



REPUBLIC OF MOZAMBIQUE

Ministry of Health

Central Medical Store

Overview of the KIT SYSTEM in Mozambique

Dubai: July 18 – 19, 2018

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Introduction

Area: 801.590 Km²

Population: 28,5 million

65 Referral hospitals

1,561 health centres (US)

4,340 APE (Community Health Worker)





Brief History

In late 70's and 80's the country affected by civil war:

- Lack of foreign exchange;
- Increase in Aid – in kind – for medicines.

Early 80's the concept of Essential Medicines linking availability at peripheral areas with improved management and rational use led to KIT Supply Systems in most of Africa.

Mozambique adopted the concept and developed an Essential Medicines Programme in collaboration with UNICEF and funding from Italy





The Kit – *Conception/concept*

- **KIT** - a package of essential medicines, dressings and surgical materials intended to treat the most common conditions seen at Primary Health Care (80%).
- Each Health Facility received one or multiple kits according to its workload: number of monthly consultations performed.
- Included in the “Program”:
 - Support to supply chain management – operational costs;
 - Training of health staff towards rational use of medicines (diagnose & prescription);
 - Train pharmacy staff in supply chain management functions.

Number of outpatients consultations per Kit

Kit US	1,000
Kit APE	250





The Kit – *Justification*

In a situation of scarcity of resources as faced by the country to purchase medicines the KIT protects Primary Health Care services, both Health Centers and Health Posts.

Hospitals, major consumers, usually located near Provincial Depots, due to the Kits, were not any more entitled to get most of the available supplies:

- The Kits should not be open in a warehouse





The Kit – *Evolution*

Evolution over the last 30 years:

- Development of Medicines Common Fund – Donor funding and State Budget- mid 90 to 2007;
- State budget took responsibility to cover the costs of Kits - from 2009;
- Adoption of only one Kit for Health facilities (When?) and introduction of a Community Health Worker (APE) KIT.

Evolution over the last 3 years:

- Decision to keep the Kits to supply rural health facilities and APEs;
- Withdraw the KITs for Urban Health Centres in major cities due to:
 - All of them now have doctors;
 - Increased diagnostic capabilities so the need for other medicines;
 - Competition with hospitals are more likely to be balanced – same locations.





The Kit – *Diseases treated*

The composition of KITs is based on the most common diseases at the primary level, such as:

- Diarrhoea;
- Respiratory complications, problems;
- Gastrointestinal;
- Analgesics;
- Antihypertensives;
- Anti-infectives of various levels;
- Desparasitants;
- Anti-malarial;
- Antianemics;
- Contraceptives and Condoms;
- post-partum haemorrhagic (Oxytocin), some medical surgical material, antiseptics / disinfectants and dressing material.





The Kit – *Quantification process*

Health Facility Kit:

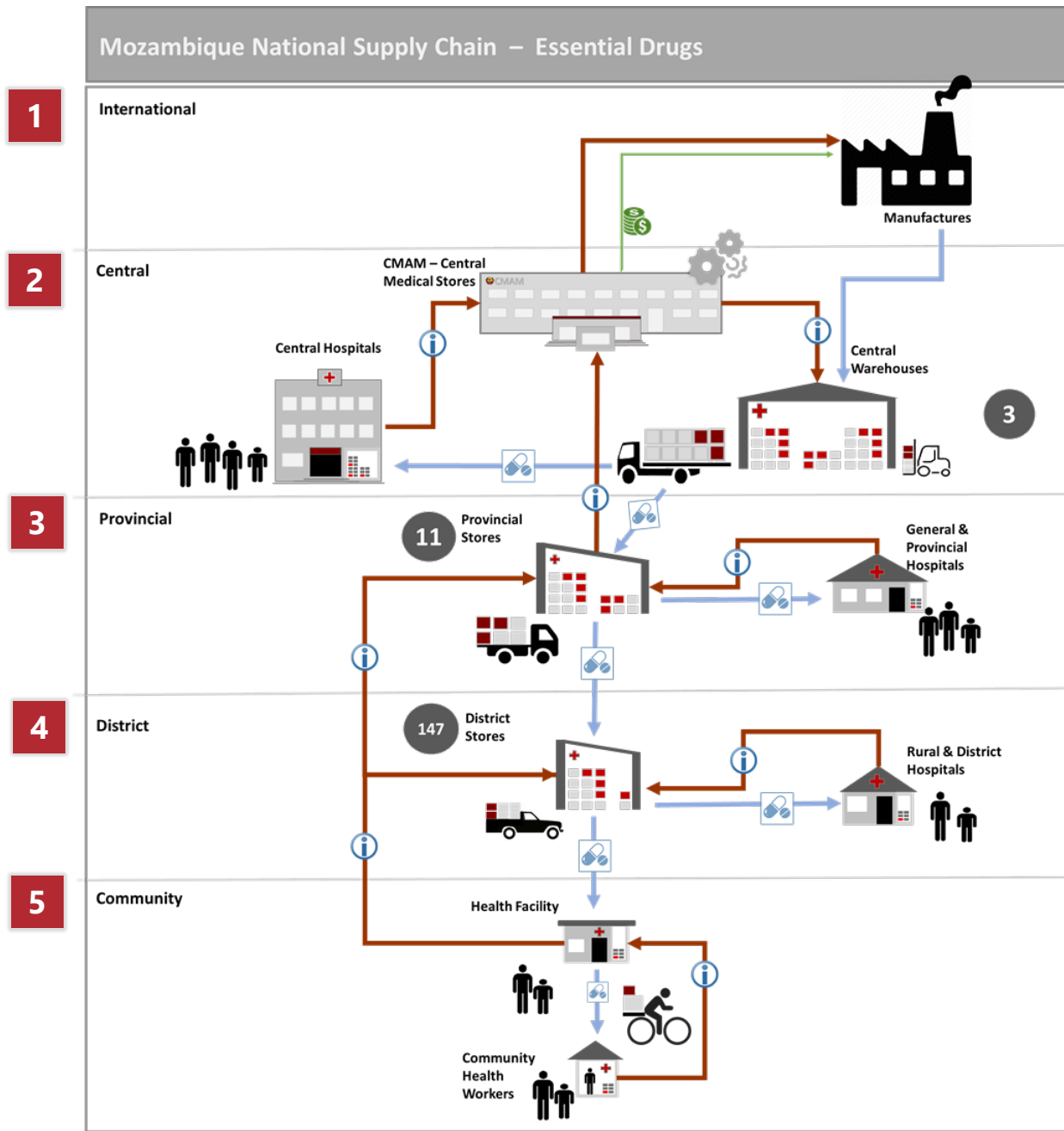
- Average number of consultations per health facility;
- Number of actual outpatients consultations and projected for the new supply cycle.

APE Kit:

- Number of active APES in the field (actual and expected);
- Re-confirm the average number of consultations per APE.



Mozambique National Supply Chain - *Current*



■ CMS

- Operational and Implementing
- Management Rules and Procedures
- Control

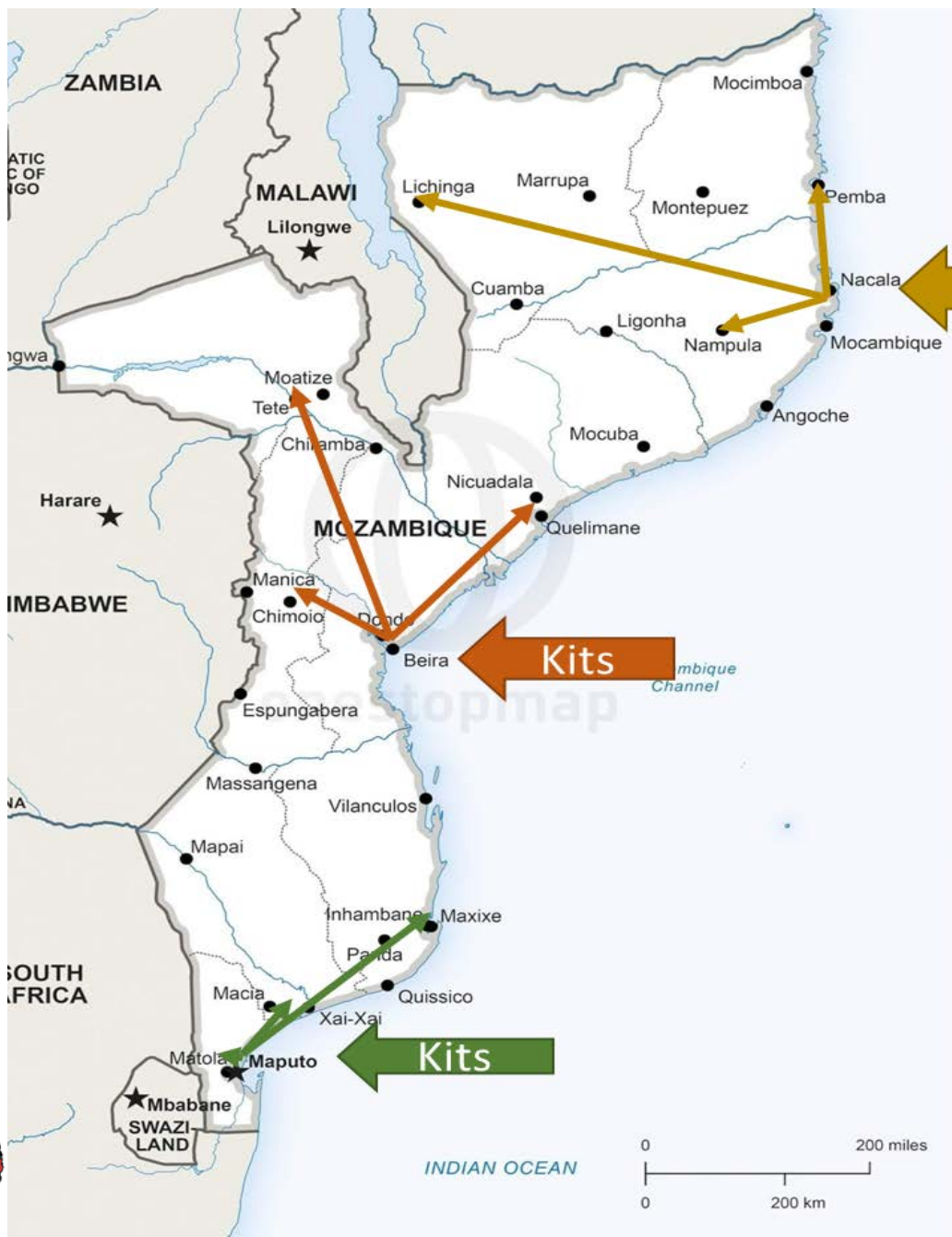
■ Government & Provincial Health Directorate

- Autonomy
- Human Resources
- Operations and implementation
- Management & Control





Supply Chain – *The Kits*




- Kits delivered bi-annually through 3 major ports: Maputo, Beira and Nacala.
- Supplier in charge of delivering the Kits to the Provincial Storehouses.
- On a monthly basis, Kits are delivered to District Depots and from these to Health Facilities and APE.





Supply Chain – LMIS (1)

KIT: Paper form for Health Facility

CMAM - Modelo 09	 REPÚBLICA DE MOÇAMBIQUE MINISTÉRIO DA SAÚDE CENTRAL DE MEDICAMENTOS E ARTIGOS MÉDICOS		MAPA RESUMO/PLANO TRIMESTRAL DE DISTRIBUIÇÃO DE KITS				Trimestre	Ano	Trimestre	Ano
							1 - 2 - 3 - 4		1 - 2 - 3 - 4	
Distrito:			Provincia:							
Unidades Sanitárias/Distrito	Stock no Início do Trimestre (a):					Kit US	Kit APE			
	Kits Recebidos Durante o Trimestre (b):							Kit US	Kit APE	
	Nível de Qualificação do Pessoal Clínico	Consultas Externas Realizadas por Mês				Kits Distribuídos Durante o Trimestre (c)		Plano de Distribuição de Kits para o Trimestre Seguinte		
	Mês 1	Mês 2	Mês 3	Total			T/1000	T/250		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
Total (c):										
					Stock no Fim do Trimestre (a) + (b) - (c) = d					
					Total de Kits do Plano de Distribuição para o Trimestre Seguinte(s)					
					Necessidades a Distribuir = e-d					
Elaborado por:			Data: / /			Visto por:				





Supply Chain – LMIS (2)

Mapa Resumo Mensal de Consumo de Medicamentos do APE

Província: _____

Distrito: _____

Comunidade: _____

Nome da US _____

Nome do APE: _____

Visto do Responsável Clínico da US: _____

Mês: _____ Ano: _____

Número de Consultas Realizadas durante o Mês: _____

Ficha a ser preenchida pelo APE e entregue a Unidade Sanitária de referência até dia 21 de cada mês, durante o período de estudo. Por sua vez, a Unidade Sanitária de referência entregue ao SDSMAS coordenador dos APES.
Instruções: Para cada paciente tratado pinte, **diariamente**, uma bolinha na linha correspondente ao tratamento recebido. *Para o caso particular do Misoprostol, o APE marcará a bolinha simbolizando a distribuição feita a PT (Parteira Tradicional). No início e no final de cada mês faça a contagem dos medicamentos que dispõe e usados, e preencha nos espaços em branco.

Medicamentos	Stock no Início do Mês	Total Recebido no Mês	Número de Tratamentos Usados			Total Tratamentos Usado	Stock no Fim do Mês	Ruptura de Stock <i>Faltou algum medicamento (marcar com um x em caso de ruptura):</i>	Requisição/ Pedido (Apenas Anticonceivos)	Observação/ Devolução
Misoprostol*, tratamento=1bolinha= 3comprimidos de MISOL			00000	00000	00000					
Preservativo Masculino 1tratamento=1bolinha=1 preservativos			00000	00000	00000					
Preservativo Feminino			00000	00000	00000					
Clorexidina			00000	00000	00000					

Elaborado por (APE): _____

Verificado pelo responsável da Farmácia da US _____

APES
Paper form

monthly consumption
Report

Enables:

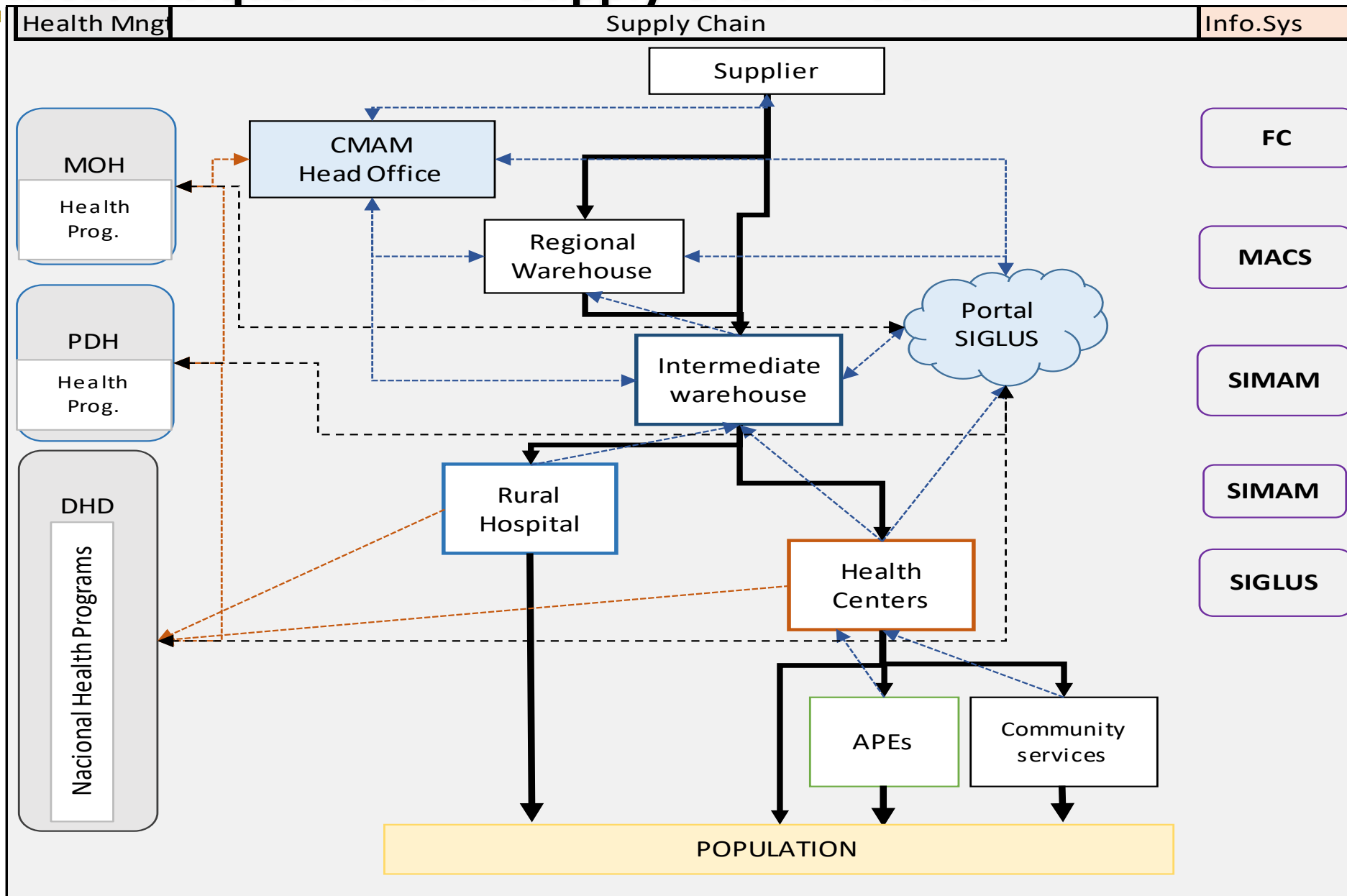
- ✓ Control of medicines used by APES;
- ✓ Requisition of products that are not in the Kit:
Microlut, Microgynon, Depo (sub-cutâneo / intramuscular) Misoprostol, Clorexidine gel e Vitamin A + E.

New reporting form being implemented.

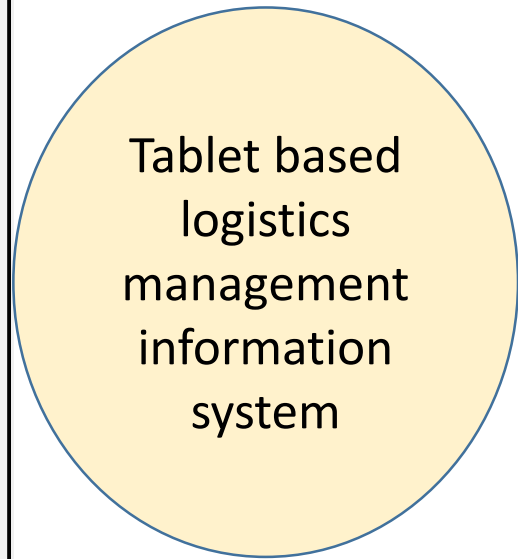




Mozambique National Supply Chain - Future



SIGLUS



HEALTH FACILITIES

- Logistics information
- Programatic information
- Logistics information available PHD and DHD





The Kit – *Advantage and Disadvantage*

Advantages:

- Ensure availability of basic medications at peripheral areas – urban and rural;
- Most common health conditions can be addressed and solved;
- Easy management of the supply chain;
- Require basic personnel to manage.

Disadvantages:

- Low flexibility – same kits content for all regions / provinces;
- Accepted as less efficient way to distribute medicines.





Main Challenges of the Kit System in Mozambique

- ✓ **Clear definition** of the number of active APEs;
- ✓ **Active participation** of the Program in the Quantification processes;
- ✓ **Storage capacity** at Province, District and US level;
- ✓ **Improve** the flow of communication at all levels;
- ✓ **Data** - The availability of timely and quality data, despite advances in recent years;
- ✓ **Transport** - Lack of transport capacity for transporting KITs at all levels, especially from the Province to the Health Unit and the APE.





**THANK YOU!!!
MUITO OBRIGADO !!!**

