anti-Retroviral Therapy in 2010, there were mostly liquid ARV formulations for children and only a limited choice of easy-to-use FDC formulations available in the market. However, in the recent past, new optimal FDCs and dispersible ARV formulations that meet the unique administration needs of children have become available.

The on-going revision of the 2010 ART Guidelines will provide further guidance on optimal ARV formulations for use in children. The World Health Organization (WHO) recommends the phasing-out of stavudine-based formulations and also

strongly endorses the use of FDCs as a general principle to simplify dosing for providers and patients and to improve adherence outcomes.



A sample of the new pediatric ARV formulations

Contributed by Benjamin Ongeri (Senior Technical Manager, SCMS)

SIAPS and SCMS enhance skills capacity of Regional Information Technology staff for SYSPRO® and EDT software maintenance at Regional Medical Stores and ART sites in Namibia

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) and Supply Chain Management System(SCMS) projects, in collaboration with the Oshana and Kavango regional health directorates of the Ministry of Health and Social Services (MoHSS) trained two regional Information Technology (IT) administrators on SYSPRO® and the Electronic Dispensing Tool (EDT) computer software programmes.

The hands-on training took place from 25th November to 6th December 2013 in Windhoek. Syspro® is an Enterprise Resource planning Software being used by Central Medical Stores (CMS) and two Multi-Regional Medical Depots (MRMDs), while EDT is a computerised antiretroviral (ARV) medicines dispensing, patient monitoring and inventory control tool used at the antiretroviral treatment (ART) sites.

The maintenance and troubleshooting of all IT equipment and the networking facilities at ART sites and MRMDs were previously managed by the Information Technology (IT) administrators from Windhoek- CMS and SCMS offices. The downtime of the equipment or IT systems at the ART sites and MRMDs was long.

The prolonged downtime interrupted the provision of essential pharmaceutical services, such as availability and dispensing of antiretroviral (ARV) medicines to patients. This training equipped the participants with practical knowledge and



EDT Training: Ms. Mirjama Nepando, Systems Administrator of Kavango region (left-seated) and Mr. Filemon Helao, Systems Administrator of Oshana region (seated -middle right) during a hands-on training session. Mr. Abraham Blom, Information Systems Administrator of MOHSS/NMPC (left standing behind) and Mr. Samson Mwinga, Senior Technical Advisor, SIAPS (right -standing) facilitate learning. Photo by MSH staff.



Syspro® Training: Mr. Alemayehu Wolde, STA, SCMS (middle) explains a task to the trainees; Mr. Filemon Helao, Systems Administrator of Osbana region (left) and Ms. Mirjama Nepando, Systems Administrator of Kavango region (left) during training while Mr. Girma Tadesse, System Administrator at CMS (standing) observes.

skills for maintaining and troubleshooting the day-to-day hardware and software challenges at ART sites and MRMDs in five of the 14 regions of Namibia. Experienced IT staff from MoHSS national level, SIAPS and SCMS facilitated the training. The trainees were oriented on an EDT IT administration manual that SIAPS developed to guide system users.

The activity is part of SIAPS and SCMS collaborative support to MoHSS to ensure uninterrupted availability and use of pharmaceutical information for ART programming as well as enabling MoHSS to take over the support being provided by the partners.

Contributed by Alemayehu Wolde (Senior Technical Advisor, SCMS)

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ABOUT THE NEWSLETTER

The SIAPS/SCMS/BLC Namibia e-Newsletter is a bi-monthly newsletter that keeps you abreast of activities funded by the USAID and implemented by MSH Namibia.

Key focus areas are:

- Strengthening Health Systems
- Capacity Building
- Human Resource Development

Editorial Team:

- Mr. Lazarus Indongo (MoHSS)
- Mr. Evans Sagwa (MSH)
- Mr. Benjamin Ongeri (MSH)
- Ms. Harriet Rachel Kagoya (MSH)

Your contribution to this valuable communication medium would be highly appreciated and can be e-mailed to esagwa@msh.org