



**GLOBAL
HEALTH**
SUPPLY CHAIN SUMMIT



Thanks to our generous sponsors





Creating Better Ownership and Use of Information Systems: The Case of Health Commodity Management Information System (HCMIS) in Ethiopia

Teshome Dires

USAID's AIDSFree Project, John Snow, Inc.

HCMIS Manager



Outline of Presentation

- Overview of the Ethiopian Supply Chain
- The Health Commodity Management Information System (HCMIS)
 - Background
 - Implementation Strategies
- HCMIS Use and Ownership
- Conclusion



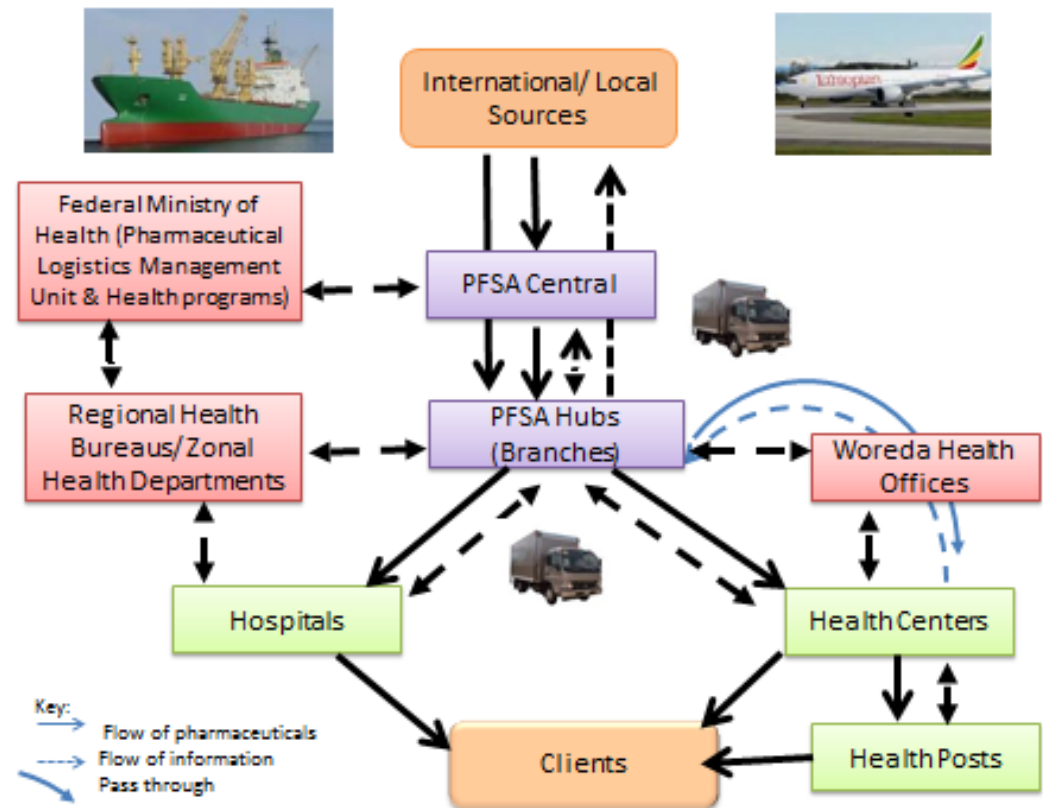
Overview of the Ethiopian Supply Chain

- In Ethiopia, the public health pharmaceutical supply system used to have many problems that resulted in customer dissatisfaction:
 - Unaffordability
 - Unavailability
 - Irrational use
 - Non-value-adding redundant activities
 - Mismanagement
- Pharmaceutical Logistics Master Plan (PLMP) designed

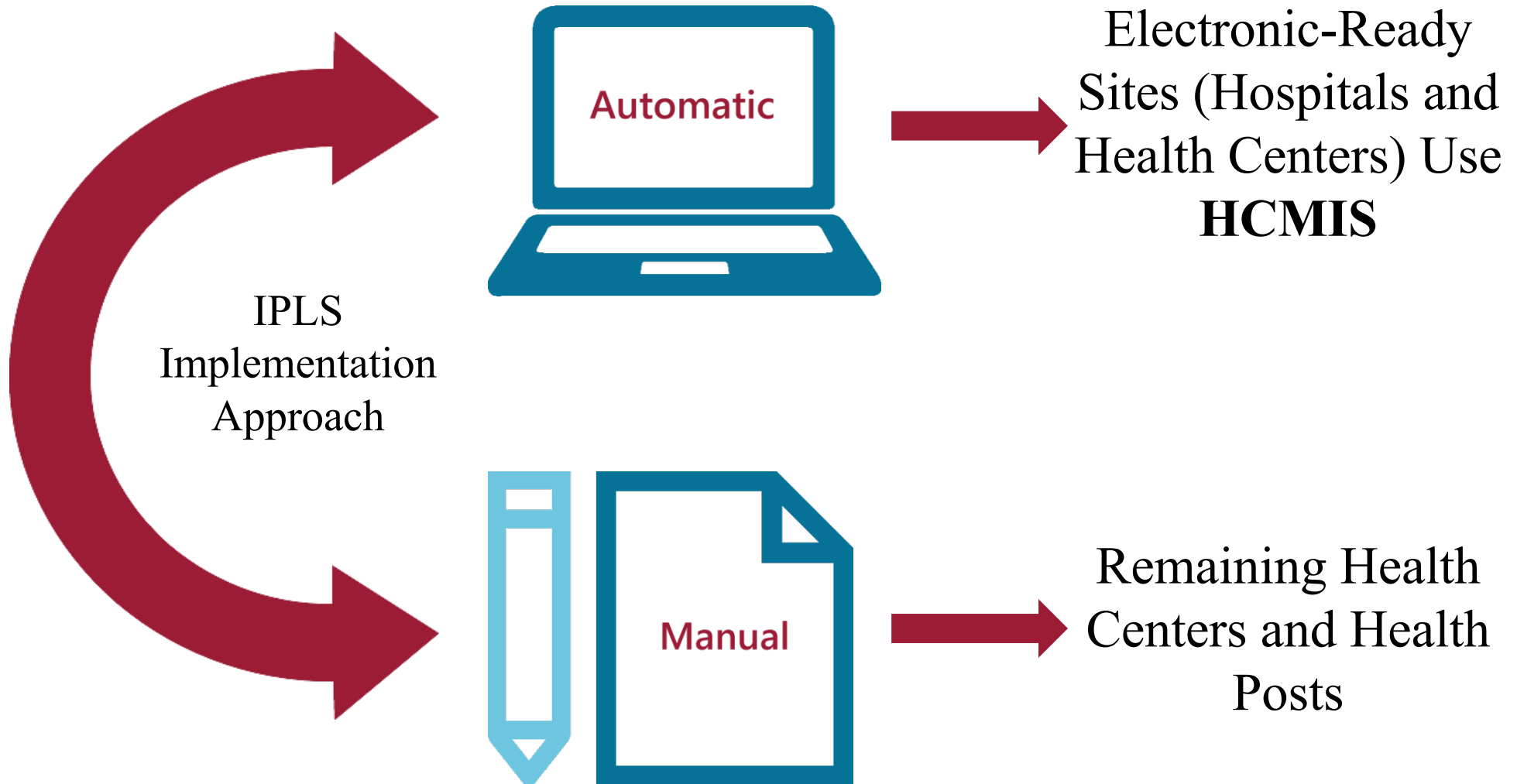
Overview of the Ethiopian Supply Chain

As part of PLMP:

- Pharmaceutical Fund and Supply Agency (PFSA) was established
- Integrated Pharmaceutical Logistics System (IPLS) was designed and implemented



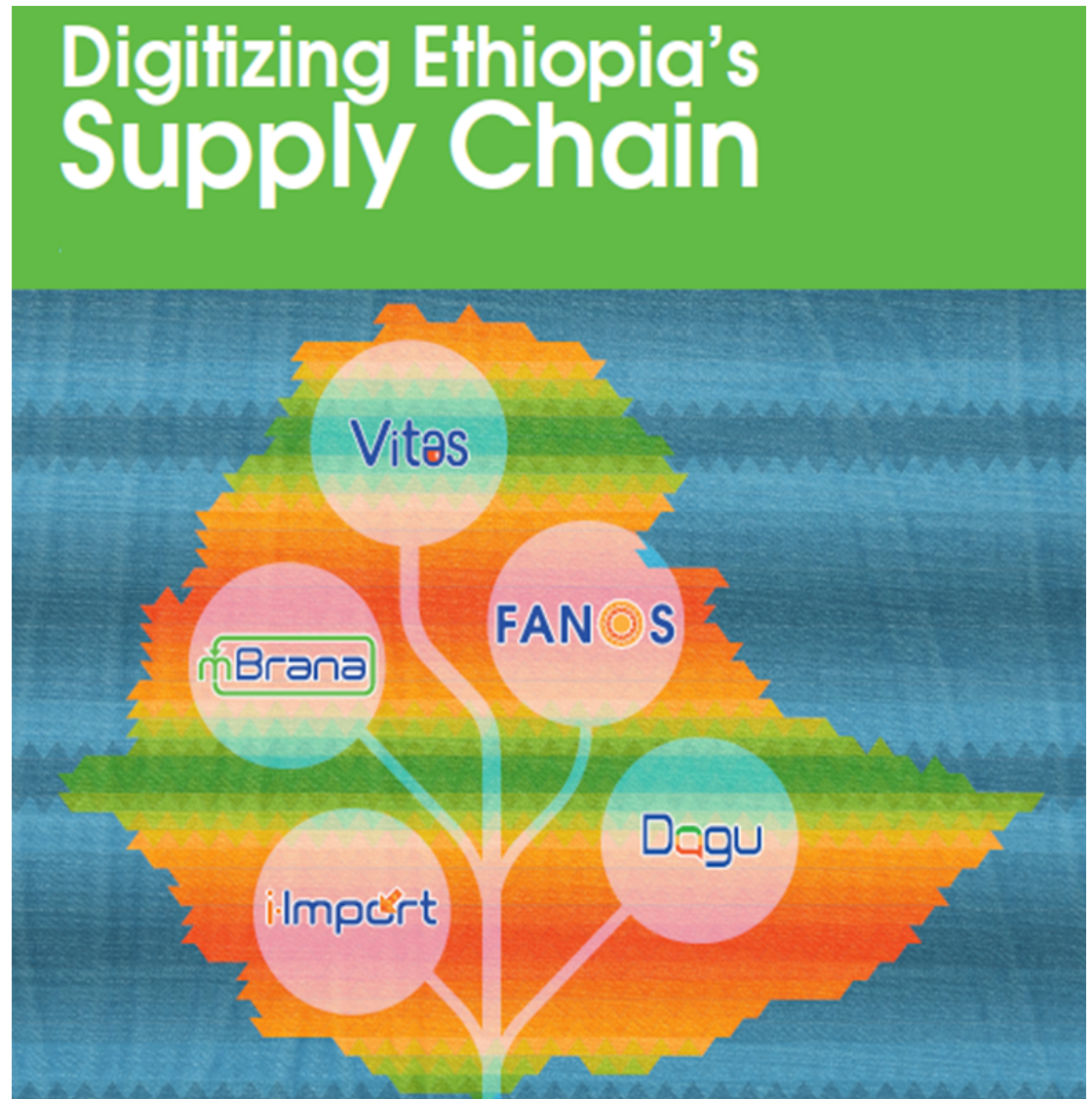
Overview of the Ethiopian Supply Chain





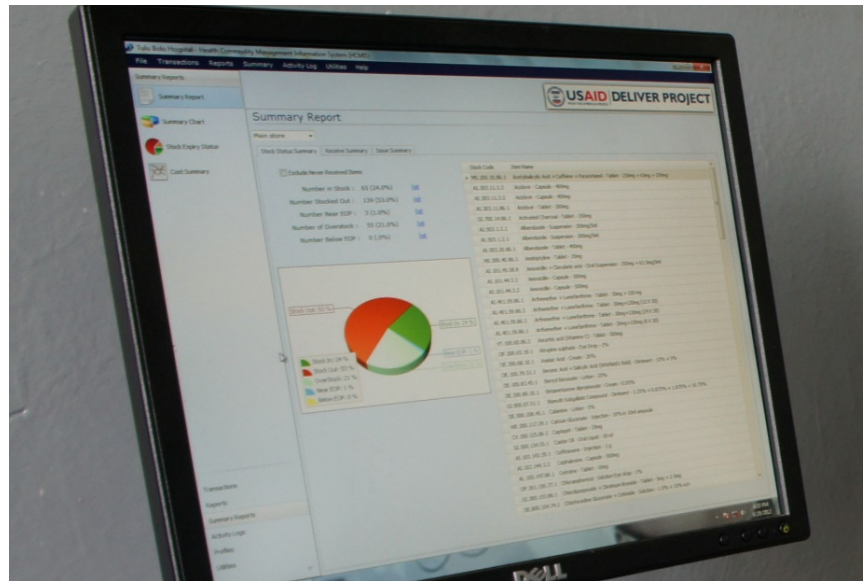
Overview of the Ethiopian Supply Chain

- Manage 12,000+ unique health commodities and over 8,000+ issues and 100+ receipts daily at PFSA
- Support 4 import permits a day at FMHACA
- Over 180 Woredas using mobile technology for vaccine management with 750 health centers and hospitals using Dagu
- Manage a daily average of 44 million USD in commodities





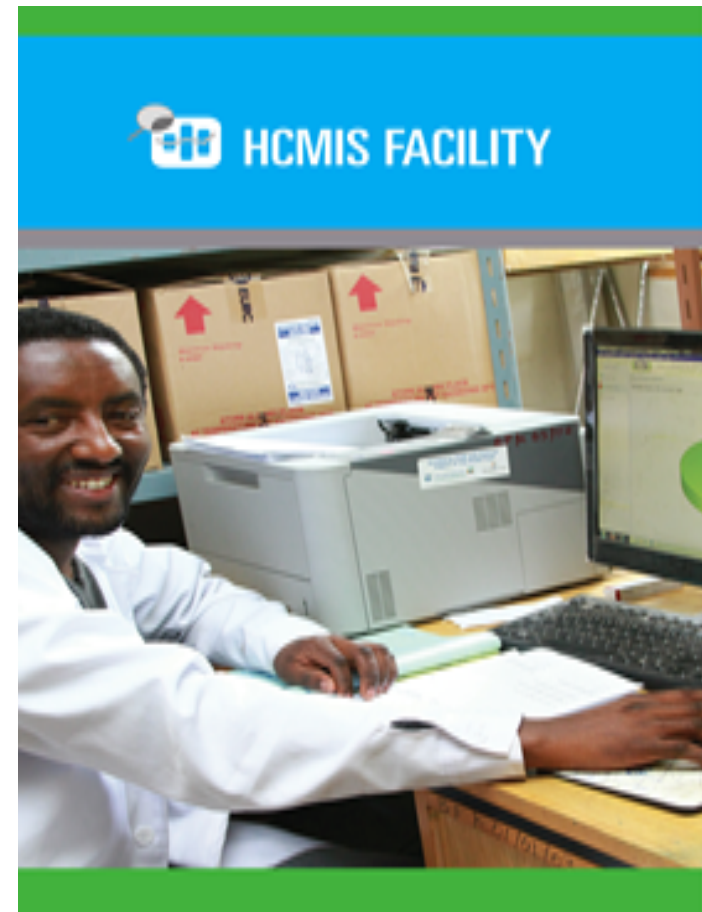
HCMIS Facility Edition:





Background

- Local pharmaceutical inventory management system for health facilities
- Functions:
 - Business process and operations
 - Inventory management
 - Transactional tool
 - Logistics decision-making

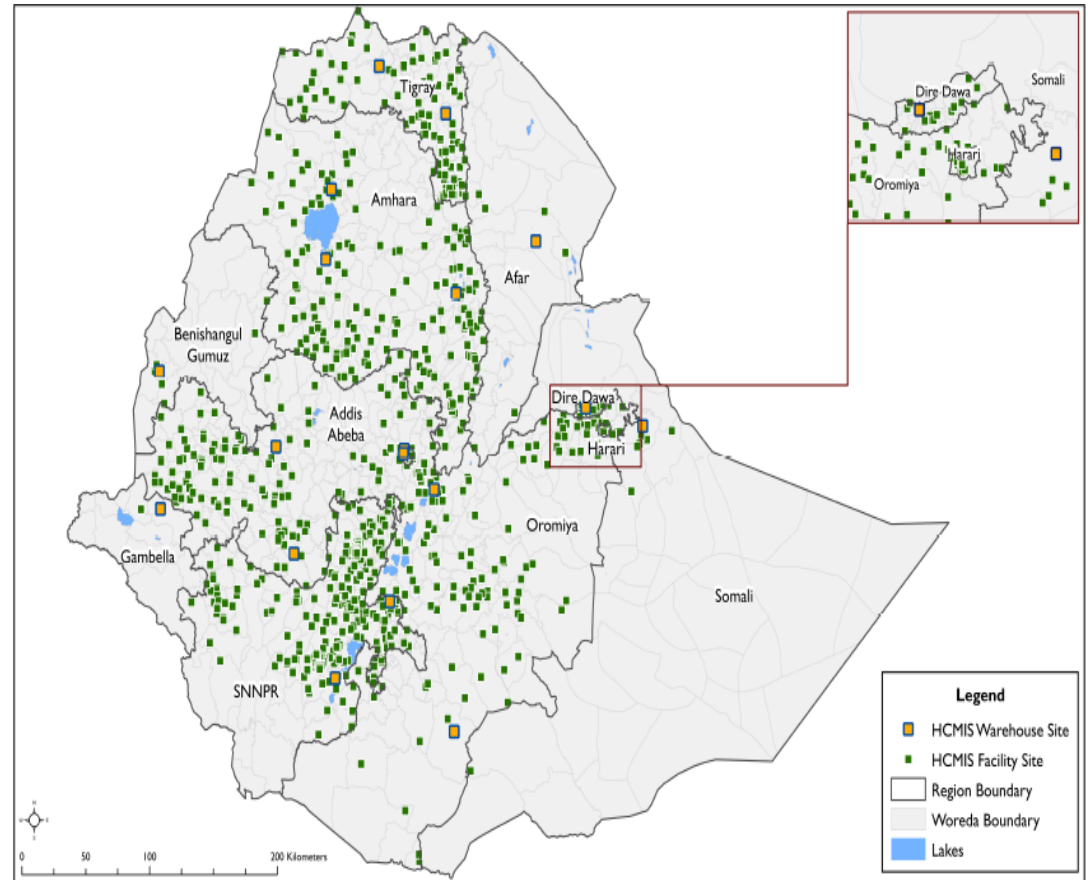




**GLOBAL
HEALTH**
SUPPLY CHAIN SUMMIT

Background

- Implementation started in 2009
- **700+** hospitals and health centers are using the system
- Accounts for 80% of PFSA's distribution





Objective

- Improve and optimize internal business process
- Generate reports for decision making
- Improve performance/output:
 - Reduce wastage
 - Improve availability

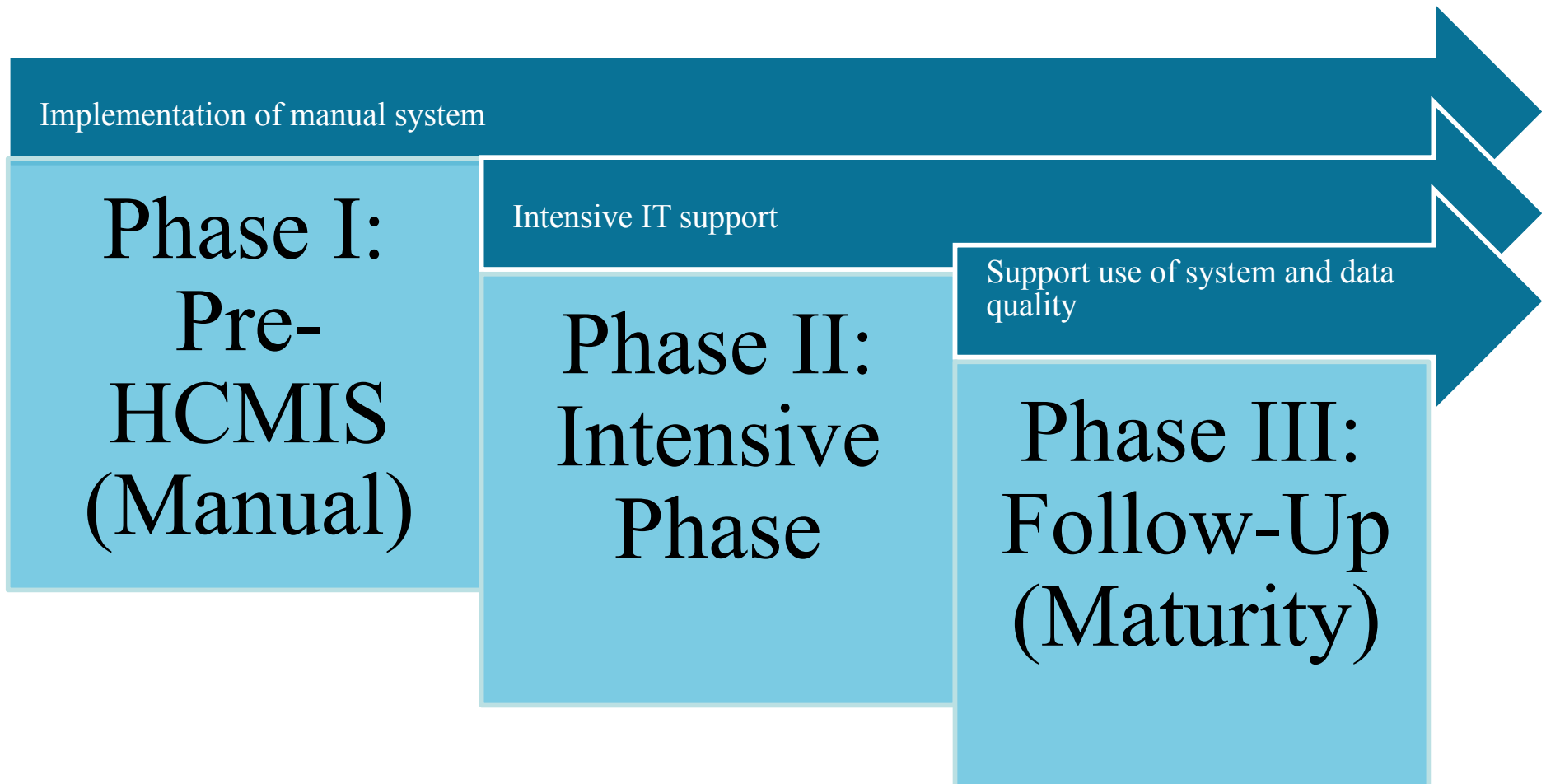


Implementation Strategies: Intensive Support

- Cluster-based approach for cost-effectiveness
 - 6-8 nearby facilities form clusters
 - FIT coaches the cluster
- Three phases of implementation before graduation



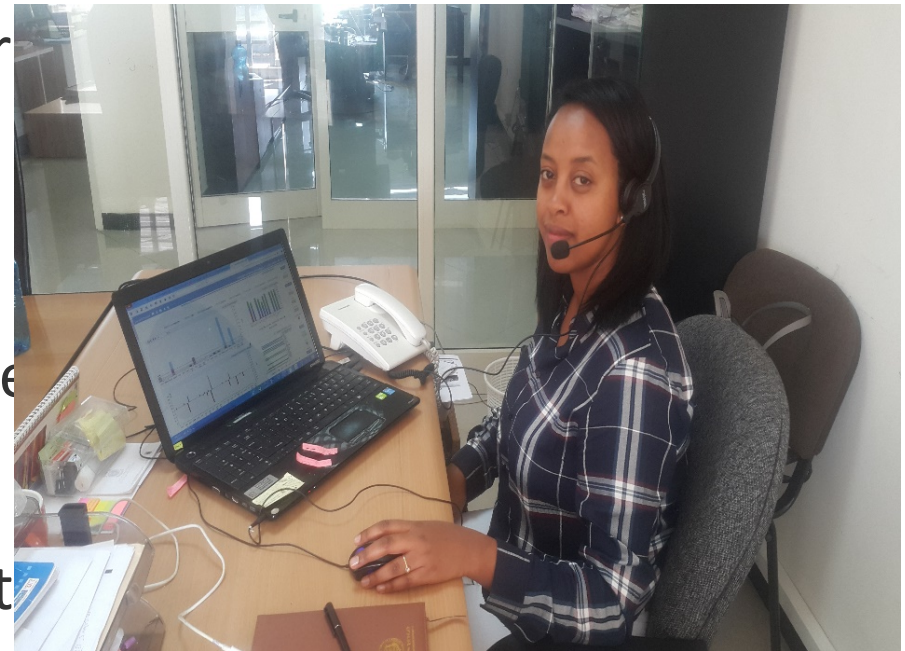
Implementation Strategies: Phases





Implementation Strategies: Remote Support

- Remote support through call center (8773)
- Toll-free line
- 90% of challenges solved at the time of call
- Reduced downtimes and saved costs (\$3812 per month)
- Categorize and prioritize challenges for future support





Implementation Strategies: HIT Initiative

- Health Information Technicians (HITs) are facility-based IT support staff
- Trained on HCMIS, including troubleshooting
- Solve challenges on the spot
- Institutionalize HCMIS support





Implementation Strategies: HCMIS Light Support

- HCMIS implementation strategy at scale
- Facilities take the major implementation responsibility
- Project provides minimal technical support
- Accounts for 32.9% of new HCMIS sites for 2016/17 FY
- 50% of facilities for 2017/18 plan



HCMIS Ownership and Use



Ownership: Procurement of Hardware

- Projects used to avail necessary hardware for all facilities
- Facilities have been procuring their own hardware since 2015
 - 50.9% for 2016/17 fiscal year
- An important indicator of ownership




Ownership: HCMIS View

- Electronic data sharing with facility management units
- Enforce system use and enhance data quality and use
 - Procurement decision
 - Stock redistribution
 - System implementation
- Brought management attention—improved ownership




Uses: Report and Requisition Forms

- PFSA uses report and requisition forms (RRFs) to resupply facilities every two months
- By automatically generating RRFs, facilities can reduce errors and increase efficiency.



በኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ
THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
 የመድኃኒት ፈንድና አቅርቦት ኤጀንሲ
PHARMACEUTICALS FUND AND SUPPLY AGENCY




Report and Requisition

Facility Name: **Kasanchise Health Center**

Program: **Family Planning**

For Period: ሰኔ, 2009 - ሐምሌ, 2009

Category: **Pharmaceuticals**



Item Name	Report Part							Requisition Part			
	PPFS	Beg Bal	LDU-SOH	Received Q	Loss/Adjust	Ending B	Consumption	DOS	Max Stock	Qty to Reach Max	Qty Ordered
1 Etonogestrel - Subdermal Implant Capsule - 68mg	Each	50.00	0.00	25.00	0.00	20.00	55.00	0	110.00	90.00	90
2 IUCD - Pieces - Longacting (CU380 A)	50	8.84	0.00	0.00	0.00	8.56	0.28	0	0.56	0.00	0
3 Levonorgestrel (D-Norgestrel) - Tablet - 0.03mg	cycle	0.00	0.00	65.00	0.00	0.00	65.00	46	557.14	557.14	557
4 Levonorgestrel (D-Norgestrel) - Tablet - 0.75mg	2	80.00	0.00	960.00	0.00	963.00	77.00	0	154.00	0.00	0
5 Levonorgestrel - Implant Capsule (Subdermal) - 75mg/capsule pack of 2 capsule(Jadelle) with Sterile Insertion trocar	10	8.00	0.00	40.00	0.00	42.00	6.00	0	12.00	0.00	0
6 Levonorgestrel(D-Norgestrel) +Ethinyltestadiol + Ferrous Fumerate - Tablet - 0.15mg+ 0.03mg+75mg	cycle	26,796.00	0.00	32,256.00	0.00	56,728.00	2,324.00	0	4,648.00	0.00	0
7 Medroxyprogesterone Acetate - Injection (Aqueous suspension) - 150mg/ml in 1ml vial	vial	643.00	0.00	1,040.00	0.00	832.00	851.00	0	1,702.00	870.00	870
8 Mifeprostone + Misoprostol - Tablet - 200mg + 200mcg	5	0.00	0.00	0.00	0.00	0.00	0.00	59	0.00	0.00	0
9 Misoprostol - Tablet - 200mcg	5	0.00	0.00	0.00	0.00	0.00	0.00	59	0.00	0.00	0

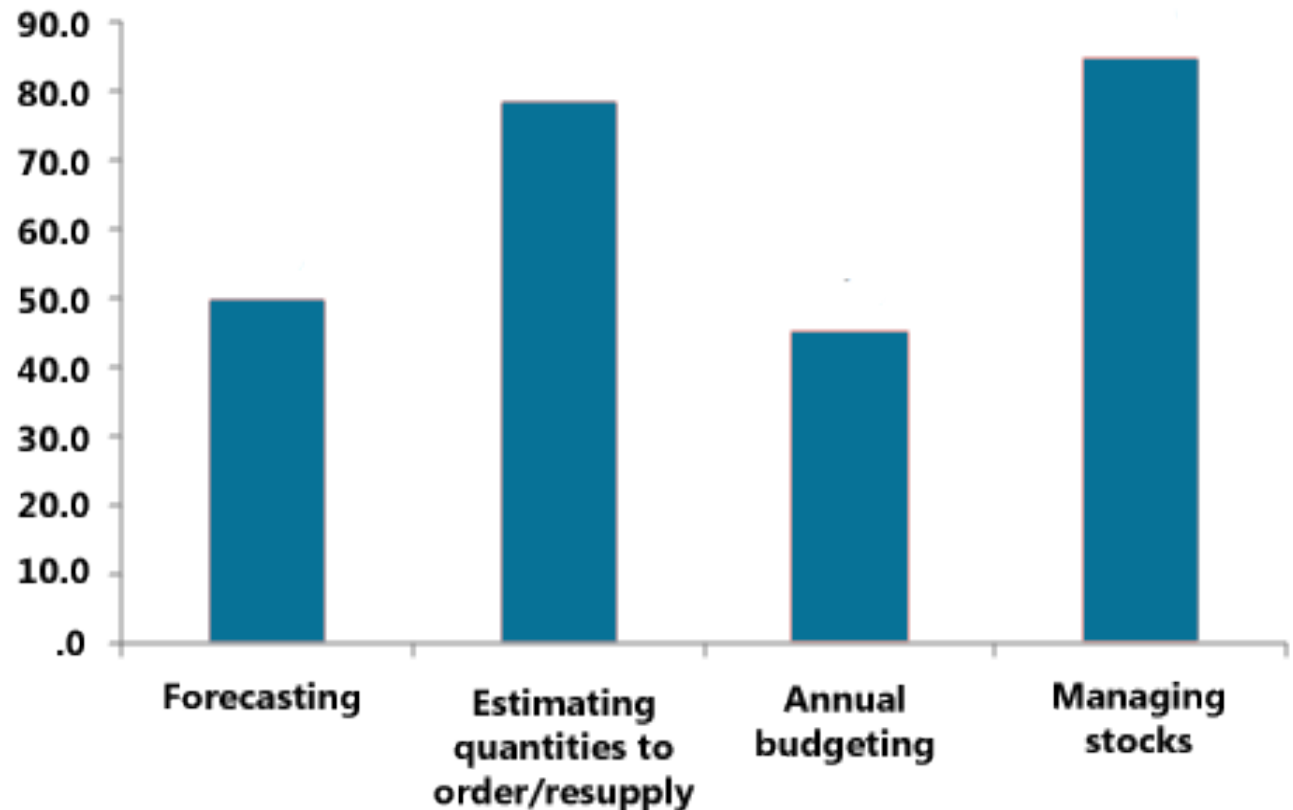


Uses: Reports for Routine Decision-Making

Reports in HCMIS

- Stock status
- Near expiration
- Overstocked items
- Stockout
- RRF
- Consumption trend
- Consumption by unit
- Activity log
- Loss/adjustment
- Cost
- AMC

2013 HCMIS Survey





Conclusion

- HCMIS light support and HCMIS view have brought management ownership and improved data visibility, access and use
- Increased RRF use and other routine reports shows improvements of HCMIS use
- Improved ownership enhanced data visibility and use
- Remote assistance through a toll-free call center, reduced number of field visits—potential savings and reduced downtimes



Thanks to our generous sponsors



Thank You!



**GLOBAL
HEALTH**
SUPPLY CHAIN SUMMIT