

## MISSION FOR ESSENTIAL MEDICAL SUPPLIES (MEMS)

### Introduction

MEMS was initially developed as a laboratory store serving the Church facilities in Northern Tanzania by African Medical and Research Foundation (AMREF) and ELCT. MOU between AMREF and ELCT for the operation of the MEMS Laboratory was in place. In June 2001, a suggestion was made to expand MEMS to include all medical supplies and drugs. Managed Sciences for Health (MSH) via its Strategies to Enhance Access to Medicine (SEAM) programme accepted to collaborate with ELCT to develop and expand MEMS to include all medical supplies and drugs.

Various models for MEMS expansion were discussed. A model was adopted, built on Private-Public Partnership in which MEMS acting as an intermediary organization will coordinate orders of all drugs and supplies from Church facilities, and submit to a selected private wholesaler who will be responsible for sourcing, warehousing and distribution up to an agreed point for collection by the facility.

MEMS provides value-added services such as assisting in quantification of facility requirements, training on inventory management, determining and scheduling facility orders, quality assurance of drugs and goods supplied to the facilities including ensuring adherence to International and National standards. MEMS also train the staff at facility level on rational use of drugs, laboratory and medical supplies with a view to improving quality of care. MEMS project was supported by the Ministry of Health, and supported by DANIDA via Health Sector Programme Support phase 3 (HSPPS III).

Ground work completed from year 2002 to June 2004:

1. MEMS plan to expand the services to include supply of drugs and other medical supplies was discussed with Christian Social Services Commission (CSSC) who then submitted MEMS development proposal to the Ministry of Health for approval.
2. Meetings with the Church facilities in the Northern Zone to discuss Prime Vendor programme as a strategy for MEMS expansion to include drugs and other medical supplies. 11 Facilities (3 Catholic, 8 Lutheran) showed interest in joining the programme (Bumbuli, Marangu, Machame, Nkoaranga, St Elizabeth, Selian, Karatu, Endulen, Haydom, Iambi and Makiungu);
3. Development of MOU between ELCT and MSH for provision of technical support to MEMS expansion as part of SEAM programme implementation in Tanzania.
4. Development of quantification tool for drugs, laboratory and other medical supplies for the Church facilities;
5. Development, negotiation and signing of contract between AMREF and ELCT for quantification of drugs, laboratory and other medical supplies for the Church facilities;
6. Quantification of drugs, laboratory and other medical supplies for 11 Church facilities;
7. Meeting with the facilities to share, verify and confirm the quantification report. (This was the basis for items and quantities included in the request for proposal (RFP) / Tender document to pre-qualified wholesalers;
8. Ilembula Lutheran Hospital, which is located in Iringa region in the Southern part of Tanzania requested to be included in MEMS project. The request was honored and considered to be an opportunity to introduce the project in other parts of the country (as well as provide lessons for dealing with facilities that are far from transshipment centre / collection point in Arusha).
9. Implementation of Prime Vendor identification and selection process:
  - i. Development and advertisement for expression of interest by wholesalers;
  - ii. Development and submission of pre-qualification questionnaire to interested wholesalers;
  - iii. Development of criteria and evaluation of pre-qualification questionnaire;
  - iv. Development and submission of RFP/Tender document to pre-qualified wholesalers;
  - v. Collect and collate issues for clarification from the pre-qualified wholesalers on RFP / Tender document and conduct bidder's conference (with all wholesalers) to address / clarify the issues;
  - vi. Evaluation of the proposals (RFP responses from the pre-qualified wholesalers) and identification / selection of a Prime Vendor.
10. Development of job descriptions and recruitment of essential MEMS staff. Essential positions: Project Manager, Pharmaceutical staffs (Pharmacist and Pharmaceutical Technician), Laboratory Technologist, Finance and Administration Officer, Office Manager and Support staff.
11. Fund raising: MEMS proposal discussed, shared and submitted to various donors:
  - i. Cordaid showed interest and supported MEMS from 2003.
  - ii. Royal Danish Embassy agreed to support MEMS in establishing essential MEMS structures before starting supply operations.

- iii. DANIDA agreed to support MEMS via HSPS III for 5 years from July 2004.
- 12. MEMS office and quality control (QC) laboratory renovation completed. MEMS office and communication equipment procured and installed;
- 13. Project vehicle procured; MEMS Newsletter established;
- 14. Continuing education for MEMS staff:
  - i. Training of MEMS staff (4) on rational use of drugs in Nairobi, Kenya;
  - ii. Training of MEMS Project Manager on Institutional Development at TCDC, Usa River, Arusha.
- 15. Development of MEMS operational guidelines:
  - i. Project vehicle usage and maintenance guidelines;
  - ii. Procurement guidelines;
  - iii. Petty Cash Management guidelines;
  - iv. MEMS chart of accounts (Consultancy undertaken to support MEMS development of financial and administrative management controls, systems and procedures, by David Walsh).
- 16. MEMS Technical and Advisory Committee (MT & AC) was established to discuss and direct MEMS development and monitoring of performance of MEMS staff. MT & AC composition include representation from ELCT, MSH, Church facilities representatives, CSSC and St Luke Foundation (Infusion Unit Project) in Moshi.

#### MEMS ANNUAL NARRATIVE REPORT (July 2004 – June 2005)

##### Key developments

1. Prime Vendor was identified. An international Company (Crown Agents) in partnership with a local company (Diocare Company Ltd) based in Dar es Salaam. A three year contract between ELCT/MEMS and the Prime vendor was developed, negotiated and signed between ELCT and the Prime vendor in August 2004.
2. Improvement of IT/Communication equipment in Church facilities
  - i. VSAT dish installed in 13 Church facilities. 3 Church facilities provided with wireless radio wave communication.
  - ii. Thirty three (33) Pharmacy staff from 17 Church facilities trained on the use of computers and communication;
  - iii. Seventeen (17) Church facilities were provided with computers, printers, UPS and power stabilizers for use by the Pharmacy staff in stock control and ordering;
  - iv. Eleven (11) Church facilities were provided with power back up system for use with VSAT dish and the pharmacy computers.
3. On site training visit to 12 facilities to assess stock level of items, to discuss order frequencies and schedule, and determine first order quantities for the facilities. Familiarization of the Pharmacy staff with electronic order form.
4. Discussion and confirmation of first orders from facilities. 10 Facilities confirmed their orders and received drugs and medical supplies items via MEMS. Some (2) hospitals did not use MEMS because the hospitals had a contract in place to receive supplies and drugs directly from overseas – IDA. By end of June 2005, drugs and medical supplies worth over USD 230,000 were supplied to the facilities.
5. Nine samples of drugs for quality control (disintegration test and thin layer chromatography using Minilab) were collected and tested by end of December 2004.
6. Discussion with MSH staff on Orion Software with a view to selecting appropriate modules for MEMS operations and installation of the software at the MEMS office. Orion software for management of orders from the facilities was installed at MEMS in March 2005. The software was originally designed to track business, but MEMS requested some modification so that the software may be used to track products quality and monitor performance of the Prime Vendor e.g. generating reports such as pending sales order items, delays in delivery; drug registration status reports; ISO or CE registration reports on supplies items. MEMS also requested for the software be modified to allow import of orders from the facilities into the system.
7. Development of three year MEMS expansion plan taking into considerations the geographical location of the facilities, funding available, hospital size and status (i.e. not District Designated Hospital which already has Government contract and system in place for drugs and medical supplies). The expansion plan was presented and approved by MT & AC.
8. Enrollment of five additional facilities to MEMS project:
  - (i). Workshop with the new facilities earmarked for phase 1 expansion to discuss MEMS Prime Vendor Project (November 2004). Ngoyoni Hospital - Rombo, St Raphael Hospital – Korogwe, Itete Hospital – Tukuyu; Matema Hospital – Kyela, Ndala Hospital, Nzega District and Sr Francis Hospital – Handeni were invited. All attended except St Francis Hospital. Following the interest to join MEMS project shown by the 5 facilities that attended the workshop, visits were made to these facilities for needs assessment.



*Pharmacy staff and hospital administrators from faith based hospitals undergoing basic computer training at MEMS, Arusha. Fron left (sitting) - Mr E. Chaula (Matema Hospital), Mr E. Mhada (St Raphael Hospital), Ms A. Mrosso (Ngoyoni Hospital), Mr U. Mwanjala (Itete Hospital) & Mr S. Kitundu (Ndala Hospital). Standing is the IT instructor, Mr Joseph Ndago of Arion Computer Expertise Ltd of Arusha.*

- ii. Quantification of drugs and medical supplies requirements was done to the five hospitals(mentioned above) that expressed interest to join MEMS - December 2005.
- iii. Data analysis and report writing (January 2005).
- iv. Workshop to verify facility needs and signing of MOU (March 2005)
- v. VSAT survey to new facilities that signed MOU and installation of the VSAT dishes (April 2005 – ongoing).
- vi. Visit to the facilities to discuss order schedules, agree on minimum stock level, maximum stock level for each item; record keeping of usage and determining first orders (July 2005)
- vii. Installation of power back up supply systems (started in August 2005)
9. Preliminary discussions with CSSC and MOH on the development of MEMS capacity to handle ARVs was initiated (in December 2004). The MOH advised MEMS to concentrate on the essential drugs and demonstrate capacity to handle the essential drugs before engaging in the ARVs.
10. MEMS outsourced the services of internal consultants (from MUCHS) and external consultant (from Denmark – the former ELCT Pharmaceutical Consultant) to undertake baseline survey on rational use of drugs in 10 MEMS project sites.
11. Annual meeting with staff from MEMS project sites (June 2005): 3 staff (Medical Officer in charge, Hospital Administrator and Pharmacy in charge) from 17 facilities were invited for an annual meeting. Agenda for the meeting included:
  - i. Sharing MEMS development plans with facilities. This also provided an opportunity to hear facility views on MEMS project (IT/Communication, and on the Prime Vendor performance).
  - ii. Review of price and items listed in MEMS catalogue/price list.
  - iii. Feedback to facilities on the baseline survey on rational use of drugs.
12. MEMS project advocacy:
  - i. MEMS project was presented and discussed in ELCT Partners meeting (June 2004, June 2005);
  - ii. MEMS joined the Ecumenical Pharmaceutical Network. MEMS accepted as one of the Network members in October 2004;
  - iii. MEMS Project was discussed / feedback given to the senior staff of MOH (Chief Pharmacist, Director of Medical Services, Chief Medical Officer), December 2004.
  - iv. MEMS project discussed during quarterly meetings of HSPS Component Managers at the Ministry of Health.
13. MEMS project presentation in International Conferences: MEMS project was presented in
  - i. EPN conference in Moshi – October 2004
  - ii. SEAM conference in Accra, Ghana – June 2005.
14. MEMS financial accounts were audited in January 2005 (for transactions up to December 2004) by external auditors and the report was shared with stakeholders including supporting partners.

## Challenges

1. High turn over of staff at the Project Manager position. Expatriate Pharmaceutical Advisor who was the Project Manager left the country in July 04 and was replaced with seconded Pharmacist from MSH. The seconded Pharmacist who was the interim Project Manager left in December 04. One of the MEMS staff (Orgenes Lema) became the Project Manager. One MEMS project Pharmacist left in April 2005. Two other Pharmacists were recruited.
2. Prime vendor performance on the first facility orders was below expectations. Some facility orders were deferred to a later date as the Prime vendor continued to be monitored to ensure structures are in place (warehousing, cold storage, distribution and documentation systems) to satisfactorily fulfill the contract conditions.
3. Low levels of experience on IT at facility level. Two weeks of training was clearly inadequate for some facility staff. It was established that further on site training is mandatory.
4. Inadequate capacity at MEMS to deal with IT/ Communication related issues. The need to establish position of IT trained personnel at MEMS became vivid. In the interim, MEMS outsourced the IT services which proved to be inadequate as more requests for assistance emerged from the facilities. Initial steps were taken to discuss with the ELCT Health Department and build consensus on the role of IT personnel at MEMS was carried out. The need to have a full time IT persons was accepted. Requests for IT personnel to serve MEMS and ELCT were submitted to various partners.
5. VSAT dish require continuous power supply system. Only one hospital (Haydom Hospital) could assure uninterrupted power supply. Although not budgeted for, power back up system had to be purchased and installed in all other facilities. The purchase and installation was carried out in collaboration with the Health Care Technical Services Unit of ELCT in Moshi. Apart from power supply, some facilities continue to experience breakdown of communication for reasons that were not clear to MEMS.
6. Unexplained breakdown of the VSAT communication system was of concern to the facilities that have to pay monthly subscription fees. An efficient system of tracking down-time needed to be developed. Luckily, DANIDA accepted to support a consultancy to look into all IT/Communication related issues of MEMS.

## Critical issues that emerged:

1. Arrangements and / or structures to improve Prime vendor performance:
  - i. Prime vendor to establish reputable sources of drugs and supplies. The Prime vendor started by sourcing on adhoc basis from various sources.
  - ii. Reliable distribution system. System of tracking consignment (while on transit by private transporters) from the Prime vendor warehouse in Dar to the facility (or transshipment centre) require to be developed.
  - iii. Establishing a working transshipment centre / collection points (with cold storage facilities) placed strategically in different parts of the country. The Prime Vendor also considered direct delivery to some facilities.
2. Establishment of additional key positions at MEMS: IT trained personnel (to plan a more structured strategy for IT capacity building at facility level).
3. Advocacy for MEMS to coordinate drugs and supplies donation to the Church facilities. Meetings were held with donors of various hospitals. Some success was registered as Medical Officer in charge of few hospitals who accepted to support MEMS and channeled funds for drugs and medical supplies via MEMS.
4. One earmarked hospital (Karatu) changed its status and became a District Designated Hospital (DDH).
5. Analysis of options available to provide hospitals with all their drugs and medical supplies requirements, should the Prime Vendor concept fail to meet the hospital requirements at an acceptable price.
6. Promoting rational use of drugs. This needed to be conducted in a scientifically sound manner with elaborate monitoring and evaluation to assess the financial impact at facility level and the impact on quality of care.
7. MEMS project needed to expand as per enrollment plan so as to ultimately be able to break even (sustainability).

Orgenes Lema  
MEMS Project manager  
July 2005