



KADUNA STATE MINISTRY OF HEALTH

SUSTAINABLE DRUG SUPPLY SYSTEM (S.D.S.S)

MENTORING REPORT FOR 56 PRIMARY HEALTH CENTERS AND NINE LOCAL GOVERNMENT AREA MEDICAL STORES

BY

**IN STATE TEAM
MAY 2010**

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ABBREVIATION AND ACRONYMS

ANC	-	Antenatal Care
AOIC	-	Assistant Officer in Charge
BDSH	-	Barau Dikko Specialist Hospital
DFID	-	Department for International Development
DMA	-	Drug Management Agency
FHC	-	Facility Health Committee
FMCH	-	Free Maternal and Child Health
HC	-	Health Centre
HCP	-	Health Commodity Project
LGA	-	Local Government Area
LGAMS	-	Local Government Area Medical Stores
MCH	-	Maternal and Child Health
MOIC	-	Medical Officers in Charge
OIC	-	Officer in Charge
PATHS	-	Partnership for Transforming Health System
PHCC	-	Primary Health Care Coordinator
PHC	-	Primary Health Care
SDSS	-	Sustainable Drugs Supply System
SMOH	-	State Ministry of Health
SMS	-	State Medical Stores
HP	-	Health Post

ACKNOWLEDGEMENT

The Support and contribution of the following that made the mentoring exercise a success is being acknowledged

The Kaduna State government for providing polices, planning and guidelines for the smooth running of the SDSS program

The PATHS 2 (a DFID Funded project) for providing the Health commodities used for the capitalization, equipment and the logistics and technical assistance support for the mentoring activity

The various Communities, Religious Leaders, Facility Health Committee members that have shown willingness to ensure that the program is a success and to the various health operators of the mentored facilities for their support and cooperation

The in-state team that went round earmarked facilities to mentor and come up with the findings.

Finally to the good and peace loving people of Kaduna State for accepting the program

We hope that the recommendations in this report would serve as a tool for making decision towards strengthening and sustaining the SDSS program.

Sign.....

Director of Pharmaceutical Services

PREFACE

Ministry of Health, Kaduna in collaboration with PATHS 2 agreed that the intervention will be in areas of drugs supply and equipment provision. This intervention began with reviewing the previous DRF in existence and proceeded by an improvement in drugs management and financial management system to ensure that the program is sustainable.

The new model of DRF was restructured to take care of intervention like FMCH. A training curriculum on establishing, managing and operating SDSS in LGMS, SHCs and PHCs was designed to serve as a guide.

The training was designed in a simplified form so as expose operators and members of the community to basic knowledge and provision of health care services that will be sustainable, functional, effective and accessible to communities in Kaduna State.

This report is meant to ensure that capitalized facilities evaluate the running of the program.

We remain grateful to PATHS 2 and the In-state Team for the success in developing this report.

FOREWARD

One of the aims of the Kaduna State Government is to improve the quality and accessibility of Health Care Delivery to its citizenry. This laudable aim is being supported by PATHS2 to ensure access to quality, affordable sustained essential drugs and Health Care Commodities to improve service delivery and in a bid to achieving the Millennium Development Goals.

The Kaduna State Government has hitherto been operating Drug Revolving Fund (DRF) scheme which had to be reviewed, after the information and management system was strengthened to sustain the reviewed model, the Sustainable Drug Supply System (SDSS).

This was advanced by the training of an In-state Team to roll out the scheme to the various health facilities. This training was based on a developed SDSS guideline which exposed the facility staff and selected members of the beneficiary communities to the basic knowledge and provision of health services that is sustainable, functional, effective and accessible to communities in the state.

The importance of continuous mentoring of the operators of the Scheme at the facility level cannot be overemphasized to ensure that the proper step-down of learning and its application is done to resolve challenges encountered.

EXECUTIVE SUMMARY

The mentoring exercise is meant to ensure the sustainability of the SDSS scheme and to provide on-the-job training, hand-holding and technical assistance to improve the operations of the SDSS.

This exercise involves observing and identifying areas of needs including inadequacies gap identification, hand holding, practical demonstration and role play where possible.

The mentoring exercise for this month started with a one day planning meeting on the 29th April, 2010 at SMOH.

From the rounds of mentoring carried out, it was clear that the program is accepted owing to an increase in patronage especially in the PHCs.

From the previous mentoring carried out, some of the identified gaps addressed include the provision of pallets and shelves in PHC Iddah, PHC Gangara, PHC Shika, PHC Bondong, PHC Kagarko, PHC Farman and PHC Fadan- Kamantan. Additionally, the issues of LGA staff salaries have improved in Kaura and Lere LGAs.

However the mentoring showed that some PHCs such as Galadimawa still do not have stores. Also Kargako LGA does not have a medical store. Some PHCs such as Shadalafiya and Kurmin Jibrin still do not have shelves while others such as PHC Dan Alhaji, Wasa, Zonkwa, Bondong and Kudan have small stores.

Most of the mentored PHCs showed that they now have a functional Health Facility Committee while others need reactivation like PHC Kasuwan magani, Iddah and Maigamo.

All mentored health facilities and LGAMS have dedicated SDSS bank accounts except PHC Maigamo, Madakiya, and Gubuchi.

It is worth knowing that a good number of the mentored health facilities had their records updated. The documents containing “Things to note and ensure compliance along with the standards of practice (SOP) for handling expiry” was given to each facility, each point was carefully explained to facility personnel, with misconceptions cleared and questions answered.

This exercise led to capacity building of the SDSS facility operators and also showed that if the operators were committed to their routine duties, the SDSS scheme will be sustained in Kaduna State.

INTRODUCTION

The Kaduna State Government started operating the SDSS in 2007. The SDSS is a program that combines the Drug Revolving Fund and other government interventions such as the Free Maternal and Child Health (FMCH), as well as programmes on Malaria, Nutrition, HIV/AIDS, TB, Leprosy etc.

The SDSS program is an initiative of the state which is being supported by PATHS2. This program ensures that there is continuous availability of genuine drugs that are affordable and accessible to the people of the state.

The National Health Policy of 2003 aims at ensuring that drugs and equipment are made accessible and affordable to the people and SDSS carefully works along this line. Many SHCs, PHCs and LGAMSs have been capitalized with seed stock of drugs and consumables intended to sustain supply and service through a revolving fund.

Mentoring therefore is a relational process whereby experience and values are passed on from one person who is more experienced (resource of wisdom, information, insight, relationship, perspective) to a mentored person at an appropriate time and manner so as to improve and facilitate the operator's development and empowerment.

Mentoring therefore is a giant stride towards ensuring that the program succeeds by improving the capacity of operators to effectively run the scheme properly.

AIM

To improve the operations of the SDSS scheme through on-the-job training, handholding and technical assistance for effective and efficient service delivery.

OBJECTIVES

1. To ensure that medicines are stored, handled, and dispensed, and the procedure for handling expiry is done correctly.
2. To ensure that entries into LMIS tools are done correctly and in a timely manner.
3. To ensure sales are documented properly, regular banking transactions are effected, and that bank proceeds and funds are also properly managed.

METHODOLOGY

Another round of mentoring exercise of 65 health facilities (including LGAMS) began with a planning meeting which centered on the experiences of the last exercise at the State Ministry of Health. PATHS officials were in attendance and a representative of the State DPS facilitated the meeting.

The mentoring approach involved gaps identification, observing areas of needs and inadequacies, hand holding, practical demonstration and role plays where necessary.

LIST OF MENTORED HEALTH FACILITIES AND LOCAL GOVERNMENT AREA MEDICAL STORES

SN	NAME OF FACILITY	L.G.A
1	PHC KAGARKO	KAGARKO
2	PHC KURMIN DANGANA	''
3	PHC KURMIN JIBRIN	''
4	PHC SHADALAFIA	''
5	PHC JERE	''
6	PHC IDDAH	''
7	PHC KURMIN MUSA	''
8	PHC SABON SARKI	KACHIA
9	PHC KACHIA	''
10	PHC DADDU	''
11	PHC GODOGODO	''
12	PHC FADAN NIMZO	JABA
13	PHC KARE ABORO	''
14	PHC MAYIR	JEMA'A
15	PHC GWANTU	SANGA
16	MCH WASA	''
17	PHC FARMAN	''
18	PHC ZONKWA	''
19	PHC FADAN KAMANTON	''
20	PHC MADAKIYA	''
21	PHC ZANGO	Z/KATAF
22	PHC GORA BAFI	''
23	PHC TURAN BUGA	''
24	MCH BANDONG	''
25	PHC MAN CHOK	''
26	MCH FADAN KAGORO	''
27	PHC MAIGAMO	''

SN	NAME OF FACILITY	L.G.A
28	PHC KUDAN	KAURA
29	PHCSABON GARIN HUNKUYI	''
30	PHC ZABI	''
31	PHC HUNKUYI	''
32	PHC LIKORO	''
33	MCH KAJURU	LERE
34	MCH IDON HANYA	KUDAN
35	MCH KUFANA	''
36	MCH KASUWAN MAGANI	''
37	MCH MARRABAN KAJURU	''
38	PHC KADAGAMA	''
39	PHC TABANNI	''
40	PHC DAMARI	KAJURU
41	PHC DUTSEN WAI	''
42	PHC KARE	''
43	PHC WAMBAI	''
44	PHC KAURA U/BASHIR	''
45	PHC U/BAWA	KAURU
46	CHC SAMINAKA	B/GWARI
47	PHC KAYARDA	''
48	PHC GURE	KUBAU
49	PHC LERE	''
50	PHC DANALHAJI	IKARA
51	PHC KAYA	ZARIA
52	PHC WAZADA	LERE
53	PHC SHIKA	''
54	PHC GALADIMAWA	''
55	PHC GANGARA	''
56	PHC GUBUCI	''
1	KAGARKO LGMS	KAGARKO
2	KACHIA LGAMS	KACHIA
3	JABA LGAMS	JABA
4	SANGA LGAMS	SANGA
5	Z/KATAF LGAMS	Z/KATAF
6	KAURA LGAMS	KAURA
7	KUDAN LGAMS	KUDAN
8	LERE LGAMS	LERE
9	GIWA LGAMS	GIWA

RESULT AND OUTCOME

The Kaduna SMOH with support from PATHS 2 assigned In-state Team members to mentor 56 capitalized health facilities and nine Local Government Area Medical Stores. These health facilities were visited and operators were mentored on the operations of the SDSS.

This mentoring exercise led to the retraining of the health facility operators on a one-on-one basis with emphasis placed on the correct use of the LMIS.

The exercise included interactive sessions, practical demonstrations, and experience sharing, which further provided a platform for addressing of misunderstandings and misconceptions, and to address identified gaps and proffer solutions. This went a long way to further build the capacity of the Health facility operators.

The exercise lasted from 2nd May 2010 to 12th may 2010.

OBSERVATION AND CHALLENGES (PHC & LGAMS)

PHCs

- Some untrained staffs were posted to facilities operating SDSS while the trained ones were posted out.
- All the facilities visited now have functional accounts except PHC Gubuchi.
- The following PHCs do not have adequate shelves and some of the drugs were placed on the floor: PHC Jere, Hunkuyi, Kurmin Dangana, Zabi, Likoro, Kudan, and Shada Lafiya.
- The following facilities do not have enough tally cards: PHC Lere, Kudan, Hunkuyi, Zabi Sabon Gari, Hunkuyi, Likoro, Kagarko, and Kurmin Jibrin
- PHCs Maigamo and Kayarda do not have store ledger books
- Most of the PHC do not have counting trays

- PHC Galadimawa has no store, the drugs were kept in Cartons on the floor
- Some facilities have some drugs and consumables that are close to expiration: Amoxiclav injection, urine bag, and crepe bandage
- The roof of PHC Kurmin Jibrin was blown off by storm

LGAMSs

- The roof of LGAMS Jaba was blown off by storm
- Kaura, Jaba and Zango LGAMSs do not have enough tally cards
- Lere, Zango and Jaba LGAMSs do not have store ledger books
- Kagarko LGAMS does not have a store, the drugs were kept in the staff canteen in cartons on the floor
- Kudan LGAMS does not have drug shelves, the drugs were kept in cartons on the floor.

RECOMMENDATIONS

- Continue monitoring to ensure adherence to standard operational guidelines
- Shelves and pallets should be provided to the facilities
- There should be more commitment from the LGA SDSS team.
- Copy of monthly SDSS fund valuation should be sent to the LGA PHC department on monthly basis.
- SDSS operators and FHC members who distinguished themselves in the program should be acknowledged.
- The Local Government Service Board should employ more Technical Staff for the PHCs and LGAMSs.

COMMUNITY CONTRIBUTION

1. In Jaba LGAMS Mrs. Tasalla Nyam donated mattress and Drugs worth over ₦500,000 to the Local Government
2. In PHC Kurmin Dangana, the FHC donated ten (10) pieces bed sheet and ten pieces of pillow cases
3. In Zabi PHC, the community provided shelves

SUCCESS STORY

1. At the end of the mentoring exercise, the following facilities showed remarkable improvement and need not be mentored for some time: PHC Farman, Kaya, Sabon Sarki, Daddu and FHU Kachia
2. All facilities have functional and dedicated SDSS accounts, except PHC Madakiya, Maigamo and Gubuchi

LESSON LEARNT

1. Mentoring helps in uniting staff by challenging them to work hand-in-glove and exhibit team spirit to ensure sustainability of the scheme.
2. The participation of traditional rulers in the SDSS is encouraging and should be promoted.
3. Unless the out-of-stock syndrome is addressed at the SMS and the various LGAMS, the issue of parallel DRF will resurface.
4. Mentoring brings out transparency in record keeping and encourages hard work.

5. Continuous grassroots mobilization is necessary to ensure accountability of the SDSS scheme.
6. Mentoring is useful in sustaining the SDSS scheme.

STRENGTH

1. Provision of enabling environment and skilled manpower by state government.
2. A robust financial management system in-built into the program has brought about accountability
3. General acceptance and contribution toward the SDSS program by the communities

WEAKNESS

1. Inadequate skilled manpower and the poor attitude of the few skilled workers towards the program
2. The reporting system from facilities to supervisory ministry is weak
3. The transfer of mentored SDSS staff from capitalized facilities and replacement by non-mentored personnel
4. The structures on ground in some facilities are not conducive for health care delivery. These facilities include PHC Dan-Alhaji, Galadimawa and Zabi

THREATS

1. Lack of incentives and non-payment of staff salaries as at when due in some local governments such as Kaduna North, Kaduna South, and Jema'a
2. Persistent out-of-stock syndrome in the LGAMSs and SMS
3. Non-implementation of D and E operations. Despite the situation, some facilities have gone ahead with implementation of the scheme
4. In most facilities, the out-of -stock syndrome is still breeding parallel DRFs.

CONCLUSION

The mentoring exercise provided an opportunity to meet and interact with various facility staff to identify relevant issues as they relate to the operations of the SDSS program in their facilities. The exercise brought about an improvement in record keeping, drugs storage and an opportunity to document best practices.

The interceptive approach brought about improvement in service delivery through the strengthening of the LMIS, financial records and financial management system.

This interactive approach fostered the relationship between mentors and facility operators.

This exercise was strategic in ensuring that there is proper implementation of the SDSS scheme.

From the mentoring exercise few facilities still had peculiar challenges that were addressed leading to increased understanding of the SDSS operations.

All the observations and recommendations that were made during the mentoring exercise were shared with stakeholders.