

# Building capacity in supply chain management for health workers

With training in the integrated logistic system, health staff have been equipped with skills to order and stock medicines from the Medical Stores Department

## Results

- 307 participants joined the workshop
- Assessment of impact: Pre-and post-test with practical exercises to evaluate improvement of skills
- 92% passed the post-test
- Average increase on performance: 60%
- Agreement reached between health facilities and MSD



Participants at the ILS workshop (K. Wiedenmayer)

The national medicines supply system in Tanzania is organized around the Integrated Logistic System (ILS). The ILS which gradually replaced the kit system in the country comprises the process and procedure of ordering and receiving medicines from Medical Stores Department (MSD) through a requisition system. Using the ILS system, medicines are ordered based on forecasted quantity needs. To request supplies, a health facility employee fills out a Report and Request form (R&R form).

The HPSS baseline survey in 2011 showed that weaknesses leading to inadequate supply of medicines partly stem from inefficient use of this system. In the majority of health facilities, for example, non-pharmaceutical staff such as nurses or clinical officers with no training in ILS procedures, were tasked with submitting R&R forms. These health workers' primary responsibility naturally is to provide clinical health care to patients; hence, supply logistics was not a high priority. Filling out R&R forms could at times take up to one week of work. Some facilities resorted to simply copying forms from the previous quarter. In other cases, items were requested until the facility budget was exhausted, but no efforts were made to reconcile the needs with the budget. Once forms were submitted, there was inadequate review of the forms at the district and MSD levels, and weak guidelines and deficient communication regarding available funds and supplies. In addition, delays in delivery and low order fulfilment at MSD exacerbated the situation. All of this leads to stock-outs at health facility level.

The HPSS situation analysis also revealed that the only ILS training for pharmaceutical staff was in 2005. Since then, there had not been any refresher or repeat course, despite high staff turnover in facilities.

*"I have gained so much compared to the way I was before the training... the topics are very important"*

Comment by a health worker after the ILS workshop

## Next steps

- Follow-up supervision
- Peer coaching
- Medicines audits
- Regular monitoring
- Orientation for new staff

## Building capacity

The HPSS, together with the Ministry of Health and Social Welfare, therefore developed a comprehensive ILS training programme with the goal to build capacity of health workers in medicines supply

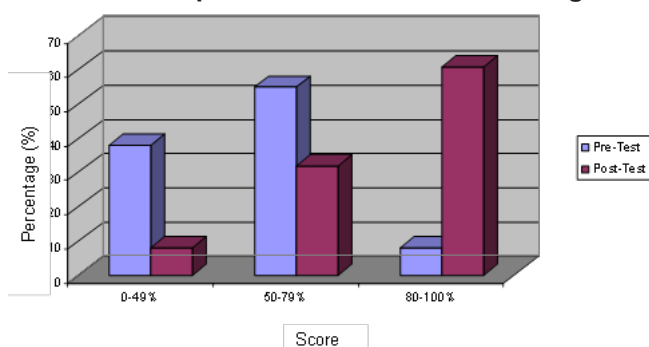
management and the use of the ILS. Training workshops for the Integrated Logistic System (ILS) were conducted in February and March 2012. Over 300 people attended the workshops, targeting the Regional Health Management Team, Council Health Management Teams, pharmacists and health care workers from dispensaries, health centres and hospitals. The zonal MSD manager was invited to allow direct communication with health workers.

The impact of the 2012 training workshops was assessed through pre- and post-testing to evaluate skills in practical exercises. This allowed identifying best performing participants and those requiring further mentoring. The average increase in performance was 60%.



Facilitator and participants at the ILS workshop (K. Wiedenmayer)

**Table 1: Participants' scores after the training**



**The average increase in performance after the ILS training was 60%**

**Agreement made between health facilities and MSD**

- MSD to ensure timely deliveries to avoid unnecessary delays
- Health facilities to submit their order on time
- Improve two-way communications between MSD and health facilities
- Ensure statement of account and delivery note are always provided
- Health facilities to ensure that orders are according to fund allocation
- MSD to improve stock availability
- Health facility encouraged to use other funding sources to improve drug availability
- Health facilities provided with MSD contact numbers for any assistance they might need

**Dodoma Health Project Tanzania - Background**

Health Promotion and System Strengthening (HPSS) or Tuimarisha Afya Project is part of the development cooperation between Tanzania and Switzerland. The HPSS project was launched in 2011 and supports Dodoma Region in the areas of health insurance, community health promotion, pharmaceutical management and management of maintenance and repair services for a period of 10 years. The project is funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by the Swiss Tropical and Public Health Institute (Swiss TPH).

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