Strengthening Malawi Ministry of Health’s supply chain management improves service delivery point commodity and data management practices

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Challenges

- Malawi's health supply chain system continues to face challenges, including **insufficient staff capacity**, both in terms of skills and numbers.
- Performance monitoring and assessments by Malawi’s Ministry of Health (MOH) revealed:
  - **Skill gaps among health facility logistics staff** in stock management and submission of monthly logistics management information system (LMIS) reports.
- This hinders service delivery points’ (SDPs’) commodity ordering, replenishment, and stock availability.
Technical support

The MOH, with support from GHSC-PSM and funding by PMI, have strengthened the health supply chain management system through an interactive on- and off-site staff capacity-building approach:

✔ OpenLMIS training and deployment: 2017-2022
✔ Integrated Supportive Supervision and Mentorship (ISSPM): 2018-2022
✔ Commodity Accountability and Performance Tracking (CAPeT): 2018-2022
✔ Data reviews/ reflections: 2018-2022
1. Training on OpenLMIS functionality and use to improve data quality, tracking, and reporting
   - Facility readiness assessment
   - Development of user manual
   - Training (800+ staff) & provision of computers + data bundles for reporting
   - Field follow-up maintenance support on system functionality

2. ISSPM to strengthen staff skills (management practices) and commodity accountability
   - Developed ISSPM approach
   - Visits to health facilities (750+) to:
     - Review commodity and data management practices
     - Provide mentorship
     - Develop action plans on issues identified for improvement
     - Follow up on progress in subsequent ISSPM visits
3. CAPeT: Cases vs. treatments and consumption
   - Compared cases (DHIS2) vs treatments issued (OpenLMIS)
   - Field visits to facilities for validation
   - Joint action plans for improvement
   - Follow up visits (after 6 months)

4. Data review and reflection meetings (+ joint action plans) to improve data recording, quality, and reporting
   - District-based review of challenges affecting commodity and data management
   - Joint action plans for improvement
   - Follow up in subsequent reflection meetings
**Results 1: Commodity availability**

Reduced stockouts following GHSC-PSM’s sustained technical support to MOH, improving commodity availability at SDPs.
Results 2: Data for decision making

Following the capacity strengthening activities:

- **Increased MOH use of data for decision making** (e.g., timely ordering of medicines):
  - Timely commodity availability and reduced stockouts at SDPs (99.7% malaria commodity availability (All LA))
  - Increased access to care by patients

- **OpenLMIS staff training and deployment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Facilities (Percentage)</th>
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<tr>
<td>2020</td>
<td>260 facilities (37%)</td>
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<tr>
<td>2022</td>
<td>400 facilities (57%)</td>
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*Commodity inventory, Lura Health Centre, Rumphi. Photo by GHSC-PSM*
Results 3: Reporting levels

Reporting efficiency by SDPs consistently above the 90% target
Results 4: Commodity accountability

- Improved visibility into malaria commodity accountability issues and developing joint actions for improvement
- ~53% of the facilities assessed during CAPeT visits showed progress towards reducing discrepancy between treatments (cases) and the consumption (quantity of malaria commodities issued)
- Contributed to reduced discrepancy ratio (cases vs consumption) from over 1.5 to around 1.2 (i.e. 50% to 20%)
- Shows improved health care provision and availability of more drugs for malaria patients
Results 5: Data quality

- Improved visibility into data quality issues for improvement
- Data Quality Assessment (DQA) results demonstrated data quality improvement from 74% in 2018 to 92% in 2020.
- Due to COVID-19 disruptions, there was a slight dip to 90% in 2021.
Discussion and conclusion

- GHSC-PSM's ongoing system strengthening support to MOH, in collaboration with other partners, has been instrumental in:
  - ✔ Improving SCM practices, data recording and reporting
    - ➢ contributing to sustained availability of commodities at SDPs
    - ➢ ensuring the continuity of health care provision to clients
  - ✔ Contributing to malaria elimination goals

- To sustain the gains made in MOH capacity, work will continue to:
  - ✔ Support **MOH staff** training, targeting specific aspects of supply chain management
  - ✔ Conduct supportive supervision visits for **SDP staff**, to help further improve commodity SCM practices, to enhance commodity availability, and data recording, quality and reporting
Lessons learned

- Supportive supervision and data reviews/ reflections can:
  - Improve SCM practices at SDPs
  - Improve data quality and reporting
  - Identify overstocked and understocked facilities
  - Which inform resupply and redistribution decisions to avoid expiries at SDPs.

- Periodic staff training helps improve staff skills in proper commodity management practices and accountability

- Collaboration helps in resource synergy

- Electronic supply chain data management system enhances timely data availability and ordering of medicines

❖ These elements lead to sustained availability of medicines and continuous provision of care.
Thank you/Zikomo kwambiri!