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PtD GLOBAL INDABA

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

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**Presented by the USAID Global Health Supply
Chain Program-Procurement and Supply
Management (GHSC-PSM) project in Malawi**

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

Activities

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 followup maintenance support on system functionality



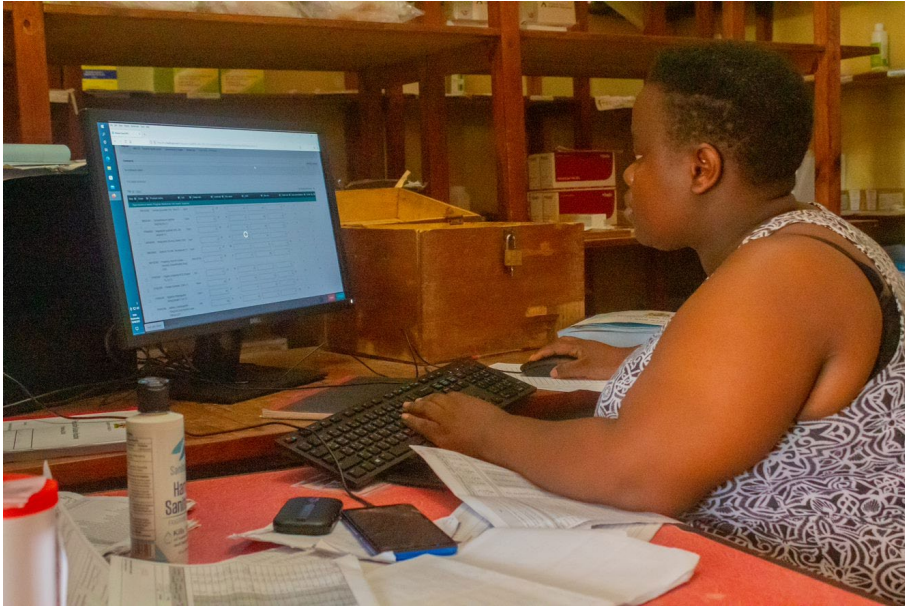
Training on OpenLMIS. Photo by GHSCM

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)



Data entry into OpenLMIS, Chintheche Rural Hospital. Photo by GHSC PSM

- 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

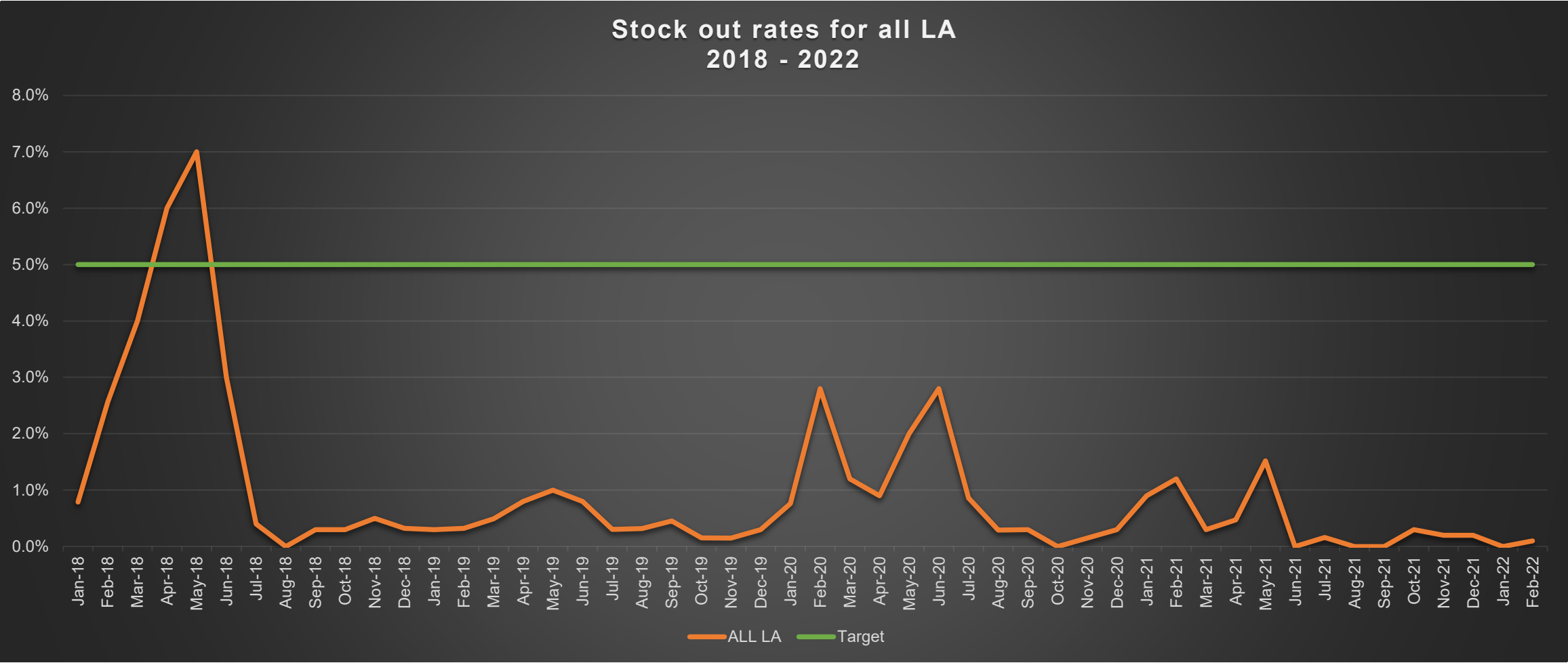
- District-based review of challenges affecting commodity and data management
- Joint action plans for improvement
- Follow up in subsequent reflection meetings



District reflection meeting, Phalombe District Hospital. Photo by GHSC PSM

Results1: 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**



Commodity inventory, Lura Health Centre, Rumphi. Photo by GHSGPSM

2020

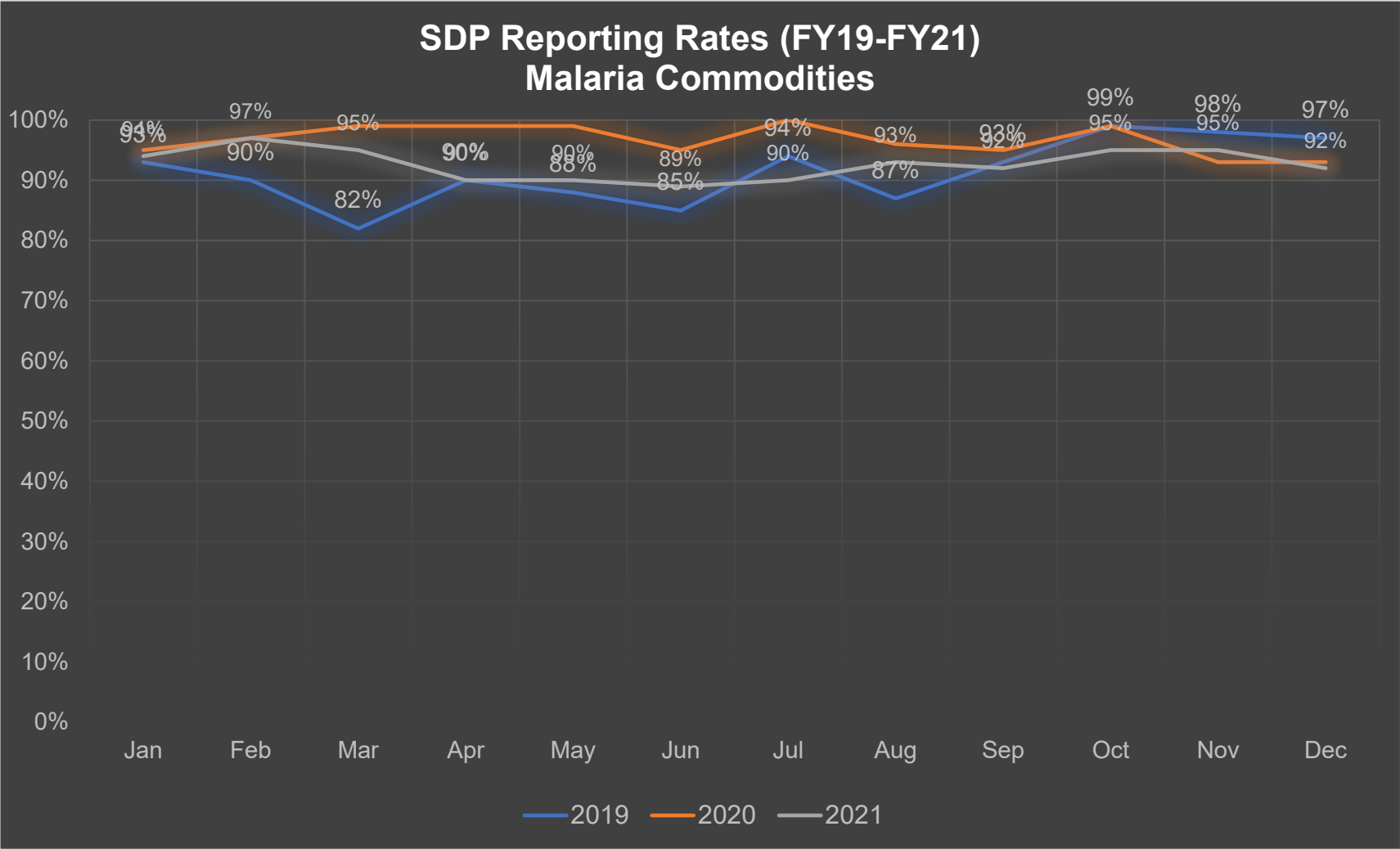
- 260 facilities (37%)

2022

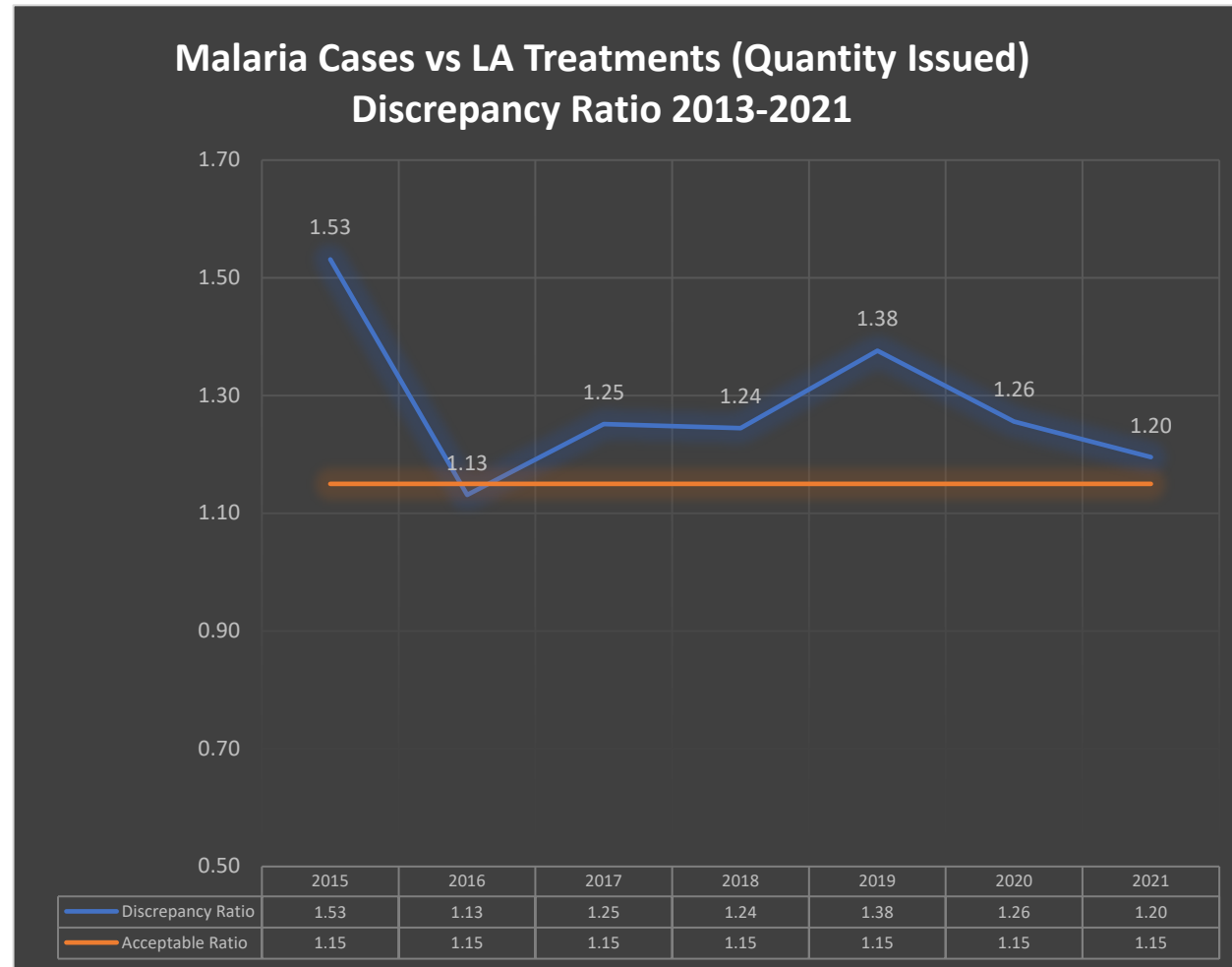
- 400 facilities (57%)

Results 3: Reporting levels

Reporting efficiency by SDPs consistently above the 90% target



Results 4: Commodity accountability

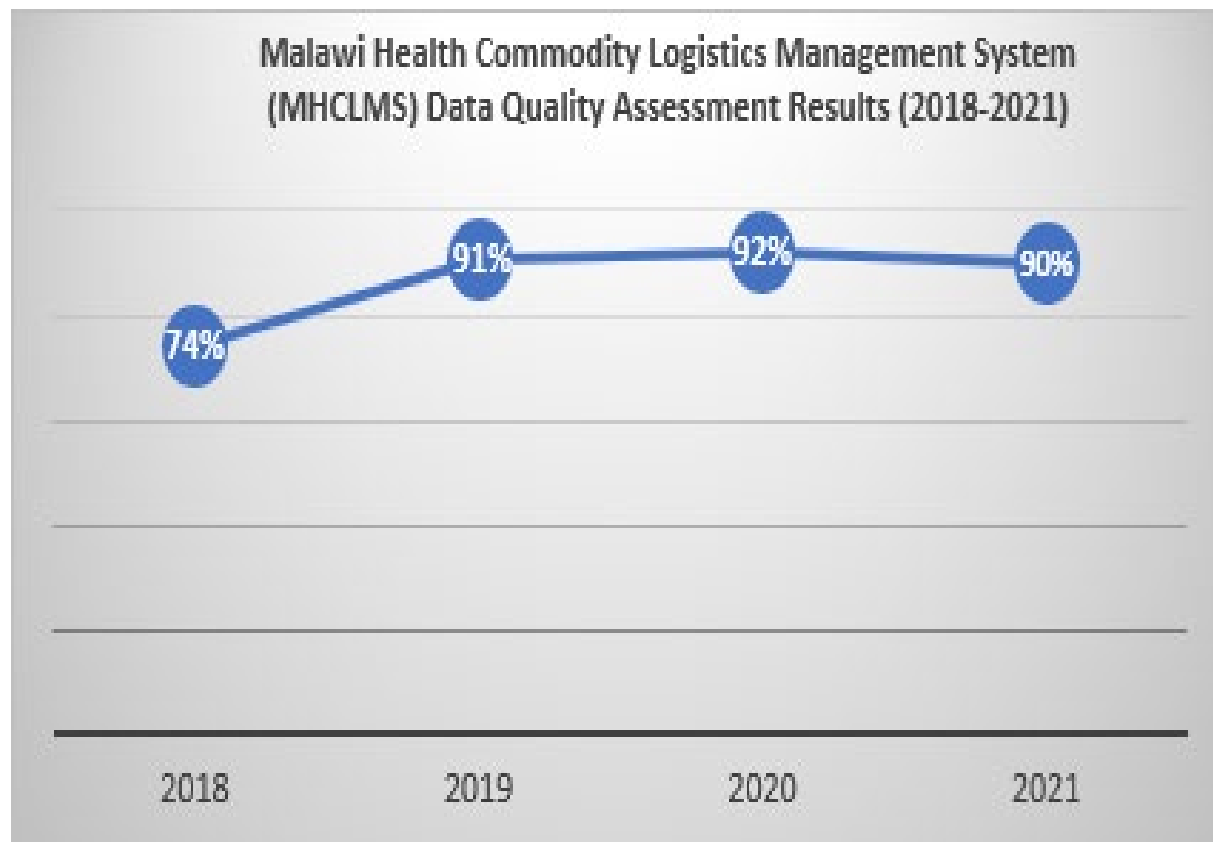


- Improved visibility into malaria commodity accountability issues and developing joint actions for improvement
- ~53% of the facilities assessed during CAPeT visits showed progress towards reducing discrepancy between treatments (cases) and the consumption (quantity of malaria commodities issued)
- 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.

DQA Trends (2018 -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 facilitieswhich 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.



Malaria testing, Nthondo H/C, Ntchisi. Photo by GHSEPSM

Thank you/Zikomo kwambiri!

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