

MEMS NEWSLETTER

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A forum for sharing progress on the on-going MEMS activities and other related professional matters between MEMS and Participating Health Facilities
(Issued By Mission for Essential Medical Supplies - MEMS)

Dear reader,

Yet another year has passed, we would like to take this opportunity to be grateful to God as we have made it through. We wish you the very best and a prosperous year 2006. MEMS is now releasing it's 6th issue, Enjoy your reading.

Prime Vendor Updates

As you are already aware, the contract between ELCT/MEMS and the first prime vendor, Diocare (local company) & Crown Agents (international company) officially ended on 31st October 2005. Among the reasons for the exit of the international company included: Requirement of high level of investment; the project had been loss making for CA and strained relationship between CA and Diocare.

Immediate actions that were taken by MEMS Management Team (MMT) were as follows: -

- Sharing the news with partners; Danida/HSPS, Cordaid, Management Sciences for Health, Dan Mission Council Development Department and Participating Health Facilities (PHFs).

- MEMS to maintain the commitment of servicing the PHFs by taking interim measures, such as placing MEMS pharmacist at the prime vendor's premises to ensure the facilities' orders were fulfilled as much as possible.

After the 31st October 2005, MEMS had a meeting with two local pharmaceutical companies (Diocare and Pyramid Pharma Ltd) whereby these companies came to an agreement with MEMS to serve the facilities during the interim period till a new vendor comes into place.

Danida being one of the MEMS funding partners, agreed to support a consultancy work, which involved the process of identifying a new vendor and developing MEMS Business Plan.

The new prime vendor Pyramid Pharma /IDA was identified in Dec. 2005 and the services shall be effective from 1st March 2006.

In MEMS business plan, there shall be three units each focusing on a unique set of activities. The units are; Procurement of drugs & medical supplies, Advisory and Education and IT/Communication

equipment and services. This will make each unit more efficient and sustainable.

Onsite Training / Support Supervision

In Sept. 2005, MEMS staff visited the following health facilities; Endulen, Iambi, Karatu, Marangu, St. Elizabeth and Nkoaranga. The purpose of the visit was to provide training/support to the pharmacy department. Drug samples were collected from these facilities and sent for analysis. All the samples passed the Thin Layer Chromatography (TLC) test. The results obtained were shared with the facilities.

In one of the facilities, one item - bandages were removed from the store due to poor quality. The information was shared with the supplier and emphasis was made that the supplier should provide items of good quality and at the same time replace the rest of the bandages.

The pharmacy staffs were also trained on how to perform the visual inspection at the time of receiving their consignment.

Educational / Advisory

We would like to share some information received from one of the facilities regarding Pregnancy Test Strips. When performing the pregnancy tests, one of the strips gave a negative result (the patient had a presence of a mole), the other strip from the same batch number (performed as a control test) gave a positive result (the patient was pregnant). The difference in the results could be due to the presence of high level of Human Chorionic Gonadotrophin (HCG) in urine than in normal pregnancy. This is known as 'prozone effect', in such a situation, the test may react negative.

In such a case the advice is: to dilute the patient's urine in the following ratio 1:10, 1:100 or even 1:1000 and test the diluted urine samples to obtain the results.

Meetings

- With new Health Facilities (Phase III)

A meeting was held on 2nd Dec. 2005 between MEMS and eight (8) new health facilities. The main agenda of the meeting was to: Introduce MEMS; Share the experiences and Steps towards joining the project. The hospitals included: Turiani (Mvomero-Morogoro), St. Francis (Handeni-Tanga), Ilula (Kilolo-Iringa), Gonja (Same-Kilimanjaro), Lugala (Ulanga-Morogoro), Iogwe (Rungwe-Mbeya), Ikonda (Makete-Iringa), Berega (Kilosa-Morogoro). Unfortunately Mbozi hospital (Mbeya) could not participate in this meeting but was visited during the needs assessment. All in all, the facilities showed interest in joining the project.

- With Phase I & II Health Facilities

Two consultants that were involved in identifying a new prime vendor called a meeting in 12th Dec. 2005, whereby medical doctors in charge from 17 PHFs were invited. Among the issues discussed and agreed upon, was the new prime vendor's arrangement of schedule ordering. The advantage of this arrangement will reduce transportation cost to individual facilities and may facilitate direct delivery. Most of the facilities were positive to the idea.

IT/Communication

MEMS depends on communication to run its business like any other business ventures. MEMS decided to use IT as the main means of communication, although it utilizes other means available like phone, fax, postal and even face-to-face.

Looking back in 2005, MEMS found that IT still looks as a new technology to some PHFs. This period was not a smooth one in terms of internet connectivity, computer usage, IT usage (emails), IT troubleshooting, and collection of internet subscription fees from health facilities. Thanks to all stakeholders for their good support and cooperation.

Please, let's all make optimal use of IT equipment in order to make things move faster and more efficiently. Coming to year 2006, MEMS is expecting to enrol 8 more health facilities. By the end of year 2006, MEMS will be working with about 25 hospitals which are up and running on internet connectivity.

Some hospital managements have perceived that provision of VSAT equipment to health facilities goes hand in hand with free internet connectivity. Hospitals should be aware that provision of internet is done by Internet Services Providers (ISP) and not by MEMS and surely not for free. Hence facilities are to pay for the internet connectivity.

Rational Drug Use (RDU)

We are glad to inform you that the general report for the RDU is complete and it has been shared to all PHFs and other stakeholders. Individual facility reports shall be sent to the respective facilities. The steps for intervention, monitoring and evaluation will then follow after a workshop with all stakeholders.

We would like to encourage the health facilities to send some articles which can then be incorporated in the coming newsletters. Please use the address below.

For further communication please contact:

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