

Success Story
Reducing ARV Stock Outs Using a Mobile-Phone Application
Clinical Services System Strengthening in Sofala, Manica, and Tete (CHSS SMT), USAID

In 2011, the Nhamatanda Rural Hospital in Sofala Province experienced constant drug stock outs due to information-flow constraints. At the time, stock data was submitted in paper form from Health Facilities (HFs) to the District and from the District to the Provincial Medicine Depots (PMD) – a process that could take up to 15 days. This delay in information flow hampered the PMDs from responding to drug stock needs in a timely way.

Tragically, drug stock outs result in serious consequences to patients and HF management, forcing patients to return to the HF to process their prescription. For poor patients and patients living far from the HF, this required them to travel long distances and involved high transportation costs. Such stock outs created an unnecessary access barrier to treatment, adversely affecting HIV treatment adherence. The enrollment of new patients on therapy also faced disruption. Consequently, stock outs of HIV rapid tests hampered the achievement of goals regarding HIV testing and treatment in HFs and communities, in addition to potentially harming patients.

To reverse this situation, in July 2012, CHASS-SMT and the Sofala Provincial Health Directorate launched an innovative rapid information-sharing system between HFs, Districts and PMDs. Now HFs are submitting data on ARV and other drug consumption through a specialized application installed on mobile phones that sends information to a database viewable in real time from the DPM or anywhere else.

Three months later, Nhamatanda District no longer faced stock outs of ARVs and rapid tests. Overall, in Sofala Province the delay time in submitting logistic information on ARVs and rapid tests decreased from 15 days to 2 days. The PMD now responds promptly to districts according to the needs of each HF. As an immediate outcome, patients have timely access to ARVs and other drugs. The hope is that the increased access to ARVs and other drugs will contribute to patient retention in care and a consequent decrease of HIV morbidity and mortality in children and adults in Mozambique. If this success continues, this intervention has the potential to be expanded and implemented throughout Sofala and other provinces in Mozambique.



Pharmacy Technician uses a mobile phone to submit data on drug consumption in Metuchira health center, Nhamatanda district, Sofala