

Integrated PSM for effective ICCM implementation

Uganda Country team

Presented at the Regional meeting on Scaling up iCCM in
the context of the UNICEF- GFATM MOU

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Kenya

National PSM strategy and PSM organization

- PSM strategy well articulated in the National Pharmaceutical Sector Plan (NPSSP) 2015-2020 that includes iCCM supplies
- The actual interventions, activities and costs in the NPSSP III – not yet complete (ongoing)

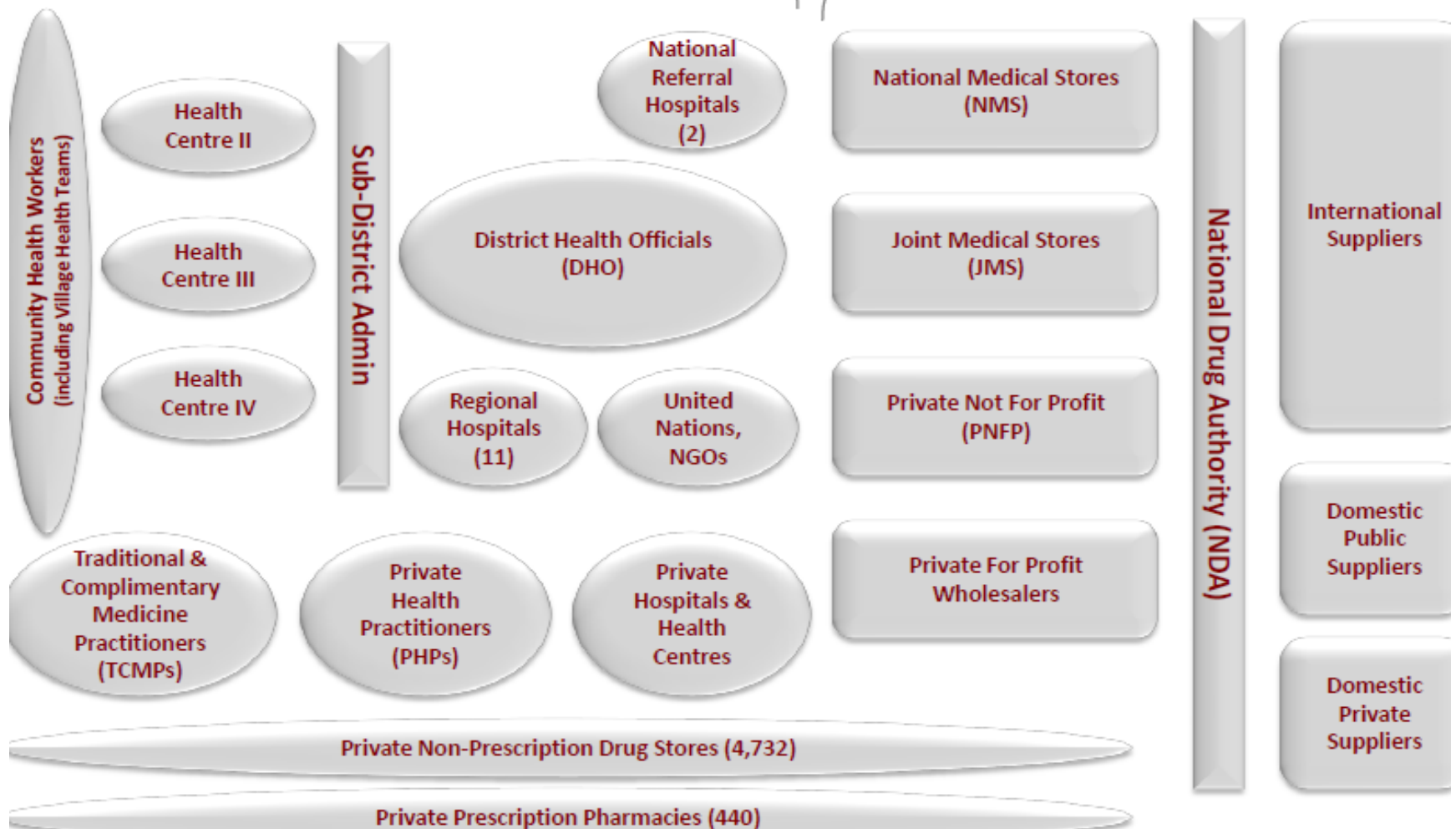
PSM system organization

KEY SUPPLY CHAIN ACTORS NATIONALLY

Ministry of Health (MOH)

District Supply Chain

Primary Supply Chain



Funding and procurement of ICCM commodities

Commodities	Funding source	Amount USD	Duration
ACTs and RDTs and training	Global Fund	4,300,000	2015-2017
Amoxicillin, ORS, zinc	UNICEF (DFID)	13,578,592	2015-2017
Respiratory timers	UNICEF (DFID)	92,000	2015-2017
VHTs registers	UNICEF (DFID)	5,217	2015-2017
Medicine boxes	UNICEF (DFID)	20,289	2015-2017
Job aides	UNICEF (DFID)	24,018	2015-2017
Total			

- 65 out of 112 districts with ICCM programme (33 GF, 19 UNICEF 13, Malaria Consortium)
- Commodities delivered by partners to NMS (VPP, UNICEF Copenhagen)

National Forecasting and supply planning for ICCM Commodity Requirements

Product	Unit	2013	2014	2015	2016
Malaria Rapid Diagnostic Test	1	15,303,018	14,213,444	13,038,466	11,773,734
Artemether-Lumenfatrine 20/120mg TABLET Yellow(6x1)	dose	5,636,286	5,234,982	4,802,224	4,336,408
Artemether-Lumenfatrine 20/120mg TABLET Blue(6x2)	dose	5,636,286	5,234,982	4,802,224	4,336,408
Rectal Artesunate 50mg SUPPOSITORY	1	204,623	211,171	217,929	224,902
Rectal Artesunate 200mg SUPPOSITORY	1	11,368	11,732	12,107	12,495
Amoxicillin 125mg CAPSULE(20capsules)	dose	3,252,893	3,356,985	3,464,409	3,575,270
Amoxicillin 125mg CAPSULE (30capsules)	dose	6,041,086	6,234,401	6,433,902	6,639,787
Oral Rehydration Salts - 1 Litre Sachets	1 Sachet	5,922,661	6,112,186	6,307,776	6,509,625
Zinc Strips (20 mg)	10 tab strip	2,961,331	3,056,093	3,153,888	3,254,813

National Forecasting and supply planning for ICCM: Financial Requirements

Product	Estimated Unit Price in USD	2013	2014	2015	2016
Malaria Rapid Diagnostic Test	\$ 0.33	\$ 5,049,996	\$ 5,049,996	\$ 4,302,694	\$ 3,885,332
Artemether-Lumefantrine 20/120mg TABLET Yellow(6x1)	\$ 0.75	\$ 4,227,214	\$ 4,227,214	\$ 3,601,668	\$ 3,252,306
Artemether-Lumefantrine 20/120mg TABLET Blue(6x2)	\$ 1.09	\$ 6,132,842	\$ 6,132,842	\$ 5,225,299	\$ 4,718,445
Rectal Artesunate 50mg SUPPOSITORY	\$ 0.40	\$ 81,849	\$ 81,849	\$ 87,171	\$ 89,961
Rectal Artesunate 200mg SUPPOSITORY	\$ 0.55	\$ 6,252	\$ 6,252	\$ 6,659	\$ 6,872
Amoxicillin 125mg CAPSULE(20capsules)	\$ 0.57	\$ 1,854,149	\$ 1,854,149	\$ 1,974,713	\$ 2,037,904
Amoxicillin 125mg CAPSULE (30capsules)	\$ 0.57	\$ 3,443,419	\$ 3,443,419	\$ 3,667,324	\$ 3,784,678
Oral Rehydration Salts - 1 Litre Sachets	\$ 0.07	\$ 3,375,917	\$ 3,375,917	\$ 3,595,432	\$ 3,710,486
Zinc Strips (20 mg)	\$ 0.05	\$ 1,687,958	\$ 1,687,958	\$ 1,797,716	\$ 1,855,243

Distribution Channel:

- The quantity of each commodity per VHT per cycle is agreed upon at central level.
- NMS packs VHT commodities into kits and delivers them to nearby health facility, with extra kit as buffer.
- In subsequent deliveries, NMS tops up supply to agreed threshold based on aggregated consumption reports from the VHTs.

Pros: Easy to manage.

Cons: High risk for commodities to accumulate and expire.

Storage in NMS



VHT medicine box



Reporting through DHIS2

HMIS FORM 097b: VHT/ICCM QUARTERLY REPORT

VHT/ICCM QUARTERLY REPORT				
Reporting Months:				
Village:				
Parish:				
Health Center:				
Sub-County:				
Health-Sub-District:				
District:				
Name/Title/Signature of Person Reporting:				
Name/Title/Signature	of	Person	Receiving	the Report:
.....				

Date Received:

SN	PARAMETER	MALE	FEMALE	TOTAL
SECTION A: VHT				
1	Number of children under 5 years			
2	Number of children under 1 year			
3	Number of children under 1 yrs fully immunized			
4	Number of children under 5 yrs received vitamin A in last 6 months			
5	Number of children under five yrs dewormed in the last 6 months			
6	Number of children under 5 yrs who sleep under LLIN			
7	Number of children died >1yr but ≤5-yrs			
8	Number of children died 0-28 days			
9	Number of children died >28 days but ≤1yr			
10	Total number of pregnant women			
11	Number of deliveries at home			
12	Number of women who died within 6 weeks after delivery			
13	Number of pregnant mothers sleeping under LLIN			
14	Number of HIV positive followed by VHT			
15	Number of people using Family Planning services (information & methods)			
16	Number of adolescents (under 18yrs) who died due to pregnancy related causes			
17	Number of women who died during pregnancy			
18	Number of women who died while giving birth			
19	Number of HIV/AIDS patients on ART			
20	Number of TB patients on treatment			
21	Number of households with safe drinking water			
22	Number of households in village with safe water source			
23	Number of households in village with clean/safe latrine			
24	Number of households with bathroom / bath shelter			
25	Number of households with drying racks			
26	Number of households with rubbish pit			
27	Number of households with kitchen			
28	Number of households with hand washing facilities			
SECTION B: ICCM				
1	Total Number of sick Children 2 months – 5 years seen/attended to by the VHT			
2	Total Number of sick Children 2 months – 5 years with Diarrhoea			
3	Total Number of sick Children 2 months – 5 years with Malaria			
4	Total Number of sick Children 2 months – 5 years with fast breathing / Pneumonia			
5	Total Number of New Boms visited twice in the first week of life by the VHT			

Reporting through DHIS 2

SN	PARAMETER	MALE	FEMALE	TOTAL
6	Total Number of Children under 5 years with red MUAC			
7	Total Number of Children under 5 years referred to the Health Unit			
8	Total number of Villages with stock out of the first line anti Malarial			
9	Total Number of Villages with Stock out of Amoxycillin			
10	Total Number of Villages with stock out of ORS			

General Observations noted in the Village for example disease outbreaks

TOOLS FOR REORDERING

Name of VHT:
.....
VHT No.
.....
Village:
.....
Parish:
.....
Sub - County:
.....
County/ Sub Health District:
.....
Health Centre where VHT is attached:
.....
Month & Year:
.....

VHT ICCM Health Commodities Monthly Log

Uganda Ministry of Health, supported by Malaria Consortium and UNICEF

Table A: STOCK INVENTORY
Please record information on your medicine supplies & use together with the VHT supervisor on the table below-to be produced in duplicate

MEDICINE	UNIT	Stock at the beginning of this month (last month's stock card)	Amount given to patients this month	* Losses	Pre-referral	Current stock	For how many days were you out of stock?	Stock received from Health Facility	Ending balance
Rectal Artesunate	Tabs								
ORS sachets	Sachets								
Zinc tablets	Tabs								
Coartem tablets (yellow-six pack)	Dose								
Coartem tablets (blue-twelve pack)	Dose								
Amoxicillin tablets (red pack)	Dose								
Amoxicillin tablets (green pack)	Dose								
Malaria RDTs	Test Kit								
Safety Boxes	Box								
Medical Gloves	Pair								

* Please give reason (s) for the losses indicated above:

Table B - COMMENTS If there is anything else you would like to comment about your work this month as a VHT, please write it below.

VHT Name and Signature: _____ : _____

Parish Supervisor's and Signature: _____

PSM Mission UNICEF & UNFPA

December 2015

- To understand the current national supply chain in Uganda
- To establish a common understanding of the commodities covered under the GF, UNICEF, UNFPA MoU and their integration in the national PSM system
- To determine how mobilisation under the MoU could help address identified bottlenecks in moving the established National Pharmaceutical Sector Strategic Plan forward including related to resource mobilisation.

Successes

- Government and partners seizing funding opportunities to scale up iCCM (DFID, GF NFM, GFF)
- Positive PSM reforming (central funding, informed push)
- ICCM commodities currently being distributed through the NMS to Health facilities

Successes

- Solid foundation for iCCM programming (national strategies, plans, and coordination mechanisms)
- Strong partner engagement and skills
- Complementary set up - NMS/JMS
- Overall positive move on performance indicators (improved stock availability of tracer items up to 64% in 2014)

Challenges

- Articulation of the actual interventions and activities in the NPSSPIII – Costing not yet done
- Heavy donor dependency and **very significant funding** gaps for ICCM commodities
- Implementation delays (procurement, low absorptive capacity)

Challenges

- Commodities are available for 15 districts but critical tools needed to implement integrated programming have been missing (Job aids, registers)
- Looming funding gap for iCCM implementation under the GF malaria grant
- ICCM largely donor driven (domestic resources for iCCM still to be mobilized)
- Human resources – skills, competencies and motivation (e.g. procurement/quantification/stores management by health care worker)

Way forward

- Finalize costing of the NPSSPIII
- Develop resource mobilization strategy for ICCM
- Support GF PR/SR capacity to effectively plan and implement iCCM in 33 districts and scale up across the country
- Get ahead of procurement processes for GF Phase II
- Strengthen government capacity to direct and lead supply chain systems that prioritize key iCCM interventions.
- Support the plan for long term sustainability that includes strategies to retain and motivate VHTs
- Leverage existing and future funding opportunities to advance the priorities articulated in the NPSSPIII e.g. Global Fund, GAVI and GFF.

A VHT member showing RDT results to a mother



A VHT member using the ICCM job aid

