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ONSE HEALTHACTIVITY MALAWI ANNUAL ACTIVITY REPORT

PY3 – October 1, 2018 – September 30, 2019

Submission Date: October 30, 2019
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SUPPLY CHAIN

OPENLMIS

The availability of Logistics Management Information System (LMIS) data is significant for evidence-based supply chain decision making. To achieve this, ONSE engages in diverse approaches and investments. In PY3, ONSE oriented 99 (63 M, 36 F) pharmacy personnel in OpenLMIS. This has enhanced the human resources availability at the district level with knowledge on OpenLMIS data entry and its related analytics. Furthermore, ONSE set up satellite OpenLMIS data entry sites at Nkhwazi HC in Mchinji, Nainunje HC in Machinga, Chonde HC in Mulanje, Domasi HC in Zomba, Namanolo HC in Balaka, Bilira HC in Ntcheu, Mponela rural hospital in Dowa and Nkhunga HC in Nkhotakota. In PY4, ONSE will set up more satellite sites in the remaining districts. This is envisioned to increase the rate of timeliness and completeness in OpenLMIS data entry. For instance, in PY3, Dowa and Machinga achieved 100% completeness of reports across all reporting programs (including essential medicines, malaria, and reproductive health), a feat that was not observed before satellite sites for OpenLMIS data entry sites were established in the two districts. For Mchinji and Mulanje, prior to August 2018, the two districts only achieved a completeness reporting rate above the national target of 85% once. However, since the establishment of satellite sites at the beginning of PY3, the two districts have always been above the national LMIS reporting rate target. This effectively means that the districts are now progressively having more LMIS data for decision making. Furthermore, at the beginning of PY3, the MoHP changed the timeliness cut off point from the 20th to the 15th of every month. Despite this shift, both the average rate of timeliness and completeness in OpenLMIS submission remained above the national average rates throughout PY3.

STOCK STATUS LEVELS

In its efforts to ensure that commodities are consistently available at health facilities, ONSE continues to support districts and health facilities to track stock status levels. This aids equity by ensuring that the incidence of stock-outs and overstock is effectively controlled so that all facilities have the desired commodities for service delivery in the recommended quantity levels. PY3 was affected by the presence of short shelf life antimalarials in the system; stock-outs of DMPA-IM throughout PY3Q1; and delivery delays by CMST, especially in PY3Q4. However, despite these myriad factors, remarkable progress was achieved in stock status management and monitoring efforts. The overstock of a package of malaria tracer commodities slightly decreased from 27% at the end of PY2 to 24% at the end of PY3. Family planning commodities package overstocks also declined from 37% in PY2 to 34% in PY3. These achievements are largely attributable to ONSE's support toward redistribution efforts in scenarios where stock imbalances were observed. However, the overstocks of the MNH package of commodities rose from 18% in PY2 to 25% in PY3. This was due to the high stock levels of Dexamethasone injection in the health facilities due to the low usage of this commodity. Stock-outs of FP tracer commodities rose to 16% in PY3 from 14% in PY2. This was due to the aforementioned central-level unavailability of Depo Provera IM and to delivery delays.

DRUG AND MEDICAL SUPPLY REDISTRIBUTION

In PY3, ONSE continued supporting districts to redistribute commodities. Just as in preceding years, this intervention proved significant to address stock imbalances (overstocks and stock-outs) of tracer commodities. A typical example is DMPA-IM, whose availability at central warehouses was erratic throughout PY3Q1, and LA2x6, whose in-country quantities were insufficient, especially in PY3Q4. ONSE also provided technical input to the development of the initial redistribution guidelines for Malawi in PY3Q2. Among several recommendations, the guidelines adopted the targeting of 6 months of stock as a cut off point for stock adequacy, which has been ONSE's threshold for redistribution planning. The mandatory use of transactional documents (requisition and issue voucher [RIV]) was also included in the guidelines. Although these guidelines were primarily developed for malaria commodities, the MoHP has expressed interest to adopt and use them for the redistribution of all health commodities in the system. The table below summarizes the redistribution efforts that ONSE supported in PY3.

TABLE 21. ONSE SUPPORTED REDISTRIBUTION IN PY3

COMMODITY NAME	QUANTITY REDISTRIBUTED	FROM HOW MANY FACILITIES	TO HOW MANY FACILITIES
LA 1X6	302760	29	52
LA 2X6	273660	37	48
LA 3X6	117540	24	37
LA 4X6	519096	48	68
mRDTs	26750	12	17
SP	72000	12	6
Male Condoms	77800	5	7
Female Condoms	3940	7	6
Depo Provera IM	48920	13	42
Jadelle	1025	13	12
Implanon	1382	21	20
Microgynon	5881	16	20
Microlut	1174	15	11
Emergency Pills	345	9	8
Copper IUCD	105	7	5
Oxytocin	2980	9	15
Pregnancy Test Kits	300	2	4
Magnesium Sulphate	1074	9	15
ORS	715	4	4
Zinc	25800	1	2

In PY3, ONSE-supported redistribution efforts contributed to the reduction of overstocks of malaria commodities from 162 facilities and corrected understocks and stock-outs at 228 health facilities. For reproductive health, the efforts reduced overstocks at 106 health facilities and stock-outs and understocks at 131 health facilities. Across all programs, overstocks at 293 health facilities were addressed, and stock-outs and understocks (impending stock-outs) at 399 health facilities were resolved. This action enhanced equity to health service provision across the health facilities and consequently increased the availability of and access to priority health services.

PHARMACY ASSISTANTS MENTORSHIP

In PY3, ONSE expanded the pharmacy assistant (PA) mentorship to all remaining districts. The PAs continue to provide backup support to the district pharmacy team in the improvement of supply chain management in health facilities that do not have trained pharmacy personnel. By visiting the mentee health facilities every month, PAs identify areas that have gaps and help the facility address those challenges. The final outcome is skills transfer in supply chain management to the non-trained pharmacy personnel and improved supply chain performance of the health facilities. The areas of focus for the PA mentorship in PY3 included reorganizing pharmacy stores to improve commodity storage practices, assisting health facilities to improve timeliness and completeness of submitting LMIS reports, conducting regular monthly physical inventory to enhance accountability, and enforcing the involvement of HCMCs in witnessing delivery of health commodities at the facilities. In Nkhotakota, involvement of HCMCs when receiving health commodities has been revamped at the mentee facilities. This is pivotal to enhancing community involvement and transparency. In Karonga, Wiliro health center has started observing the First to Expire First Out (FEFO) principle for arranging and issuing health commodities due to the mentorship visits. This helps in proactively mitigating avoidable commodity wastages.

SUPPORT TO DRUG AND THERAPEUTICS COMMITTEES AND HCMCS

Cognizant of the importance of drug and therapeutics committees (DTCs) as a governance structure, ONSE continued supporting DTC monthly meetings in PY3. Among the key deliverables of the DTC meetings is facilitating and endorsing medical supply orders from the Central Medical Stores Trust (CMST). In Karonga district, the DTC performed supervisions which revealed the presence of short shelf life antimalarials. The district then performed redistribution and mop up of

the short shelf life medications, thus reducing commodity wastage through expiry. This is a critical prerequisite to consistent and uninterrupted commodity availability, which consequently increases access to priority health services. Furthermore, ONSE handed over the DTC terms of reference (TOR) to the MoHP for refinement and adoption. ONSE played a significant role in the development of these TOR in PY1 in collaboration with other partners, such as the GHSC-PSM. In PY4, ONSE will conduct capacity building sessions for the DTCs to ensure that they are able to effectively deliver on their mandate.

DFID ZONAL/DISTRICT SUPPORT

In PY3, ONSE implemented DFID-funded activities implemented from November 2018 to September 2019. The Zonal/district component supported 13 districts and five Quality Management Offices (QMOs). The districts being supported under the interim arrangement were Rumphi, Mzimba South, Mzimba North, and Likoma in the North; Ntchisi in Central East; Dedza in Central West; Phalombe and Zomba in the South East; and Neno, Mwanza, Blantyre, Chiradzulu, Thyolo, and Nsanje in South West. The output areas were:

- **Strengthened stewardship, coordination, and action across the health sector:** ONSE supported planning quarterly partner coordination meetings with funding of the meeting shared among the partners on a rotational basis. These activities included support provided to DHMTs to encourage partners to sign MOUs. In Zomba 26 out of 45 partners have signed MoUs with the DHO. ONSE supported partner coordination meetings in Ntchisi, Zomba, Mwanza, Neno and Nsanje. Notable achievements under this result area include the institutionalization of the partner coordination meetings in Mzimba North with meetings taking place consistently every quarter with funding of the meeting shared among the partners on rotational basis.
- **Enhanced financial management and democratic accountability:** Activities included the training of hospital ombudsmen, and Health and Environment Committees. Districts who participated in this process included M'belwa, Ntchisi, Zomba and Nsanje. ONSE supported HCMCs to conduct their quarterly meetings in Dedza, Mwanza, Neno, Lisungwi and Nsanje.
- **Strengthened health service planning and monitoring:** ONSE supported zonal DHMT meetings and HMIS training in the Northern Zone. ONSE supported DQAs in Phalombe. SLA supervision was undertaken in Ntchisi. ONSE provided support to DIP/Multiyear Implementation Plan (MYP) processes in Rumphi, Mzimba North, Mzimba South and Neno. Support was also provided to DIP/MYP peer review meeting for the South West districts. ONSE provided direct district support, which includes stationery and consumables and internet for HMIS, fuel and lunch allowances for DHMT and HMIS supervision.
- **Support to Health Center Management Committees (HCMC):** ONSE sustained the HCMC activities in Mwanza and the expansion of HCMCs in Rumphi. A total of 9 facilities (3 in Mwanza and 6 in Rumphi) which received Health Centre Improvement Grants (HCIG) in the Q3 successfully completed the implementation of their projects. Examples of HCMC activities included the construction of an under-five clinic (Tulonkhondo HC), construction of 4 modern pit latrines (Thambani HC). HCMCs supported the procurement of medical equipment and other items including BP automatic machine, drip stand, stethoscope, glucometer, private screen and plastic chairs (Mlowe HC).

A separate end of project report is being prepared for this activity.

DEMAND CREATION AND COMMUNITY ENGAGEMENT

OVERVIEW

Through community mobilization and engagement activities, ONSE supports communities to identify their own problems and mobilize their resources or identify other local resources to achieve solutions. ONSE helps communities access tools and platforms to hold health care workers and local