

ORGANIZED NETWORK OF SERVICES FOR EVERYONE'S (ONSE) HEALTH
ACTIVITY



TOGETHER FOR
EVERYONE'S HEALTH:
ONSE FINAL PROJECT REPORT
MALAWI, 2016-2022



Strengthening data use capacities

Data use is arguably the most important component of HMIS strengthening – without effective data use, information remains siloed and does not inform resource allocation or service delivery, and often quality of care does not improve. Throughout implementation, ONSE therefore worked to break down information silos and support the use of information by MoH staff to inform strategy. After completing the baseline HFA, ONSE engaged heavily with the HECs to orient them on how to use data for more evidence-based resource allocation to health facilities. In PY3, ONSE introduced data display templates in facilities to monitor progress on key indicators. During orientations, facility staff members were taught to plot graphs, set targets, and interpret achievement toward targets, ensuring that their interventions were data-driven and evidence-based for district planning. For example, tracking first trimester initiation of ANC by area helped facility teams understand where community mobilization was effective in encouraging women to start ANC early. Improving the frequency and sophistication of information use was an important component of the MEPs' role: for example, understanding how FP data was aggregated and used at facility level helped in identifying gaps, which led to introduction of an outreach register to ensure that outreach data is tracked and consolidated together with static facility data. Before COVID-19, ONSE used peer-to-peer learning methodologies to enhance HMIS review meetings at the cluster level as well. The reviews helped to strengthen the interpretation and use of data at facility and cluster levels. In addition, MoH program coordinators and HMIS statistical clerks provided group mentorship to facility staff.

Logistics Management Information System

ONSE, through activities led by project subpartner VillageReach, instituted interventions during PYs 1 through 3 to improve reporting in OpenLMIS, the central reporting and ordering system used by health facilities, the MoH, and the Central Medical Stores Trust (CMST), which was launched in 2017. Timely reporting is critical for health commodities, because LMIS data is immediately actionable, used by DHOs to order commodities from CMS and by MoH programs (such as RHD, NMCP, etc.) to distribute commodities to the facilities. Given Malawi's "informed push" system for medicines and medical supplies, late LMIS reporting impacts the quantities resupplied to facilities each month, potentially exacerbating overstocks and understocks.

ONSE therefore assisted districts in establishing OpenLMIS data entry satellite sites at several health facilities, including provision of necessary hardware; trained 32 pharmacy assistants (PAs) in all 16 districts on Open LMIS data entry in PY3; and subsequently provided refresher training on LMIS tools and procedures to ensure continued high quality of reporting. ONSE also provided "wraparound" support to OpenLMIS, including provision of internet data bundles to all 16 districts each month, physical collection of reports from facilities by the MEPs when necessary, and LMIS data quality exercises to aid in identification and resolution of issues.

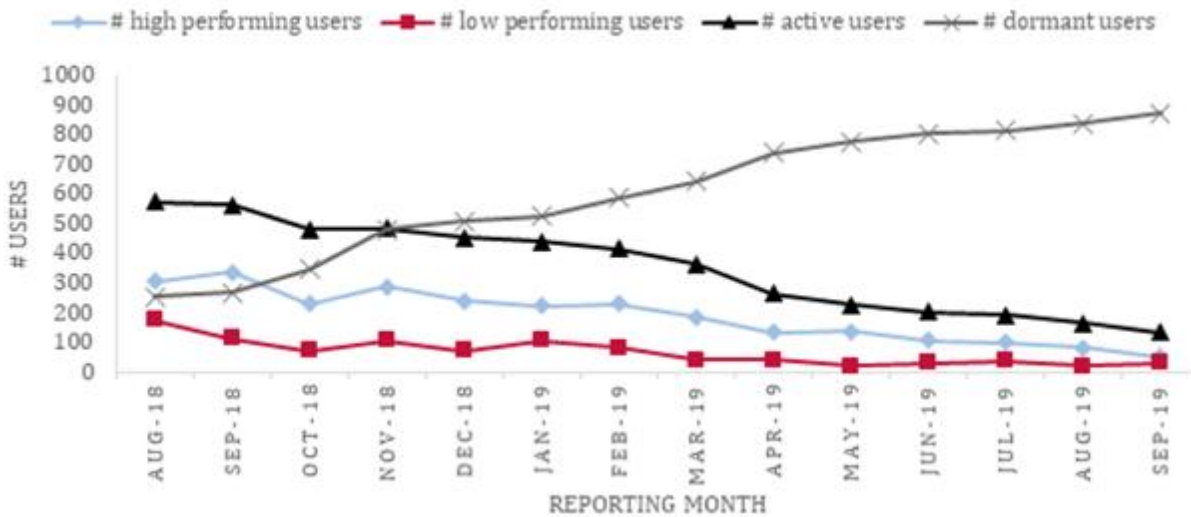
These interventions yielded improved reporting and timeliness rates in most districts; in subsequent years, ONSE reduced mentorship support but the districts sustained high LMIS reporting and timeliness rates across the districts.

Community Health Information Systems

The Mobile Village Toolkit (MVTk) is a suite of digital tools – including digitized MoH community health checklists and protocols covering the iCCM, family planning, and MNCH program areas – specifically designed to support HSAs in providing community health services. The tools support provision of services and medicines, decision support, counseling, referrals, follow-ups, and reporting. ONSE supported deployment of the first version of MVTk in July-August 2018 and subsequently trained 1,004 HSAs and Senior HSAs in its use, providing participants with Huawei smart phones to facilitate daily data

reporting on community services they deliver. During PY3, MVTK adoption and usage performance faced major hardware and software challenges, and a lack of technical support to HSAs for resolving them, resulting in a progressive decline in HSA use of the toolkit. This was compounded by the “slow down” period, which emphasized the need for prioritizing life-saving activities. Figure 25 illustrates the progressive decline in MVTK usage over time.

Figure 245. MVTK User Performance Trends, August 2018 - September 2019



In light of this downward trend in MVTK usage, ONSE conducted extensive consultations with a sample of HSAs and all MoH district coordinators and ONSE district teams in MVTK-supported districts, beginning in PY3Q2. The goal of these consultations was to understand key barriers affecting HSAs’ usage of the MVTK. Due to funding constraints, it was not possible to allocate adequate resources to support implementation throughout PY3, and no resources were allocated to support MVTK in PY4 and thereafter due to the pending uncertainty about the MoH’s interest in the use of MVTK. Meanwhile, with key implementation barriers remaining unresolved, more HSAs continued to drop off from MVTK; usage continued to collapse, approaching zero users per district by late 2019.

Other Health System Strengthening Interventions

Improving Supply Chains

A strong supply chain system – with monitoring of drug and commodity availability, good pharmaceutical inventory management, and redistribution of medicines and commodities when needed to ensure equitable access – is critical to improving health outcomes.

Over the life of activity, ONSE collaborated with the MoH and with other USAID implementing partners to implement activities transforming the supply chain landscape. As described above, VillageReach led ONSE support for rollout of OpenLMIS, which improved stock management across the 16 ONSE districts and proved to be a vital entry point to further supply chain strengthening. With improved LMIS reporting and better data quality, health facilities are now better able to review their stock status and proactively address anticipated stock availability challenges, and similar advances have been made in supply chain documentation and general store management practices. Health facilities now have the capacity to conduct data validation exercises internally, ensuring that any outstanding issues are resolved before data is transmitted up the supply chain.

ONSE supported these improvements through interventions in the following key areas:

- **Drug and Therapeutic Committee support:** ONSE supported monthly meetings of the Drug and Therapeutic Committees (DTCs) in the 16 districts. By determining stock status levels at health facilities, these meetings facilitated ordering of medicines and supplies from the CMST to ensure their uninterrupted availability. They also provided an opportunity to advance district-level awareness and discussion of important supply chain topics, such as rational medicine use, management of adverse drug reactions and of expired commodities, and accountability and transparency in handling of health commodities. ONSE supported all monthly DTC meetings up to PY5Q1, and continued gap-based support through PY6Q2 in several districts including Kasungu, Dowa, and Zomba.
- **Pharmacy supportive supervisions:** These supervisions provided an opportunity for the MoH district pharmacy teams to visit peripheral health facilities and monitor their adherence to recommended supply chain guidelines and policies. They also revealed challenges to improved supply chain performance and enabled their mitigation, leading to a better supply chain landscape at the health facility level.
- **Pharmacy Assistant mentorship:** The high vacancy rate of pharmacy cadre positions at district levels indicated that inadequate human resources were available to effectively provide supportive pharmacy supervision in line with guidelines. To address this challenge, ONSE strengthened the capacity of PAs in ONSE-supported districts to support health facilities – many of which lack trained pharmacy personnel – with the necessary basic supply chain skills. Each PA covered a small number of health facilities, which they would periodically visit to support facility staff in addressing identified supply chain gaps until they were able to execute the required tasks without assistance. This helped facilities improve their supply chain performance even when insufficient district pharmacy personnel were available to visit the facilities.
- **Commodity redistribution:** Good pharmaceutical inventory management requires that health facilities stock commodities within acceptable maximum and minimum stock levels. By redistributing or relocating usable medical supplies from overstocked to stocked-out and understocked health facilities, using data to understand stock levels and needs, it is possible to better ensure uninterrupted availability of essential health commodities at public health facilities. This reduces waste through expiries in overstocked facilities and reduces the occurrence of stockouts in facilities that are understocked. ONSE-supported stock redistributions helped to contain overstocks and stockouts in targeted districts and facilities but – as a reactive measure – were not enough to address all of the complex factors that contribute to stock imbalances and stock outs, so further supply chain support is still needed.

Table I56. ONSE Redistribution Exercises – PY2-PY5

Health Commodity	Quantity Redistributed
Malaria Package	
LA 1X6	767,820
LA 2X6	815,520
LA 3X6	359,160

LA 4X6	1,474,256
mRDT	246,875
SP	112,000
LLINs	5,970
Family Planning Package	
Male condoms	295,846
Female condoms	5,940
DMPA-IM	88,700
DMPA-SC	9,400
Jadelle	3,342
Implanon	4,837
Microgynon	24,675
Microlut	255
Emergency Contraception	395
Copper IUCD	819
Maternal and Child Health Package	
Oxytocin	20,160
Chlorhexidine 7/1%	13,490
Pregnancy test kits	7,990
Magnesium Sulphate	5,603
Dispersible Amoxicillin	10,500
Dexamethasone injection	1,820
ORS	14,368
Zinc	100,738
RUTF	4,700

At the end of PY5Q1, this intense level of ONSE support was phased out; ONSE facilitated a smooth transition of supply chain strengthening activities to the USAID GHSC-PSM project by arranging joint introductory visits to each district to link GHSC-PSM with ONSE's district staff and the DHMTs. During the cost extension, ONSE's support was limited to gap-based response to urgent needs, utilizing ONSE's district presence to complement GHSC-PSM's at the regional and national levels. Nonetheless, ONSE leaves behind an empowered supply chain workforce at the district and facility levels, with hands-on experience and the capacities to successfully carry on supply chain functions beyond project life.

Performance-Based Financing

ONSE provided essential support for development of performance-based financing (PBF) approaches in Malawi. Key activities included support for the following:

- National PBF framework:** In PY3, ONSE provided technical assistance and coordination support to the MoH, its Department of Planning and Policy Development, and relevant technical working groups for review and finalization of the Performance-Based Financing National Framework. The approval of this framework defines a clear MoH policy position supporting reform of healthcare purchasing approaches and sets a design direction for further development of the PBF program.