# USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management



# SUPPLY CHAIN MANAGEMENT DURING THE COVID-19 PANDEMIC:

A LESSON FROM THE MALARIA
PRE-ELIMINATION DISTRICTS IN ZAMBIA

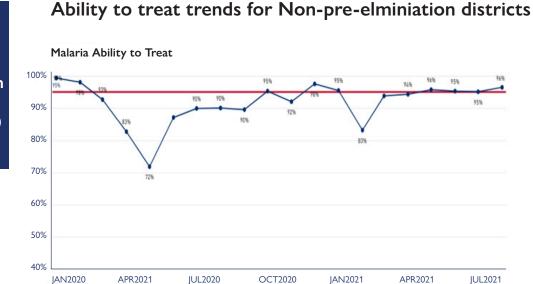
The COVID-19 pandemic disrupted the supply chain, leading to low availability of malaria supplies and making health facility (HF) data critical to direct stock to the HFs with the greatest need. With support from the U.S. President's Malaria Initiative (PMI), the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project developed strategies to improve stock availability in three pre-elimination districts in Eastern Zambia.

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# **BACKGROUND AND PROBLEM**

- Disruptions in supply chain distributions affected the availability of malaria commodities and other essential medical products.
- Shifting attention and human resource to prioritizing COVID-19 related activities.
- Technical assistance in logistics management information systems could not be offered onsite due to travel restrictions.

The ability to treat uncomplicated malaria in the non pre-elimination districts Jan. 2020 to July 2021

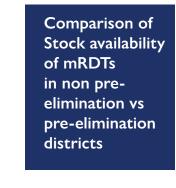


#### **APPROACH**

The GHSC-PSM project developed strategies to improve stock availability in eastern Zambia's three pathfinder malaria pre-elimination districts. It was critical to ensure logistics data was available at the end of every reporting period to inform supply chain decision-making.

The project adopted the following strategies:

- Reviewed HFs' logistics data quality through electronic logistics management information system to inform technical assistance needs.
- Conducted monthly stock status assessments for the HFs and shared results with district health officers to redistribute supplies or use buffer stock.
- Trained new staff remotely in logistics management to address staffing gaps.
- Enhanced collaboration with implementing partners (IPs) as a primary community-level stock information source.
- Created risk mitigation plans from monthly provincial virtual meetings.
- Coordinated with the Ministry of Health and Churches Health Association of Zambia to ensure timely HF reports and order the right quantities.

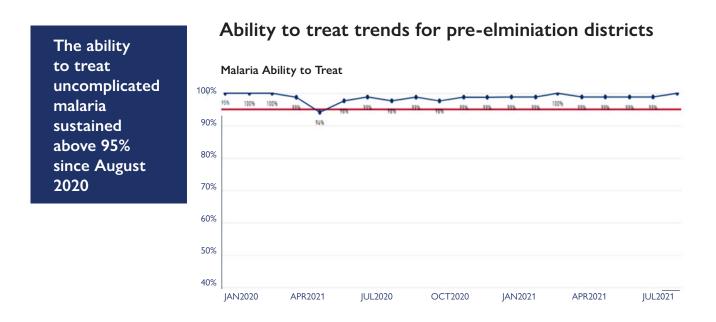


## **RESULTS**

Because of these efforts:

- The ability to treat uncomplicated malaria in pre-elimination districts from January 2020-May 2021 was above the 95% target, compared to a range of 14%-100% in non-pre-elimination districts in May 2021.
- The availability of mRDTs increased from 86% in May 2020 and was sustained above 95% in 2021, compared to a range of 40%-100% in non-pre-elimination districts in the same period.

Additionally, these efforts not only ensured that commodities were available at HFs but also at the community level through the support of community health workers' integrated community case management activities.



### CONCLUSION

Timely submission of reports and high-quality data avails critical data on which supply decisions are based for redistribution and resupply. Building strong relationships with other IPs is critical because it helps leverage resources. With proper planning, collaborations and virtual technical assistance can ensure continuation of activities. Lastly, having buffer stock of commodities creates flexibility in urgent times to ensure that service provision is not disrupted.



mRDTs Stock Availability in Pre-Elimination Districts







