



# USAID | DELIVER PROJECT

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## Case Study

# Ghana: With Scheduled Deliveries, Health Facilities Gain Better Access to Medicines



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Delivery staff unload medicines and supplies at a health facility in Ghana's Upper East region.

***“...previously, it took us two or more weeks to get official vehicles to the RMS. Now, if you submit your RRIV, as scheduled, you are sure to receive your medicines in a week.”***

**—Michael Alaskoma**

***Pharmacy Technician In-charge  
Bolgatanga Health Center***

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Up to 80 percent of the population in Ghana's Upper East region lives in rural communities, where health facilities are often short on staff and vehicles to collect medicines from the regional medical store (RMS)—poor road conditions make it even more challenging.

To improve the logistics system in the region, the Ghana Health Service partnered with the USAID | DELIVER PROJECT to design a new system for delivering health supplies. By setting up a system of scheduled deliveries, each facility now has a way to order supplies and have them delivered on a regular basis.

In 2010, the region had a tracer drug availability of up to 93 percent, which is largely attributed to the new scheduled delivery system. The Upper East region is now a model for other regions in Ghana.

In the past, personnel at the region's 184 health facilities had to pick up their supplies at the RMS, which meant that health workers had to leave their clients to travel long distances, sometimes making several trips. This reduced their time with patients and tied up, sometimes, the only vehicle or motorcycle at the facility.

It also meant that critical reporting for reordering supplies at higher levels of the supply chain was sometimes missed, resulting in stockouts and expensive emergency procurements, which meant that patients were sometimes left without treatment.

With the new system, facilities order supplies by sending requisition receipt and issue vouchers (RRIVs) to the RMS, and the RMS delivers the commodities directly to the facilities. Deliveries from the central medical store (CMS) to the RMSs are handled the same way.

Submission of vouchers and delivery of supplies happen on a set schedule, which allows the CMS and RMSs in the Upper East

region to plan the deliveries most efficiently; a new truck, paid for by the Regional Health Administration, delivers the products to all the facilities.

As part of the initiative, pharmacists, supply officers, nurses, community health volunteers, midwives, and other health personnel were trained on how to use the new order forms, how to determine when to order more supplies and how much, and how to issue and receive commodities.

The scheduled delivery system has brought significant improvements to the health system in the Upper East region. It has reduced the cost of procurement, which reduces the cost of healthcare to clients. Health personnel no longer have to make several trips, sometimes on motorcycles, from distant places to the RMS in Bolgatanga to procure commodities for their facilities. Most importantly, product availability has increased significantly across the region, especially for essential medicines.



Health personnel receive training on how to manage medicines and other health supplies using the new scheduled delivery system.

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## **USAID | DELIVER PROJECT**

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