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ONSE HEALTH ACTIVITY MALAWI ANNUAL ACTIVITY REPORT

PY4 – October 1, 2019 – September 30, 2020

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In PY4, ONSE continued supporting the districts with data display templates to display facility level data and share with facility level stakeholders. Peer learning to improve data quality at facility level was enhanced in this reporting period through the HMIS review meetings at cluster level support that was provided to all the 16 districts between October 2019 and March 2020. All the districts were not able to conduct these reviews during the COVID-19 period (March - September 2020) as a COVID-19 preventive measure for ONSE district staff.

In this reporting period, COVID-19 pandemic affected the activities that physically need the involvement of the District M&E Mentors including facility level data verification, data review meetings for key HMIS indicators and HMIS facility supervision. This affected the reporting rate on time for key HMIS Dataset; Maternity, HMIS-15, Malaria, iMCI, ANC and FP.

SUPPLY CHAIN

OPENLMIS

Information is one of the six building blocks of HSS. Hence, in the Malawi context, for supply chain system strengthening to be a success, it is heavily reliant on the availability of Logistics Management Information System (LMIS) data. This data is subsequently useful in cascading other evidence based supply chain decision making needs including resupply planning, reordering, redistribution planning; hence giving supply chain stakeholders the much needed visibility into the supply chain in terms of stock status at any point in time. In PY5, ONSE will initiate steps to transition supply chain activities to PSM/Chemonics with most supply chain activities transitioning by January 2021.

FIGURE 20. AVERAGE LMIS REPORTING RATES & TIMELINESS, ESSENTIAL MEDICINES, MALARIA AND RH COMMODITIES 16 ONSE DISTRICTS - QUARTERLY RESULTS

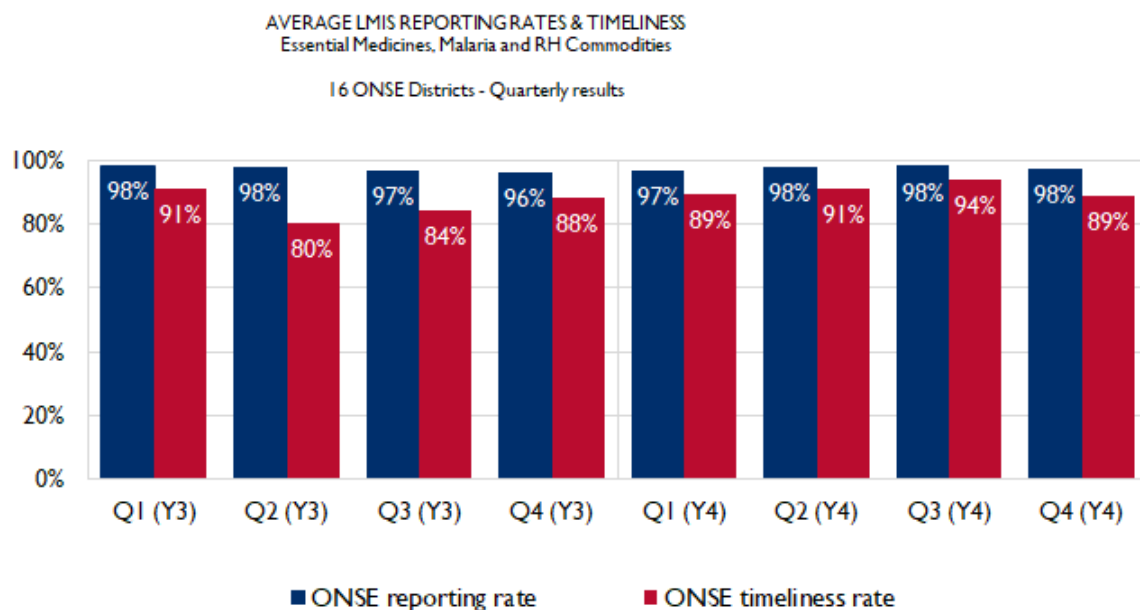
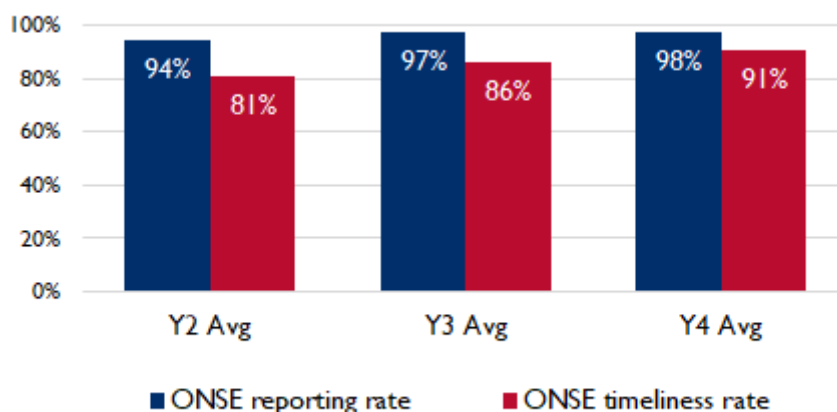


FIGURE 21. AVERAGE LMIS REPORTING RATES AND TIMELINESS ESSENTIAL MEDICINES, MALARIA AND RH COMMODITIES 16 ONSE DISTRICTS, ANNUAL RESULTS



Quarterly LMIS reporting trends in ONSE supported districts show a sustenance of high average reporting rates, both in timeliness and overall reporting rates captured by the end of any reporting period across three programs namely: essential medicines, malaria, and reproductive health. The annual trends also show progressive and steady increases in the reporting rates. It is also equally gratifying that the average timely reporting rates across the three aforementioned programs have remained above the national target of 85%. This is a significant feat as it provides with vertical programs adequate data from which to make resupply decisions cognizant of the fact that the vertical programs embrace and advance an informed push resupply model for health commodities in Malawi.

There are several factors that can be attributed to the observed positive trend above. Firstly, this is a fruit of the rigorous support that ONSE supply chain teams play in closely monitoring and advocating for the LMIS reporting in collaboration with district MoH pharmacy personnel. Additionally, ONSE has invested into establishment of 15 OpenLMIS satellite data entry sites in its supported districts. These contribute not only to reduction of the workload at district level but also offer the much needed extra concurrent data entry support which leads to achieving timely reporting rates. On average, each satellite site has been supporting data entry for 10 health facilities. ONSE has also been heavily involved in supporting the collection of late reports from the health centers to the district level hence making them available for data entry within the expected timeframe. Overall, this trend also speaks to the institutionalizing and ownership of the data use culture that ONSE supply chain technical assistance has imparted to the district pharmacy teams over the implementation period of ONSE Health activity.

STOCK STATUS LEVELS

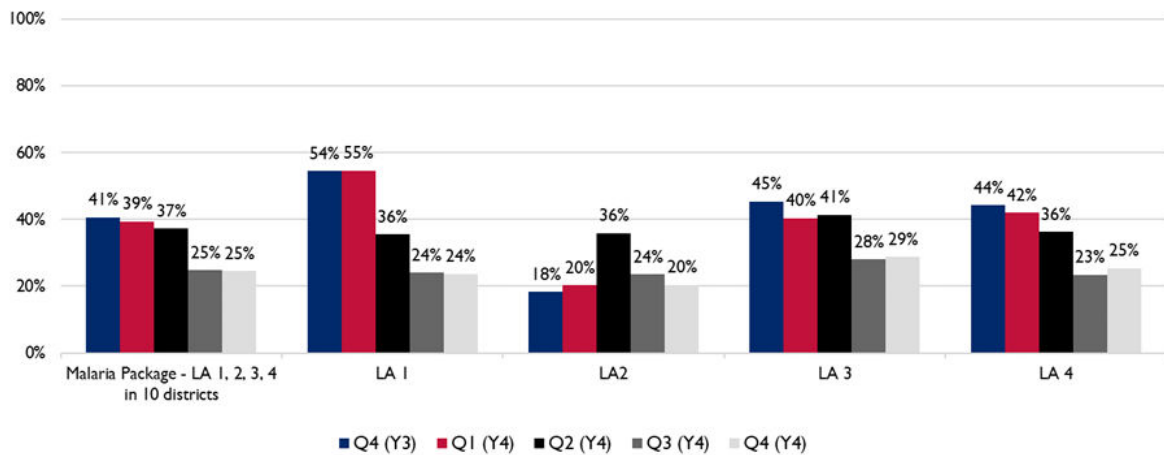
MALARIA OVERSTOCKS

The overstock rate for the package of tracer malaria commodities (LAI, 2, 3, 4) showed a great decrease from 41% at the end of PY3 Q4 to 25% in the final quarter of PY4. Although the PY4 annual average for this indicator is slightly higher than the achievement in the final quarter stated, it is a 10% drop from the annual average that was achieved for PY3. This trend is indicative of health facilities increasingly being stocked according to plan which is the ultimate pursuit in inventory management of health commodities.

The outcome observed is due to the continued redistribution efforts that ONSE provided to the supported districts (refer to the table in the redistribution section). Furthermore, ONSE technical support to the health facilities embedded components of stock status assessments which encourage health facilities to proactively monitor their inventory stock levels so as to minimize stock imbalances. This technical support includes conceptualization of the months of stock as well as

proactive reporting to the district in instances of anticipated stock status challenges. This approach was also adopted by the district pharmacy teams in their supportive supervision efforts that were supported by ONSE. It is also worthwhile noting that ONSE supply chain continues to be actively engaged in the malaria commodities availability task force as well as in the quantification reviews and feedback to shared distribution plans. These also go a long way to ensure that the central level is able to meticulously execute supply chain decisions that avoid pushing the strain to health facilities that can be due to inconsistencies in supplies at the central level which can lead to substitution of antimalarial presentations which are a recipe to exacerbating the prevalence of stock imbalances at the facility level.

FIGURE 22. PERCENT OF FACILITIES OVERSTOCKED IN MALARIA COMMODITIES (MOS>6) QUARTERLY AVERAGES IN 10 DISTRICTS

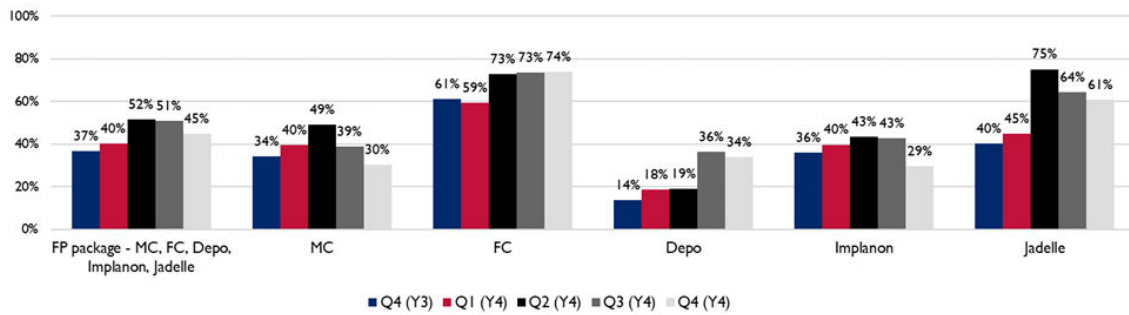


FP OVERSTOCKS

The annual average overstock rate for FP tracer commodities package was higher (45%) as compared to that observed in PY2 and PY3 (37% and 35% respectively). Although the last three quarters of PY4 are beginning to show a decrease in overstock rate, the overall outlook is that of a higher overstock rate as compared to the preceding quarters. The trend observed in PY4 is due to a myriad of factors. Firstly, there was a scale up of Depo SC (Sayana) in PY4 to all districts in the country. As such, this took a fair share of the Depo IM in terms of consumption and clientele option hence resulting in the slow movement of Depo IM, thus pushing the latter's rate upwards. This was even more prevalent in Q3 and Q4 of PY4, which is a period that COVID-19 cases were at a peak in Malawi.

To decongest health facilities (including FP clinics), there was a massive promotion and prioritization of Sayana due to the self-injection option that it offers the opportunity to issue multiple doses to clients for home use in the subsequent periods. Furthermore, the COVID-19 pandemic rendered the administration of implants quite a challenge which also led to decreased uptake of these FP methods, hence an accumulation of the implants at the facility level. In addition, PY4 was also subject to the long standing challenge of low uptake and utilization of female condoms leading to the overstock rate of this product staying above 70% from PY4Q2 onwards. All these factors collectively drove the FP tracer commodities overstock rate upwards.

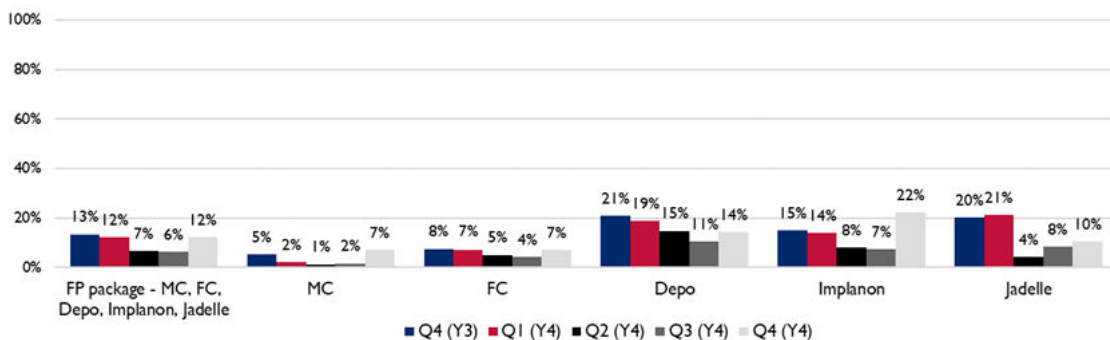
FIGURE 23. PERCENT OF FACILITIES OVERSTOCKED - FP TRACER COMMODITIES (MOS>6) QUARTERLY AVERAGES IN 11 DISTRICTS



FP STOCK OUTS

All the commodities constituting a package of tracer FP commodities registered a decrease in the stock out rate annual average in PY4, as compared to the feat achieved in PY3. The quarterly trends also depict an achievement of the lowest ever FP package stock out rate in ONSE’s implementation period, precisely in Q3 of PY4 (6%). Proactive resolution of FP stock imbalances by enhancing stock status monitoring and supporting targeted redistribution of health commodities are the approaches at the center of the observed good performance. This achievement can also be attributed to the enhanced LMIS data quality initiatives that ONSE has been advocating and imparting in health facilities. This results in the availability of data at the central level which is reflective and synonymous to the situation at the facility level and thus ensuring that the resupply decisions to facilities are more responsive to the true commodity needs at the respective service delivery points.

FIGURE 24. PERCENT FACILITIES STOCK OUT - FP TRACER COMMODITIES (MOS=0) QUARTERLY AVERAGES IN 11 DISTRICTS



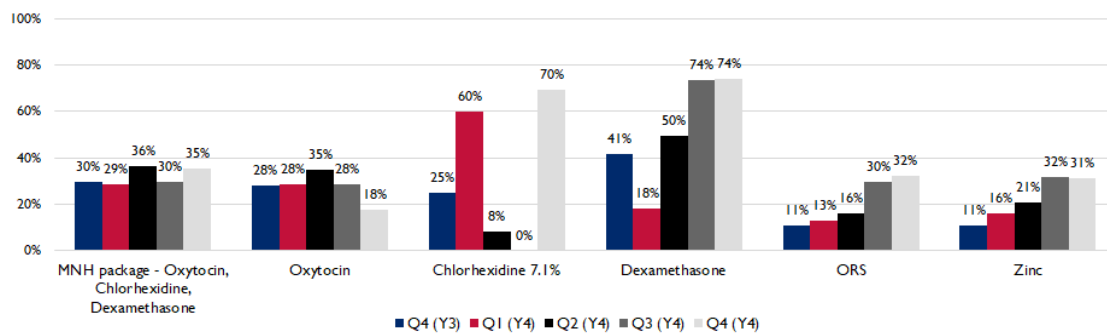
MNCH OVERSTOCKS

Within PY4, there was a donation of chlorhexidine for umbilical cord care that facilities benefited from. This was after a prolonged period of stock outs for this tracer commodity in the system. ONSE was also pivotal to supporting the distribution of this commodity to the last mile. Hence, although the overall picture is reflective of a high increase in the overstock rate of this product, it is only true relative to the situation of stock outs that preceded the injection of this commodity into the system. Thus, this is indicative of the availability of this highly sought product at the last mile. Nevertheless, this trend pushed upwards the overstock rate for this package of tracer MNH commodities.

Another tracer commodity that contributed to the observed rise in the MNH overstock rate is the prevalence of Dexamethasone injection at the primary health facility level. According to Malawi's levels of service delivery, this commodity is largely of use by the clinical expertise available at the secondary and tertiary levels. Thus, continued availability of this commodity at the primary levels only contributes to the stock which for the most part is unused, hence driving the overstock rate of the package upwards. ONSÉ continues its advocacy with the district teams to pull this commodity to the higher service delivery levels where it is used. The pursuit of this will eventually stabilize the stock imbalance outlook being observed currently.

The quarterly trends for ORS and zinc show that the overstock rates have largely been dependent on seasonality. Q1 and Q2 are reflective of the rainy season in Malawi, a period in which the demand for the tracer child health commodities is higher as compared to the other periods of the year, due factors such as the high prevalence of child diarrhea that is experienced in this period. It is no surprise that the overstock rate for these commodities seem to pick up progressively within PY4 due to the decreasing trend of demand for these products for the management of diarrhea cases. It is anticipated that the facilities stocked within the acceptable levels will continue to increase as the rainy season approaches.

FIGURE 25. PERCENT FACILITIES OVERSTOCKED - MNCH COMMODITIES (MOS>6), QUARTERLY AVERAGES IN 11 DISTRICTS



DRUG AND MEDICAL SUPPLY REDISTRIBUTION

In PY4, ONSÉ advanced its efforts on supporting districts to redistribute health commodities. This was particularly critical to addressing the massive disruptions to the medicines supply chain that were encountered due to the COVID-19 pandemic. Thus, this critical remedial approach to addressing stock imbalances ensured that facilities are stocked according to plan, consequently reducing impending stock outs to several facilities on one hand as well as reducing accumulation of excessive stock levels on the other. Such efforts are also of paramount significance to minimizing commodity wastage as well as promoting equity to priority service delivery at the last mile. The table below presents a summary of the redistribution efforts (both intra-district and inter-district) that ONSÉ supported in PY4.

TABLE 35. ONSSE SUPPORTED REDISTRIBUTION IN PY4

COMMODITY NAME	QUANTITY REDISTRIBUTED	FROM HOW MANY FACILITIES	TO HOW MANY FACILITIES
LA 1X6	254,580	51	59
LA 2X6	186,920	35	40
LA 3X6	134,160	34	36
LA 4X6	560,720	50	60
SP	25,000	15	25
mRDTs	129,450	36	57
LLINs	2,870	8	5
Depo IM	6,520	15	25
Depo SC	9,400	10	18
Male Condoms	157,600	7	9
Jadelle	1,525	17	19
Microgynon	7,980	10	21
Microlut	255	3	3
IUCD	714	9	6
Oxytocin	14,640	30	76
Pregnancy Test Kits	4,340	22	37
Magnesium Sulphate	1,580	19	27
Dexamethasone Injection	2,141	4	9
Chlorhexidine for Umbilical Cord Care	13,420	16	63
ORS	2,000	6	11
Zinc	7,500	2	8

Further to the commodity redistributions above, ONSSE also provided support to the MoH to distribute PPE on three occasions. PPE have become a very highly sought and pivotal requirement for service delivery at the health facility level by providing the much needed protection of frontline health workers as they discharge their duties in light of the COVID-19 pandemic. Thus, with this support, ONSSE aided in the continued and uninterrupted access to priority health services by those requiring such. The distributions of PPE that ONSSE supported extended not only to ONSSE supported health facilities but to all tertiary/central hospitals, all district hospitals, and health centers. The total PPE that were distributed under this support are depicted below.

TABLE 36. SUMMARY OF PPE DISTRIBUTED

PPE NAME	QUANTITY	UNIT OF MEASURE
N-95 Face Masks	65,360	Each
Surgical Face masks	2,595,260	Each
Face Shields	37256	Each
Surgical Gowns (Isolation Gowns)	343,440	Each
Head caps	44,000	Each
Safety Boxes	205,550	Each
Heavy Duty Gloves	1,900	Pair
Infrared Thermometers	195	Each
Gumboots	1,890	Pair
Protective Medical Goggles	351	Each
Medical Shoe Covers	375	Pair
Sterilized Surgical Gloves	356	Pair
Disposable Medical Clothing	336	Each
Sleeved Aprons	34,888	Each
Hand Sanitizer	4,660	Liter

In an attempt to ensure that there is rational use of the PPE so as to achieve the intended greater good, ONSE also supported two rounds of PPE supply chain supportive supervision by MoH personnel. Among other key outcomes, these visits informed the MoH on the PPE accountability gaps that needed to be addressed at the health facilities as well as last mile PPE supply needs that informed subsequent PPE resupply decisions.

PA MENTORSHIP

Although pharmacy supportive supervision is a critical component that ensures improvement of the supply chain performance of the district, there are bottlenecks that the approach faces. Firstly, there continues to be a high prevalence of unfilled established pharmacy personnel positions in the districts, rendering the supply chain workforce to be thin for implementation on the ground. Furthermore, there are increasing competing priorities which pose a greater strain on the already dire inadequacy of transport support at the district level. To fill this gap, ONSE continued to support PA mentorship visits to health facilities that do not have trained pharmacy personnel but require supply chain support. Such support continued in Chitipa, Karonga, Nkhatabay, Nkhotakota, Mulanje, Zomba, Mangochi, Machinga, and Dowa. These PA mentors have led to the addressing of basic but pertinent supply chain challenges in health facilities including reporting and documentation to ensure accountability for health commodities, practicing good storage practices, enhancing community involvement in medicines accountability, among others. These are critical pieces that collectively aid access to priority health services and commodities.

SUPPORT TO DRUG AND THERAPEUTICS COMMITTEES AND HCMCS

PY4 was a challenging year in areas of essential commodity availability especially due to stock-outs of some essential commodities at CMST. This entailed that Drug and Therapeutic Committees (DTCs) become more vigilant and proactive to ensure that commodities are available in their respective districts. Thus, ONSE continued supporting all the 16 ONSE districts to conduct monthly DTC meetings which culminated into the endorsement of district medicine supply orders. Furthermore, ONSE supported Ntcheu, Karonga, Nkhotakota, and Nkhatabay districts to conduct spot checks to targeted facilities. This provided them with an opportunity to interface with the facility staff at service delivery points but also to advance their scope of mandate including rational medicines use.

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 to access tools and platforms to hold health care workers and local governments accountable to provide high-quality services and participate in planning and other local government processes.

In PY4, ONSE support was directed towards reinforcing community health volunteer's capacity to apply the community action cycle (CAC) principles to organize communities and collectively demand for priority health services from health service providers. CHAGs who led the process of prioritizing health challenges and developing action plans have worked closely with various community health volunteers especially CCs and VHCs. Using the SBCC delivery approaches and social accountability platforms, services users and providers have interacted during service delivery through CSC sessions, household visits, small group sessions, and community mini-campaigns. However, mid-year of implementing PY4 activities, the global pandemic hit the country as well as the communities, efforts to prevent and control the pandemic therefore implored the very same approaches, techniques, and innovations to address emerging COVID-19 issues.

Of the six community mobilization and engagement indicators that ONSE monitors annually, two are almost achieved. The CSC indicator is at 50% against a target of 55% despite the postponement of CSC sessions from PY4Q2. Close collaboration with HC4L and other partners also helped ONSE's